Selective template

Course**: <u>Family Medicine Wards Sub Internship;</u>** Course Number: **<u>FAM 1901</u>**

Department:	Department of Family Medicine
Faculty Coordinator:	Tamara McGregor MD; Zaiba Jetpuri DO
Hospital:	Parkland Hospital; Texas Health Presbyterian Hospital Dallas
Periods Offered:	Blocks 1-12
Length:	4 weeks
Max # of Students:	2
First Day Contact:	Email will be sent to students two weeks prior to the start of the rotation
First Contact Time:	Email will be sent to students two weeks prior to the start of the rotation
First Day Location:	Email will be sent to students two weeks prior to the start of the rotation
Prerequisites:	Passing grade in 3rd year Internal Medicine and Family Medicine clerkship

I. Course Description

A Selective is a course that will be taken at the end of the Clerkship Phase or during the Post-Clerkship Phase of the curriculum. It will take the place of the currently required "Sub I's" and "Critical Care Blocks". The Selectives should be rigorous and will be graded Honors/ /Pass/Fail. The course description should reflect that rigor and include an overview of content, environment, student responsibilities, and expectations.

Selective expectations include:

- *The student is required to provide patient care at the level of an intern under the direct supervision of attending faculty members or clinical fellows.*
- *The student will assess patients, develop and implement patient care plans. They will be specifically graded on their ability to manage patients.*
- *The student will assist with and/or perform procedures as appropriate.*
- *Attendance at divisional and departmental meetings, and or patient care conferences will be required as appropriate.*
- *The student is required to demonstrate critical thinking and medical knowledge via a formal assessment method which may include an oral "Grand Rounds type "presentation, exam,* ***dissemination of critically reviewed literature****, or equivalent product.*

Students will spend one month working with the Family Medicine inpatient ward team at PHHS. Ward teams typically consist of 2 interns, one PGY2 and one senior resident. Students are given responsibilities of an intern in patient care and will work under the supervision of the resident and attending.

Goals	Objectives	Assessment methods *(examples)*
Patient Care: Assessment and Management 1. Students will demonstrate the knowledge, attitudes and skills necessary to perform appropriately focused and accurate histories and physical assessments and document the	Students, together with supervising faculty and house staff, must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	*Quality of Medical Records entries* *Skills evaluation from direct observation.*

findings accurately in the health record. 2. Students will assist in development of evaluation and treatment plans, and take responsibility for implementation. 3. Students will develop procedural skills related to Inpatient such as paracentesis, lumbar punctures	Students are expected to: 1.) Interview the patients and obtain the vital information for patient care. Example: History, physical examination, and relevant lab data when admitting a patient for chest pain 2.) Interpret the data and discuss the plan with the patient and family. Example: Discuss with the patient about elevated A1c, risk stratification and treatment. 3.) Promote general health maintenance and disease prevention. Example: Check the lipids in a patient with chest pain and recommend preventative measures such as smoking cessation, weight loss, etc. 4.) Consult with specialty services to coordinate care. Example: Consult with Hepatology for recommendations on treatment of a patient with Cirrhosis	
Medical knowledge: 1. The student will know how to assess and manage common complaints in a hospitalized patient on an inpatient medicine service. 2. The student will know the pathophysiology of common diseases encountered in the hospitalized patient on a Family medicine service	Students should demonstrate knowledge about a wide variety of medical illnesses and apply this to patient care. Students are expected to: 1.) Provide the differential diagnosis of a chief complaint and provide a treatment plan to investigate the causes. Example: Discuss the causes of shortness of breath and plan a strategy for work-up. 2.) Apply the current clinical knowledge to arrive at a unifying diagnosis with the team and treat the patient. Example: Obtain a CXR on the patient with dyspnea to diagnose pneumonia and treat with antibiotics.	*10 minute oral presentation on common disease*

Interpersonal and communication skills: The students will effectively exchange information with patients, families, consultants and the team, including nurses, faculty, residents and ancillary staff.	Students must be able to communicate effectively between the team, patients, and their families. Students are expected to: 1.) Communicate with the patient to explain the diagnosis and treatment plan. Example: Explain the cause of cellulitis and the planned work-up. 2.) Discuss with the housestaff and attending the plan and history/physical. Example: Present the history and physical to the team post-call and daily rounds. 3.) Work with ancillary staff to provide care. Example: Communicate with nurses any changes in the plan.	*Observations of faculty and staff Participate in Home Visit*
Practice Based learning and Improvement: Students will demonstrate the ability to assimilate scientific evidence and improve patient care practices	Students should be able to assimilate scientific evidence and improve patient care. 1.) Perform a literature search to evaluate outcomes of treatment for the patient's illness. Example: Do a literature search to evaluate the treatment of TB in HIV patients. 2.) Follow the patient's daily labs (if needed) and treat any deficiencies. Example: Monitor the liver function tests on TB therapy and stop therapy if elevated	*10 minute oral presentation Critical review of a relevant article*
Professionalism: Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	Students should perform to their best ability and adhere to ethical behavior while taking care of the patients. 1.) Adhere to the principles of informed consent and patient confidentiality. Example: Discuss the patient's care only with the patient and members of the team. 2.) Respect the patient's cultural background in taking care of them. Example: Patient who is a Jehovah's Witness refusing blood transfusions. 3.) Behave	*Observations of faculty and staff*

