http://www.ufh.com.cn/en/centers/center-primary-care-practice-and-education/

# UFH Family Medicine Training Program
# Curriculum Goals and Objectives 2013

Rotation: **FMS T3**
Faculty Administrator: **Setsuko Hosoda, MD, MPH**

**Instructions to Preceptor:**

1. Review this document with the fellow at the start of the rotation.
2. At the end of the rotation evaluate the fellow using the attached Competency Based Evaluation Form (or contact the Training Program to obtain access to an online evaluation forms.)

**Instructions to Fellow:**

1. Review this document with the preceptor at the start of the rotation.
2. Obtain the completed Competency Based Evaluation Form from the preceptor on the last day of the rotation.
3. Review the completed evaluation with your advisor.

**Instructions to Advisor:**

1. Review all Competency Based Evaluation Forms at the next Biannual Evaluation.

**Beijing United Family Hospital**
**No. 2 Jiangtai Road**
**Beijing, China**
**+86 10 5927 7000**

## GOALS:

T3 on the Family Medicine Service is expected to learn and demonstrate leadership skills as the Chief Fellow for of team, coordinating all teaching conferences and overseeing and making certain that all patients admitted to the service receive the highest quality care. This is an opportunity to act as a "junior attending" of the whole service. All fellows are expected to address all patients' major medical and psycho-social issues for whom they are responsible providing EBM care, demonstrate that they know when to get consultation and utilize allied health professionals and agencies to optimize the care of patients.

## Learning Objectives Required To Meet Specific Rotation Goals:

T3 is the chief of the service. Responsibilities include:

- Supervising all medical decision making on all patients on the service
- Running rounds
- All patients are presented to the chief (attendings rotate in and out of rounds, but the chief (and the rest of the team) hears about all patients even if the attending can't come to rounds.
- The chief should be comfortable with the plan for all patients on the team
- Time management is critical. It is the chief's job to decide when to limit discussion and when to foster it
- Morning text pages to attendings with names/rooms of patients who will likely d/c before afternoon—if the attending sees the patient before rounds and agrees with the discharge, no formal rounds are needed—**saves time**!
- Teaching on relevant topics during rounds (i.e. pearls)
- Organizing all of the teaching for the block
- Leadership
- Print out and critically review notes with interns
- Discussing with admitting fellows which new patients have interesting physical findings and organizing bedside rounds on these patients
- Leading case conferences, inviting attendings
- Med/peds senior coverage on Wednesday afternoons (for objectives and responsibilities during these half days see the T2 CORE document)

- The T3 should check in with the admitting fellow in the late evening each night so as to prepare some small teaching points for the following day
- Attend afternoon clinics
- Leads Family Medicine grand rounds
- Leads Radiology conference
- Morning text messages to attendings with specific time to show up for rounds
- Work with T2 to identify good EBM question and put it into a PICO format
- Weekly feedback sessions for entire team on Friday

**Additionally, each T3 chief will round on two weekend days (two golden weekends). As weekend rounder, they will come to sign out at 6:30 AM** and will round on some of the more medically/socially complex patients (where their continuity is of maximal benefit).

## CLINICAL CIRCUMSTANCES WHEN THE ATTENDING MUST BE CALLED

### GENERAL REQUESTS
• Any trainee feels a situation is more complicated then he or she can manage
• Nursing physician staff or the patient requests that the attending be contacted

### TREATMENT/DISCHARGE ISSUE
• Any significant change in treatment plan, ordering of expensive or invasive procedure not already discussed with attending
• Patient leaves AMA or elopes
• Unexpected discharge

### CRITICAL CLINICAL STATUS
• Transfer to another level of care (i.e. MICU, SICU, CCU, ICU)
• RRT or Code
• Patient Death-unexpected
• Unplanned intubation or ventilator support
• Hemodynamic instability, including unanticipated arrhythmia
• Development of significant neurological or mental status changes

### ADVERSE EVENTS OR UNEXPECTED INTERVENTIONS
• Significant patient fall or other injury
• Any medication or treatment errors
• Unplanned blood transfusion
• Significant post-procedure complications
• Emergent consult

Core curriculum documents created with the assistance of Swedish Cherry Hill Family Medicine Training in Seattle, Washington 2013.