



# FM Hospital Service/Inpatient Objectives: *One Page Summary*

## **I. General Attitudes, Skills and Behaviours relevant to the FM hospital service:**

1. Cares for the "Whole Patient" including physical, emotional, other dimensions.
2. Displays sensitivity and empathy when communicating with patients.
3. Diagnoses and manages acute, chronic and end-of-life conditions common to the hospital service.
4. Performs procedures as required (eg ABG, NG tube placement, Foley catheter, bag and mask, glucometer)
5. Assesses patient competence, appropriately uses substitute decision makers.
6. Addresses ethical issues.
7. Recognizes and acts on prevention opportunities (eg. acute presentations of chronic conditions)
8. Adapts style of care to function in a variety of different settings (eg ER, hospital, calls from home)
9. Answers pages in timely fashion. Triage, prioritizes and acts on calls appropriately.
10. Demonstrates an attitude of taking ownership for the function of the team.
11. Demonstrates thorough, efficient, and clear handover of active or important patient issues.

## **II. Hospital Admission:**

12. Triage and prioritizes admissions (seeing the sickest patients first), assesses appropriateness of admission to the family medicine service, and advocates for patient to receive care from the most appropriate in-patient service.
- \*13. Completes accurate and appropriate admission history and physical examinations.

## **III. Routine Care of Admitted Patients**

14. Takes ownership for patients (rounds on assigned patients, assesses patient status, progress and plans, completes appropriate daily progress notes) and reads around specific patient problems or concerns.
15. Gathers, reviews and appropriately uses necessary information (lab results, imaging, consults, notes from other allied health care professionals).
16. Reviews chart and history before rounds and is prepared to discuss the patient care plan.
17. Communicates effectively with patients, families, colleagues, preceptors, consultants and allied health professionals including active participation in multidisciplinary rounds.

## **IV. Acute Situations**

18. Recognizes patients with unstable clinical status requiring higher urgent interventions.
19. Develops appropriate management plans. Recognizes personal limitations and seeks help appropriately.
20. Collaborates with support staff and consulting teams effectively.
21. Communicates with patients and families effectively and documents accurately.

## **V. Discharges**

22. Develops appropriate and safe discharge plans
23. Ensures appropriate follow up / coordination with family physician, consultants, investigations, care givers.
24. Prepares discharge package actively, and ensures a complete, clear and accurate discharge summary is sent to the family physician promptly after discharge.
25. Ensure correct medications are prescribed at discharge

### **\*Components of an "Accurate and Appropriate" Admission History and Physical Examination:**

a) Identifies a relevant medical and social issues including the patient's context, illness experience, goals of admission, and barriers to discharge.

b) Gathers information from collateral sources as necessary.

c) Demonstrates correct and appropriate physical examination skills.

d) Demonstrates stage-of-training appropriate medical knowledge and clinical reasoning skills, describing clear reasons for admission, appropriate differential diagnoses. Justifies appropriate and selective use of diagnostic tests and interprets the results of these investigations appropriately.

e) Develops appropriate management plan, and justifies treatments.

f) Writes clear admission notes and orders.

g) Presents patient cases in a clear, concise and organized (problem based) fashion appropriate to the stage of training.

h) Communicates the plan clearly to patient and patient's family.

i) Actively and effectively discuss code status (including DNR).