

UT Family Medicine Residency
Family Medicine Night Float Rotation-PGY 1

Rotation Goal

The overall educational goal for the family medicine night float component in the Family Medicine Residency will be that the residents gain competence in managing a variety of family medicine care situations in the inpatient settings to model a full service experience. Educational objectives for this experience will include other educational experiences in family medicine including conferences, and didactic programs during the 3 year program.

Attending Physicians are the University of Tennessee Family Medicine faculty. Each resident will be evaluated on the 6 Core Competencies at the end of their rotation and procedures performed on an individual basis.

1st Year rotation: Each first year resident will be assigned to work to cover our hospital services of medicine, pediatrics and obstetrics. . Please review curriculums for Inhouse I, IPP, and OB I for specific curriculum guidelines. Residents will have no patient responsibilities on their post-call day.

Contact Hours

This rotation consists of 3 separate 2 week block rotations during the PGY 1 year.

The hours will consist of Sunday-Thursday 6:00PM-7:30AM. (70 hours/week)

Night float resident will transfer all patients to the appropriate resident each morning after call. The night float resident will transfer all ICU admissions to the INH2 physician on our service. The other medicine admissions will first be transferred to the INH1 resident(s) until they have a minimum of 5 patients. The night float resident will carry a maximum of 2 patients. The PGY 1 residents on outpatient pediatrics, neuro/pulm, ent, and er rotations will be assigned up to 5 patients each. The patients will be assigned to the residents who will be on call for the upcoming weekend first. If any additional patients are available then they will be assigned to the SS or INH 2 physician who will either see them or decide which resident to assign their care.

Residents will become familiar with the following:

- obtain adequate information through history and physical examination with assistance as needed from attending physicians.
- write comprehensive orders for inpatient visits including labs for further diagnostic evaluation and treatments.
- evaluate patients to determine appropriate diagnosis and disposition.
- quality care markers and published guidelines for specific disease states such as congestive heart failure exacerbation, acute coronary syndromes, and pneumonia.
- discuss overall situation, plan of care and prognosis of patients who are being evaluated in the inpatient setting

Supervision

Direct supervision of the resident is provided by direct observation by attending and fellow faculty physicians in the emergency room. An upper level resident will directly supervise the PGY 1 in all patient care activities on the floors with an attending physician on call who is immediately available. The attending physician will directly supervise the residents on procedures for which the residents on call do not have current demonstrated competency and for all OB deliveries and high risk situations.

Rotation Objectives

By the end of the Family Medicine rotation, PGY I residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES			
	Under direct supervision, develop skills to perform an adequate history and physical examination of the adult, pediatric and obstetrical patient in the outpatient and inpatient setting.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Procedure Certification 360 Degree Evaluation	Daily Monthly Annually Monthly Annually
	Develop skills that allow for up to date, compassionate care of the adult and pediatric patient in the outpatient and inpatient setting while integrating evidence based medicine, local standards of care, nationally defined quality care markers and specialty recommendations upon consultation.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Develop skills in the following procedures commonly performed in family medicine: <ul style="list-style-type: none"> • Medical Resuscitation • X-Ray Interpretation • EKG Interpretation • Lumbar Puncture(Adult and Pediatric) • Procedural Sedation • Mental Health Evaluation (Crisis Team) • Central Venous Access including with USG Guidance • Endotracheal Intubation • Circumcision • Antipartum, intrapartum, postpartum management (10) • Spontaneous vaginal delivery (35) 	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually

