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| FOURTH YEAR ELECTIVE TITLE FAMILY MEDICINE HOSPITALIST SERVICE | | COURSE NUMBER FMED 9010 | LOCATION ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, NEW BRUNSWICK, NJ |
| ELECTIVE DIRECTOR Rory Ulloque, MD | ELECTIVE FACULTY MARTHA LANSING, MD MICHAEL NOLL, MD MAFUDIA SUARAY, MD Rory Ulloque, MD Sara Khalil, MD Tina Jih, MD | ELECTIVE CONTACT Robin Covington MEB 2 ND FL, RM 268 1 ROBERT WOOD JOHNSON PLACE, NEW BRUNSWICK | CONTACT PHONE/FAX/EMAIL PH: 732-235-6969 FAX 732-246-8084 covingra@rwjms.rutgers.edu ulloqura@rwjms.rutgers.edu |
| BLOCKS AVAILABLE ALL | DURATION/WEEKS MIN 2; MAX 4 | HOURS PER WEEK 40 | STUDENTS MAX 1 |
| LECTURES/SEMINARS OPTIONAL | OUTPATIENT NO | INPATIENT YES | HOUSESTAFF NO |
| NIGHT CALL NO | WEEKENDS NO | LAB NO | EXAM REQUIRED NO |

OVERALL EDUCATIONAL GOAL OF ELECTIVE

- 1) Understand the role of the family medicine physician in hospital medicine
- 2) Develop awareness of the importance of systems based practice in facilitating effective transitions of care
- 3) Develop excellent communication skills with staff, consultants and families
- 4) Improve patient outcomes by using evidence based medicine
- 5) Understand the benefits of working with both the patient and the outpatient Primary Physician to create an effective plan that will improve long term care
- 6) Improve documentation based on medical billing practices
- 7) Understand the principles of throughput and discharge planning for admitted patients

OBJECTIVES

- I. Patient Care
 - Cares for acutely ill or injured patients in urgent and emergent situations
 - Cares for patients with chronic conditions
 - Partners with the patient, family and community to improve health through disease prevention and health promotion
 - Partners with the patient to address issues of ongoing signs, symptoms or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient centered, cost-effective manner.
 - Performs specialty-appropriate procedures to meet the health care needs of individual patients, families and communities and is knowledgeable about procedures performed by other specialists to guide their patient's care
- II. Medical Knowledge
 - Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine
 - Applies critical thinking skills in patient care
- III. Practice-based learning and improvement
 - Locates, appraises and assimilates evidence from scientific related to the patients' health problems

OVER

- Demonstrates self-directed learning
- Improves systems in which the physician provides care

IV. Interpersonal and communication skills

- Develops meaningful, therapeutic relationships with patients and families
- Communicates effectively with patients, families and the public
- Develops relationships and effectively communicates with physicians, other health professions and health care teams
- Utilizes technology to optimize communication

V. Professionalism

- Completes a process of professionalization
- Demonstrates professional conduct and accountability
- Demonstrates humanism and cultural proficiency
- Maintains emotional, physical and mental health, and pursues continual personal and professional growth

VI. Systems-based Practice

- Provides cost-conscious medical care
- Emphasizes patient safety
- Advocates for individual and community health
- Coordinate team based care

BRIEF DESCRIPTION OF ACTIVITIES

Students will rotate with the Family Medicine Hospitalist Service for a 2-4 week period in which they will see patients 4 days a week. The minimum requirement will be 40 hours per week.

Initially students will carry 2-3 patients per day, however, they may carry up to 5 patients on days when they are with the admitting team. Once a week when the student is with the admitting team, they will stay in the hospital until 5PM for new admissions, which will serve as their long call. There will be no overnight call. The student's roll in the patient's care will be to perform as a primary care doctor, develop a plan of care, write daily notes, recommend appropriate tests and consults to order, and plan a discharge with an appropriate follow up plan under the direction of the Attending. The student will have a 1:1 ratio with his/her Attending. The interaction with the Attending will include daily rounds and bedside teaching for specific patients.

The rotation will also include one mini-presentation the student will give to the attending which will involve a common hospital admission such as a chest pain, COPD, cellulitis, etc.

The student will also be expected to interact with a billing specialist, social worker and a case manager as appropriate for patient care and planning.

The rotation will not have an exam. There will be two separate evaluation periods in the middle and end of the rotation to review progress and areas that need further work.

METHOD OF EVALUATION

-Student and Faculty member will review the evaluation form at the beginning of the rotation and discuss rotation expectations. There will be a mid-rotation evaluation to discuss growth throughout the rotation and areas of improvement

-One Presentation including case and topic discussion. Topic will be chosen within the first-half of the rotation and presented at the end of the rotation at a date discussed with the Attending.

-One written chart review of a complete H&P due at the end of the rotation.

-No written examination.

ARE THERE ANY PREREQUISITES FOR THIS ELECTIVE? Yes, Medicine Clerkship

IS THIS ELECTIVE AVAILABLE TO THIRD YEAR MEDICAL STUDENTS AS WELL? Yes