

# ADVISOR'S RESOURCE MANUAL

2013-2014

## HCMC FAMILY MEDICINE RESIDENCY PROGRAM



*Manual online at [faculty.fammed.org](http://faculty.fammed.org)*

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# ***SECTION 1***

# ***MISSION, VISION & VALUES***

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**OUR MISSION** is to educate Family Physicians to become leaders in Family Medicine and Community Health, and to serve our diverse urban community.

**OUR VISION** is to be an educational center of excellence for family physicians who are competent in caring for people of diverse cultures, committed to serving their community, and capable of practicing in a wide variety of settings.

**OUR VALUES** guide and inspire us to do our best as we provide care and medical education. These values include:

1. Excellence in Medical Care. We provide care that is based on the best medical knowledge and evidence.
2. Dignity and compassion. We create a community of healing to care for our patients and nourish our coworkers.
3. Whole person. We promote health and healing that addresses body, mind, spirit, family and community.
4. Cultural Respect. We provide care that is responsive to people's unique cultural characteristics such as race, ethnicity, national origin, language, gender, age, religion, sexual orientation, and physical disability.
5. Health of All. We value healthy people, families, and communities. We work to optimize the health of all people and to eliminate health disparities.
6. Physician Wellness. We embrace healthy living for ourselves.

# ***PROGRAM EDUCATIONAL GOALS***

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## **Patient Care Skills**

Graduates must be able to collaborate effectively to provide patient care that is compassionate, appropriate and effective both for the treatment of health problems and the promotion of health. Our graduates will:

- Promote health and healing that address body, mind, spirit, family and community
- Provide comprehensive patient focused care that embraces family and community input
- Promote health by using effective methods of patient education both in the physician relationship and within the health system
- Prevent disease and lessen its morbidity and mortality by using proven primary and secondary prevention techniques
- Recognize patient's psychosocial needs and provide appropriate assistance

## **Medical Knowledge**

Graduates will know and apply current best practice guidelines for the diagnosis and management of common inpatient and outpatient problems. Graduates will:

- Diagnose and manage most acute and chronic health problems using current clinical and best practice guidelines
- Choose among various treatment options by knowing and examining the scientific evidence that supports them
- Demonstrate adequate knowledge to pass the Family medicine specialty boards

## **Interpersonal and Communication skills**

Graduates will demonstrate the skills and attitudes that allow effective interaction both oral and written, with patients, families and all members of the health team. Graduates will:

- Demonstrate empathy and respect
- Engage faculty, peers or other health care team providers appropriately to elicit and clarify information
- Transmit medical information appropriately to health professionals, patients and their family members

## **Professionalism**

Graduates will demonstrate the knowledge, behaviors and attitudes necessary to promote the best interest of patients, society and the medical profession. Graduates will:

- Conduct professional activities in an ethical and legally responsible manner
- Provide care that is responsive to the patient's unique cultural characteristics
- Devote attention to the quality of personal and family life in order to sustain healthy relationships with patients and other health professionals

**Practice- based learning**

Graduates will have knowledge, skills and attitudes necessary to evaluate and improve their method of practice and implement techniques to improve their patient care. Graduates will:

- Use practice improvement techniques, evidence based medicine and information technology to improve patient care
- Demonstrate ability to teach and model appropriate patient care, to others on the health care team
- Develop skills and habits of lifelong learning

**Systems- Based Learning**

Graduates will demonstrate the knowledge, behaviors and attitudes necessary to provide high quality care for patients within the context of the larger healthcare system. Graduates will:

- Understand the nature of system errors and strategies to minimize them
- Understand health care financing and its impact on the quality and availability of patient care.
- Appreciate the role of all members of interdisciplinary medical teams and their use in maximizing patient care

# *Description of ACGME Core Competencies*

## **1. Competency: Patient Care**

Residents are expected to provide patient care that is compassionate, appropriate and effective, particularly as it relates to the care of patients within family medicine and to provide care that promotes health, prevents illness and addresses the needs of patients at end of life.

## **2. Competency: Medical Knowledge**

Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, particularly as it relates to family medicine and demonstrate the application of their knowledge to patient care and the education of others.

## **3. Competency: Interpersonal and Communication Skills**

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of the health care team.

## **4. Competency: Professionalism**

Family Medicine residents are expected to behave professionally at all times and demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society.

## **5. Competency: Practice-Based Learning and Improvement**

Residents are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care practices, particularly in the care of patients with common family medicine conditions.

## **6. Competency: Systems-Based Practice**

Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare, and the ability to apply this knowledge as it relates to family medicine.

***SECTION 2***

***TRAINING AND PROMOTION REQUIREMENTS PER  
TRAINING YEAR***



## TRAINING REQUIREMENTS

To ensure achievement of competencies , residents in all training years are required to complete ACGME competency based work products for successful promotion to succeeding training years or graduation.

