HENNEPIN COUNTY FAMILY MEDICINE RESIDENCY

G3 Family Medicine Inpatient Service

ROTATION INFORMATION AND LOGISTICS

Rotation Description

Family Medicine Inpatient Service: On this service interns provide continuity care to patients from their residency patient panel and other affiliated clinics. 70% of the Inpatient admissions are adult medicine. Daily rounds are held to assure supervision and teaching. Didactics are presented daily covering common medical conditions.

They provide coverage for nighttime admissions to the Family Medicine Inpatient Service. Didactics are provided through direct interaction with Family Medicine faculty who are present on-site at night.

Rotation Information and Contacts

Family Medicine Faculty Lead	Medicine/Peds: Kim Petersen, MD
Coordinator	Mindy Chatelle: (residents): 612-873-8082
Emergency Contact	Mindy Chatelle: 612-873-8082
Site	Family Medicine Conference Room (02.210), 2nd
	floor Orange Building –HCMC
Call	Short call: 5:30pm -8:30pm
	Night Shift: 1 week per block – 7:30pm -7:30am
	Saturday, Sunday shift of 7:30am – 9pm
Conferences	Wednesday Core
Continuity Clinic at Family Medical Center	Medicine/Peds- Kim Petersen
	Obstetrics – Michelle Karsten
Vacation/CME	Allowed 1 week out of 3 months as G1 on the
	service. G2/G3 residents not allowed time off

Structure of Rotation:

G3 (Med/Peds) does:

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	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1							
							72 hours
AM		FMS	Nrsing Hm	core	FMS	WHC	FMS
PM		FMS	WHC	FMS	FMS	WHC	FMS
				Short			7:30a-9p
Week 2							
							68 hours
AM	Off	WHC	FMS	core	WHC	FMS	Off
PM	Off	WHC	FMS	FMS	WHC	FMS	Off
			Short				
Week 3							
							58 hours
AM	Off						
PM	Off						
		Night	Night	Night	Night	Night	Night
Week 4							
							72 hours
AM	Off	FMS	FMS	core	FMS	FMS	Off
PM	Off	FMS	FMS	WHC	FMS	FMS	Off
		Short			Short		
Week 5							
AM	FMS						
PM	FMS						
	7:30a-9p						

Educational Content of Rotation

<u>Mix of diseases</u>: Patients encountered will have a variety of conditions ranging from common medical problems to more complex and uncommon medical conditions. Patients will be of any age

<u>Procedures</u>

Procedures that may be learned or reinforced on this rotation include but are not limited to:

- Lumbar puncture
- Paracentesis
- Thoracentesis

Interpretive Skills:

Various Interpretive skills that may be reinforced or learned during the rotation include but are not limited to:

- ABG Interpretation
- Chest X ray and EKG interpretation
- Serum electrolytes and routine chemistry panel, complete blood count, liver function tests , coagulation studies
- Urinalysis and urine cultures
- Blood culture results

Teaching Methods

- Direct patient care of family medicine service patients
- Teaching during patient rounds
- Didactic sessions
- Web-based study guides
- Independent reading
- Procedural learning (see above list)

Assessment Method

- Completion of rotation evaluation by supervising Family Medicine faculty
 - 1. Formative
 - The service attending and senior residents provide ongoing and regular feedback throughout the rotation. Feedback includes status of resident's performance and suggestions for improvement.
 - Completion and maintenance of updated inpatient log
 - 2. Summative
 - Completion of formal rotation evaluation by supervisory Family Medicine faculty
 - Review and signoff of admission H&P by FM service attending or on call faculty
 - Chart review on 4 random inpatients at end of rotation by Associate Program Director. Results added to resident's quarterly review
 - Completion and maintenance of updated inpatient log
 - 3. Peer reviews about teaching and supervisory ability of senior residents
 - 4. IMR modules
 - 5. SAM modules as described above

Level of Supervision

• Residents are supervised by senior Family Medicine residents and Family Medicine faculty in compliance with departmental policy

June 2017