



## Mount Carmel Health System Medical Education

### Family Medicine Sub-Internship

Welcome to the Mount Carmel Health System! During your rotation in the Department of Family Medicine, you will be a part of our Inpatient Service. This team is made up of a Family Medicine attending, one PGY-3 resident, one PGY-2 resident, one or two PGY-1 residents and yourself. You are an integral part of this team and are encouraged to take an active role in managing your patients.

The following educational objectives are expectations of competencies you should possess by the end of your Family Medicine experience. They are designed to help you develop the basic skills of medical problem solving, case management, and professional demeanor. Some focus on data acquisition (medical history, physical examination, laboratory data, or literature review), while others deal with purely psychomotor skills or attitudes and feelings. You are encouraged to review these objectives carefully because your progress and evaluation will, in large measure, be based on the criteria within these objectives.

### By the end of this rotation, you should be able to:

I. Obtain an adequate, logical and sequential medical history which will include:

A. **History of present illness** (HOPI) including a complete description of the presenting illness, with pertinent positive and negative features. All drugs, current or prior treatments, and important previous milestones concerning that illness should be clearly noted.

B. **Past history** consisting of:

- Past medical history which contains previously diagnosed chronic conditions, hospitalizations and specialists with whom the patient follows up with routinely;
- Past surgical history including the approximate dates of procedures;
- Social History including substance use, occupational history, sexual history and social concerns;
- Family history of all first degree relatives including the age at which diagnoses were made;
- Review of medication list including over the counter medications and supplements;
- Review of allergic and adverse reactions to medications, foods and environmental factors, specifying the type of reaction (i.e. rash vs. anaphylaxis);
- And Immunization history.

C. **Review of systems** will contain some notation for each body system. Detailed and complete system histories are mandatory for symptoms uncovered during the review of systems.

II. Perform and record an appropriate physical examination. Your exam should include at a minimum:

- A. Accurate and complete vital signs;
- B. A thoughtful description of the patient's general appearance and behavior;
- C. A thorough and complete description of physical findings pertinent to the HOPI;
- D. And careful attention to findings suggested by the past medical history or review of systems.

The remainder of the physical examination must be comprehensive and sufficiently detailed to identify incidental abnormal findings not related to the present illness or any positive historical clues.

III. Complete your history and physical examination in one hour.

IV. Apply basic medical knowledge in synthesizing an assessment and plan of management to solve the patient's problems. You must be able to:

- A. Generate a clear and prioritized problem list
- B. Develop a plan of action
- C. Review the pertinent literature to expand your knowledge of the problem
- D. Identify indicated laboratory tests
- E. Suggest a therapeutic plan of treatment
- F. Define patient education objectives and assess the patient's understanding of his or her problems.

V. Type a complete record of your history and physical exam including your assessment and plan to further evaluate and treat the patient.

**During your rotation, please submit two complete History and Physicals to Dr. Belegundu at [Shoba.Belegundu@mchs.com](mailto:Shoba.Belegundu@mchs.com) for review and feedback.**

VI. Orally present the patient's case including your assessment and plan in no more than 5-10 minutes in a logical, sequential fashion. Your presentation should demonstrate your understanding of the patient's basic disease process and its manifestations in your patient.

VII. Perform as an effective member of the inpatient team and as your patients' primary physician. In doing this, you will:

- A. Gather patient information and data, and offer an interpretation of the data with regard to the patient's problems;
- B. Accurately and reliably report these data on rounds and in progress notes;
- C. Acquire sufficient knowledge and skill concerning your patient's problem to be considered "the local expert" by the inpatient team;
- D. Assist in discharge planning to allow a smooth transition for your patients back to the outpatient setting.

**During your rotation, please submit two complete Discharge Summaries to Dr. Belegundu at [Shoba.Belegundu@mchs.com](mailto:Shoba.Belegundu@mchs.com) for review and feedback.**

VIII. Demonstrate the following professional behaviors:

- Reliability and dependability

- A professional attitude and demeanor when interacting with fellow medical professionals
- Respectful and compassionate interactions with patients
- Integrity and honesty
- Initiative and enthusiasm
- Self-directed learning

## Structure of Clinical Rotation

### A. Inpatient Services

Duty hours are 6:00 a.m. to 6:00 p.m. Monday through Friday. Each morning you will attend sign out with the resident team. To assist you in learning, patients will be assigned to you by your residents. You are to assess your patients and discuss each case with your residents in order to be prepared to present them on faculty teaching rounds. Typically you will be responsible for 2-3 patients.

In the afternoons, new patients will be admitted to the service. You should complete a thorough history and physical examination on each new patient. After you've seen and examined the patient, you should present him/her to your resident, who will discuss and review initial management and work-up with you. You are expected to present your new patient to the attending staff on rounds the following morning, and are responsible for knowing the progress of each patient. As a member of the patient care team, you are given supervised responsibility for the care of each patient.

As part of your role in complete patient care, you will also be involved in discharge planning when your patients are ready to return home. This may include discussing follow up with the hospital case managers, reviewing discharge instructions with your patients, attending multidisciplinary rounds for your patients and writing detailed discharge summaries.

### B. Call Schedule

At Mount Carmel St. Ann's, we have a night float system to provide patient care from 6:00 pm to 6:00 am. Our overnight team responds to questions and concerns from patients and nursing staff. Many of our admissions occur overnight as well. ***We strongly recommend that you participate with our night float team for one week of your rotation if this does not interfere with your institution's other rotation requirements.*** This is a great opportunity to obtain experience with performing admission history and physicals. ***If you are not able to participate in our night float rotation, you will be expected to select 3 weekend days to round with the team.***

### C. Outpatient Family Medicine Center

Family Medicine includes both inpatient and outpatient care. As part of your Sub-Internship you will be able to experience outpatient care as well by spending one afternoon a week in our Family Medicine Center. Each week you will be paired with one resident or attending with whom you will see patients.

## **D. Didactic Program**

You are expected to attend Wednesday morning didactics with the Family Medicine residents unless it conflicts with requirements from your institution. Didactics begin either at 7:00 or 7:30 am and generally conclude by noon. Most lectures are held in the conference room at the Family Medicine Center. You will be provided a complete schedule at the beginning of your rotation. Please note that one week of the month we begin with Grand Rounds located within St. Ann's Hospital in Conference Room A or B. Please ask for specific directions prior to Wednesday morning. Also, one week is held at the Mount Carmel West Simulation Center.

## **Evaluations**

Your progress will be evaluated throughout your rotation using QuickNotes as a feedback mechanism. The student QuickNote forms are located in the Family Medicine Center preceptor room. Please pick up several to distribute to the residents and faculty with whom you work throughout your rotation. Your goal is to have one individual complete a QuickNote for you each day. Please include the physicians with whom you work in the Family Medicine Center as well. All QuickNotes should be placed in Dr. Belegundu's mailbox. Dr. Belegundu will provide feedback mid-rotation and at the end of your rotation with us.

## **Other Information**

Below is a list of key people in the Family Medicine residency program. If you have any questions/difficulties, feel free to contact one of them.

Timothy Graham, MD, Program Director

- [tgraham@mchs.com](mailto:tgraham@mchs.com)

Shoba Belegundu, MD, Faculty Lead for Medical Student Curriculum

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Madison Womeldorf, Program Administrator

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