### **PGY1 PROGRAM REQUIREMENTS PER TRAINING YEAR-Class of 2015**

| Competency                                | Orientation                       | First 6 Month Review                                              | Second 6 Month Review                                                                                                                                                  |
|-------------------------------------------|-----------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>General</b>                            |                                   |                                                                   |                                                                                                                                                                        |
| Certifications                            | ACLS BLS NRP                      |                                                                   | ALSO#1                                                                                                                                                                 |
| <b>Medical Knowledge</b>                  |                                   |                                                                   |                                                                                                                                                                        |
| Intraining examinations                   | Mock Intraining exam              |                                                                   | >25 <sup>th</sup> percentile/ Mean>340                                                                                                                                 |
| USMLE Step 3                              |                                   | Schedule examination                                              | Sit examination                                                                                                                                                        |
| AAFP CME quizzes                          |                                   | AAFP journal articles from July to December                       | AAFP Journal articles from January to July - 80 % required                                                                                                             |
| Rotation assignments                      |                                   |                                                                   | Complete all assignments                                                                                                                                               |
| SAM                                       |                                   |                                                                   | Complete 1 Part 1 SAM                                                                                                                                                  |
| <b>Patient Care</b>                       |                                   |                                                                   |                                                                                                                                                                        |
|                                           | Observed H&P on Inpatient Service |                                                                   |                                                                                                                                                                        |
| Clinic Evaluations                        |                                   | 1 One on one precepting evaluation                                | One to one precepting evaluation                                                                                                                                       |
| <b>Core procedures</b>                    |                                   |                                                                   |                                                                                                                                                                        |
| OB procedures                             | OB skills workshop                | 6 general vaginal deliveries                                      | 10 general vaginal deliveries<br><u>Independence in OB procedures</u><br>IUPC placement/ FSE / amniotomy; 1 <sup>st</sup> and 2 <sup>nd</sup> degree laceration repair |
| HCMC Family medicine Core procedures      |                                   | Independence on performance of PAPs                               | Credentialed in 2 core procedures                                                                                                                                      |
| Family care conferences                   |                                   |                                                                   | Observed/documented 3 FCC                                                                                                                                              |
| OR assist                                 |                                   |                                                                   | Assistance at 5 surgeries in the OR                                                                                                                                    |
| Hospitalized continuity patients (non OB) |                                   |                                                                   | Document 2-3 continuity patients                                                                                                                                       |
| <b>Communication skills</b>               |                                   |                                                                   |                                                                                                                                                                        |
| Videotapes                                | Observed videotaped               |                                                                   | 1 observed videotape of pt encounter                                                                                                                                   |
| Behavioral OSCE                           | Summative Evaluations             |                                                                   |                                                                                                                                                                        |
| <b>Professionalism</b>                    |                                   |                                                                   |                                                                                                                                                                        |
| Conference attendance                     |                                   | Conference attendance100 %                                        | Conference attendance100 %                                                                                                                                             |
| Attendance at team meetings               |                                   | 100%                                                              | 100%                                                                                                                                                                   |
| <b>Practice Based</b>                     |                                   |                                                                   |                                                                                                                                                                        |
| Portfolios self-reflection narratives     |                                   | Three portfolio self-reflection entries on 3 ACGME competencies   | Three portfolio self-reflection entries on 3 additional ACGME competencies. Need a total of 6                                                                          |
| Evaluations                               |                                   | Self-evaluation form<br>Peer evaluations                          | Self-evaluation form<br>Peer evaluations<br>Patient satisfaction                                                                                                       |
| Community medicine service                |                                   |                                                                   | 8 hours of community medicine project                                                                                                                                  |
| Community medicine project                |                                   |                                                                   | Project completed and submitted                                                                                                                                        |
| Research and scholarly                    |                                   |                                                                   | TBD                                                                                                                                                                    |
| Integrative Medicine Online Curriculum    |                                   | Complete each block assignment on time                            | Complete each block assignment on time:                                                                                                                                |
| Attendance at team meetings               |                                   | 100%                                                              | 100%                                                                                                                                                                   |
| <b>Systems- based practice</b>            |                                   |                                                                   |                                                                                                                                                                        |
| Continuity clinic visits                  |                                   | 75 continuity visits<br>4 patients per clinic session             | 150 continuity visits<br>6 patients per clinic session                                                                                                                 |
| Supervision                               | Tier 1( direct supervision)       | Tier 2a( Indirect supervision with direct immediately available ) | Tier 2a( Indirect supervision with direct immediately available )                                                                                                      |

## PGY 2 PROGRAM REQUIREMENTS PER TRAINING YEAR-Class of 2014

| Competency                                | First 6 month review                                                                                            | Second 6 month review                                                                                                                                                                                                                       |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>General</b>                            |                                                                                                                 |                                                                                                                                                                                                                                             |
| Certifications                            |                                                                                                                 | ALSO#2, APLS                                                                                                                                                                                                                                |
|                                           | GDM training                                                                                                    | Adolescent workshop                                                                                                                                                                                                                         |
|                                           |                                                                                                                 | Sports Medicine examination                                                                                                                                                                                                                 |
| <b>Medical Knowledge</b>                  |                                                                                                                 |                                                                                                                                                                                                                                             |
| Intraining examinations                   |                                                                                                                 | >25 <sup>th</sup> percentile / <b>Mean&gt;440</b>                                                                                                                                                                                           |
| USMLE Step 3                              | Passed examination by December 30 <sup>th</sup>                                                                 | <b>Needed for promotion</b>                                                                                                                                                                                                                 |
| AAFP CME quizzes                          | AAFP journal articles from July to December                                                                     | <b>AAFP Journal articles from January to July - 80 % required</b>                                                                                                                                                                           |
| SAM                                       |                                                                                                                 | <b>Complete 2<sup>nd</sup> Part 1 SAM</b>                                                                                                                                                                                                   |
| Rotation assignments                      |                                                                                                                 | <b>Complete all Challenger assignments</b>                                                                                                                                                                                                  |
| <b>Patient Care</b>                       |                                                                                                                 |                                                                                                                                                                                                                                             |
| Clinic Evaluations                        | 1 One on one precepting evaluation /                                                                            | 2 One to one precepting evaluation                                                                                                                                                                                                          |
| <b>Procedures</b>                         |                                                                                                                 |                                                                                                                                                                                                                                             |
| OB Procedures                             | 4 primary OB<br>18 general vaginal deliveries                                                                   | 6 primary OB deliveries<br>24 general vaginal deliveries<br><u>Independence in all OB procedures</u><br>3 <sup>rd</sup> degree lacerations<br>Vacuum assisted deliveries<br>Management of VBAC, GDM, Preterm ,<br>pre-eclampsia /Inductions |
| ACGME                                     | <u>Procedure log entries</u><br>10 Critically ill patients                                                      | <u>Procedure log entries</u><br>15 Critically ill patients(SICU/MICU)                                                                                                                                                                       |
| HCMC Family medicine Core procedures      | Credentialed in 3 procedures (50%)                                                                              | Credentialed in 4 (67%)                                                                                                                                                                                                                     |
| Family care conferences                   | Requirements spread over G2 and G3 years                                                                        | Documented participation in 3/ led one                                                                                                                                                                                                      |
| Hospitalized continuity patients (non OB) | 4 continuity patients                                                                                           | 5 continuity patients                                                                                                                                                                                                                       |
| <b>Communication skills</b>               |                                                                                                                 |                                                                                                                                                                                                                                             |
| Videotapes                                |                                                                                                                 | 1 Group videotape presentations                                                                                                                                                                                                             |
| <b>Professionalism</b>                    |                                                                                                                 |                                                                                                                                                                                                                                             |
| Conference attendance                     | Conference attendance 100 %                                                                                     | Conference attendance 100 %                                                                                                                                                                                                                 |
| Portfolios                                |                                                                                                                 | M&M presentations<br>Journal Club presentations<br>CV                                                                                                                                                                                       |
| Self evaluations                          | Self evaluation form<br>Peer evaluations                                                                        | Self evaluation form<br>Peer evaluations                                                                                                                                                                                                    |
| M&M conference                            |                                                                                                                 | M&M conference – 2 presented<br>Adult / Peds M&M; Perinatal M&M                                                                                                                                                                             |
| QI project                                |                                                                                                                 | TBD                                                                                                                                                                                                                                         |
| Research and scholarly activity           |                                                                                                                 | <b>Research and scholarly activity</b>                                                                                                                                                                                                      |
| Integrative Medicine On line Curriculum   | Modules due<br>Complete each block assignment on time                                                           | Modules due<br>Complete each block assignment on time                                                                                                                                                                                       |
| Team meetings                             | 100 % attendance                                                                                                | 100 % attendance                                                                                                                                                                                                                            |
| <b>Systems- based practice</b>            |                                                                                                                 |                                                                                                                                                                                                                                             |
|                                           | 250 (400 total) continuity visits<br>6 patients per clinic session                                              | 500 (650 total) continuity visits<br>8 patients per clinic session                                                                                                                                                                          |
| Supervision                               | Tier 2 b Indirect Supervision with supervision remotely available and direct supervision available as requested | Tier 2 b Indirect Supervision with supervision remotely available and direct supervision available as requested                                                                                                                             |

