

## Weekly Teaching Schedule for Columbia-NYP Family Medicine Inpatient Service:

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday
Teaching activity	<p>8:30am <b>Morning Report</b></p> <p>Work Rounds*</p> <p><i>Intern B Clinic</i></p>	<p>8:30am <b>Clinical Question Rounds</b></p> <p>Work Rounds*</p> <p><i>Intern A Clinic</i></p>	<p>8:30am <b>Morning Report</b></p> <p>Work Rounds*</p> <p><i>Senior Clinic</i></p>	<p>Work Rounds*</p> <p><b>Radiology Rounds</b> post-rounds</p>	<p>8:00am <b>Biopsychosocial rounds</b></p> <p>Work Rounds*</p> <p>Attending lecture if time permits and not done earlier in week</p>

\*During work rounds, admitting intern reads all EKGs and films for new cases under attending supervision in standard systematic format. Rounds are a combination of bedside and table rounds - residents choose patients they would like to see as a team based on need or education (with attending input)

Additionally, seniors and attendings have assigned topics that they will teach to the team when relevant to patient care and when time permits.

### Structure of Service:

Number of attendings: 2 (1 rotating core FM faculty every 2 weeks, 1 full time FM hospitalist)

Number of day interns: 2 (admits every other day)

Number of day seniors: 1 (2 weeks of days, then 2 weeks nights)

Number of night seniors: 1 (2 weeks nights, then 2 weeks days)

Number of residents per class: 6-7

Number of patients on average census: April to October: 12-15; November to March: 15-20

Intern Cap: 10 patients

Census Cap: 20

### MORNING REPORT (time length goal: 25 minutes):

- The night senior resident who admitted the patient of interest provides a "one-liner" including age, sex, pertinent past medical history, and chief complaint. (<1 minute)
- The interns and day senior resident are then allotted time to ask additional HPI based on the one-liner. The night senior resident should only answer the questions asked without providing unsolicited information. (5 minutes)
- When the time allotted elapses, the night senior resident provides any remaining HPI information they elicited and additional past medical history. (1 minute)
- The day team collaboratively generates a broad differential based on the information available at present. (5 minutes)
- The day team then generates a hypothetical evidence-based list of medications that the patient should be on based on the past medical history diagnoses given. Afterwards, the night senior resident provides the actual list of what the patient is prescribed. (5 minutes)

- The night senior continues with their presentation until the end of their physical exam. The day team then generates a list of labs, imaging, and consults they would like to order based on the information given to up to this point. When a test is asked for, the team must give a reason for why they want to order it. The night senior resident then provides the data requested, if available. (5 minutes)
- The day team then narrows their original differential to the top 3 most likely diagnoses affecting the patient. (1-2 minutes)
- The night senior then presents their assessment and plan. (2-5 minutes)

**Tips:**

- ★ Choosing a case: More useful to have a chief complaint that lends itself to broad differential than a large amount of information available about the case.
- ★ It is useful to use a timer and assign one person to keep track of the time
- ★ Useful to have one member of the day team to write down in shorthand information as it is provided by the night senior resident.
- ★ Certain sections might take longer in the beginning of the academic year such as generating the entire HPI or creating an initial differential. If you find that you are running over time, it is often useful to consider forgoing other sections such as generating a hypothetical med list to keep on time. The exercise can be just as useful and prevent team frustration.
- ★ Be mindful of statements such as “i want routine labs.” Engage the learner further and ask what components of a panel they would like and why.

**CLINICAL QUESTION ROUNDS:**

- Each member of the team (including attendings) presents a clinical question that came up for them over the past week.
- The question must then be explored and answered in PICO format. (P= patient population of interest; I= intervention ; C= comparison; O= outcome of interest)
- The source for the answer to the question should be provided from peer-reviewed literature.
- The answer to the question can be stated in 1-2 sentences. (average time per person = 5 minutes)

**RADIOLOGY ROUNDS**

The team collectively selects a few patients from the list whose films will be educational to review with the radiologist. This can include rare findings, difficult to interpret films, etc. and is meant to supplement review of films during rounds

**Tips:**

- ★ Useful to establish an ongoing relationship with radiologists who enjoy teaching
- ★ During the week, team should keep track of patients with educational films
- ★ Residents should have MRNs and one-liners ready to present to the radiologist

**BIOPSYCHOSOCIAL ROUNDS - biweekly (alternates with Narrative Medicine Rounds)**

- Led by Behavioral faculty (David Rosenthal)
- 45 minute session before rounds that covers topics such as implicit biases, challenging conversations, the “difficult” patient, death and dying, self care and wellness
- Attendings, day senior, night senior, interns, medical students, behavioral medicine faculty all participate

- All participants are explicitly told at the beginning of sessions about the confidentiality of personal experience shared in this space and time
- Behavioral faculty remains for rounds afterward and provides real-time feedback to team or individuals regarding interactions with patients, families and other team members. Often includes tips for leadership growth and teaching

**NARRATIVE MEDICINE ROUNDS - biweekly (alternates with Biopsychosocial Rounds)**

- Led by Columbia's Narrative Medicine Faculty (Rebekah Ruppe)
- 45 minute session before rounds
- Attendings, day senior, night senior, interns, medical students, behavioral medicine faculty all participate
- All participants are explicitly told at the beginning of sessions about the confidentiality of personal experience shared in this space and time
- General structure: read a piece of literature aloud, listen to a song, watch a video, look at a piece of art together. Team shares their reflections. Team individually writes about a provided prompt that is loosely related to the piece. Individuals are given the opportunity to share what they have written and others reflect aloud on what they have shared.