

## **FAMILY MEDICINE ROTATION DESCRIPTIONS**

### ***AMBULATORY MEDICINE:***

The resident physician (1) will become more familiar with diagnosis and management of common medical problems in the ambulatory setting, such as: back pain, periodic health examinations in adults and children, asthma and COPD, common infections, UTI, URI, STI, pharyngitis and otitis media, headache, diabetes, hypertension and various dermatological conditions (2) learn techniques to modify disease risk factors through counseling and patient education to effect behavioral change (3) gain experience in office-based procedures (4) become familiar with practice management issues, such as coding, E&M documentation, and job descriptions of ancillary and clerical staff (5) gain proficiency in time management and efficiency in patient care and (6) increase continuity panel of patients.

### ***PEDIATRICS:***

Residents are expected to conduct themselves in a manner that demonstrates they have developed skills in the 6 core competencies described as is expected of their level of training. The overall goal of the outpatient months is to gain skill in evaluation, treatment and management of common pediatric illnesses seen in the outpatient setting as well as to gain skill in well child care. With this experience residents should be able to (1) demonstrate an understanding of the recommended schedule for well newborn and child care as well as provide appropriate anticipatory guidance and assess normal growth and development. Residents should also be aware of and able to provide the required components of an EPSDT exam, including indications for referral (2) diagnose and provide treatment for common psychological, social, developmental and medical problems of infants and children and (3) recognize and diagnose child abuse and be aware of community resources for referral and (4) interpret hearing and vision screening tests as well as perform and interpret pneumatic otoscopy and tympanograms where indicated.

### ***BEHAVIORAL MEDICINE:***

Beginning early in the first year, residents work closely with physician and behavioral science faculty to enhance their ability to meet their patient's psychosocial needs. Through the use of direct observation, videotape reviews, and OSCE's (objective structured clinical evaluations), residents are assisted in developing more effective communication skills. Assigned readings and didactic presentations provide a framework for increasing cognitive knowledge in the behavioral sciences. Specific clinical activities that allow residents to become more proficient in addressing mental health needs of patients include experience in psychiatric office settings and collaborative work with a variety of mental health professionals in the family medicine center.

### ***DERMATOLOGY:***

The resident will (1) enhance ability to appropriately classify and describe skin disorder (2) diagnose and manage common skin disorders with appropriate medications and therapeutic interventions (3) recognize dermatologic conditions that are possibly associated with systemic conditions (4) become familiar with medications and therapies for common dermatologic disorders (5) be aware of referral criteria for specialist evaluation of skin disorders (6) exhibit knowledge of prevention techniques for certain skin disorders.

### ***EMERGENCY ROOM:***

The resident should (1) recognize most common life threatening conditions and apply appropriate management principles of intervention (2) provide appropriate triage based on severity of illness or injury (3) manage trauma based on site and mechanism of injury and (4) be able to make a rapid assessment and referral to specialists as indicated.

### ***FAMILY MEDICINE SERVICE:***

The resident will acquire the knowledge, skills, and basic competencies in caring for adults with health needs and disease issues. These acquisitions occur through the direct care of these patients, and include taking an appropriate history, performing a relevant physical examination, ordering indicated diagnostic studies, and documenting all in an accepted format. The resident physician will actively participate in the formulation of thorough assessments and plans for their patient's care, and will write orders, daily notes, coordinate consultations and ancillary care, and decision-making under the guidance and supervision of the attending physicians on each service.

**GENERAL SURGERY:**

The first year experience is with the trauma service which provides 24 hour coverage for our teaching hospital, a level 1 trauma center. The resident physician serves as an integral member of the team sharing responsibilities with the senior surgical residents who rotate with these attending's. The family physician should be capable of recognizing and evaluating most common surgical problems and sharing in the comprehensive preoperative and postoperative care of his/her patients. He/she should be capable of assisting at major surgery and performing minor (outpatient) procedures. He/she should be able to recognize when consultation is needed and should use consultants effectively.

