



# Effective Integration of Family Medicine Residents into the Inpatient Pediatric Setting



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## Learning Objectives

- Examine the role of pediatric hospitalists in training family medicine (FM) residents
- Discuss the challenges of training FM residents in an academic pediatric setting
- Develop strategies for creating a successful pediatric learning environment in which FM residents can thrive

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## Audience Survey: Are you...

- trained in FM?
- working with FM residents in an inpatient setting?
- working with FM residents in an outpatient setting?
- supervising/educating FM residents only?
- supervising/educating FM residents along with other learner types simultaneously?
- involved in developing pediatric curricula for FM residents?
- evaluating FM residents in the pediatric setting?

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## FM Training...why?

- Family physicians care for kids, but also...
- FM residency trains physicians to care for patients across the spectrum of care settings, including the inpatient setting
- Big demand for hospitalists, partially filled by Hospitalists Trained in Family Medicine (HTFM)
- Some HTFM care for pediatric patients in addition to adults
- More than 2/3 of HTFM are involved in training residents and students
- HTFM can qualify and sit for the Recognition of Focused Practice in Hospital Medicine board examination (ABFM and ABIM)

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## FM Training – Pediatric Requirements

- Acute care
  - 200 hours (or 2 months) AND 250 patient encounters in hospital or ED
    - Minimum of 75 inpatient encounters
    - Minimum of 75 ED encounters
- Ambulatory
  - 200 hours (or 2 months) OR 250 patient encounters in ambulatory
- Newborn
  - 40 newborn patient encounters
- Encounter = A meaningful interaction with a patient that includes a history, assessment, critical thinking, and care plan and is documented in the patient record

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## FM Training – Other Requirements

- Family Medicine Ambulatory Practice
  - Continuity clinic at least 40 weeks per year
  - 1650 patient encounters (165 patients <10 years and 165 patients >60 years)
- Adult inpatient
  - 600 hours (or 6 months) AND 750 hospitalized adult encounters
  - 100 hours (or 1 month) OR 15 encounters in ICU
- Emergency
  - 200 hours (or 2 months) OR 250 adult emergency encounters
- Older patients
  - 100 hours (or 1 month) OR 125 older patient encounters

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## FM Training – Other Requirements

- Surgical patients
  - 100 hours (or 1 month) including OR
- Sports medicine
  - 200 hours (or 2 months) musculoskeletal problems
- Gynecology
  - 100 hours (or 1 month) OR 125 gyn women encounters
- Obstetrics
  - 200 hours (or 2 months) prenatal, delivery and post-partum care
- Dermatology
- Behavioral Health
- Health Systems- 100 hours (or 1 month)
- Elective experiences- 300 hours (or 3 months)

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## Discussion of Challenges

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## Small Group Session

- Explain your institutional role to your group members, as it relates to working with FM residents
- Discuss the assigned challenge type
- Focus on 1-2 challenges and create a plan to overcome the challenge
- Identify specific tools/resources needed for your plan
- Report out to the large group in 25 minutes

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## Learner-focused challenges

- Variable fund of pediatric knowledge
  - Consider pre-rotation reading or learning module requirements
  - Create a list of pediatric resources or core articles
- Variable level of engagement
  - Have learner create personal learning objectives for the rotation
  - Assess progress towards personal learning objectives as part of formal feedback
- Variable level of acute care experience
  - Consider having FM residents shadow their colleagues prior to starting the rotation, observing rounds, etc

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## Educator-focused challenges

- Variable levels of attending engagement and ability
  - Offer faculty development sessions and points for educational efforts
- Identification of/remediation for the struggling learner
  - Create a system of regular communication with FM program director during the rotation
- Lack of educator awareness of the strengths that FM residents bring to pediatric patient care
  - Allow residents to self-identify what strengths they bring to the rotation
- Lack of a curriculum targeted at the education of FM residents
  - Identify available curricular resources

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## System-focused challenges

- Lack of patient volume to support learning
  - Use simulation (low-tech or high-tech) to provide exposure to high-yield clinical scenarios
- Integration of multiple learner types on one team
  - Establish clear expectations for each individual's role on the team that are transparent to all team members
  - Adjust teaching to target each team member appropriately
- Restrictions imposed by FM requirements that may disrupt inpatient learning
  - Proactively plan with the FM program director to ensure pediatric exposure is maximized

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## Additional Resources

- <https://cheducation.wikispaces.com/>
  - Resources for family medicine residents
  - Sample curricular documents
  - Sample evaluation documents
- PHM Taskforce on Interprofessional Education
  - Resource development for a variety of learner types, including FM residents
- Dropbox folder access to comprehensive materials from this workshop

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## References

ACGME Program Requirements in Graduate Medical Education in Family Medicine. (2015, July 1). Retrieved May 27, 2016, from [http://www.acgme.org/portals/0/pfassets/programrequirements/120\\_family\\_medicine\\_2016.pdf](http://www.acgme.org/portals/0/pfassets/programrequirements/120_family_medicine_2016.pdf)

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