

**Harbor-UCLA Medical Center  
Transitional Year Intern Rotation**

**GOALS & OBJECTIVES  
Family Medicine - Inpatient Service**

**Contact Information**

**Program Director: Theresa Nevarez, M.D.**

**Location: Main Hospital Unit – Harbor UCLA Medical Center**

**Type of Rotation: Elective**

**Length of Rotation: 4 weeks**

The **GOAL** of this rotation is to provide TY Residents with clinical experience with patients having a variety of acute illness requiring inpatient hospitalization. Patients will be followed from admission (most patients admitted from the Emergency Department), through the ward until discharge. The Family Medicine service does not provide care for critically ill patients who require intensive care unit management. Medical, psychosocial, ethical, and other aspects of acute illness will be discussed. At the conclusion of this rotation, residents will have gained insight into the diagnosis and management of acute inpatient medical problems, the role of subspecialty consultation, diagnostic methods, the natural history of disease, and strategies for efficient workup and treatment. The relationship between ambulatory and inpatient medicine will be examined through patient encounters and discharge planning.

**Specific Goals for the Inpatient Family Medicine Rotation include:**

Content Area	Knowledge	Skills	Attitudes
<b>FM1.1</b>  General Approach to Patients	<ul style="list-style-type: none"> <li>▪ Develop an approach to the evaluation of ill patients with undifferentiated signs or symptoms like:</li> <li>▪ Chest or abdominal pain, altered mental status, respiratory</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complete a comprehensive history and physical in a timely fashion.</li> <li>▪ Initiate laboratory work-up in consultation with R2 or R3.</li> <li>▪ Coordinate and manage patient admissions, discharge and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Display initiative and responsibilities in assessing patient’s needs and following through on coordinating their care.</li> <li>▪ Function collaboratively as a member of a team.</li> <li>▪ Display concern for the comfort of patients.</li> </ul>

	<p>distress, anemia, dehydration, fever, seizures, ascites, edema, limb pain, GI bleeding.</p>	<p>daily in-hospital care.</p> <ul style="list-style-type: none"> <li>▪ Communicate effectively with patients and their families regarding treatment plans and options.</li> </ul>	
<p><b>FM1.2</b></p> <p>Fluid and Electrolytes</p>	<ul style="list-style-type: none"> <li>▪ List causes of major types of electrolyte imbalance and their symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assess and manage fluid and electrolyte maintenance and replacement needs of patients across the gamut of common medical conditions.</li> </ul>	

<p><b>FM1.3</b></p> <p>Cardio</p>	<ul style="list-style-type: none"> <li>▪ Describe common presentations and treatment of the following cardiac conditions: CHF, atrial fibrillation, syncope, stable and unstable angina, myocardial infarction.</li> <li>▪ List indications and side effects of commonly used cardiac medications.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assess the hemodynamic stability and acuity of patients presenting with common cardiac conditions.</li> <li>▪ Monitor for hemodynamic status using data from an arterial line or CVP line.</li> </ul>	
<p><b>FM1.4</b></p> <p>Pulmonary</p>	<ul style="list-style-type: none"> <li>▪ Distinguish between asthma and COPD and explain the management of exacerbation of both.</li> <li>▪ List common causes of community acquired pneumonia, describe management and criteria for admission.</li> <li>▪ List criteria for respiratory isolation.</li> <li>▪ Describe clinical presentation and diagnostic criteria for pulmonary embolus</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assess the severity of respiratory distress in acutely ill patients presenting with shortness of breath, cough, or wheezing.</li> <li>▪ Perform an arterial blood gas and thoracentesis.</li> </ul>	
<p><b>FM1.5</b></p> <p>Infections</p>	<ul style="list-style-type: none"> <li>▪ Describe common presentations, clinical course and management of the following infections: Cellulitis, pyllonephritis, viral and bacterial meningitis, sepsis, HIV, Tb.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Perform a fever or septic work-up including lumbar puncture when indicated.</li> </ul>	

