United Family Healthcare
Center for Primary Care Practice and Education
Family Medicine Training Program
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Family Inpatient Medicine Service Curriculum

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Goals

The Family Inpatient Medicine Service (FIM) will train Family Medicine fellows to provide high quality inpatient medicine care in the context of a service run exclusively by Family Medicine fellows and faculty. .

Competency Based Objectives

FM fellows on FIM will acquire the patient care skills to effectively diagnose, treat, and manage a wide range of patients in hospitalized settings, develop a person centered approach to clinical conditions encountered during inpatient care, and understand the health care delivery implications for caring for these clinical conditions in a resource intensive environment. In particular, FM fellows on the FIM will acquire the following:

Medical Knowledge

- Understand management of common conditions requiring hospital care. In particular, the fellow will manage hospitalized patients admitted with conditions requiring treatment in the following areas:
    - Infectious disease
    - Hematology
    - Oncology
    - Gastroenterology
    - Cardiology
    - Endocrinology
    - Neurology
    - Rheumatology
    - Nephrology
    - Pulmonology
    - Psychiatry
    - Palliative Care

- Describe differential diagnoses for patients encountered on the FM Fellow Inpatient Service.
- Describe benefits of continuity of care for conditions managed on the FIM service and describe measures to foster this, including demonstrating knowledge of both primary care as well as home health, skilled nursing, hospice, and long term care resources.

Patient Care Skills

- Collect and document a thorough history and physical.
- Prepare thorough and concise progress notes using the SOAP format.
- Appropriately manage patients evaluated in the FM Fellow Inpatient Service
- Present patients efficiently and thoroughly to supervising faculty
- Utilize ancillary services including labs, consultations, and radiologic services judiciously.
- Learn to prepare consultations from the FIMservice that are concise and informative from the perspective of the recipient medical subspecialty service.
- Demonstrate your interpersonal and family therapeutic skills by maintaining effective communication linkages for patients and families for whom you are providing care on the FM Fellow Inpatient Service.
- Perform a thorough family-oriented consultative evaluation on FIMservice patients
- Demonstrate integration of follow-up planning into initial and ongoing patient assessments.
- Demonstrate appropriate communication skills with patients, patients' families, peers, consultants, and referring physicians

Professionalism

- Carry out assigned responsibilities consistently and reliably.
- Complete medical records thoroughly, and in a timely fashion
- Demonstrate the ability to identify ethical issues encountered on the FIM\, and assist in clarifying and resolving them
- Ensure continuity of care is arranged for all FIM\ patients you see. \
- Maintain a dignified presence, demeanor, and appearance
- Consult with supervising FIM attendings when indicated
- Provide assistance to other health care professionals as necessary
- Provide high quality health care services to all FIM service patients regardless of cultural or socioeconomic background
- Adhere to the highest moral and ethical standards of the medical profession
- Be a role model for colleagues, and staff

Practice-Based Learning and Improvement

- Understand appropriate primary care-medical subspecialty referral patterns in the hospital setting
- Learn to preserve continuity of care during the hand-off from the hospital setting to primary care providers medical subspecialties, as well as home health, skilled nursing, hospice, and long term care resources.
- Provide patient care services consistent with best practices
- Demonstrate ability to carry out evidence based searches to answer patient care questions relevant to FIM service patients identified during this rotation
- Incorporate evidence based principles into patient care activities
- Demonstrate ability to investigate and evaluate FIM service patient care practices, appraise and assimilate scientific evidence, and improve patient care practices when necessary.
- Willingly participate in self appraisal
- Acknowledge opportunities to improve

Interpersonal and Communication Skills

- Demonstrate effective interpersonal and communication skills with colleagues and faculty
- Effectively and efficiently exchange information with patients, families, and professional associates.
- Communicate effectively with individuals from diverse, multicultural backgrounds
- Describe and identify common reactions of patients and families to illnesses encountered on the FIM service
- Effectively address death and dying on the FIM service.
- Demonstrate the following skills:
    - Convening and conducting a family conference
    - Discussing advanced directives or code status with a patient or family
    - Breaking bad news
    - Describe and identify common reactions of patients and families to acute illness requiring hospitalization