### PGY 3 PROGRAM REQUIREMENTS PER TRAINING YEAR-Class 0f 2013

| Competency                                | First 6 month review                                                      | Second 6 month review                                                                                           |
|-------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| General                                   |                                                                           |                                                                                                                 |
| Medical Knowledge                         |                                                                           |                                                                                                                 |
| Intraining examinations                   |                                                                           | > 25 <sup>th</sup> percentile. Mean score >540                                                                  |
| AAFP CME Quizzes                          | AAFP journal articles from July to December                               | AAFP Journal articles from January to July - 80 % required                                                      |
| ABFM Certification                        | Register for ABFM examination                                             | Passed ABFM certification examinations                                                                          |
| AAFP Board Review                         |                                                                           |                                                                                                                 |
| Rotation assignments                      | 50 % complete                                                             | 100 % complete                                                                                                  |
| SAMs                                      | Complete 1 Part 4 SAM                                                     | Total- 2 Part 1& 1 Part IV SAMs                                                                                 |
| Patient Care                              |                                                                           |                                                                                                                 |
| Family care conference                    |                                                                           | Manage family conference                                                                                        |
| Clinic Evaluations                        | 1 One on one precepting evaluation                                        | 2 One to one precepting evaluations                                                                             |
| OB procedures                             | 7-8 primary OB deliveries<br>30 general vaginal deliveries                | 10 primary OB deliveries<br>40 general vaginal deliveries                                                       |
| Core procedures                           |                                                                           |                                                                                                                 |
| ACGME procedures                          |                                                                           | 15 Critically ill patients      2 home visits                                                                   |
| HCMC Family medicine procedures           |                                                                           | Pap Cryotherapy Skin biopsies IUD insertion<br>Toenail removal Colposcopy                                       |
| Family conferences                        |                                                                           | Documented participation in 3/ led one                                                                          |
| Communication skills                      |                                                                           |                                                                                                                 |
| Videotapes                                |                                                                           | Group videotape presentations                                                                                   |
| Conference attendance                     | Conference attendance 100 %                                               | Conference attendance 100 %                                                                                     |
| Hospitalized continuity patients (non OB) | 7-8 continuity patients                                                   | 10 continuity patients                                                                                          |
| Ethics                                    |                                                                           | Attend 1 ethics conference                                                                                      |
| Practice Based                            |                                                                           |                                                                                                                 |
| Portfolios RMS                            |                                                                           | CV<br>Summary of all work products (Journal Club, RSA, AFP CME-80%, 2 SAMs, Practice visit summary/presentation |
| Self evaluations                          | Self evaluation form<br>Individualized education plan<br>Peer evaluations | Self evaluation form<br>Individualized education plan<br>Peer evaluations<br>Patient satisfaction surveys       |
| Research and scholarly activity           |                                                                           | Research and scholarly activity projects completed                                                              |
| Team meetings                             | 100 % attendance                                                          | 100 % attendance                                                                                                |
| Systems- based practice                   |                                                                           |                                                                                                                 |
| Continuity visits                         | 750 (1150 total) continuity visits<br>10-11 patients per clinic session   | 1000 (1650 total) continuity visits<br>11-12 patients per clinic session                                        |
| Clinic evaluations                        |                                                                           | Summative clinic evaluation form completed                                                                      |
|                                           |                                                                           | Exit evaluation form completed                                                                                  |
| Supervision                               | Tier 3 -Oversight                                                         | Tier 3- Oversight                                                                                               |

7/25/2013

## SUMMARY OF PROMOTION POLICY

### **(i) Promotion Procedure:**

The resident's academic, professional and behavioral performance is periodically reviewed by the Program Director, faculty and the Program Promotion and Evaluation Committee. Areas of weakness or deficiency are communicated to the resident through their academic advisor at least 120 days before the promotion date to the next training level, the Program Promotion and Evaluation Committee will meet to consider the promotion of residents. The Committee will make one of three decisions about a resident's future training:

1. Promotion without reservation occurs when:
  - Faculty evaluations and assessment tools indicate satisfactory skills and knowledge both in the inpatient and outpatient settings
  - Completion of all assignments
  - Faculty evaluations and assessment tools indicate satisfactory competency in both professional and behavioral areas
  - Satisfactory completion of all USMLE ( or equivalent) examinations
  - Successful passage of all training year rotations
  
2. Promotion with recommendations will be made when:
  - A minor deficiency of knowledge exists in one or two of the 6 competency areas which is correctable
  - Professional or behavioral deficiencies exist which are correctable
  - Residents must correct deficiencies within the first 3 months of the next academic year
  
3. Non renewal of contract at the end of the contract year will occur when
  - Major academic deficiencies exist in more than one competency area which preclude correction
  - A lack of professionalism exists which is incompatible with patient care or the presence of personal qualities which prevent successful interaction with residents, faculty and staff
  - Failure to successfully complete the terms of probation
  - Psychological or personal problems exist which make the independent practice of medicine unlikely

## **PROMOTION CRITERIA FOR G1**

### **PROMOTION WITHOUT RESERVATION CRITERIA DELIVERABLES**

- Complete required portfolio entries
  - Complete AFP CME 80%
  - Community Med project
  - Community Medicine service
- Passed all rotations
  - Family Medicine Inpatient x3
  - Blue Medicine ( Cardiology)
  - Green Medicine ( Wards)
  - Family medicine Nursery
  - Obstetrics
  - Pediatrics
  - Obstetrics
  - ED
  - Surgery
  - Community Med/Radiology
  - Psych/ neurology
- Complete ALSO1
- Take USMLE 3 by June 15<sup>th</sup> of PGY1. Successful passage by December 31<sup>st</sup> of PGY2