	<ul style="list-style-type: none"> • Amniotomy (5) • Management of labor with meconium (1) • Episiotomy/2nd degree laceration repair (5) • Repair uncomplicated vaginal/cervical lacerations (5) • Internal and external fetal monitoring (10) • Intrauterine pressure monitoring (10) • Medical problems during pregnancy without significant obstetrical impact (3) • Assist at cesarean section (5) • Cervical ripening (3) • Augmentation of labor (oxytocin) (5) • Limited obstetrical ultrasound presentation or AFI BPP (10) • Amino infusion (5) • Application of fetal scalp electrode (10) 			
	Compare reasonable and safe methods of outpatient follow-up of patients upon discharge or admission to the hospital and from the UTFM clinic.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Outline a rational plan of care for patients including diagnostic testing, initiation and alteration of medications, and specialty consultation.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES			
	Demonstrate certification in the following areas: <ul style="list-style-type: none"> • ACLS Certification • PALS Certification for IPP and SS • ALSO certification • ATLS Certification(encouraged but not required) 	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Develop an adequate knowledge of the common disorders of the adult, pediatric and obstetric medical patient with assistance from upper level residents and faculty	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Describe the role of the primary care provider in preparing the family for the new child (preconception and prenatal counseling)	Conferences/Didactics Daily Rounds Clinical Teaching	Direct Feedback Global Evaluation In-training Exam	Daily Monthly Annually

	<ul style="list-style-type: none"> • Pregnancy risk assessment systems and their implementation • Common problems in each trimester of pregnancy • Perinatal regional planning and referral systems • Indications and diagnosis for C-Section • Diagnosis and management of laboring patient • Diagnosis and management of intra-amniotic infection • Diagnosis and management of postpartum hemorrhage • Counseling women regarding breast feeding • Drug use during pregnancy and lactation (legal/illegal) • Management of postpartum patient • Management of postpartum surgical patient • Establishing rapport with the obstetrical patient and her family • Prenatal screening. • Clinical Pelvimetry and pregnancy dating criteria • Utilizing risk assessment protocols in antepartum fetal surveillance • Assessing normal growth and position of fetus • Evaluating fetal maturity and fetoplacental adequacy • Diagnosis and management of diabetes in pregnancy • Diagnosis and management of pre-term labor • Diagnosis and management of preeclampsia in pregnancy • Diagnosis and management of asthma in pregnancy • Diagnosis and management of urinary tract infections • Active management of labor, oxytocin, use of fetal scalp electrode, IUPC • Interpreting fetal monitoring • Use of obstetrical anesthesia • Resuscitating infant and providing basic newborn care • Spontaneous cephalic deliveries and vacuum assisted vaginal deliveries • Use of local anesthetics in obstetrics • Diagnosis, management and repair of perineal 	Self Directed Learning	Faculty Evaluation	Annually
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	<ul style="list-style-type: none"> lacerations • Diagnosis and management of retained placenta • Performing exploration of vagina, cervix, and uterus • Diagnosis, management and appropriate patient selection for induction of labor • Diagnosis and management of postpartum Endometritis • Diagnosis and management of postpartum Hypertensive disorders • Diagnosis and management of mastitis 			
	<p>Develop a basic knowledge of the following medical conditions:</p> <ul style="list-style-type: none"> • Acute Chest Pain • Acute Abdominal Pain • Acute Respiratory Distress • Shock • Multiple Trauma • Disaster Triage • Acute Psychiatric Illness • Poisoning of varying severity and Causes • Major and Minor Burns • Seizure Disorder • Acute Eye Diseases and Injury • Acute conditions of the Ear, Nose and Throat • Legal-ethical Aspects of Emergency Care(Informed consent, Competent Patient, Treatment of a Minor) • Confidentiality • Physician-Patient Relationship(blood alcohol testing, privileged communications and termination of patient care responsibility) • Good Samaritan Status • Medical Records and Forms for Emergency Care • Psychiatric Commitment(Criteria and procedure) • Child Abuse • Criminal or Sexual Assault • Death on Arrival or in the Emergency Department 	<p>Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning</p>	<p>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation</p>	<p>Daily Monthly Annually Annually</p>

