



FMIS Nights Curriculum

NGMC- Family Medicine Residency Program
Gainesville, GA

PGY: 1

Description of Rotation:

This is a four-week block inpatient experience with direct observation by a 2nd and 3rd year resident, direct observation by faculty, and verbal consultation with 3rd year residents and/or faculty.

Overall Goal of Night Float PGY1 Rotation:

Admission, evaluation, treatment, and appropriate specialty consultation of adult hospitalized patients from either the ER, outpatient transfer, or directly from the clinic.

Rotation Location: NGMC - Gainesville
743 Spring St
Gainesville, GA 30501

Preceptor(s):

Abhishek Singh, MD	Brittany Parker, MD
William Bostock, DO	Leslie David, MD
Nhi-Kieu Nguyen, DO	Tembele Yangandawele, MD
Amy Bailey, MD	Linu Joseph, MD
Luis Rojas, MD	Sajiv Alias MD
Stephen 'Aaron' Purser, MD	Samuel 'Le' Church, MD
John E. Delzell, MD	

Sample PGY 1 Rotation Schedule

M	T	W	TH	F	Sat	Sun
NIGHT FLOAT	NIGHT FLOAT	NIGHT FLOAT	NIGHT FLOAT	OFF	OFF	NIGHT FLOAT

Patient Care:	
PGY level	By the end of the rotation:
1	Perform a comprehensive history and physical examination of the adult patient under supervision (PC-1)
1	Evaluate patients with unstable vital signs and incorporate ACLS protocol into resuscitation of patients as needed. (PC-1)
1	Write admission orders for admissions including labs for further diagnostic evaluation and treatments (PC-1)
1	Develop skills to provide adequate, compassionate communication between the patient and medical staff (PC-3)
1	Describe reasonable and safe methods of outpatient follow up of patients upon discharge (PC-4)



Medical Knowledge Objectives and Competencies:	
PGY level	By the end of the rotation:
1	Develop a basic knowledge of the evaluation and appreciation of pathology as well as normal variants in organ function in the adult patients (MK -1)
1	Describe the common disorders of the adult medical patient with assistance from upper level residents and faculty (MK-2)
1	Incorporates key elements of a patient story into an accurate depiction of their presentation.
1	Develops and analyze prioritized differential diagnosis for common presentations (MK-2)
1	Interprets results of common diagnostic testing (MK-1)
1	Interprets complex diagnostic information (MK-2)
1	Develop a basic knowledge of the following diseases commonly seen on the Inpatient Medicine as listed below, but not limited to (MK-2): <ul style="list-style-type: none"> a. Cardiovascular conditions including cardiac arrest, myocardial infarction, dysrhythmias, congestive heart failure, hypertension, cardiomyopathies, pericarditis and coronary artery disease. b. Gastrointestinal disorders including hepatitis, cirrhosis, pancreatitis, colitis, diverticulitis, cholecystitis, peptic ulcer disease, and bowel obstruction. c. Management and diagnosis of fluid and electrolyte disorders including hypo/hyperkalemia, hypo/hyponatremia, hypo/hypercalcemia, and acidosis/alkalosis. d. Endocrine conditions including diabetes mellitus, thyroid disorders, adrenal diseases, and lipid disorders. e. Renal conditions including urinary tract infections, nephrolithiasis, acute and chronic renal failure and obstruction. f. Hematologic conditions including anemia, coagulopathies, mononucleosis, polycythemia, and major hemoglobinopathies. g. Musculoskeletal conditions including back pain, rheumatoid arthritis, collagen vascular diseases and osteoarthritis. h. Infectious diseases (bacterial, viral, and fungal) that are commonly encountered in the adult population i. Neurological conditions including stroke/TIA's, seizures, meningitis, coma, movement disorders, dementia, delirium, nerve entrapment syndromes and tumors. j. Pulmonary disorders including asthma, COPD, bronchitis, pneumonia, thromboembolism, fibrosis, neoplasms, respiratory failure and evaluation of pulmonary imaging

Interpersonal and Communication Skills:	
PGY level	By the end of the rotation:
1	Develop rapport and builds therapeutic relationships with patients using active listening and clear language (C-1)
1	Identifies complex barriers to effective communication. (C-1)
1	Organizes and initiates communication, sets agenda, clarifies expectation, and verifies understanding (C-1)
1	Clearly and concisely requests/respond to a consultation (C-2)
1	Communicate effectively with all health care team members to assure comprehensive and timely care of patients. (C-2)
1	Demonstrates organized diagnostic and therapeutic reasoning through notes in patient records(C-3)
1	Appropriately uses documentation shortcuts; records required data in formats and timeframes specified by institutional policy (C-3)



