ENHANCED SKILLS PROGRAM IN HOSPITAL MEDICINE

Centre universitaire de santé McGill

McGill University Health Centre

Hôpital général juif
Jewish General Hospital

McGill

Department of Family Medicine

Département de médecine familiale

Name of Institutions: Jewish General Hospital (JGH), McGill University Health Centre (MUHC) and St. Mary's Hospital (SMH)

Location: McGill Teaching Hospitals and McGill Accredited Rural Teaching Sites

Type of Fellowship: Family Medicine Enhanced Skills Program (CFPC Category 2)

Number of positions: Two

Length: One year

Academic affiliation: McGill Department of Family Medicine

Name of hospitals involved in training (% time spent by the fellow in each institution):
JGH 35%, MUHC 30% and SMH 35%

Background and Mission:
Most Canadian hospitalists are family physicians who have developed the necessary set of skills required to care for their complicated hospitalized patients through 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.

Research activity:
Each resident will be required to complete a Scholarly Project (this could be a research project, a literature search and review presentation, a quality assurance review, development of a clinical tool etc.) under the supervision of a mentor. Also McGill Family Medicine has developed a series of webinars to teach research methodology to trainees.

Name of the Fellowship Program Director: Dr. Benjamin Schiff

Names of the Teaching Faculty:

MUHC- Dr. Anita Brown-Johnson Site Coordinator
Dr. Magdalena Orzeszyna – Transitional Care Coordinator
Dr. Marie Weber - Liaison with « l'Approche adaptée aux personnes âgées »
Dr. Alison Doucet – Shared Care in Pulmonary Medicine
Dr. Dominique Piper – Shared Care in Oncology
Dr. Goldie Marmor – Short Stay Unit Coordinator
Dr. Sebastian Negrete – Lachine site Coordinator
Dr. Julie Theroux – Lachine site

JGH- Dr. Michael Bouhadana Site Coordinator
and Oncology-Family Medicine service
Dr. Sanjay Aggarwal Family Medicine ward
Dr. Soumya Bindiganavile Oncology-Family Medicine service
Dr. Adriana Decker Neurology-Family Medicine service
Dr. Daniel Ince-Cushman Family Medicine ward
Dr. Mark Karanofsky Family Medicine ward
Dr. Frederic Miseri Orthopedics/Neurology-Family Medicine services

SMH- Dr. Benjamin Schiff Site Coordinator
and Oncology Shared Care
Dr. Stuart Orthopedics Shared Care
Dr. Bruce Campbell In-patient Service
Dr. Eric Tremblay ICU

Roles:

The Program Director as well as 3 Site Directors from St Mary's, the Jewish General and the MUHC will form the Program Committee.

The site directors will serve as the One45 supervisors for the residents at their site. They will collate feedback from field-notes and rotation evaluations.

The Program Director, Site Directors and Residents will meet as a group 3 times during the academic year; at the beginning for an orientation session, at 6 months, and then at the end of the year. The last 2 meetings will give the Residents the opportunity to give their feedback, so that the program can be reviewed on a regular basis.

Each R3 will be assigned a Faculty Advisor and will meet with them every three months.

The Site and Program Directors will also meet at least twice a year to evaluate the program and address any issues that may arise.

The Program Director will sit on the McGill Enhanced Skills Committee which meets 4 times a year.

Summary of clinical practice and major strengths:

All clinical teachers will be members of McGill Faculty of Medicine. The majority will be Family Physicians with specific rotations and skills being taught by other McGill specialists. All will have had a broad experience in the practice of Hospital Medicine and its related disciplines.

Academic Facilities:
Outline facilities for clinical and academic pursuit:

The combined resources of St Mary's Hospital, the Jewish General Hospital and the McGill University Health Center, including the Lachine General Hospital site offer excellent opportunities for Family Medicine Residents to enhance their training in Hospital Medicine.
Family doctors at these institutions play a vital role in the day-to-day functioning of the hospital, at a clinical, academic and administrative level. They offer excellent learning environments for our residents, with the opportunity to see a wide variety of clinical medicine working collaboratively with other medical specialists.

