

Progression of Training and Skills Family Practice Teaching Service (FPTS)

Preamble

The Residency Program expects that those residents wishing to develop the knowledge, practical skills and judgment necessary for "full spectrum practice" will recognize the contribution of competent inpatient care. At the same time, it is recognized that these attributes are acquired incrementally which is challenging when patients present randomly with differing degrees of diagnostic and management complexity. The rate at which these competencies will be acquired is outlined for each month of family practice teaching service experience, with corresponding adjustments in responsibility and supervision. The Family Practice Teaching Service is regarded as the heart of the Program's general medical service.

Definitions

Direct supervision – the supervising physician is physically present with the resident and patient

Indirect supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision

Indirect supervision with direct supervision available - the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members. Faculty members functioning as supervising physicians will delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Senior residents or fellows will serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

In general, the emphasis in the first year is on maturation of history taking, physical examination, assessment and presentation. The first-year resident will be guided toward a practical understanding of the current electronic medical record and its operation. Organization, presentation, and documentation of clinical material will be demonstrated and modeled. Throughout, direct supervision will be provided. It is anticipated that resident progress will have occurred to permit "indirect supervision with direct supervision available" by the second year and is a program requirement for advancement.

Residents will have at least 600 hours and 750 patient encounters dedicated to the care of hospitalized adult patients with a broad range of ages and medical conditions

Teaching Service experience will include one block in the first year, five blocks in the second year, and one and a half-two blocks in the third year.

Goals

- An appreciation of the important role of inpatient medicine in full spectrum family medicine practice
- An understanding of the pathophysiology in common medical conditions requiring hospitalization
- Competence in the diagnosis and management of common inpatient medical presentations
- The development of management and therapeutic skills based on recognized pathophysiology and the correction of its causes

Objectives

- Ability to perform a concise history and physical examination without errors of omission
- Competence in the recognition and management of the pathophysiology involved in common conditions requiring hospitalization
- Ability to integrate laboratory, imaging, and advanced investigations in the diagnostic and therapeutic process
- Ability to present concisely and demonstrate integration of all pertinent information, with appropriate selection of diagnostic and therapeutic options
- Demonstration of ability to research current clinical problems and incorporate the best literature into therapeutic options
- Ability to function effectively as a member of a complex team
- Awareness of personal limitations and timely recognition of need for consultation
- Effective and compassionate communication with patients and families

The goals and objectives are achieved through a combination of structured experience together with didactic instruction.

[Revised and approved at the Faculty Meeting April 3, 2012]

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