



**Family Medicine Inpatient Service Night**  
NGMC- Family Medicine Residency Program  
Gainesville, GA

**PGY: 3**

**Description of Rotation:**

This is a four-week block inpatient experience with direct observation by Family Physician Faculty. Supplemental longitudinal learning in the FMP supervised by Family Physician faculty is also expected.

**Overall Goal of 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	John E. Delzell, MD	Samuel 'Le' Church, MD
Stephen 'Aaron' Purser, MD		

**Sample PGY 3 Rotation Schedule**

Time	M	T	W	TH	F	Sat	Sun
7:30a-5p							
5p-7:30a	NIGHT FLOAT	NIGHT FLOAT	NIGHT FLOAT	NIGHT FLOAT	OFF	OFF	NIGHT FLOAT

<b>Patient Care:</b>	
PGY level	By the end of the rotation:
3	Promptly recognizes urgent and emergent situations and coordinates appropriate diagnostic strategies (PC-1)
3	Develops differential diagnosis & management plans for patients with common acute & undifferentiated conditions. (PC-1/4)
3	Independently coordinates care for acutely ill patients with complex comorbidities (PC-1)
3	Implements management plans for patients with complex acute conditions, including stabilizing acutely ill patients (PC-3)
3	Mobilizes the multidisciplinary team to manage care for simultaneous patient visits (PC-1/4)
3	Efficiently manages and coordinates the care of multiple patients with a range of severity, including life-threatening conditions (PC-1)



<b>Medical Knowledge Objectives and Competencies:</b>	
PGY level	By the end of the rotation:
3	Integrates clinical experience and comprehensive knowledge in the management of patients across the lifespan (MK-1)
3	Develops a prioritized differential diagnosis for complex presentations (MK-2)
3	Incorporates key elements of a patient story into an accurate depiction of their presentation (MK-2)
3	Synthesizes complex diagnostic information accurately to reach high probability diagnoses (MK-2)
3	Pursues knowledge of new and emerging diagnostic tests (MK-2)
3	Engages in deliberate practice and coach others to minimize clinical reasoning errors (MK-2)
3	Develops an analytic, prioritized differential diagnosis for following diseases commonly seen on the Inpatient Medicine as listed below, but not limited to (MK-2): <ol style="list-style-type: none"> <li>a. Cardiovascular conditions including cardiac arrest, myocardial infarction, dysrhythmias, congestive heart failure, hypertension, cardiomyopathies, pericarditis, and coronary artery disease.</li> <li>b. Gastrointestinal disorders including hepatitis, cirrhosis, pancreatitis, colitis, diverticulitis, cholecystitis, peptic ulcer disease, and bowel obstruction.</li> <li>c. Management and diagnosis of fluid and electrolyte disorders including hypo/hyperkalemia, hypo/hyponatremia, hypo/hypercalcemia, and acidosis/alkalosis.</li> <li>d. Endocrine conditions including diabetes mellitus, thyroid disorders, adrenal diseases, and lipid disorders.</li> <li>e. Renal conditions including urinary tract infections, nephrolithiasis, acute and chronic renal failure, and obstruction.</li> <li>f. Hematologic conditions including anemia, coagulopathies, mononucleosis, polycythemia, and major hemoglobinopathies.</li> <li>g. Musculoskeletal conditions including back pain, rheumatoid arthritis, collagen vascular diseases and osteoarthritis.</li> <li>h. Infectious diseases (bacterial, viral, and fungal) that are commonly encountered in the adult population</li> <li>i. Neurological conditions including stroke/TIA's, seizures, meningitis, coma, movement disorders, dementia, delirium, nerve entrapment syndromes and tumors.</li> <li>j. Pulmonary disorders including asthma, COPD, bronchitis, pneumonia, thromboembolism, fibrosis, neoplasms, respiratory failure, and evaluation of pulmonary imaging</li> </ol>

<b>Interpersonal and Communication Skills:</b>	
PGY level	By the end of the rotation:
3	Mentor others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships (C-1)
3	Coordinates recommendations from different members of the health care team to optimize patient care, resolving conflict when needed (C-2)
3	Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict (C-1)
3	Clearly and concisely requests/respond to a consultation (C-2)
3	Demonstrates efficiency in documenting patient encounters and updating record (C-3)
3	Initiates difficult conversations with appropriate stakeholders to improve the system (C-3)
3	Appropriately uses documentation shortcuts; records required data in formats and timeframes specified by institutional policy (C-3)



<b>Systems Based Practice Objectives and Competencies:</b>	
PGY level	By the end of the rotation:
3	Actively engages teams and processes to modify systems to prevent patient safety events (SBP-1)
3	Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency) (SBP-3)
3	Identifies key elements for safe and effective transition of care and hand-offs. (SBP-2)
3	Model 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)

<b>Practice Based Learning and Improvement Objectives and Competencies:</b>	
PGY level	By the end of the rotation:
3	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients (PBLI-1)
3	Consistently seeks performance data with adaptability and humility. (PBLI-2)
3	Designs and implements a learning plan, without prompting 9. (PBLI-2)
3	Self-reflects, analyzes, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance (PBLI-2)

<b>Professionalism Objectives and Competencies:</b>	
PGY level	By the end of the rotation:
3	Demonstrate professional behavior in routine situations. (PROF-1)
3	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others (PROF-1)
3	Recognizes and addresses situations that may impact others' ability to complete tasks and responsibilities in a timely manner (PROF-2)
3	Independently recognizes status of personal and professional wellbeing. (PROF-3)
3	Independently recognizes limits in the knowledge/skills of self and team and demonstrates appropriate help-seeking behaviors. (PROF-3)
3	Analyzes complex situations using ethical principles (PROF-1)

<b>Osteopathic Objectives and Competencies:</b>	
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"><li>• Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes:<ul style="list-style-type: none"><li>○ “1. The body is a unit; the person is a unit of body, mind, and spirit.</li><li>○ 2. The body is capable of self-regulation, self-healing, and health maintenance.</li><li>○ 3. Structure and function are reciprocally interrelated.</li><li>○ 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)</li></ul></li></ul>	



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
<b>Research Scholarly requirement: (refer to scholarly activity or discuss and we will add)</b>	
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



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