Library access, materials relevant to fellowship training:
Residents will have full access to McGill library resources and the libraries of the institutions at which training will occur.

Availability of a skills lab if applicable:
Residents will take advantage of resources provided by the McGill Simulation Centre including access to Bedside Ultrasound training.

Admission process/recruitment:

- Electives during residency reflecting an interest in Hospitalist Medicine
- Evaluations reflecting an aptitude for Hospitalist Medicine
- Personal letter
- 2 letters of reference
- An interview

Decisions regarding admission to be made by a committee comprised of the program director, along with the site directors.

Fellow Duties and Responsibilities:

1) Patient care on whichever service they are scheduled, including admissions, discharges and daily rounds. To be supervised by the attending physician.
2) Whenever possible the R3 will take on the clinical and teaching responsibilities of a "junior staff" physician.
3) Attendance at departmental meetings when appropriate.
4) Attendance at Medical Grand Rounds
5) Prepare a talk to be given at Medical Grand Rounds
6) The R3s will be involved in supervising residents and students during the various rotations. Their involvement in direct patient care will vary from one rotation to another and will be commensurate with their level of training and experience.
7) During the last 2 rotations the Resident will be expected to perform as a co-attending, with the same call (usually from home) and coverage (including weekends and holidays) as their staff, under the supervision of that staff.

Outline whether there are fixed rotations at various institutions:

Each resident would have a base hospital, where they complete the majority of their rotations, and where they could also maintain a continuity-of-care clinic.

The training program will consist of 13 blocks of 4 weeks each, with the allotted vacation time as any PGY-3 year is required to provide.

The training would take place at St Mary's Hospital, the Jewish General Hospital and the MUHC, including Lachine General Hospital site, and possibly some McGill rural sites and is proposed as follows:

- 3 blocks ward medicine, including 1 block Short Stay Unit (SSU)
- 1 block CCU
- 1 block ICU
- 2 blocks elective (outside the core hospital). Can be divided into 4 blocks of 2 weeks each
- 2 blocks consult service Internal medicine
- 1 block Scholarly Project
- 2 blocks shared care experience (Oncology, Neurology, Orthopedics and Pulmonary)
- Electives can be chosen from the following areas: cardiology, nephrology, neurology, endocrinology, GI, Oncology, palliative-inpatient care, radiology, ID, chronic care, ER,ICU, and rural hospitalization

Outpatient clinic responsibilities need to be outlined:
Residents will be required to do a Family Medicine continuity clinic on a regular basis throughout the year of training. Other options to maintain ties to Family Medicine primary care practice will be provided.

Teaching responsibilities towards residents:
R3s will take on increasing staff responsibility towards the teaching of residents and students including involvement in the evaluation process.

Evaluation process:
R3s will be assessed with respect to their achievement of mastery of the core competencies outlined in Appendix I. Field-notes of their daily performance will be completed and collated to do a one45 monthly and 3 monthly evaluation.

Describe any support staff available to the fellow:
Administrative support will be provided through the McGill Department of Family Medicine.

Proposed meetings to be attended by the fellow:
Annual Canadian Society of Hospital Medicine Conference (funding to be announced)

Program conference schedules:
A schedule of teaching seminars will be organized on monthly basis covering topics relevant to the practice of Hospital Medicine. The R3s will be directly involved in the planning of the seminars including content and participate as presenters.

Appendix I

Core Competencies in Hospital Medicine

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:
- **1.1.1.** Care of the elderly patient
- **1.1.2.** Care of the vulnerable population
- **1.1.3.** Drug safety
- **1.1.4.** Nutrition and the hospitalized patient
- **1.1.5.** Prevention of healthcare associated infections and antimicrobial resistance
- **1.1.6.** Transitions of care (i.e. acute care, long term care, palliative care)
- **1.1.7.** 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 **2.9 Bedside Ultrasound**

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. **10. Effectively and efficiently co-ordinate timely discharges and admissions (actively participate in the discharge planning process)**

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 **CLSCs** **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. **10. Engage with patients and/or families in Level of Intervention and End-of Life care decision making** **11. Demonstrate effective communication skills in transfer of care**

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.