Systems Based Practice Objectives and Competencies:	
PGY level	By the end of the rotation:
1	Demonstrates knowledge of common patient safety events. (SBP-1)
1	Delivers care with consideration with each patient's payment model. (SBP-3)
1	Identifies key elements for safe and effective transition of care and hand-offs. (SBP-2)
1	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients. (SBP-2)

Practice Based Learning and Improvement Objectives and Competencies:	
PGY level	By the end of the rotation:
1	Articulates clinical questions and elicits patient preference and values in order to guide evidence based care. (PBLI-1)
1	Self-reflects and analyzes factors which contribute to gaps between expectations and actual Performance. (PBLI-2)
1	Designs and implements a learning plan, with prompting 9. (PBLI-2)
1	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change. (PBLI-2)

Professionalism Objectives and Competencies:	
PGY level	By the end of the rotation:
1	Demonstrate professional behavior in routine situations. (PROF-1)
1	Takes responsibility for personal lapses in professionalism. (PROF-1)
1	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations. (PROF-2)
1	Independently recognizes status of personal and professional wellbeing. (PROF-3)
1	Independently recognizes limits in the knowledge/skills of self and team and demonstrates appropriate help-seeking behaviors. (PROF-3)
1	Demonstrates knowledge of ethical principles. (PROF-1)

Osteopathic Objectives and Competencies:	
By the end of the rotation/residency:	
Perform an accurate and complete structural and physical exam including somatic dysfunction (PC1)	
Be able to independently apply direct and indirect OMT to the clinical scenario that is presented (PC2)	
Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc) (MK1)	
<ul style="list-style-type: none"> • Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes: <ul style="list-style-type: none"> ○ "1. The body is a unit; the person is a unit of body, mind, and spirit. ○ 2. The body is capable of self-regulation, self-healing, and health maintenance. ○ 3. Structure and function are reciprocally interrelated. ○ 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function." (MK2) 	



Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3)

Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1)

Teaching Methods

Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Guided Research
Research Scholarly requirement: (refer to scholarly activity or discuss and we will add)	
Patient Oriented Point of Care Research	Critical Appraisal Topic
FM rounds- Present Case	Present topics related to FMIS care weekly

Procedures/Skills Taught (PC5)

Incision and Drainage	Reading EKGs
Venipuncture	Bag-Mask ventilation

Supervision/Evaluation:

Resident will work one-on-one and be supervised by board certified family medicine physician. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods

Direct Observation	Procedure evaluation
End of Rotation Evaluation	Chart Review
Evaluation of Journal Club	Procedure Log
Case Log	Direct Feedback

EPA's

1. (EPA 2) Care for patients and families in multiple settings (PC 1, PC-4)
2. (EPA 6) Evaluate and manage undifferentiated symptoms and complex conditions (MK2)
3. (EPA 9) Diagnose and manage acute illness and injury (PC1)
4. (EPA 12) Manage end of life and palliative care (C1)
5. (EPA 13) Manage inpatient care, discharge planning, transitions of care (PC1)

Residency Outcomes

2. Diagnose and manage *acute illness* and injury for people of all ages in the emergency room or hospital
4. Develop *effective communication and constructive relationships* with patients, clinical teams, and consultants

Resources: Required Reading

See Attached curriculum list.



Osteopathic Curricular Elements	
Osteopathic Considerations in the Hospitalized Patient and Viscerosomatic Reflexes	SDOFM 2nd edition <ul style="list-style-type: none">• Chapter 19 – The Hospitalized Patient<ul style="list-style-type: none">○ Read pages 201-215○ View PowerPoint on <i>The Hospitalized Patient</i>• Chapter 7 – Viscerosomatic Reflexes and Somatovisceral Influences.<ul style="list-style-type: none">○ Read pages 50-70○ View 3 linked videos○ View PowerPoint on <i>Viscerosomatic Reflexes and Somatovisceral Influences</i>
Pneumonia	OMT Video Library <ul style="list-style-type: none">• View videos under Pneumonia
COPD	OMT Video Library <ul style="list-style-type: none">• View videos under Pneumonia
CHF	OMT Video Library <ul style="list-style-type: none">• View videos under CHF
Osteopathic Foundations in General internal medicine/Hospitalized patients	Foundations of Osteopathic Medicine fourth edition <ul style="list-style-type: none">• Read pg. 167-174 (Tissue Respiration and Circulation)• Review pgs. 763-782 (Viscero-somatic reflexes, SS reflexes, Jones Tenderpoints Trigger points and Chapman's points)• Read pgs. 1166-1183 (Considerations in General Internal Medicine)• Read pgs. 923-944 (Acutely Ill Hospitalized Patients)