### **ENTRUSTABLE ATTRIBUTES (Assessed by Rotation evaluations, 360° multidisciplinary team evaluations ,Supervision examination , Patient satisfaction surveys)**

#### **A. Inpatient**

Acquires accurate and relevant history from patient in efficient, prioritized manner (from patient, family, medical records)

Write an appropriate H&P for patient on the Inpatient service that includes diagnostic assessment and therapeutic plan for each medical problem

Develop treatment and management plans for moderately complex patients

Write admission orders

Critique medical student and intern documentation on a patient

Manage a moderately complex patient through hospital admission

Demonstrate knowledge of operational issues on the FMS service

Demonstrate ability to give appropriate concise presentation of patients on rounds

#### **B. OB**

Manage OB triage

Interpret Electronic fetal monitors

#### **C. Outpatient**

Knows when to admit patient from ambulatory to inpatient setting

Appropriately manages 6 -7 patients per clinic session

Demonstrates ability to precept patient in an organized , logical fashion

Can identify different visit types

#### **D. Leadership (Teaching and supervision skills)**

Review and critique an intern's notes /write up on patients

Knows key items in obtaining informed consent

#### **E. Supervision rating :**

Able to assume Level 2 b. Indirect supervision with direct remotely available

## **PROMOTION CRITERIA FOR G2**

### **PROMOTION WITHOUT RESERVATION CRITERIA**

#### **DELIVERABLES**

- Complete required portfolio entries
  - Complete AFP CME 80%
  - Adolescent project
  - RSA- FPIN
  - M&M presentations
  - Journal club
  - Preventative medicine presentations
- Passed all rotations
  - Family medicine x2
  - Yellow Medicine
  - Family medicine Obstetrics
  - Pediatrics
  - ED
  - Sports Medicine
  - Dermatology
  - Preventative Med
  - SICU
  - Elective 2
  - Community medicine
- Passed USMLE Step 3 examinations

ENTRUSTABLE ATTRIBUTES ( Assessed by Rotation evaluations , 360° multidisciplinary team evaluations , Supervision examination , Patient satisfaction surveys)

#### A. Inpatient

Demonstrates sufficient ability to diagnose and treat undifferentiated medical problems in hospitalized patients

Initiate management of patients with emergent medical conditions

With minimal supervision manage patients with common and complex clinical disorders seen in the practice of inpatient family medicine

#### B. OB

Perform OB procedures with proficiency

#### C. Outpatient

Demonstrates sufficient knowledge to provide preventative services

Demonstrates sufficient ability to diagnose and treat undifferentiated medical problems ambulatory

Precept 6 visit types and understand tasks of each visit type

Appropriately manages 8-9 patients per clinic session

#### D. Leadership (Teaching and supervision skills)

Make the complex simple

Understand learner's needs and adjust teaching to suit

#### E. Supervision rating :

Able to assume Level 3. Oversight

## **PROMOTION CRITERIA FOR G3**

### **PROMOTION WITHOUT RESERVATION CRITERIA**

#### **DELIVERABLES**

- Complete required portfolio entries
  - Complete AFP CME 80%
  - M&M presentations
  - Journal club
  - Research project
  - SAMs
- Completed procedure requirements
  - 10 continuity care deliveries
  - 40 other deliveries
  - 15 critically ill
  - 2 home visits
  - 1650 continuity
- HCMC procedures
  - PAP
  - Cryosurgery
  - Skin biopsies
  - IUD insertions
  - Toenail removals
  - Colposcopy
  - 10 primary care hospital visits
- Passed all rotations
  - Family Medicine inpatient x2
  - Adolescent Med
  - Medical Subs
  - Surgical Subs
  - Orthopedics / ED
  - Pediatrics
  - G3 Ambulatory
  - Geriatrics
  - Elective

ENTRUSTABLE ATTRIBUTES - Assessed by Rotation evaluations, 360° evaluations, multidisciplinary team evaluations, Supervision examination, Patient satisfaction surveys

A. Inpatient

Recognizes disease presentations that deviate from common patterns and that require complex decision making  
Independently and completely assess and manage patients with life threatening conditions

B. OB

C. Outpatient

Appropriately manages 10-12 patients per clinic session

D. Leadership (Teaching and supervision skills)

E. Supervision rating :



***SECTION 3***  
***ADVISOR ROLES AND RESPONSIBILITIES***

## Resident Team Structure/Practice Partnerships FM Residency at Whittier Clinic

|                                                                                                                   |                                                                                                                          |                                                                                                            |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Practice Partner<br/>(Anderson)</b><br>**<br>Purple Team South<br>(PS1)                                        | Nurses: Kathy, Sara<br>(Jen)<br>Purple Team South<br>(PS2)                                                               | <b>Practice Partner<br/>(Brotherson)</b><br>**<br>Purple Team North<br>(PN1)                               | Nurses: Sandy &<br>Kristen<br>Purple Team North<br>(PN2)                                              |
| <b><u>KARSTEN:</u></b><br><br>Cherukuri G3<br>Corbin G2<br>Hung G1<br><br><i>Stirling NP</i><br><i>Zachman NP</i> | <b><u>COUNCILMAN /<br/>(Sierra):</u></b><br><br>Kanabar G3<br>Olson G3<br>Khade G2<br>Krage G1<br><br><i>Goldbaum NP</i> | <b><u>MOTY /<br/>HADDOW</u></b><br><br>Bhui G3 (AM)<br>Mann G2 (SH)<br>Wong G1 (SH)<br><br><i>Evers NP</i> | <b><u>HASTI</u></b><br><br>Uslinov G3<br>Lee G3<br>Edwards G2<br>Ramdass G1                           |
| <b><u>PETERSEN:</u></b><br><br>Dehkordi G3<br>Aggarwal G3<br>Mann, A. G1<br>Narayan G1                            | <b><u>SROKA:</u></b><br><br>Fasihy G3<br>Grewal G2<br>Waterbury G1                                                       | <b><u>HEMMATI:</u></b><br><br>Reddy G3<br>Sandhar G2<br>Ngo G1                                             | <b><u>PIRA:</u></b><br><br>Bautista G2<br>Patel G2<br>Singh G1<br><br><i>Zachman NP</i>               |
| **<br><br><i>Sassenfeld ..NP</i><br><i>Koepf .....NP</i><br><i>Work with both<br/>teams</i>                       | <b><u>NEWMAN:</u></b><br><br>Reniguntala G3<br>Erukulla G2<br>Chan G1<br><br><i>Pazella NP</i>                           | **<br><br><i>Sassenfeld.NP</i><br><i>Koepf .....NP</i><br><i>Work with both<br/>teams</i>                  | <b><u>PARKER /<br/>UCHE:</u></b><br><br>Choudhury G3 KP<br>Zafar G2 KP<br>Elum G1 KP<br>Abikoye G1 UN |