Systems-based Practice

- Foster communication between the FIM and the primary care provider
- Demonstrate an awareness of and responsiveness to the larger context and system of health care
- Effectively call on system resources to provide care that is of optimal value.
- Care and assist patients in dealing with system complexities

- Recognize limits of your knowledge and consult appropriately
- Respect the primary care provider-patient relationship when caring for patients on the FIM service
- Demonstrate functional call sharing including respect of the primary doctor-patient relationship, care of other physicians' patients, and verbal and written communication with a patient's primary physician

General Information

Sources of Patients:

Patients on the service are derived from a number of sources including referrals from multiple primary care and specialty clinic, referrals from outside physicians and agencies, admissions via the Emergency Room, and transfers from other hospital services. While many of these patients share having significant conditions relevant to the discipline of Internal Medicine, we recognize that their needs are not necessarily confined to this discipline. We need to offer every patient on this service an approach that is compatible with the biopsychosocial model of illness. That is, the same standards seen in ones in primary care practice. Diagnostic and therapeutic efforts must emanate from the patient's needs and are not necessarily confined to Internal Medicine per se.

It is important that each patient identify one member of the house staff team as primary physician. While we expect that all members of the team shall round together for the educational benefit of each other, the primary physician will be expected to be that team member who fulfills the following functions:

A. She/he will be the primary communicator with the patient during work and teaching rounds and at other times.
B. She/he will be the primary communicator with the patient's family and other supports.
C. She/he will follow the patient's progress should the patient be transferred to other services (***Intensive Care Unit***, Surgery, etc.)
D. She/he will be responsible for a smooth transfer of responsibilities both at the beginning and the end of the hospitalization, including liaison with outside health providers.

Graduated Training Level-Specific Educational Objectives

While there is some overlap in the duties of the fellows on return to the service in successive years, we emphasize a graduated progression of administrative and educational function. This acknowledges the increasing capabilities of the fellow from year to year. In the transition from the first year to the second year role significant administrative, organizational, and leadership roles are assumed. In the transition from the second year to the third year role, some of these functions are relinquished

and a consultative function substituted based on the perspective fellows have obtained from previous experiences on the team.

In as much as family inpatient medicine service constitutes the only inpatient rotation within the curriculum during which Family Medicine fellows always work together, a major goal is harmonious and productive team functioning. If a teaching attending or hospitalist attending will be rounding with the fellows for more than a week, the faculty should provide constructive feedback to each team member at the mid-point and end of their preceptor period.

Graduated Training Level-Specific Fellow Responsibilities

General Expectations of All Fellows (unless excused by teaching and service attending)

1. Attends Department of Medicine morning report and grand rounds. At least 50% attendance is required and the precepting attending may mandate more or less depending on patient load and other extenuating circumstances. Failure to meet these requirements may result in a loss of FM noon lecture attendance credit based on attending discretion.

1. Update the patient list for the cross covering fellows and attending.
2. Write and dictate assigned History and Physicals in a timely matter.
3. Consult with attending within 24hrs of all ER consult patients that were sent home. All such patients should be presented to a licensed physician prior to discharge from the ER.
4. Round with all assigned patients prior to attending rounds and complete orders and daily progress notes in a timely manner.
5. All fellows should be available to be in-house and available to provide patient care during their assigned time coverage of FM Fellow Inpatient Service.
6. Complete Evaluations of attending and rotation in a timely manner.
7. Document experience in procedures using FM Departmental protocols in a timely manner.
8. Complete documents related to medical records, insurance, utilization review, and discharge planning in a timely manner.
9. Write off-service notes on all of his/her patients at end of the rotation.
10. Assist in teaching medical students on the service (when applicable).
11. After hospital care such as home health orders will be the responsibility of the fellow who had the most contact with the patient and has a license.
12. In order to accommodate temporary changes in fellow work schedules, the latest temporary policy amendments to this curriculum will be announced in memos. These memos will be attached as appendices to this curriculum and should not contradict the body of this curriculum. These memos will be reviewed by the FM inpatient service faculty for redundancies and contradictions prior to being included as an appendix.