<b>FM1.6</b>  GI	<ul style="list-style-type: none"> <li>▪ Describe the evaluation and management of upper and lower GI bleeding including indications for endoscopy and transfusion.</li> <li>▪ Describe the signs and management of cirrhosis of the liver including the manifestations of portal hypertension and the management of hepatic encephalopathy.</li> <li>▪ List causes of acute hepatic failure and their treatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Perform nasogastric tube placement and lavage and paracentesis.</li> </ul>	
<b>FM1.7</b>  Hematologic	<ul style="list-style-type: none"> <li>▪ List indications for the use of anticoagulation.</li> <li>▪ Explain principles of work-up and management of anemia.</li> <li>▪ Describe signs, symptoms and diagnostic studies to evaluate a patient with possible DVT.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Order heparin and warfarin according to treatment protocols and monitor therapy appropriately.</li> </ul>	
<b>FM1.8</b>  Metabolic	<ul style="list-style-type: none"> <li>▪ Explain the evaluation and management of diabetes out of control, DKA and hyperosmolar state.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Manage fluid and electrolytes and insulin of patients with DOOC, DKA and hypersomalar state.</li> <li>▪ Diagnose and treat precipitating factors.</li> </ul>	
<b>FM1.9</b>  Renal	<ul style="list-style-type: none"> <li>▪ Distinguish between acute and chronic renal insufficiency, list common causes and interventions.</li> <li>▪ Explain principles of medication</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accurately interpret renal function studies.</li> </ul>	

	used in patients with renal insufficiency.		
<b>FM1.10</b>  Substance Abuse	<ul style="list-style-type: none"> <li>▪ Describe the clinical picture of alcohol withdrawal and its management.</li> <li>▪ Describe the clinical manifestations of cocaine use.</li> <li>▪ Explain principles of methadone maintenance.</li> </ul>		
<b>FM1.11</b>  End of Life Care	<ul style="list-style-type: none"> <li>▪ Explain the circumstances under which a DNR order is not appropriate and how it must be written.</li> <li>▪ Describe care options available to terminal patients and their pros and cons.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Counsel patients, their families in a supportive and non-judgmental manner regarding end-of-life choices including durable power of attorney and DRN orders.</li> <li>▪ Institute appropriate comfort measures for dying patients.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Articulate his/her own beliefs with regard to end-of-life care.</li> <li>▪ Display compassion and concern for dying patients and their families.</li> </ul>
<b>FM1.12</b>  Continuity of Patient Care	<ul style="list-style-type: none"> <li>▪ Identify and manage issues related to comprehensive care between ambulatory and inpatient settings.</li> <li>▪ Explain the importance of ambulatory care enhancing the inpatient treatment plan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participate in the management of continuity patients with the inpatient team via daily conversations and progress notes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize the importance of continuity care for patients while hospitalized.</li> <li>▪ Appreciate how continuous patient-provider relationship can improve quality of care.</li> </ul>

# Competency-Based Objectives for Pediatric Program Interns Assigned to the Inpatient Family Medicine Service:

## ***1. Patient Care***

- demonstrates an effective approach to management of medical problems requiring hospitalization
- plans a diagnostic and therapeutic program for acutely ill patients establishes priorities for evaluation and management, including time management, organization, written documentation, and discharge planning documentation
- performs an appropriate (general and focused) inpatient medical history and physical examination performs the procedures likely to be encountered in taking care of hospitalized medical patients (including documentation of required procedures)
- responds to unanticipated emergent problems of inpatients (cross-coverage)
- writes appropriate admitting and daily orders based on diagnostic and therapeutic plans
- makes a discharge plan

## ***2. Medical Knowledge***

- appropriate knowledge of pathophysiology, diagnosis, and treatment of medical illness
- can explain the indications for and complications of commonly used diagnostic tests and medical therapy
- demonstrates awareness of areas of needed improvement in inpatient medicine knowledge

## ***3. Practice-Based Learning and Improvement***

- shows appropriate use of consultation with medical and non-medical services, including special diagnostic studies
- uses evidence from the medical literature to answer clinical questions
- identifies areas for potential improvement in personal delivery of care
- maintains a positive attitude towards learning, including attendance and participation on rounds and conferences, and evidence of reading or other methods of gaining knowledge
- participates actively in teaching others, including students, residents, and faculty

## ***4. Interpersonal and Communications Skills***

- presents a patient effectively and efficiently, avoiding jargon, and concisely summarizing pertinent information and plans
- communicates with patients and concerned others effectively
- writes accurate, complete, and legible entries in the medical record
- works constructively as part of a team
- communicates between peers
- completes discharge summaries in a timely manner

### ***5. Professionalism***

- focuses on issues of appropriate and adequate pain management
- recognizes the importance of a patient's cultural, language, or family background and support
- recognizes important end of life issues, including decision-making and forgoing of care
- demonstrates respect and compassion for patients, including issues of informed consent
- consistently interacts with other health care workers in a professional manner

### ***6. Systems-Based Practice***

- appreciates the relationships between different levels of inpatient care, including general wards, progressive care, and ICU care. provides continuity of care between levels of care both entering and leaving the inpatient environment (including follow-up ambulatory care)
- understands basic information about cost-effectiveness and knows where to seek further information demonstrates awareness of resources for optimal patient care, including ancillary services, guidelines, patient education, social
- services, and non-physician care specialists