Updated 6/3/2013

# ***ROLES AND RESPONSIBILITIES OF ACADEMIC ADVISOR***

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Faculty advisors will be comprised of core teaching faculty located at Whittier Health Clinic

Each resident is assigned a faculty advisor with whom he /she will meet a minimum of 3 times per year

Role of the advisor:

## **A. ACADEMIC RESPONSIBILITIES**

### ***A. Supervise Resident progress during training***

1. Complete the Interim Evaluations
2. Review the **competencies**
3. **learning goals and expectations** for the required rotations and residents learning goals for various electives.
4. Assist and review **self-assessment of strengths** and areas of needed improvement, guide elective choices and career planning.
5. Gather/collate/analyze data from various parts of the evaluation system and **provide meaningful feedback.**
6. Provide advice, support and **collaborative problem solving** when necessary, and balanced feedback to resident during regular meetings or contact.
7. Encourage **self reflection** about resident's growth
8. Serve as **advocate for resident** within the department
9. Encourage **progressive leadership development** during residency training
10. Inquire about **resident's self-care and wellness.**
11. Complete periodic evaluations and individualized education plans (IEPs)

***B. Participate in academic correction*** Roles and responsibilities to be defined

***C. Supervise selection of electives***

***D. Oversight of Research and scholarly activities for residents***

## **B. CLINICAL RESPONSIBILITIES**

***A. Inbasket supervision***

***B. Observation of residents in clinic***

***C. Team responsibilities***

# ACADEMIC RESPONSIBILITIES

## *The interim evaluation process*

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- A. **Interim Evaluation process**
1. Resident performance reports will be collected by Mindy and Peg and given to academic advisors for review prior to the Resident Review meeting
    - a. These reports will include :
      - i. RMS Portfolio Report ( includes rotation summaries, procedure log, duty hours , conference attendance )
      - ii. One-on-one precepting clinic evaluations
      - iii. Patient numbers data
      - iv. Intraining Examination Results
      - v. Patient satisfaction summaries
      - vi. Red resident folder ( includes rotation evaluations, Peer, self, clinic staff evaluations , Records of scholarly activity; Formal Remediation and development plans
  2. Faculty will **review this data** in preparation for the Resident Review meeting (formerly Quarterly Resident Evaluation). Presents a summary report about his/her advisee to the assembled faculty and clinic staff
  3. Clinic staff, nursing home faculty and other faculty will give input
  4. **Faculty advisor will generate a written interim summary evaluation**
    - a. Faculty advisor will assign a competency rating for each item listed under the main ACGME competency using the developmental milestone chart provided
    - b. The ratings are :
      - i. 1-3 for PGY1 (PGY1 resident needs a rating of 3 for promotion)
      - ii. 4-6 for PGY2 (PGY2 resident needs a rating of 5 for promotion)
      - iii. 7-9 for PGY3 (PGY3 resident needs a rating of 8 for graduation)
    - c. The completed written interim summary evaluation form is submitted to Peg Sullivan for creation of electronic RMS Evaluation document
  5. **Faculty advisor meets with resident advisee 3-4 times per year**
    - a. The roles of the advisor in these meetings include:
      - Review of the RMS Interim Evaluation.
      - Review of procedure numbers
      - Review of patient numbers
      - Review personal and professional goals etc
      - Encourage self reflection about resident's growth and review IEP

**BOTH RESIDENT AND FACULTY SIGN AND DATE THE RMS EVALUATION.**

# ACADEMIC RESPONSIBILITIES

## *Elective selection process*

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### Department of Family and Community Medicine Elective Policy

In December of the G1 and G2 year, the resident will meet with his/her advisor and plan electives for the upcoming PG year. G2 residents have 2 electives per year and the G3 residents have 3 electives per year. The selection process will concentrate on educational content not the timing of the elective. The advisors role includes reviewing these for broad content over the spectrum of Family Medicine (i.e., not all of the resident's electives should be medical subspecialties). The goal of this meeting is to update the residents IEP to use electives to better prepare the residents for their careers after residency.

Residents must submit their elective list to Peg no later than January 1<sup>st</sup> of each year. The FM Leadership Committee will review requests for balance and content. The requests may go back to the resident and advisor with comments for reconsideration. Residents are responsible for following any special instructions and meeting due dates/deadlines.

After receiving approval from the FM Leadership group, the resident is responsible for contacting the specific rotation to confirm. They will need to obtain relevant scheduling information and the name of the preceptor completing their evaluation. The elective experience must be at least 50% of the rotation. The resident must provide when their FM clinics can be scheduled and must include evenings.

Residents will communicate with Peg on any changes or cancelations, once the final elective form has been turned in. The resident cannot change the elective without strong rationale to the FM Leadership Committee.

#### **5 Steps for an Elective:**

- Meet with your advisor and follow the above instructions
- Turn in elective requests to Peg by January 1 of each year
- FM Leadership Committee to meet and discuss/approve requests
- Elective requests returned to residents with instructions, deadlines/due dates
- Resident speaks with elective for final confirmation

## ELECTIVE SUGGESTIONS

### HCMC and OFF Site

Academic Medicine  
Adolescent Medicine  
Community Medicine  
Department of MN Health  
Dermatology  
Diabetes with Lorraine Steele  
ENT  
Global Health  
Interventional Radiology  
Integrative medicine  
Maternal / Child Health (for G3s only)  
Off-site elective (Twin Cities or Out of state)  
Dermatology (Eagan, MN)  
Rural (Dr. Bracken)  
Ophthalmology  
Oral Health (Dentistry at HCMC)  
Ortho/Podiatry  
Outpatient Surgery w/Hemmati  
Sports Medicine  
Urology

### Medicine Electives

Endocrine  
G.I  
Geriatric  
Infectious diseases  
Neurology  
Nephrology  
Palliative Care  
Pulmonary  
Renal  
Rheumatology  
Sleep Medicine  
SICU  
INTERNATIONAL:  
Tanzania, Jamaica

## **ACADEMIC RESPONSIBILITIES**

### *ACADEMIC CORRECTION AND REMEDIATION*

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Academic advisors will participate and supervise any academic correction plans suggested by the Program Evaluation Committee

Details of the Academic Correction and Remediation plan can be found in the policy manual

## **CLINICAL RESPONSIBILITIES**

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Responsibilities of Advisor (Clinic)