	in a professional manner with the other members of the team. Example: Act as the intern on the team in taking care of the patient, taking responsibility and ownership for the patient.	
Systems based practice: 1. Know how Family Medicine fits into the larger system of health care. 2. Work with the team and patients to optimize use of system resources and decrease hospital bounce-backs	Communicate with family members, primary care providers, consultants, allied health professionals, and other ancillary services as needed.	*Observations of faculty and staff Group discussion Participate in Multidisciplinary Hospital Follow up clinic*

III. Methods of Instruction:

A. Didactic:

a. attending Family Medicine Tuesday conference every Tuesday afternoon, schedule of didactics varies, will be emailed to the student
b. attending Radiology rounds every other week Wednesday morning

B. Clinical:

a. Inpatient Clinical teaching occurs daily, with attending physician and housestaff
b. Attending post Hospital visits in Family medicine clinic (5920 Forest Park Rd, 6th floor, Dallas, TX 75235)
c. Participating in Home visit post-hospitalization (or Nursing home if patient is resident of Nursing home)

IV. Overview of student responsibilities

Sub Interns (acting interns) are expected to assume primary responsibility for the patients' complete care until discharge, and also present to the team during rounds. The sub-interns' responsibilities are: writing an H and P, daily progress notes, and discharge summaries. They are also expected to write orders (they will pend these orders and they will be reviewed and signed, if appropriate, by the resident or faculty). They are also expected to **communicate** with family members, primary care providers, consultants, allied health professionals, and other ancillary services as needed. In addition, sub-interns are expected to be first call providers on their patients. Students will follow 3-5* patients daily, preferably cases that they have worked up since admission. All students must have one day off a week, but it needs to be the weekend (Sat or Sun) so the students can attend their lectures.

***up to 3 patients first 2 weeks, up to 5 patients second 2 week**

IV. Method of evaluation of students and requirements:

Grading will be Honors/Pass/Fail. Grade will be determined by feedback from the attending evaluation. Also, included in the evaluation will be attendance and punctuality at required conferences.

Absences

As a reminder, absences are **not allowed** for any reason including interviews. Only excused absence is for either personal illness or a family emergency. Any absence must be reported immediately. **Failure to do so will result in a professionalism form been filled out and a discussion with the deans**. Please do not contact course director about making exceptions for residency interviews. It will not be granted since it is not fair to other classmates who considered their residency interviews when scheduling their sub-internship rotation. Again, schedule your subinternship when you will not have interviews.

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V. Sample schedule template and resources:

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Inpatient	Inpatient	Inpatient Radiology Lecture @11:30	Inpatient	Inpatient	OFF	Inpatient
PM	Inpatient	*Conference*	Hospital follow up clinic	Inpatient	Inpatient	OFF	Inpatient
Week 2	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
AM	Inpatient	Inpatient	Inpatient	Inpatient	Inpatient	Inpatient	OFF
PM	Inpatient	*Conference*	Hospital follow up clinic	Inpatient	Home visits*	Inpatient	OFF
Week 3	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
AM	Inpatient	Inpatient	Inpatient Radiology Lecture @11:30	Inpatient	Inpatient	OFF	Inpatient
PM	Inpatient	*Conference*	Hospital follow up clinic	Inpatient	Inpatient	OFF	Inpatient
Week 4	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
AM	Inpatient	Inpatient	Inpatient	Inpatient	Inpatient	Inpatient	OFF
PM	Inpatient	*Conference*	Hospital follow up clinic	Inpatient	Home visits*	Inpatient	OFF

* schedule of home visit, post hospital clinic and day off can vary weekly

Suggested Topics and Reading List

1. Renal Failure: Acute Kidney Injury (AAFP) https://www.aafp.org/afp/2012/1001/p631.html
2. Electrolyte abnormalities: Hyponatremia (AAFP) http://www.aafp.org/afp/2004/0515/p2387.html
3. Acute Coronary Syndrome: AAFP
- ACA/AHA Guidelines for management of STEMI http://www.aafp.org/afp/2009/0615/p1080.html
- Unstable Angina and Non-STEMI http://www.aafp.org/afp/2009/0815/p383.html
4. Heart Failure: Management of Systolic heart failure (AAFP)
http://www.aafp.org/afp/2008/0401/p957.html
5. Dysrhythmias
– Afib - AAFP and ACP Guidelines for Atrial Fibrillation http://www.aafp.org/afp/2004/0515/p2474.html
– Pharmacologic Cardioversion for Atrial Fibrillation and Flutter
http://www.aafp.org/afp/2005/1201/p2217.html
6. Diabetic Keto Acidosis – DKA: AAFP http://www.aafp.org/afp/2005/0501/p1705.html
7. Transfusion Therapy and Reactions: AAFP
- Transfusion of blood and blood products: Indications and complications
http://www.aafp.org/afp/2011/0315/p719.html
8. Pulmonary Embolism: AAFP http://www.aafp.org/afp/2004/0201/p599.html