13. All the above requirements are in addition to those required of a Family Medicine fellow as outlined in the policy and procedure manual.

Tier-1

Patient Care Activities:

1. It is desirable for T-1 to do as many H&P's as is compatible with maintenance of accuracy and thoroughness, up to 5 admissions within a 24 hour period.
2. Demonstrate ownership of assigned patients. This includes getting primary data such as historical and current vital signs, medication and test results and being aware of consultant feedback on a timely basis.
3. Become peripherally familiar with clinical status of all the other patients on service, such as the ones being consulted on or followed by other trainees on a regular basis.
4. Update problem list for attending and sign-out rounds.
5. Daily progress notes should demonstrate synthesis of all available information and problem-oriented style.
6. Signs out status of patients to most senior fellow available at end of day.
7. Signs out all patients to Medicine T-1 on call at end of the day on non-post call or clinic days.
8. Gets sign-in from the Medicine T-1 who covered the team overnight and informs seniors of all major changes on their patients.
9. Does the discharge summaries on his patients with T-2/T-3 supervision.

Educational Activities

1. Will do consults as assigned by the T-2. Case must be presented to the acting team senior fellow.

Tier-2

Patient Care Activities

1. Will assume the T-2 role whenever the T-3 is not available.
2. R-2 will admit and supervise up to 10 admissions, receiving credit for up to 5 per day when they do direct precepting with the T-1. If the fellow is reaching a personal cap (10), the inpatient Family Medicine fellow on call should be contacted to take admissions for the service
3. Does Fellow Admission Notes (RAN) on all patients admitted by the T1 or student the T2 is supervising.
4. Signs out status of patients to T3 at end of day if he/she is available.

T-2 Additional Educational Activities

1. *Supervises patients assigned to students on the service and co-signs their notes if the R2 has a license (when applicable).*

Tier-3

Patient Care Activities

1. T-3 will admit and supervise up to 10 admissions, receiving credit for up to 5 per day when they do direct precepting with the T-1. If the fellow is reaching a personal cap (10), the inpatient Family Medicine fellow on call should be contacted to take admissions for the sevice.
2. **Does Fellow Admission Notes (RAN) on all patients admitted by the R1 or student he/she is supervising;**
3. Has a working knowledge of the vital information of all patients on the team by attending rounds, including admissions by float fellows;
4. Receives first notice of all potential admissions (from ER, clinics, etc.). Assigns a team member to perform initial evaluation and stabilization and assigns a primary fellow for that patient;
5. Receives first notice of all transfers from other services. Assigns a team member to review medical record and personally examine patient on date of transfer (including an acceptance note);
6. Will ensure the proper division of labor of daily patient care responsibilities, timely attendance of conferences and rounds, and assist as necessary to ensure the completion of these tasks by junior fellows in a timely manner.
7. **The total team cap for all patients on the service is 24.** On any day, even on call days Once the team has a cap of 24 patients any other transfers or admissions will go to the CRMC Hospitalist service. If required, excess patients on the team can be redistributed to the other medicine teams (A, B, C) in the morning.
8. If the senior fellow thinks the team will reach the total team cap of 24 patients, the fellow is to notify the attending on call.
9. The service also received ICU transfers two days after being on call. The maximum number of ICU transfers to accept is four (4) patients, to patients from each ICU team.
10. Cardiology transfer on short call days should be no more than four (4) transfer patients. Anymore than four (4) will go to the BJU Hospitalist service.

Additional T-3 Educational Activities:

1. Facilitates educational experiences of T-1 and T-2. This includes presentation of short didactic talks as suggested by attending and research and distribution of pertinent articles.
2. Participates in teaching students on the service (when applicable).

