

## **Family Medicine Teaching Service (FMTS) Senior Resident Goals and Objectives**

### **Medical Knowledge**

The resident should be able to:

1. Describe appropriate inpatient care for the following common illnesses appropriate to their level of training, and should be able to identify situations where specialty consultation is necessary.
  - a. Chest Pain
  - b. Asthma/COPD
  - c. Pyelonephritis
  - d. GI Bleed
  - e. PE
  - f. Stroke
  - g. Renal Failure
  - h. Pneumonia
  - i. CHF
  - j. Cellulitis
  - k. Diabetes Mellitus
  - l. Hypertension
  - m. Abdominal Pain
2. Be available to assist with performing procedures for patients.

### **Patient Care**

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans. Additionally should be able to coach PGY-1 residents in how to develop high-quality presentations.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency, and assign PGY-1 members of the team to see patients in order of acuity.
4. Demonstrate skills in obtaining history and performing physical exam.
5. Use laboratory tests appropriately in delivering patient care.
6. Perform all of the duties as delineated in the FMTS Senior Resident Responsibilities below.

### **Interpersonal Communication Skills**

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate ability to teach PGY-1 residents and medical students on medical topics as assigned by attendings as well as on topics from other competencies as they arise in individual patient care.

### **Systems-based Practice**

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services in hospital to provide cost-effective and economically appropriate medical treatments.

### **Practice-based Learning and Improvement**

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.

3. Use information technology to optimize learning.

### **Professionalism**

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

### **FMTS Senior Resident Responsibilities**

1. Senior residents are responsible for directly supervising the admissions all UND Center for Family Medicine (CFM) faculty patients, patients transferred from outlying communities and facilities as well as all “unassigned” patients that are admitted to the Family Medicine Teaching Service (FMTS) through the hospital Emergency Rooms at either hospital (Sanford and St. Alexius).
  - A. The senior resident is expected to carry the UND Pager (#2045) at all times, and to answer all pages promptly.
  - B. If a CFM patient is admitted that claims another CFM resident as their primary care physician, the care is transferred to the other resident. The primary-care resident takes over at 8:00 a.m. the day following notification of the admission. The main FMTS team will provide care on weekends and holidays.
  - C. All patients on the FMTS should have an Information Sheet (BOHICA Sheet) in order to facilitate communication at sign-out to the next team of residents. It is the responsibility of the admitting resident to complete the Information Sheet initially. It should be filled out at the time of admission and should be updated before each sign-out.
  - D. Senior residents are responsible for organizing the completion of medical consults done by the FMTS team when consulted by other doctors in the hospital. A medical consult may be done by the PGY-1 resident under the supervision of the senior resident. At the completion of all medical consults, a member of the FMTS team is required to immediately contact the doctor who ordered the consult and discuss the recommendations of the FTMS team. It is preferred that this be done verbally, but can be done via secure chat if the requesting doctor prefers.
2. **Hand-Off Policy**
  - A. All patients on the FMTS must have an entry in the Hand-Off document in order to facilitate communication at sign-out to the other residents. It is the responsibility of the FMTS Senior resident to make sure the Hand-Off document is updated before each sign-out.
  - B. Enter the following information into the Hand-Off document for each patient on the FMTS.

*Rm, Name, Age, Code status, Name of PCP, Date of admission, CC, Pertinent brief HPI, Pertinent brief PMH/PSH, Active problems, Pertinent brief hospital events  
Brief plan, Anticipatory guidance (AG)*

*Admission status (inpatient or observation)*

3. The attending physician must be notified of all acute status changes (i.e. ICU admissions, emergent surgeries, marked clinical deterioration, etc.) on patients on the FMTS.
4. Senior residents are responsible for supervising and teaching PGY-1 residents assigned to the FMTS. Specifically,
  - A. The Senior resident must oversee the work of PGY-1 residents and ensure that all history, physical, orders, and documentation are accurate, safe, and appropriate for each patient admitted to the FMTS.
    - 1) The extent to which the senior resident directly observes and double-checks the PGY-1 resident during the admission process depends on the competency of the PGY-1 resident. It is expected that the amount of direct observation will decrease as the year progresses, and the PGY-1 resident becomes more competent. However, safe and appropriate patient care are ultimately the responsibility of the senior resident.
    - 2) As PGY-1 residents become more competent in safe patient care, they can be allowed to work more independently; however, the senior resident is not to completely turn over all duties to the PGY-1 resident and “just observe”. The learning experience on the FMTS is meant to be a collaborative, team-based experience with senior residents organizing and facilitating the experience; i.e. the PGY-1 resident is never to be “thrown to the wolves” and abandoned to run the service alone.
    - 3) As PGY-1 residents become more competent in safe patient care, the senior resident may share the duty of carrying and answering the UND Pager (#2045) with the PGY-1 resident. However, the responsibility to answer all pages promptly and accurately remains the responsibility of the senior resident.
    - 4) Bullying, intimidation, and humiliation of PGY-1 residents will not be allowed. This includes using guilt, manipulation, and/or abandonment in the guise of teaching; e.g. phrases like “Asking for help is a sign of weakness” is inappropriate, unprofessional, and irresponsible. Such behavior jeopardizes patient safety and is detrimental to learning. As such, it will be punished accordingly per UND GME policy.
  - B. By the end of the year, PGY-1 residents are expected to be competent to enter the supervisory role. It is the responsibility of the senior resident to facilitate this growth and allow the PGY-1 resident to assume greater responsibility and autonomy in patient care as they are able while at the same time, supervising the care given by the PGY-1 resident to ensure that excellent patient care is maintained.
  - C. The Senior resident is responsible to give the PGY-1 resident requested guidance regarding patient care.
5. Senior residents should assign case topics to residents and medical students based on important cases on the FMTS. These topics should be presented and discussed at teaching rounds daily.
6. Follow guidelines of Conference Attendance Policy – please see policy for details.

7. Duty shifts are from 6:00 a.m. to 7:00 p.m. for the Day Senior, and from 7:00 p.m. to 6:00 a.m. for the Night Senior Monday through Thursday. Friday will include continuity clinic from 10:30am-12pm for both seniors.
8. Senior residents may trade call days among other residents qualified to perform the duties but must notify the Scheduling Chief and Program Coordinator.
9. Senior residents are responsible for call days during vacations, CME time, illness, or other time away from the program. Therefore, it will be necessary for individuals to arrange, in advance, call coverage by another resident.
10. The Senior resident is responsible for responding to CFM patient telephone calls after regular clinic hours.

I acknowledge that I have read and understand the above responsibilities.

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Name

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Date