

ENHANCED SKILLS HOSPITALIST PROGRAM: PROGRAM DESCRIPTION & EDUCATIONAL OBJECTIVES

INTRODUCTION

Hospitalist medicine has been the fastest growing specialty in North America over the last decade. Most Canadian hospitalists are family physicians who have developed the necessary set of skills required to care for their complicated hospitalized patients thru years of experience. In our ever-changing health care climate, with the complexity of patient care, the development of quality metrics and resource efficiencies as part of the everyday life of a hospitalist, there is a need for extra training opportunities. The development of key clinical abilities are needed for this role and often times there is insufficient time in our two year family practice residency to focus on the inpatient. The future viability of community hospitals is at stake, as fewer family medicine graduates complete their training and take up inpatient work with our community hospitals. The goal is to develop enthusiastic family physicians that choose to work primarily in hospitals while still adhering to the founding principles of Family Medicine while providing a multidisciplinary approach to patient care and having a vested interest in making hospitals run better. Future graduates will take leadership roles in addressing quality, efficiency, and cost effectiveness, by improving care processes from admission to discharge. The Society of Hospital Medicine in the United States developed a 51-chapter document in 2002 outlining the core competencies that were felt to be the necessary skills that all hospitalists should have. They used their core competencies to set expectations regarding the role of hospitalists, developing knowledge, skills and attitudes to have a successful and pivotal role in hospital culture. These documents have been reviewed and have assisted in planning a solid foundation for this program while helping to guide its future development.

LEARNING ENVIRONMENT

Windsor is uniquely positioned to host the Enhanced Skills Hospitalist program. Windsor has two acute care hospitals and one chronic care hospital. Each acute care hospital has a hospitalist program that has been providing quality inpatient care since 1990. Each program was born out of the necessity to care for the ever-increasing orphaned inpatient population that resulted when many family physicians decided to leave their hospital duties for their office practices. Almost all of our hospitalists are family physicians. Given the unique formulation of the Windsor Regional Hospitalist program there is a complement of hospitalists that continue to balance an office practice and their hospitalist role. The Hotel-Dieu Grace Hospital has a group of family physicians with some practicing solely hospitalist medicine and some that balance their roles as hospitalists and community family physicians. There is also access to the chronic care facility at Windsor Regional Hospital that includes the regional rehabilitation program. The chronic care patients are cared for by a select group of family physicians with a special interest in geriatric medicine. This unique combination gives an opportunity to provide residents with exposure to acute and chronic care hospitalist medicine. Hospitalists in Windsor work closely with internal medicine colleagues and other sub specialists who are all keen on the education of residents in this program.

HIERARCHAL STRUCTURE

- 1) Program Director – Dr. Danielle Soulliere
- 2) Family Medicine PGE Committee Representation – to ensure quality PGE and program development.
- 3) PGY 3 Hospitalist Enhanced Skills resident – will work under the supervision of the

attending present in the rotation that they are scheduled in and will help supervise junior residents and medical students.

4) Family Practice residents (PGY 1 and 2) are often scheduled for a one-month elective at the Windsor Regional Hospital program. They will remain under the supervision of the attending hospitalist.

5) All physicians contributing to the supervision and didactic teaching will have an academic appointment with the Schulich School of Medicine & Dentistry, UWO.

6) Multiple specialists throughout Windsor as elective supervisors.

ORGANIZATION

Residents in the program would have completed their family medicine residency from an accredited Canadian program. Candidates will have to have a license to practice in Ontario. These may include Canadian as well as International Medical Graduates (IMG's).

This is a 6 block program with the allotted vacation time as any PGY-3 year is required to provide as per PARO. The training takes place at Windsor Regional Hospital - both Ouellette and Metropolitan campuses and is proposed as follows:

- 2 blocks CTU at Ouellette campus
- 1 block Hospitalist at Metropolitan campus
- 2 block ICU at Ouellette campus
- 2 week Infectious Disease (both sites)
- 2 week elective
- Electives can be chosen from the following areas: cardiology, nephrology, neurology, endocrinology, GI, oncology, palliative-inpatient care. Other electives can be considered but will need to be reviewed with the program director.

DUTIES

- 1) Patient care on whichever service they are scheduled, including admissions, discharges and daily rounds. To be supervised by the attending physician.
- 2) Participation in Family medicine multidisciplinary rounds at Windsor Regional Hospital while on hospitalist rotation.
- 3) Fellowship project focusing on patient care, leadership, quality or safety improvements, or efficiency/utilization improvements. Presented at the monthly Family medicine departmental meeting.
- 4) While on hospitalist rotations, the Enhanced Skills resident will take home call and will follow the PARO contract for weekend call duties. While during their CTU rotation their call schedule will be dictated by the team available following the PARO contract. While on a sub-specialty rotation, the call will be in line with the PARO contract and the service requirements.
- 5) Teaching of clinical clerk if they are on service and of course to be aware of the clerkship learning objectives.
- 6) Residents will partake in daily morning teaching rounds. This involves preparing short teaching sessions usually inspired by current/previous cases.

SCHOLARLY ACTIVITIES

- 1) All residents in the Enhanced Skills program are required to complete a scholarly project. A written report is not required but welcome. A formal presentation at the Family medicine monthly departmental meeting. Topics should be discussed with Dr. Soulliere.
- 2) All residents in an individualized program that do not have a formal half day, such as the

Hospitalist Program are still encouraged to take their half day. This time should be used to focus on their scholarly project or to read around cases. Half days take place on Wednesday afternoons from 13:00 - 17:00.