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9. Venous Thromboembolic Disease: AAFP
- Diagnosis of DVT and PE http://www.aafp.org/afp/2012/0115/p188.html
- DVT Prevention http://www.aafp.org/afp/2010/0201/p284.html
10. Gastrointestinal bleeding: AAFP
- Diagnosis and Management of Upper GI Bleeding http://www.aafp.org/afp/2012/0301/p469.html
- Diagnosis of GI Bleeding in Adults http://www.aafp.org/afp/2005/0401/p1339.html
11. Acute Pancreatitis: AAFP http://www.aafp.org/afp/2007/0515/p1513.html
12. Pneumonia: AAFP
- Diagnosis and Management of Community Acquired Pneumonia
http://www.aafp.org/afp/2006/0201/p442.html
- Nursing Home-Acquired Pneumonia http://www.aafp.org/afp/2009/0601/p976.html
13. Management of Acute Asthma Exacerbation: AAFP http://www.aafp.org/afp/2011/0701/p40.html
14. Management of COPD Exacerbation: AAFP http://www.aafp.org/afp/2010/0301/p607.html
15. Cerebrovascular Accident: AAFP
- Acute Stroke Management http://www.aafp.org/afp/2009/0701/p33.html
- Subacute Management of Ischemic Stroke http://www.aafp.org/afp/2011/1215/p1383.html
16. Hospital Infections and Sepsis: AAFP
- Clostridium Difficile Associated Diarrhea http://www.aafp.org/afp/2005/0301/p921.html
- IDSA Guidelines on the Treatment of MRSA http://www.aafp.org/afp/2011/0815/p455.html
17. Alcohol Withdrawal: AAFP
- Alcohol Withdrawal Syndrome http://www.aafp.org/afp/2004/0315/p1443.html
- Management of Alcohol Withdrawal Syndrome http://www.aafp.org/afp/2010/0815/p344.html
18. Death Pronouncement: AAFP http://www.aafp.org/afp/1998/0701/p284.html
19. Organ Donation and Transplantation: EPERC
- EPERC Fast Facts on Organ Donation http://www.eperc.mcw.edu/EPERC/FastFactsIndex/ff_079.html
20. Delirium: AAFP http://www.aafp.org/afp/2008/1201/p1265.html
21. Seizure: AAFP http://www.aafp.org/afp/2007/0501/p1342.html
22. Respiratory Failure: AAFP http://www.aafp.org/afp/2012/0215/p352.pdf
http://prezi.com/0yxqjt_zcz6k/adult-respiratory-distress-syndrome/

Additional Topics that seem to be very common on our In-Patient Service at Parkland & Clements University Hospital:
1. Osteomyelitis: AAFP http://www.aafp.org/afp/2011/1101/p1027.html
2. Hypertensive Urgency: AAFP http://www.aafp.org/afp/2010/0215/p470.html
3. Cirrhosis of Liver/Ascites AAFP http://www.aafp.org/afp/2011/1215/p1353.html
http://www.aafp.org/afp/2006/0901/p756.html http://www.aafp.org/afp/2006/0901/p767.html
4. Tuberculosis: Update on the Treatment of TB (AAFP) http://www.aafp.org/afp/2008/0815/p457.html
5. HIV: AAFP http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=11
6. Sepsis: Source to be determined
7. Diabetes management: AAFP http://www.aafp.org/afp/2010/0501/p1130.html
8. Pyelonephritis: AAFP http://www.aafp.org/afp/2005/0301/p933.html
9. Pre-Op and Post-Op Care of patients. http://www.aafp.org/afp/2002/0915/p1096.html
http://www.aafp.org/afp/2007/0615/p1837.html
10. Critical care: Identify & stabilize patients who need critical care: Source to be determined
11. Management of Hypoglycemia: Source to be determined
12. Chronic renal insufficiency. http://www.aafp.org/afp/2012/1015/p749.html
13. Cellulitis & Soft tissue infection Cellulitis: AAFP http://www.aafp.org/afp/2010/0401/p893.html
Diabetic Foot Infection http://www.aafp.org/afp/2008/0701/p71.html

14. Meningitis: AAFP http://www.aafp.org/afp/2010/1215/p1491.html
15. Pleural Effusion: AAFP http://www.aafp.org/afp/2006/0401/p1211.html
16. Orthostatic Hypotension: AAFP http://www.aafp.org/afp/2011/0901/p527.html
17. EKG: Systematic reading
18. Chest X-Ray: Systematic reading

READING LIST

1. Wachter: Hospital Medicine
2. UpToDate: http://www.utdol.com
3. Cooper: The Washington Manual of Medical Therapeutics
4. MD Consult
5. AAFP Journal