	<ul style="list-style-type: none"> • Communicable Diseases • Simple Fractures • Epistaxis • Headache • Fever without Source 			
	<p>Develop an understanding of the following medical conditions commonly seen in Family Medicine practices</p> <ul style="list-style-type: none"> • Cardiovascular conditions including cardiac arrest, myocardial infarction, dysrhythmias, congestive heart failure, hypertension, cardiomyopathies, pericarditis and coronary artery disease. • Gastrointestinal disorders including hepatitis, cirrhosis, pancreatitis, colitis, diverticulitis, cholecystitis, peptic ulcer disease, and bowel obstruction and gastroenteritis. • Management and diagnosis of fluid and electrolyte disorders including hypo/hyperkalemia, hypo/hypermnatremia, hypo/hypercalcemia, and acidosis/alkalosis. • Endocrine conditions including diabetes mellitus, thyroid disorders, adrenal diseases, and lipid disorders. • Renal conditions including urinary tract infections, nephrolithiasis, acute and chronic renal failure and obstruction. • Hematologic conditions including anemia, coagulopathies, mononucleosis, polycythemia, and major hemoglobinopathies. • Musculoskeletal conditions including back pain, rheumatoid arthritis, collagen vascular diseases, osteoarthritis, sprains and strains. • Infectious diseases (bacterial, viral, and fungal) that are commonly encountered in the adult population. • Neurological conditions including stroke/TIA's, seizures, meningitis, coma, movement disorders, dementia, delirium, nerve entrapment syndromes and tumors. • Pulmonary disorders including asthma, COPD, 	<p>Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning</p>	<p>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation</p>	<p>Daily Monthly Annually Annually</p>

	bronchitis, pneumonia, thromboembolism, fibrosis, neoplasms, and respiratory failure.			
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES			
	See General Family Medicine Objectives for a comprehensive list.			
	Identify strengths, deficiencies and limits in one's knowledge and expertise; set learning and improvement goals; and identify and perform appropriate learning activities	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems (i.e., use information technology to optimize learning and evidence based resources)	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Participate in the education of patients, families, students, residents and other health professionals, as documented by evaluations of a resident's teaching abilities by faculty and/or learners	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES			
	See General Family Medicine Objectives for a comprehensive list.			
	Communicate effectively with patients and their families while in the presence of their daily preceptor.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Convey information in a clear and concise manner to patients, families, and other health professionals.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
Professionalism	SPECIALTY SPECIFIC OBJECTIVES			
	See General Family Medicine Objectives for a comprehensive list.			
	Provide compassionate care to all patients regardless of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Provide high quality medical care to all patients regardless	Conferences/Didactics	Direct Feedback	Daily

	of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class.	Daily Rounds Clinical Teaching Self Directed Learning	Global Evaluation In-training Exam Faculty Evaluation	Monthly Annually Annually
	Behave in a professional manner when interacting with patients or other health care providers.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Demonstrate awareness of health care disparities in the community	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES			
	See General Family Medicine Objectives for a comprehensive list.			
	Work effectively in various health care delivery settings and systems relevant to their clinical specialty	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Incorporate considerations of cost awareness and risk-benefit analysis in patient care	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Advocate for quality patient care and optimal patient care systems	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Work in interprofessional teams to enhance patient safety and improve patient care quality	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
	Develop a better understanding of the role of various ancillary modalities of patient care that are available including physical and occupational therapy, speech therapy, wound care, nutritional education and home health. Also learn of the other available resources in the community such as the health department, DHS, DCS, and help for Abuse victims. Gain understanding about Disaster	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually

	planning for the community. Gain understanding about mental health referral for psychiatric illnesses.			
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Educational Resources

1. www.uptodate.com (available free through www.utdol.com in Jackson General Hospital based computers)
2. www.epocrates.com
3. www.emedicine.com
4. ACLS Handbook(copy supplied by UT)
5. Emergency Medicine A Comprehensive Study Guide; Sixth edition, Judith Tintinelli; American College of Emergency Physicians(copy supplied for each resident by ER group)
6. Procedures for Primary Care Physicians, John Pfenniger and Grant Fowler (copy available in ER/ resident lounge and UTFM preceptor area)