D. Inbasket supervision

- Ensure resident has identified practice partner for coverage for any leaves/vacations. If resident has not identified coverage, step in and ensure all patient care related messages are addressed in timely manner
  - *Form needs to be created to be filled out prior to all leaves*
- Complete end of residency sign off. Ensure all billing and chart responsibilities have been completed by graduating resident. Monitor advisee in-baskets for 2 weeks post graduation to ensure any patient care related messages are dealt with

E. Observation of residents in clinic

- While practicing in clinic, work along side resident and with team staff to get real time observation of residents' ability to manage a clinic session. Provide encouragement and constructive feedback to resident in this area during review sessions with advisees. This is NOT precepting...the key is to think "what do I see when X is in clinic?"
- Review clinic productivity and patient satisfaction results with advisee during dedicated advisor review session (information provided by clinic/supplied by Department staff prior to session)

F. Team responsibilities

- Attend team meetings
- As Team meetings become more care coordination/chart review focused faculty advisor would act as clinical champion and provide advice on managing complex/challenging patients to resident advisee

***SECTION 4***  
***ADVISOR RESOURCES***



# ADVISOR RESOURCES

## *Leadership skills development*

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### **G1 Leadership Goals**

Resident will:

Demonstrate leadership in direct patient care in continuity clinic and inpatient settings

Faculty will help advisee identify:

- Strengths and weaknesses in patient care and communication
- Methods of improvement
- Develop skills of collaboration and negotiation

In later G1 year, resident will seek new ways to develop skills by serving on committees:

- FPRO
- Class liaison
- Community volunteering experiences

### **G2 leadership roles:**

Resident will:

Demonstrate leadership in patient care

Demonstrate leadership in role modeling on Family Medicine Service and other inpatient rotations

Demonstrate leadership in Administrative and organized medicine

Advocacy in Community and Public Health

Faculty will help advisee identify:

- Current leadership roles
- Additional opportunities for leadership
- Strongest leadership skills
- Training needed to improve
- Specific skills needed
  - Communication skills including teaching and communication
  - Goal setting
  - Planning and organization
  - Problem solving and team building
  - Giving and getting feedback
  - Quality improvement projects

### **G3 leadership roles**

Resident will:

Demonstrate leadership in patient care

Demonstrate leadership as chief of Family Medicine Inpatient service, team leader of clinic team

Demonstrate leadership in teaching/role modeling/mentoring more junior residents  
Chief Resident leadership roles  
Demonstrate leadership in Administrative and organized medicine  
Advocacy in Community and Public Health

Faculty will help advisee identify:

- Current leadership style. Strengths. Weaknesses.
- Maximize effectiveness as leader
- Leadership roles after residency

# ADVISOR RESOURCES

## *Team leadership*

---

(Developing team leadership in your G2 and G3 advisees)

A good team leader:

- 1. Sets expectations**
  - a. Describes roles and responsibilities of each team member in running the service
  - b. Is explicit
  - c. Links educational and rotation objectives
    - i. Reviews rotation objectives and identifies that each team member can accomplish goals
- 2. Organizes the rotation**
  - a. Sets a calendar of events for the month
  - b. Assigns teaching tasks
  - c. Sets aside time for teaching the junior residents and medical students
- 3. Delegates tasks**
  - a. The patient “to do” list
  - b. Teach team how to get work done efficiently
- 4. Uses role modeling**
  - a. Senior residents especially the G3s are role models for the entire team
    - i. Conducting rounds
    - ii. Interviewing and examining patients; “bedside manners”
    - iii. Accessing information(PDA, Up to Date, literature searches)
    - iv. Interacting with attendings and consultants
- 5. Upholds professionalism**
  - a. Demonstrates competence, engagement, reliability, dignity
  - b. Models good communication skills
  - c. Demonstrates commitment to patient care and medical education
  - d. Respects educational; time and process of teaching and learning
- 6. Gives feedback**
  - a. Timely, clear, specific, goal-oriented
  - b. Comfortable for all involved
  - c. Use Pendleton rules or ORIME (see separate handout on “Giving feedback”)
- 7. Manages time**
  - a. Practices efficiency compromising teaching and learning
  - b. Recognizes time wasters and time savers

## ADVISOR RESOURCES

### *Behavioral or non-cognitive problems and strategies to guide improvement*

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- **The crisis manager**
  - Description
    - Constantly putting out fires
    - Doesn't plan ahead
    - Disorganized
    - Doesn't learn from mistakes
  - Strategies
    - Organize tasks on daily and weekly basis
    - Identify issues on work rounds
    - Help anticipate problems
    - Help structure rounds
- **The Undisciplined procrastinator**
  - Description
    - "It can wait"
    - Likes to socialize
    - Little self-discipline
  - Strategies
    - Set timelines
    - Build time for educational activities, socializing.
- **The easily distracted**
  - Description
    - Is derailed by interruptions
    - Tends to leave tasks unfinished
  - Strategies
    - Help them prioritize
    - Emphasize completion of each step
    - May have to take away the call pager until they learn to be less distracted
- **The perfectionist**
  - Description
    - "I can do it best"
    - Attempts too much
    - Can't delegate tasks
    - Fear of failure
  - Strategies
    - Constructive feedback
    - Convey the importance of delegation

- Emphasize role of team leader, educator
- **The systematically inefficient**
  - Description
    - Tied up with paperwork
    - Inadequate support
    - Administratively challenged
    - Has hard time learning systems
  - Strategies
    - Enlist help of attending, chief resident to help this resident
    - Prioritize tasks
    - Teach them the system
- **The non-communicator**
  - Description
    - Doesn't communicate back to team
    - Does things without input from senior or attending
    - "What's the plan?"
    - Delays in care
  - Strategies
    - Constructive feedback
    - Address the attitude behind the behavior
    - Make suggestions for change
- **The impulsive wanderer**
  - Description
    - Off the wards frequently
    - Off tracking down patients, charts, studies
    - Personal reasons
  - Strategies
    - Model how to access information
    - Enlist help of ancillary staff esp MAs in clinic to help round up data etc
    - Address outside concerns or personal issues

## **ADVISOR RESOURCES**

### *Remediation Resources for advisees*

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#### Medical knowledge:

Test taking issues, (inability to complete tests, test taking anxiety, learning disabilities)

- Educational evaluation
  - University of Minnesota- Marilyn Becker
  - Neuropsychiatric evaluation- HCMC
- Article on test taking techniques in advisor manual

Practice taking old tests

- AAFP Board Review
- AAFP CME questions on line
- ABFM Old ITE
- Core content review
- FP certification/recertification journals
- FP Comprehensive
- Swanson's Review

Specific subject knowledge deficits

- Individualized plans with assigned faculty liaison

Chart reviews

- Resident to arrange chart review with faculty (D. Councilman). Resident to 6 charts on own patients for review of their care plans.

