

## **Family Medicine Teaching Service PGY-2 and PGY-3 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. Should be able to identify situations where specialty consultation 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. Demonstrate ability to competently perform the following procedures:
  - a. BLS
  - b. ACLS
  - c. NG Intubation
  - d. Paracentesis
  - e. Thoracentesis

### **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. Specifically, by making decisions regarding acceptance of direct admissions from outside facilities, as well organizing PGY-1 members of the team to see patients in order of acuity.
4. List common and effective preventative strategies in:
  - a. Asthma
  - b. CAD
  - c. DM
  - d. Obesity
5. List current screening recommendations for:
  - a. Colon Cancer
  - b. Breast Cancer
  - c. Testicular Cancer
  - d. Prostate Cancer
6. Demonstrate skills in obtaining history and performing physical exam.
7. Use laboratory tests appropriately in delivering patient care.
8. The resident must care for at least of 15 critically ill patients that they manage during their residency. They must log these patients in their Procedure Logs.
9. Perform all of the duties as delineated in the Senior Resident Responsibilities document.

### **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.

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Resident

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Faculty

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Date

**SENIOR RESIDENT RESPONSIBILITIES**

1. Call days are from 6:00 a.m. to 8:00 p.m. for the weekday team, and from 7:00 p.m. to 9:00 a.m. for the weekend team
2. Senior residents may trade call days among other residents qualified to perform the duties but must notify the Program Director or Program Coordinator.
3. 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.
4. 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 Adult Medicine Teaching Service (AMTS) through the hospital Emergency Rooms at either hospital (Medcenter One and St. Alexius).
  - a. If a CFM patient is admitted that has been previously admitted and cared for by another CFM resident or another CFM resident is that patient’s primary care physician, the care is transferred to the other resident the following working day at 8:00 a.m. This is contingent upon the patient’s request (priority #1) and mutual understanding between the physicians involved
  - b. All patients on the AMTS must have a Rounds List entry in order to facilitate communication at sign-out to the other residents. It is the responsibility of the admitting resident to complete the Round’ List entry initially. It should be completed at the time of admission and must updated before each sign-out.

Rounds List notes:

- 1) CC: (fill in for every patient)
- 2) Admission note
  - HPI: (include events and referral source)
  - Code status:
  - Allergies:
  - Signif. PMH/PSH:
  - Pertinent VS/Exam:
  - Pertinent labs:
  - Dx/Plan:
  - Consults:
- 3) Daily note
  - Active problems:
  - Pertinent VS/Exam:
  - Pertinent labs:
  - New plans:

5. 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 AMTS.
6. Emergency Room Responsibilities.  
The Senior resident may be called for all CFM patients seen at both Emergency Rooms. The Emergency Room physician may call the CFM resident (s) on call at his/her discretion for the care of CFM patients and assistance with the Emergency Room workload. No patient may be discharge from the Emergency Room with out being seen and the chart signed by a licensed physician.
7. The Senior resident is responsible for responding to CFM patient telephone calls after regular clinic hours.
8. Senior residents are responsible for supervising and teaching PGY-1 residents assigned to the AMTS.  
Specifically,
  - a. The Senior resident is responsible for promptly reviewing (in person) all admissions done by the PGY-1 resident to the AMTS. The Senior resident is required to promptly review (in person) all CFM patients cared for by PGY-1 residents in the Emergency Room.
  - b. The Senior resident is responsible to give the PGY-1 resident requested guidance regarding patient care.
9. Follow guidelines of Conference Attendance Policy – please see policy for details.
10. Ensure that the required information is entered into the Rounds List app for all patients on the AMTS.
11. When a continuity patient of another resident is admitted to the AMTS, the admitting resident is to call the patient’s continuity resident and give hand-off information the morning after admission. The continuity resident is expected to follow their own patients in the hospital whenever possible. If they will be unavailable during the day or on vacation, the continuity resident should provide the AMTS resident with hand-off information either by phone, in-person, or using the Rounds List app.

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

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Name

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Date