**GERIATRICS:**

The resident physician will (1) become familiar with physiologic changes that occur with the normal aging process (2) be aware of clinical manifestations, diagnosis and management of common geriatric disorders, such as sensory losses and gait disturbances; cardiovascular disease; dentition problems, anorexia and malnutrition; incontinence; musculoskeletal disorder, osteopenia/osteoporosis, and falls; delirium and dementia; dehydration, hypothyroidism, and malignancies; physical and psychological abuse, depression, substance abuse, and grief reactions (3) promote health and health maintenance through preventive screening and assessment of risk factors (4) be aware of and utilize appropriate professional and community resources to assist with the care of the elderly patient

**GOAL ORIENTED LEARNING:**

The resident is expected to demonstrate (1) patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health (2) medical knowledge about established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge in patient care, (3) practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care (4) interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals (5) professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population and (6) systems-based practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

**GYNECOLOGY:**

The resident should have an understanding of the female reproductive system sufficiently to enable him/her to manage most patients in this area. He/she should be able to recognize when consultation is needed and should use consultants effectively. The goal of the gynecology rotation is to provide learning opportunities that will enable residents to develop or refine the knowledge, skills, and attitudes described in the objectives section. The purpose of the rotation is to help residents meet these overall residency objectives in gynecology. It is understood that not all learning objectives will be met during the structured experience in the gynecology. Performing a relevant physical examination, ordering appropriate diagnostic tests, documentation of findings and development of care plans, writing orders, including prescriptions/medications, transfer and /or discharge preparations, and decision-making under the guidance and supervision of the attending physician.

**NURSERY:**

The overall goals of the nursery month are to gain skill in evaluation, treatment, and management of newborns. The resident with this experience should be able to (1) demonstrate understanding of key concepts and knowledge related to neonatal growth and development, newborn care and breastfeeding. (2) perform an appropriate newborn exam and developmental assessment (3) Assist with circumcisions and breastfeeding and (4) be able to identify newborn infants who are ill and require additional treatment, evaluation or transfer to a higher level of care as well as be aware of guidelines related to management of hyperbilirubinemia.

**NIGHT FLOAT:**

The resident physician will (1) improve skills in adult and pediatric evaluations and inpatient admissions (2) provide continuity of care for Family Medicine Service in patients overnight (3) enhanced skills in urgent and emergent care of patients of the Family Medicine Clinic that present to the Emergency Room and (4) provide environment to promote balance in personal health, family needs, and residency life.

**NURSING HOME:** Residents should have an understanding of common geriatric problems encountered by primary care providers. Including in this understanding are the principles of end of-life issues, polypharmacy, pharmacokinetics in the elderly, and a multidisciplinary approach to healthcare.

**OB:**

The resident should (1) become knowledgeable regarding pre-pregnancy planning and counseling (2) learn how to manage normal and complicated inpatient obstetrics (3) be aware of the routine aspects of prenatal care, care during the labor and delivery process, and postpartum care (4) become familiar with and management of common intrapartum problems, i.e., hypertension, pre-eclampsia, nonreassuring fetal status, and others (5) recognize the impact of the pregnancy and delivery on the woman and her family (6) beware of behavioral issues that may arise during the pregnancy or postpartum period (7) become familiar with the initial care of the normal newborn at time of delivery and (8) be familiar with analgesics and anesthetics utilized during labor and delivery. Residents meet these overall residency objectives in gynecology. It is understood that not all learning objectives will be met during the structured experience in the gynecology.

**ORTHOPEDICS:**

program based on injury and/or illness, either congenital or acquired; acute or chronic (3) be able to recognize and manage simple orthopedic conditions, including sprains, strains, and fractures, and recognize the need for specialist referral and (4) be able to recognize orthopedic and rheumatologic emergencies and the need for immediate referral. The resident is to be aware of (1) common adult and pediatric orthopedic and rheumatologic problems and appropriate evaluative techniques, (2) be able to develop a treatment and rehabilitative

**PRACTICE MANAGEMENT:**

The principles of practice management will in part lay the foundation for the practicing physician's quality of life and quality of patient care. Family practice residents should be prepared for the business of medicine and for appropriate understanding of the systems that lead to a rewarding, high-quality practice of medicine.

**RURAL COMMUNITY MEDICINE:**

The resident should gain (1) an appreciation for the differences that exist in providing health care for at-risk populations (a) rural (b) poor (c) minority, (2) understand the role of the rural physician in the community (3) become aware of the need for the practicing physician in the rural setting to provide family-oriented, clinically competent primary care and have some degree of procedural expertise (4) become familiar with relevant issues in rural health care and health care delivery and (5) be able to identify the health needs in the rural community in order to assist in development of interventions to improve the health of the community as a whole.

**SPORTS MEDICINE:**

Residents will demonstrate the skills and abilities to (1) perform pre-participation examinations (2) describe the pathology and anatomy of common athletic injuries (3) demonstrate competency in prescribing exercise for rehabilitation of injuries and illnesses (4) prescribe basic physical therapy modalities and techniques (5) manage common sports injuries and (6) manage problems associated with exercise.