#### Interpersonal skills and communication:

English language deficits

- English language evaluation and plan by Marilyn Fairchild ( contact Abby K) for help in making referral.

Communication styles

- Powderhorn Wellness Center
- Videotape review. Resident to videotape a determined number of patient encounters. Assessment and feedback of communication style by Abby Kirschner or one of Behavioral Science faculty
- One on one coaching sessions with faculty mentors- Natalie Hayes, Selma Sroka

Presentation of medical information / presenting patients

- Refer to the "10 minute talk" in advisor manual

Resident education

- Refer to "The Microskills model: Clinical teaching during an oral presentation" in advisor manual

## Patient care:

Development of patient management plans

- Differential diagnosis case studies with D. Councilman

Lack of technical skill in procedures

- Review of procedure videos ( available on website)

## Professionalism:

Lack of commitment to carrying out professional responsibilities

- Resident writes a self reflective essay after reading the article on “Physician mindfulness”
- Resident writes a self reflective essay after reading the book “Tuesdays with Morrie”

Absence of cultural sensitivity

- Referral to Cultural Wellness Center

Patient complaints

- Patient complaint protocol. Refer to Abby Kirschner

## Practice based learning and improvement:

- Chart reviews for assessment of ways to improve patient care
- Understanding feedback. Refer to advisor resource manual.

Time management

- One on one precepting by third faculty preceptor
- Videotaped assessment

## Systems based practice:

Time management plan for improved efficiency in clinic. Dr Petersen

***SECTION5***  
***EVALUATIONS***

Interim Summary Evaluation (Trimester Evaluation form)

Milestones (28 pages)



## TRIMESTER EVALUATION FORM

### **Medical Knowledge**

Demonstrates knowledge of core areas of family medicine and can apply current medical information and scientific information to patient care

1 2 3 4 5 6 7 8 9

Demonstrates knowledge of preventative care services and can apply to patient care

1 2 3 4 5 6 7 8 9

Demonstrates knowledge of psychosocial aspects of family medicine and can apply to patient knowledge

1 2 3 4 5 6 7 8 9

Strengths/Growth Area (add in-training exam score)

|  |
|--|
|  |
|--|

### **Patient Care**

Gathers essential knowledge and information from patient (medical interviewing) and performs an appropriate, comprehensive and accurate physical examination

1 2 3 4 5 6 7 8 9

Synthesizes all available data and diagnostic work-up to develop an appropriate management plan

1 2 3 4 5 6 7 8 9

Perform procedures to include obtaining informed consent and documentation in the medical record

1 2 3 4 5 6 7 8 9

Manage patients with progressive responsibility across the spectrum of clinical diseases seen in the practice of Family medicine

1 2 3 4 5 6 7 8 9

Strength/Growth Areas (assess critical thinking skills)

|  |
|--|
|  |
|--|

## **Interpersonal and Communication Skills**

Builds and sustains a therapeutic and patient centered relationship with patients and families

1 2 3 4 5 6 7 8 9

Universally communicates clearly and respectfully (address cultural competency)

1 2 3 4 5 6 7 8 9

Presents cases effectively i.e. clearly, concisely and thoroughly

1 2 3 4 5 6 7 8 9

Maintains comprehensive, timely, and legible medical records

1 2 3 4 5 6 7 8 9

Strengths/Growth Areas(address effectiveness of formal didactic presentation)

|  |
|--|
|  |
|--|

## **Professionalism**

Demonstrates the defining attributes of the medical professional

1 2 3 4 5 6 7 8 9

Demonstrates commitment to ethical principles

1 2 3 4 5 6 7 8 9

Strengths/Growth Areas (address duty hours and conference attendance)

|  |
|--|
|  |
|--|

## **Practice Based Learning and Improvement**

Demonstrates evidence of improving knowledge base by learning from patient specific cases

1 2 3 4 5 6 7 8 9

Incorporates constructive feedback

1 2 3 4 5 6 7 8 9

Improves quality of care of patients

1 2 3 4 5 6 7 8 9

Strengths/Growth Areas: (Address teaching skills)

|  |
|--|
|  |
|--|

**Systems-Based Practice**

Provides cost effective healthcare and considers resource allocation, without compromising quality of care

1 2 3 4 5 6 7 8 9

Demonstrates ability to prioritize and manage time effectively

1 2 3 4 5 6 7 8 9

Strengths/Growth Areas

|  |
|--|
|  |
|--|

**Procedures**

ACGME procedures :

|                 |                     |                 |                 |               |
|-----------------|---------------------|-----------------|-----------------|---------------|
| Number recorded | Critically ill (15) | Home visits (2) | Primary OB (10) | Other OB (40) |
|                 |                     |                 |                 |               |

FMC procedures :

|             |                 |                  |                   |             |         |            |
|-------------|-----------------|------------------|-------------------|-------------|---------|------------|
|             | Pap smears (10) | Cryo Surgery (3) | Skin Biopsies (5) | Toenail (5) | IUD (7) | Colpo (10) |
| # recorded  |                 |                  |                   |             |         |            |
| Independent | Y N             | Y N              | Y N               | Y N         | Y N     | Y N        |

**Patients**

ACGME patient requirements:

|                 |                     |                 |                 |               |
|-----------------|---------------------|-----------------|-----------------|---------------|
| Target          | Critically ill (15) | Home visits (2) | Primary OB (10) | Other OB (40) |
| Number recorded |                     |                 |                 |               |

Continuity patient numbers recorded

|                  |      |      |      |
|------------------|------|------|------|
| Target           | PGY1 | PGY2 | PGY3 |
|                  | 150  | 500  | 1000 |
| Number completed |      |      |      |

**Personal (Complete narrative)**

Please address the following in narrative form (Self care, expectations, residents' issues , remediation progress, etc)

**Future**

Electives, practice plans

**Other Comments:**

Insert Developmental milestones here

## **Section 6**

### **Other Information**

All residents are "@hcmcd.org"

**G1's**

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emails with shaded background are different in some way

