

## **Adult Inpatient Family Medicine Rotation PGY1**

This 8 week mandatory experience will take place in 2 4-week blocks during the first year of residency at Ochsner LSUHealth Monroe Medical Center. The PGY1 resident will be assigned to the Tiger Team with at least 2 other residents, at least one of whom shall be a PGY2 or PGY3 resident. Dedicated FM faculty members will attend the team in 2-week blocks. Admissions to the team will be (preferentially) from the FM Resident Clinic and the FM Faculty Clinic. The team will also rotate admissions from the ED with the hospitalist adult medicine service. The Tiger Team will be “capped” at 16 patients unless the program director authorizes an increase in that number based on extraordinary circumstances.

**Goals:** PGY1 residents will develop skill and confidence in diagnosis and management of a wide range of medical conditions affecting adult patients in the inpatient venue including the intensive care unit. They will learn to work with a multidisciplinary team to provide excellent patient care and to utilize resources in a responsible manner. PGY1 residents will be supported by upper level residents and faculty at all times, but will still be afforded the opportunity to progress to increased autonomy. They will develop leadership and supervisory skills to prepare them for the expanded responsibility of the PGY2 year.

### **Knowledge:**

Objective: Upon completion of the training the resident will demonstrate the following competencies.

1. The underlying physiologic changes in the various body systems, including diminished homeostatic abilities, altered metabolism, effects of drugs and other changes relating to the critically ill patient. (MK, PC)
2. The conditions encountered in the hospital setting that are significantly life threatening or likely to have significant impact in changing care processes leading to quality improvement and efficiency. (MK, PC)
3. The unique modes of presentation of critically ill patients, including altered and nonspecific presentations of diseases. (MK, PC)
4. The evaluation of benefits, harms and financial costs of drug therapies for individual patients as well as recognition of risks of adverse drug events at the time of transfer of care. Reconciliation of documentation of medications at the time of discharge. (SBP, PC)
5. The access and interpretation of data, images and other information from available clinical information systems. (SBP, PC, ICS)

**6. The following clinical areas that are relevant to management of the ill adult:**

- a. Cardiology:
  - i. Acute coronary syndrome
  - ii. Cardiac dysrhythmias and cardiac arrest
  - iii. Hypertensive urgency and emergency
  - iv. Congestive heart failure
  - v. Valvular heart disease
- b. Critical Care:
  - i. Shock
  - ii. Hypothermia & Hyperthermia
  - iii. Rhabdomyolysis
  - iv. Multisystem organ failure
  - v. Accidental poisoning and attempted suicide
  - vi. Alcohol and drug withdrawal
- c. Endocrinology:
  - i. DKA
  - ii. Thyroid storm
  - iii. Hyperosmolar non-ketotic acidosis
  - iv. Other endocrine emergencies
- d. Gastroenterology:
  - i. Acute biliary disease
  - ii. Gastrointestinal bleeding
  - iii. Hepatic failure
  - iv. Pancreatitis
- e. Hematology and Oncology:
  - i. Bleeding disorders and coagulopathies
  - ii. Cancer screening, staging and treatment
  - iii. Transfusion therapy and reactions
  - iv. Venous thromboembolic disease
- f. Infectious disease:
  - i. Sepsis
  - ii. Antimicrobial therapy
  - iii. Immunology and the compromised patient
  - iv. HIV and antiviral therapy
- g. Medical management of the surgical patient:
  - i. Preoperative risk assessment
  - ii. Preoperative risk reduction interventions
  - iii. Postoperative management (pain, glycemic control, antibiotics)
- h. Nephrology:
  - i. Hypertension
  - ii. Renal Failure
  - iii. Acid-base disorders
  - iv. Electrolyte abnormalities

- i. Neurology:
  - i. Cerebral vascular accidents and coma
  - ii. Meningitis and encephalitis
  - iii. Brain and spinal cord trauma and disease
  - iv. Seizures and other neurological emergencies
  - v. Degenerative brain disease
- j. Palliative Care and Hospice:
  - i. Advance directives and code status
  - ii. Pain and Symptom Management
  - iii. Organ donation and transplantation
  - iv. Pronouncement of death
- k. Preventative Practices and Public Health:
  - i. Adult Immunization
  - ii. Infection control
  - iii. Venous thromboembolism
  - iv. Decubitus ulcers
  - v. Nutritional assessment and support
- l. Pulmonary:
  - i. Respiratory failure and ARDS
  - ii. Pulmonary embolism
  - iii. Pneumonia
  - iv. Pulmonary hypertension
  - v. Severe airflow obstruction

**Skills:**

Objective: Upon completion of the experience the resident will demonstrate the following competencies.

1. Obtain comprehensive history and physical examination in the hospital setting. (MK, PC)
2. Select and interpret appropriate laboratory and imaging tests for the ill adult patient. (MK, PC)
3. Develop a practical problem list in, clinical, functional, psychological and social terms. (MK, PC)
4. Identify appropriate priorities and limitations for investigation and treatment. (MK, PC)
5. Perform the basic elements of the ACLS protocol and procedures: (MK, PC)
  - a. Electrical and chemical Cardioversion
  - b. External temporary pacemaker application
  - c. Electrocardiogram interpretation
  - d. Obtaining vascular access
6. Ventilator management, including: (MK, PC)
  - a. X-ray interpretation
  - b. Non-invasive and invasive ventilation
  - c. Issues in sedation, paralytic agents and airway management
  - d. Weaning from ventilator support
7. Diagnostic and therapeutic procedures: (MK, PC)
  - a. Lumbar puncture
  - b. Thoracentesis
  - c. Arthrocentesis
  - d. Paracentesis
  - e. Catheter placement (arterial line or central venous access)
8. Perform a Glasgow Coma Scale assessment, CIWA scale (alcohol withdrawal) (MK, PC)
9. Access and manage pertinent patient related electronic information and technology. (MK, PC)
10. Utilize a multidisciplinary approach to patient education, quality improvement and for transition of care. (MK, PC)
11. Coordinate a range of services appropriate to the patient's needs and support systems. (MK, PC)
12. Communicate with patients and/or caregivers regarding the proposed treatment plans in such a way as to promote understanding, empathy and compliance. (MK, PC)
13. Discuss common ethical issues with the terminally ill adult and their decision makers: (MK, PC, ICS)
  - a. Decision-making capacity
  - b. Advance care planning
  - c. Palliative and end-of-life care

**Attitudes:**

Objective: Upon completion of the training the resident will demonstrate the following competencies.

- An ability to balance working quickly and effectively in acute care situations as well as maintaining vigilant care oversight of patients needing longer term care in the inpatient setting. (P, PC, MK, SBP)
- The cognition that appropriate subspecialist physician consultation is important in the care of the seriously ill adult. (ICS, PC)
- The capacity to communicate effectively and work well with all members of the health care team. (P, PC, ICS)
- Awareness of the importance of patient safety issues in the inpatient environment and the ability to recognize and mitigate these issues. (P, SBP, PC, MC, PBLI)
- Compassionate sensitivity to and appropriate support of the needs of the family members of the ill adult. (P, ICS)
- An ability to share clinical decision making with the chronically ill adult patient and their identified surrogate decision makers. (P, ICS)

**Key**

- a) Professionalism (P)
- b) System Base Practices (SBP)
- c) Interpersonal Communication Skills (ICS)
- d) Patient Care (PC)
- e) Medical Knowledge (MK)
- f) Practice Base Learning & Improvement (PBLI)

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