



Procedural Curriculum

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 1

Description of Rotation:

This is a four-week block experience with supervision by Family Physicians, General Surgeons, Gynecologists, Internists, Emergency Physicians, and Interventional Radiologists. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected. Below is a sample schedule of the block month and a supplemental list of procedures, to which rotation they are imbedded, and how many must be performed to develop competency.

Overall Goal of Procedural PGY1 Rotation:

Residents will be competent to independently perform core procedures listed. During their residency, each resident will be given opportunities to develop competency in other specific procedures that may not be listed and many of which may be of interest to them.

Preceptors: Dr. Hogue : jdhogue@charter.net Drew Roush, PA: droushpa@msn.com
Charlotte Bobbitt: charlotte.bobbitt@nghs.com Dr. Klas: paul.klas@nghs.com
Dr. Holly Coleman OB/GYN: nega_gyn@outlook.com Dr. Fordham: 706-968-6781

Example PGY1 Schedule:

Week	Monday	Tuesday	Wednesday	Thursday	Friday
Week One	Dr. Fordham Colonoscopy with Habersham Family Medicine	IR with Drew	Tumor Board 7 – 8:30 AM (Aux CR) followed by sim lab with Dr. Faile	MRI	US NPT
	Continuity Clinic	1-5p Good News- Dr. Auffarth (1 st Tue/month)	Academic Half Day	X-Ray/Fluoroscopy	Blood draws med park 2
Week Two	Dr. Fordham Colonoscopy with Habersham Family Medicine	IR with Drew	Tumor Board 7- 8:30 AM (Aux CR) followed by sim lab with Dr. Faile	IV w/VAT	Wound Clinic
	Continuity Clinic	IR with Charlotte Bobbitt	Academic Half Day	US med park 2	CT NPT 1 st floor
Week Three	Dr. Fordham Colonoscopy with Habersham Family Medicine	SIM training- GYN/OB with Holly Coleman	Tumor Board 7 – 8:30 AM (Aux CR) followed by sim lab with Dr. Faile	X-ray/Fluoroscopy	Wound clinic
	Continuity Clinic	Imaging Center B	Academic Half Day	CT	MRI NPT 1 st floor
Week Four	Dr. Fordham Colonoscopy with Habersham Family Medicine	IR with Drew	Tumor Board 7 – 8:30 AM (Aux CR) followed by sim lab with Dr. Faile	MRI	US NPT 1 st floor
	Continuity Clinic	IR with Drew	Academic Half Day	US	Take the afternoon to play sonodoc by Stanford Medicine http://sonodocga.me.com/

*Legend for sample schedule



LINKS: Spend a couple hours using the link to get comfortable with seeing these types of imaging and practice cases.

Explore Link: <https://www.coreultrasound.com/5ms/>

Sonodoc Link: <http://sonodocgame.com/>

NPT: Is the 1st FL in North Patient Tower building next to CT/MRI suite. Find the respective areas (they are all labeled, you can go into one suite and ask if you are lost they are all normally nice).

Wound Care Clinic: get there by 7:45am. Dr. McCulloch is your attending.

675 White Sulphur Rd.,
Gainesville, GA 30501
770-219-0963

IV Lines with Vascular: meet at 8am in the vascular access office which is on the first floor on the SPT (south patient tower) on the back side of dialysis.

Tumor Board: Email Penny McCall penny.mccall@nghs.com the day before for the Teams link to the mtg.

Dr. Hogue: Please reach out to him a few days before to set up the time to meet him at the SIM Lab. It will be in the morning so just clarify with him ahead of time.

Dr. Fordham: Text or call him on the Thursday before to clarify the time that he would like to meet in the morning (normally between 7-720 am) at Habersham.

IR w/ Drew: 1st FL of the NPT in the IR suite (this is next to the MRI/CT suite).

Dr. Klas: Lanier Park Sim Lab. They normally have the room set up prior to you getting there, as any of the nurses there and they will direct you to the room you will use.

Good News Clinic (GNC): Go to the front desk and let them know that you are the resident with Dr. Auffarth, and they will direct you from there; physical address is GNC: 810 Pine St Gainesville, GA 30501

Educational/ Research: Catch up on any reading, studying or lectures that you need to.



Patient Care:	
PGY level	By the end of the rotation, the resident will be able to:
1	Resident will identify the breadth of procedures that family physicians perform. (PC 5)
1	Resident will identify patients for whom a procedure is indicated and who is equipped to perform it. (PC 5/)
1	Resident will counsel patients about expectations for common procedures performed by family physicians and consultants. (PC 5)

Medical Knowledge Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will be able to:
1	Resident will interpret results of common diagnostic testing. (MK 2)

Interpersonal and Communication Skills:	
PGY level	By the end of the rotation, the resident will be able to:
1	Develop rapport and builds therapeutic relationships with patients (C 1/2)
1	Communicate effectively with patients and families. (C 1/1)
1	Communicate effectively with physician colleagues at all levels (C 2/2)
1	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (C-3/1)
1	Present information concisely and clearly both verbally and in writing on patients. (C 3/3)

Systems Based Practice Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will be able to:
1	Resident will demonstrate knowledge of common patient safety events. (SBP 1)
1	Resident will demonstrate knowledge of how to report patient safety events. (SBP 1)
1	Resident will use language that values all members of the health care team. (SBP 2)
1	Knows when/how to advocate for patients (SBP 4)

Practice Based Learning and Improvement Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will be able to:
1	Resident will demonstrate how to access, categorize, and analyze clinical evidence. (PBLI 1)
1	Resident will demonstrate openness to performance data (feedback and other input) in order to inform goals. (PBLI 2)
1	Resident will identify the factors which contribute to gap(s) between expectations and actual performance. (PBLI 2)



Professionalism Objectives and Competencies:	
PGY level	By the end of the rotation, the resident will be able to:
1	Resident will demonstrate professional behavior in routine situations. (PROF 1)
1	Resident will take responsibility for personal lapses in professionalism. (PROF 1)
1	The resident will respond promptly to requests or reminders to complete tasks and responsibilities. (PROF 2)
1	The resident takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future. (PROF 2)
1	The resident will perform tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations. (PROF 2)

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	
Research Scholarly requirement: (refer to scholarly activity)	
Patient Oriented Point of Care Research	Critical Appraisal Topic

Supervision/Evaluation:
Resident will work one-on-one and be supervised by board certified Family Medicine Physicians, General Surgeons, Gynecologists, Interventional Radiologists. 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	Simulation
POCUS case log	Procedure Log

EPA's
(EPA 2) Care for patients and families in multiple settings
(EPA 10) Perform common procedures in the outpatient or inpatient setting
(EPA 20) Coordinate care and evaluate specialty consultation as the condition of the patient requires

Residency Outcomes
Model <i>lifelong learning</i> and engage in <i>self-reflection</i>
Perform the <i>procedures</i> most frequently needed by patients in continuity and hospital practices