**HCMC Department of Family & Community Medicine**

**July 2013 - June 2014**

5/3/2013

*all beepers are area code 612*

**BEEPER#'S**

**1ST YEAR RESIDENTS**

|                    |          |
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| Chan, Trevor       | 580-2338 |
| Elum, Eseoghene    | 580-8928 |
| Hung, Jack         | 580-9692 |
| Krage, Benjamin    | 580-9983 |
| Mann, Avninder     | 580-8428 |
| Narayan, Suchithra | 580-9075 |
| Ngo, Michael       | 580-9211 |
| Ramdass, Rishi     | 580-9877 |
| Singh, Sanjay      | 580-9336 |
| Waterbury, Allison | 580-9751 |
| Wong, Ingrid       | 580-8316 |

**2ND YEAR RESIDENTS**

|                   |          |
|-------------------|----------|
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| Corbin, Justin    | 580-0842 |
| Edwards, Theodore | 580-0843 |
| Erukulla, Sridevi | 580-0844 |
| Grewal, Ajayjeet  | 580-0845 |
| Khade, John       | 580-0846 |
| Mann, Kulwinder   | 580-0847 |
| Patel, Nitin      | 580-0848 |
| Sandhar, Gurjit   | 580-0849 |
| Zafar, Sara       | 580-0850 |

**3RD YEAR RESIDENTS**

|                      |          |
|----------------------|----------|
| Aggarwal, Puneet     | 589-1174 |
| Bhui, Raj            | 589-2210 |
| Cherukuri, Chandra   | 589-3649 |
| Choudhury, Saif      | 589-9192 |
| Dehkordi, Behrang    | 589-4334 |
| Fasihy, Shahram      | 589-4255 |
| Kanabar, Mitika      | 589-3913 |
| Lee, Bernice         | 589-9195 |
| Olson, Steven        | 589-9194 |
| Reddy, Pranav        | 589-2366 |
| Reniguntala, Sharath | 589-4564 |
| Uslinov, Stephen     | 589-1365 |

**DEPARTMENT STAFF**

|                   |          |                  |          |
|-------------------|----------|------------------|----------|
| Anderson, Charles | 336-0860 | Ngodup, Tsewang  | 510-7296 |
| Anderson, James   | 538-2502 | Nwaononiwu, Uche | 589-0011 |











|                         |                 |
|-------------------------|-----------------|
| <b>Resident On-Call</b> | <b>530-8721</b> |
| <b>FMS-B Pager</b>      | <b>530-3514</b> |



|                     |          |                               |          |                                        |
|---------------------|----------|-------------------------------|----------|----------------------------------------|
| Barr, Dana Rae      | 336-2976 | Parker, Kara                  | 336-0322 |                                        |
| Bhardnaj, Kartitka  | 336-0789 | Petersen, Kim                 | 510-1741 | <b><u>Medical Office Manager</u></b>   |
| Burhan, Suhair      | 589-1975 | Pierre, Roxanee               | 589-0841 | Jessica Schuldt 530-6521               |
| Bouroncle, Gisele   | 589-6761 | Pira, Lourdes                 | 530-8568 | <b><u>FM Residency Coordinator</u></b> |
| Brotherson, Allyson | 530-8688 | Potts, Jerry                  | 336-0813 | Mindy Chatelle 530-9745                |
| Councilman, David   | 336-0833 | Ramchandani, Lipi             | 538-7154 | <b><u>Practice Manager</u></b>         |
| Councilman, Robin   | 336-2971 | Rapacz, Rachel                | 589-6306 | 580-6904                               |
| Erickson, Paul      | 530-8739 | Schabert, Michelle            | 336-0137 | <b><u>Nurse Practitioners</u></b>      |
| Frost, Elizabeth    | 589-2389 | Setness, Peter                | 530-8588 | 510-8157                               |
| Haddow, Susan       | 580-1149 | Sierra, Joseph                | 336-0858 | 336-0836                               |
| Hasti, Susan        | 589-2819 | Sroka, Selma                  | 336-0285 | Jane Sassenfeld 336-0503               |
| Hayes, Natalie      | 589-0622 | Stoltzfus, Lowell             | 530-7735 | 336-0506                               |
| Hemmati, Masha      | 589-0125 | Svetaz, Veronica              | 510-0132 | Lora Koepp 589-0038                    |
| Holder, Mark        | 589-8051 | <b>Tupakula, Praveen</b>      |          | 336-0859                               |
| Kaefer, Marie       | 336-0219 |                               |          | 589-1024                               |
| Karsten, Michelle   | 589-0295 | <b><u>ATTENDING STAFF</u></b> |          | 510-5640                               |
| Kerandi, Henry      | 589-0215 | Bracken, Thomas -FM           | no pager | <b><u>SPECIALTY PROVIDERS</u></b>      |
| Koka, Didi          | 336-0350 | Kleiman, Karen - Rheum.       | no pager | 530-0132                               |
| Marquez, Byron      | 530-4931 | Nezworski, Laura-OB GYN       | no pager | 336-0397                               |
| McTavish, Sandy     | 530-8889 | Setness, Peter - FM           | no pager | 530-5082                               |

|                 |          |                  |          |
|-----------------|----------|------------------|----------|
| Moty, Ayham     | 589-3826 | Krook, Jon       | 527-3066 |
| Nesheim, Mirtha | 589-8683 | Rosenthal, Susan | 580-1823 |
| Newman, Nancy   | 336-0646 | Shroff, Gautam   | 510-9036 |
|                 |          | Simegn, Mengistu | 336-0130 |

*Department of Family Medicine*  
*Class of 2016*

|                                                                                    |                                                                                    |                                                                                      |                                                                                      |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|   |   |   |   |
| <b>Tolulope Abikoye</b><br>Univ. of Ilorin                                         | <b>Eseoghene (Elum) Abokede</b><br>Amer. U. of Antigua Coll. of Med                | <b>Trevor Chan</b><br>St. George's Univ.                                             | <b>Jack Hung</b><br>Amer. U. of the Caribbean                                        |
|   |   |   |   |
| <b>Benjamin Krage</b><br>Des Moines U. Coll. of Osteo Med                          | <b>Avninder Mann</b><br>Saba Univ.                                                 | <b>Suchithra Narayan</b><br>St. George's Univ.                                       | <b>Michael Ngo</b><br>St. George's Univ.                                             |
|  |  |  |  |
| <b>Rishi Ramdass</b><br>St. George's Univ.                                         | <b>Sanjay Singh</b><br>Saba Univ.                                                  | <b>Allison Waterbury</b><br>Amer. U. of Antigua Coll. Of Med                         | <b>Ingrid Wong</b><br>St. George's Univ.                                             |

**Program Manuals:**

**Policy and procedure manual see: InfoOnCall >Dept.>FM>Residents> Policies**

**Curriculum Manual see: InfoOnCall >Dept.>FM>Residents> Curriculum >**