3) Residents are encouraged to teach at PGY-1/PGY-2 academic half day on a topic related to their field of specialization.

4) In addition to direct one-on-one teaching from attending physicians which will occur on a daily basis, Enhanced Skills residents in the Hospitalist Program will have the opportunity to attend several Grand Rounds from a variety of specialties including, but are not limited to, Internal Medicine, Psychiatry, Pediatrics, Endocrinology and Family Medicine.

5) While on CTU, Enhanced Skills residents will attend daily morning report and noon hour rounds.

6) While on the Hospitalist rotation, residents will attend daily multidisciplinary rounds and will partake in resident-lead morning teaching rounds.

EVALUATION

1) The resident will be supervised on a daily basis and will obtain one evaluation per block from a preceptor on the one45 system.

2) The resident will meet informally with Dr. Soulliere at the mid-way point of the program to discuss progress through the program and the resident's scholarly project.

OBJECTIVES FOR HOSPITALIST PROGRAM AS CONSIDERED BY THE CANMEDS-FM ROLES

I. Family Medicine Expert

1. The Family Medicine Resident will become knowledgeable in the following:

The Family Medicine Resident will demonstrate the ability to recognize and appropriately manage (emergency care, long term care, when to refer) the following clinical conditions as outlined by The Society of Hospital Medicine:

(Reference: Journal of Hospital Medicine Vol 1 / No 1 / Jan/Feb 2006, Core Competencies: Development and Methodology / Dressler et al.)

1.1 Abdominal pain (i.e. pancreatitis, infectious colitis, inflammatory bowel disease)

1.2 Acute Coronary Syndrome

1.3 Acute Renal Failure

1.4 Alcohol and Drug withdrawal

1.5 Anemia

1.6 Asthma

1.7 Cardiac arrhythmia

1.8 Cellulitis

1.9 Chronic obstructive pulmonary disease

1.10 Community acquired pneumonia

1.11 Congestive heart failure

1.12 Delirium

1.13 Dementia

1.14 Diabetes mellitus

1.15 Gastrointestinal bleeding

1.16 Hospital acquired pneumonia

1.17 Pain management

1.18 Pulmonary embolism

1.19 Sepsis and SIRS

1.20 Stroke and TIA

1.21 Urinary tract infections

1.22 Venous thromboembolism

1.23 Understand the principles surrounding the following topics:

1.23.1 Care of the elderly patient

1.23.2 Care of the vulnerable population

1.23.3 Drug safety

1.23.4 Nutrition and the hospitalized patient

1.23.5 Prevention of healthcare associated infections and antimicrobial resistance

1.23.6 Transitions of care (i.e. acute care, long term care, palliative care)

1.23.7 Patient safety

2. The Family Medicine Resident will become competent at performing each of the following as outlined by the Society of Hospital Medicine:

2.1 Arthrocentesis

2.2 Chest radiograph interpretation

2.3 Electrocardiogram interpretation

2.4 Paracentesis

2.5 Thoracentesis

2.6 Vascular access

2.7 Intubation

2.8 Lumbar puncture

II. Manager

Family Medicine residents will:

1. Order appropriate and economical selection of diagnostic and screening tests.

2. Make referrals effectively.

3. Demonstrate understanding of roles of all health care providers in the team.

4. Demonstrate understanding of hospital care planning and policy-making.

5. Understand how to mobilize a health care team in an emergency situation.

6. Understand the principles of a high reliability organization and the role of the team in an emergency.

7. Demonstrate the ability to make effective diagnostic decisions.

8. Understand the need and ability to assess for risk management, quality assurance and improvement.

9. Understand the role of information management in the care of hospitalized patients.

III. Communicator

Family Medicine Residents will be able to communicate effectively with patients, family members and members of the health care team

1. Demonstrates listening skills.

2. Demonstrates language skills (verbal, writing, charting).

3. Demonstrates non-verbal skills (expressive and receptive).

4. Demonstrates skills in adapting communication appropriately to a patient's or colleague's culture and age.

5. Demonstrates attitudinal skills (ability to respectfully hear, understand and discuss an opinion, idea or value that may be different from their own).

6. Apply these communication skills to facilitate shared and informed decision-making.

7. Able to coordinate community resources including knowledge of the Community Care Access Centre (CCAC) and other outreach services.

8. Function within a team composed of members from various health care disciplines.

9. Recognizing situations where a specialist consultation is appropriate, and effectiveness in

communicating the purpose of the referral, the patient's clinical condition and pertinent previous medical history.

IV. Collaborator

Family Medicine Residents will be able to collaborate

1. Work collaboratively in different models of health care.
2. Engage patients and families as active participants in their care.
3. Understand the role of the hospitalist as a teacher and consultant.

V. Health Advocate

Family Medicine Residents will be able to advocate for the health of patients

1. Acting as an effective patient advocate with employers and social service agencies.
2. Identify patients who are vulnerable or marginalized and assist them in issues (i.e. occupational issues, special diet application forms, etc.) that promote their health.
3. Identify patients at risk because of social, family or other health situations and to work appropriately with social services.

VI. Professional

Family Medicine Residents will have demonstrated professionalism

1. Demonstrates (i.e. day to day behaviour) that reassures that the resident is responsible, reliable and trustworthy.
2. Identify patients at risk because of social, family or other health situations.
3. Demonstrate leadership, professional and ethical qualities.

VII. Scholar

The Family Medicine Resident will have demonstrated their scholarly proficiencies:

1. Strategies for lifelong learning and continuing maintenance of professional competence.
2. Demonstrates self-directed learning based on reflective practice.
3. Access, critically evaluate and use medical information in health care decisions.