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UFH Family Medicine Training Program Curriculum Goals and Objectives 2013

Rotation: Longitudinal Family Medicine Continuity Service T1-3

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Instructions to Preceptor:

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

Instructions to Resident:

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:

Review all Competency Based Evaluation Forms at the next Biannual Evaluation

GOALS:

Continuity, comprehensiveness and coordination of care are the three C's of primary care. Throughout the years of fellowship, all trainees are required to follow their patient in and out of the hospital and keep abreast of their medical issues. The resident will address all patients' major medical and psycho-social issues for whom they are responsible providing culturally-sensitive, evidence-based care. The T1 will hone his communication skills in the areas of written notes, verbal presentations and consultation requests. The resident will 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:

- Resident addresses the major medical and psycho-social issues of each patient on the FMS service
- Follows family medicine patients admitted to the hospital and communicates their progress to the primary care doctor.
- Daily notes on all patients
- Prioritizes staying abreast of all issues regarding his/her patients.

- Know his/her patients better than anyone
- Presents patients at rounds with clarity
- Formal presentation of patients to all attendings after an assessment and plan (on phone or in person depending on time of day/night)
- Contact your supervisor (resident and/or attending) whenever there is a critical question about a patient even if you don't yet have an assessment/plan
- Staffs patients with attending physicians daily.

CLINICAL CIRCUMSTANCES
WHEN THE ATTENDING MUST BE CALLED

GENERAL REQUESTS

- Any trainee feels a situation is more complicated than 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

OB: AROM, placement internal monitoring, significant change in fetal monitoring strip, failure to progress, complete dilation, epidural placement, or induction with Pitocin.

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