



Urgent Care

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 3

Description of Rotation:

This is a four-week block Urgent Care experience with board certified family medicine attendings doing urgent care medicine. Residents will see urgent care patients during shift work in the urgent care centers.

Overall Goal of Urgent Care PGY3 Rotation:

During this rotation, PGY3 residents will gain the knowledge and develop the skills to evaluate, diagnose and manage common urgent and emergent disorders seen in the Urgent Care Center.

Rotation Location(s):	NGPG Urgent Care – Dawsonville 108 Prominence Ct, Suite 100 Dawsonville, GA 30534	NGPG Urgent Care - Braselton 1515 River Pl Braselton, GA 30517
	NGPG Urgent Care – Dacula 852 Dacula Rd Dacula, GA 30019	NGPG Urgent Care - Gainesville 597 S. Enota Dr Gainesville, GA 30501

Rotation Preceptor(s):	Jan Smith, MD Daniel Bosso, MD Robert Kelly, MD William Walters, MD	Peaasha Houston, DO John ‘Tyler’ Andrews, DO Rebecca Loomis, MD	Lesley Algert, MD John Koo, DO Sakib Maya, MD
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Sample PGY3 Rotation Schedule

M	T	W	TH	F	Sat	Sun
Urgent Care	FM Clinic	Urgent Care	Urgent Care	FM Clinic	FMIS inpatient Coverage	off
Urgent Care	FM Clinic	Didactic Half Day	Urgent Care	FM Clinic	FMIS inpatient Coverage	off

Patient Care:	
PGY level	By the end of the rotation:
3	Demonstrate effective, compassionate communication when interacting with patients and their families. (PC-2; L3)
3	Assess acutely ill, unstable, and injured patients in a timely fashion. (PC-2; L1)
3	Gather focused, essential, and accurate information about the patient, which may be from multiple sources. (PC-4; L1)
3	Confidently perform a directed examination as well as essential examination of other organ systems pertinent to the problem presented. (PC-2; L1)
3	Perform physical examinations commonly encountered in the Urgent Care setting; Display knowledge of specific criteria required by a requesting agency. (PC-2; L2)



3	Articulate and identify special instances that may require referral for further evaluation before medical clearance is obtained. (PC-2; L4)
3	Perform competently the common urgent care procedures. (PC-5; L1)
3	Counsel and educate patients and their family regarding their condition, management plan, and prevention of future recurrences. (PC-1; L3)

Medical Knowledge Objectives and Competencies:	
PGY level	By the end of the rotation:
3	Describe which cost-effective tests to recommend that will acutely change patient's outcome. (MK-1; L4)
3	Interpret test results in the context of care of the specific patient, considering age-appropriate normal values/variants for laboratory, radiologic studies, and the EKG. (MK-2; L4)
3	Determine when and how soon a referral to the specialist is indicated. (MK-2; L3)
3	Evaluate and manage common symptoms as well as common diagnoses in patients presenting emergently and urgently: (MK-2; L2) <ul style="list-style-type: none"> a. Trauma b. Bites and Stings c. Chest pain d. Heat and cold injuries e. Hypersensitivity reactions f. Renal colic g. Acute neurological disorders h. Shortness of breath i. DVT j. Burns k. Acute cystitis and pyelonephritis l. Acute respiratory disorders m. Acute gastrointestinal disorders n. Acute musculoskeletal disorders

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

Systems Based Practice Objectives and Competencies:	
PGY level	By the end of the rotation:
3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1)
3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-1)
3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-1)
3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2)



3	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-4)
3	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-2)

Practice Based Learning and Improvement Objectives and Competencies:	
PGY level	By the end of the rotation:
3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine. (PBLI-1)
3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
3	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:
3	Acceptance of professional responsibility as the primary care physician for patients under his/her care. (PROF-1)
3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes. (PROF-3)
3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures. (PROF-2)
3	Understand ethical concepts of confidentiality, consent, autonomy, and justice. (PROF-1)
3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-1)

Additional Osteopathic Objectives and Competencies:	
By the end of the rotation/residency:	
<ul style="list-style-type: none"> • 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) • 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:	
Patient Oriented Point of Care Research	Critical Appraisal Topic

Procedures/Skills Taught (PC5)	
Abscess I&D	Simple fracture care
Laceration Repair	Xray reading
Splinting	EKG reading
Fluid resuscitation	Joint aspirations/injections
Thrombosed hemorrhoid excision	Local anesthesia/Digital block

Supervision/Evaluation:
Resident will work one-on-one and be supervised by board certified family medicine physicians working in urgent care. 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
Case Log	Procedure Log

EPA's
3 - Provide first-contact access to care for health issues and medical problems PC1, MK2, PROF3, C2
9 - Diagnose and manage acute illness and injury PC5, MK2, PROF4
10 - Perform common procedures in the outpatient setting PC5, SBP2
14 - Manage care for patients with medical emergencies PC1, C1, C2

Residency Outcomes
2. Diagnose and manage acute illness and injury for people of all ages in the emergency room or hospital.
13. Assess priorities of care for individual patients across the continuum of care – in-office visits, emergency, hospital, and other settings – balancing the preferences of patients and medical priorities.
1. Perform the procedures most frequently needed by patients in continuity and hospital practices.



Osteopathic Curricular Elements	
Osteopathic Considerations in the Urgent/Emergent Care Patient	SDOFM 2nd edition <ul style="list-style-type: none"> • Chapter 18 – The Urgent and Emergent Care Patient <ul style="list-style-type: none"> ○ Read pages 195 - 200 ○ View PowerPoint on The Urgent & Emergent Care Patient
Low back pain	OMT Video Library <ul style="list-style-type: none"> • View videos under <i>Low Back pain</i>
Osteopathic Foundations in Urgent/Acute Care	Foundations of Osteopathic Medicine fourth edition <ul style="list-style-type: none"> • Read pgs. 1040 - 1081 (Low Back Pain) • Read pgs. 1094-1103 (Acute Neck Pain) • Review pgs. 1112-1123 (Acute Low Back Pain) • Review pgs. 1458 – 1474 (Sports Medicine)
Resources: Required Reading	
Simon, R; Sherman, S; Koenigsnecht, S: Emergency Orthopedics: The Extremities, 2006.	
Tintinalli, J; Emergency Medicine: A Comprehensive Study Guide 6th Edition, 2003	
Strange, G; Ahrens, W; Pediatric Emergency Medicine: A Comprehensive Study Guide, 2002	
Edwards T, Mayer T: Urgent Care Medicine, 2002	
Trott AT: Wounds & Lacerations – Emergency Care & Closure, 3rd Edition, 2005	
Griffin LY: Essentials of Musculoskeletal Care, 3rd Edition, 2005	
Schwartz D, Reisdorff E: Emergency Radiology, 2000	
Raby N: Accident & Emergency Radiology – A Survival Guide, 2nd Edition, 2005	
Pfenninger JL, Fowler GC. Pfenninger and Fowler’s Procedures for Primary Care. 3rd ed. Waltham, Mass.: Saunders; 2010.	
Laceration Repair: A Practical Approach American Family Physician: Article https://www.aafp.org/afp/2017/0515/p628.html	