ATTENDING JOB DESCRIPTION

Patient Care Activities:

1. Examines and reviews selected ward patients and submits fee for service bills per UFH protocols.

Educational Activities:

1. Conducts teaching rounds daily except weekends unless the team is post-call. Rounds are to be conducted either at the bedside or at a separate session. Details to be negotiated with most senior fellow.
2. Provides consultation regarding any patients on the service during and after working hours. Reviews (within 24 hours) the consult sheet of all patients consulted on in the emergency room and sent home the day of call.
3. Supervises educational experience of the T-1, T-2, and T-3 (and medical student when applicable).
4. Facilitates team functioning by constructively commenting on team process and problems. Works with other Family Medicine faculty members in this regard.
5. Ensures discussion of non-internal medicine and psychosocial issues the management of patients.
6. Provides reference articles and didactic talks on topics pertinent to patient care and as requested by fellows.
7. Ensures quality of care of service patients. Discusses cost-effectiveness issues plus discharge planning and follow-up issues.
8. Supervises and teaches selected technical procedures.

Administrative Activities:

1. Evaluates the R-1, R-2, and R-3 (and medical students when applicable) performances.

Time off Policy

1. No vacations or other time-off requests will be granted during FM Fellow Inpatient Service.
2. There will be four days off during a four weeks rotation.
3. If the rotation is more than four weeks the fellow will receive an additional day off for every extra week worked.
4. Any sick days used will be counted as one of your days off.
5. Any changes from policy listed here or in the memo will be directed to the FIMCurriculum Chair. Appeals of the chair's decision may be made to the Family Medicine Chief and/or Program Director.

Evaluation

The attending physicians on the FIMservice will evaluate you. Evaluations will be collected in a core competency based format addressing each of the six competency objectives described above. Attendings are expected to provide mid-rotation feedback if a fellows' performance is unsatisfactory you will be asked to evaluate the rotation as a whole and the faculty on the FIMService.

Resources

Harrison’s Principles of Internal Medicine. Anthony S Fauci, Eugene Braunwald, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson, and Jo Loscalzo, Eds. (available online).

Cecil Textbook of Medicine. Les Goldman and Dennis Ausiello

Family Inpatient Medicine and

Continuity Service Curriculum

Version 2014-September

Tier One: Daily Schedule. See FIM On Call Guide

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM	**7am: Pre and Work rounds(1)** **Teaching Rounds (2):** Tues, Wed, Friday. 10am if two fellows. 11am if one fellow. **Monday, Thursday – Multidisciplinary rounds. Time varies**					See call schedule If light service, should go to ER or FM clinic to help see patients	
PM	Floor Work	Floor work (3)	FM Clinic (FM fellows only)	Floor Work	Floor work		

Tier Two/Three: Daily Schedule. See FIM On Call Guide

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM	**7am: Pre and Work rounds(1)** **Teaching Rounds (2):** Tues, Wed, Friday. 10am if two fellows. 11am if one fellow. **Monday, Thursday – Multidisciplinary rounds. Time varies**					See call schedule If light service, should go to ER or FM clinic to help see patients	
PM	Floor work	Floor work (3)	Floor work	Floor Work	FM Clinic or orphanage visit FM fellows)		

(1) Pre-rounds = Getting sign out, checking on patients' condition from previous night's on call fellow. Unstable patients and patients ready for discharge should be seen first. Fellows may need to come in earlier if needed to complete assigned work. Fellows should discuss plans as needed early on. Work rounds are done when discussing cases with the inpatient hospitalists of different specialties and/or the senior fellow.

(2) Teaching Rounds. Discussing +/- seeing patients teaching preceptor. Fellow should have a copy of the sign out list ready for both at the time of rounds. One list per day organized according to patient rooms. Discharge paperwork should be done before teaching rounds for predictable discharges.

(3) Floor work includes but is not limited to

- Patient Care (eg. checking back with patients, updating family, prepare discharges for the next day, follow up with consultants)
- New admissions
- Shadowing consultants during visits and procedures (scopes, treadmills, away

procedures, physical therapy, , nutrition counseling, psychological counseling, etc)

- Help out in the ER with the permission of the hospitalist and ER attending (approved teaching preceptors only)

Teaching Rounds: The on service Fellow should contact the teaching attending at least the night before to arrange for the time for teaching rounds.