

INTRODUCTION

The role of the Family Medicine Practice Center (FMPC) at the American University of Beirut Medical Center (AUB-MC) is to train residents and medical students in the art and science of family medicine. The family physician provides the point of entry to medical care and coordinates health care for the family. Residents should be able to manage commonly encountered diseases, which do not require highly specialized technical skills. Residents will be trained to know when they should obtain consultation and will know how to use consultants wisely, seeing that patients obtain comprehensive care.

OBJECTIVES

The essence of family practice is continuity of care. This means more than just taking care of a person or family for a defined period of time. It includes knowing about the family's dynamics and the external forces and stresses that affect the members as well as how to alleviate those stresses.

Training at FMPC aims at providing the residents with the opportunity to acquire the skills necessary to become competent family physicians. These skills include:

1. Expertise in management of most common disorders for all age groups
2. Effective utilization of other health care resources including other professional specialties
3. Organization of health care delivery for the benefit of their patient population in the office and in the community
4. Competence in relating behavioral science to traditional medical practice
5. Critically evaluating one's own practice and areas in which further education is needed
6. Teaching students the principles of family medicine

ORGANIZATION OF THE FAMILY MEDICINE PRACTICE CENTER

The FMPC is a training center for residents and students in the Department of Family Medicine at AUB-MC. Administratively, the director of the center is responsible for the function of the center. Other members of the team include a registered nurse, nurse aide, secretary, technical assistant and cashier.

FMPC FUNCTION

CLINIC DAYS

Residents have scheduled clinics at FMPC during all rotations according to a template set for each rotation by the resident training coordinator. The resident will have at least one clinic session per week at FMPC. All residents may see individually arranged patients at other times, provided there are rooms and/or staff available.

CLINIC HOURS

AM session : Appointments are given from 8:00 a.m . To 11:30 a.m.

Check-out round starts at 11:30 a.m.

PM session : Appointments are given from 1:30 p.m . To 4:00 p.m.

Check-out round starts at 4:00 p.m.

Residents are to be available at the clinic 15 minutes earlier

CANCELLATION OR ABSENCE FROM CLINIC

Cancellation of clinics should have valid reasons and should be approved in writing by the FMPC director. Notification must be given a minimum of 2 weeks in advance to be able to reschedule appointments.

Absence from the clinic and delays to start the clinic are recorded by the staff and may need to be justified in writing when required by the FMPC director.

ROTATION SCHEDULE CHANGES

Many of the rotations really depend on the presence of the interns and residents to cover their services. The rotations schedule is usually set up for the whole year. When someone asks to alter the schedule for what seems like very legitimate reasons, it really messes everything up and greatly affects the clinics schedules and patients appointments.

Therefore, all rotation changes will have to be explained to the FMPC director as well as the Resident / Intern coordinator, and obtain written approval.

OUTPATIENT CARE AT FMPC

In the Family Practice Center the resident will be assigned families and will be responsible for their care. As the resident is seeing new families or patients in the Family Practice Clinic, she/ he should explain to them the clinic's procedures. (A brochure in Arabic is available for distribution to the patients).

1. The resident will identify her/himself clearly to the families, making sure they know what days she/he is in the clinic and how she/he can be contacted.
2. The resident will explain that she/he will be responsible for the total family's care, including referrals to specialty clinics when indicated.
3. The resident will explain to patients that if they are ill on a day that the resident is not scheduled for clinic, they should call the receptionist or present to the center so that arrangements for care with another physician can be made.
4. The resident will explain to the patients that if an emergency should arise at night or on holidays and if the resident is unavailable they should present to the emergency department at AUB-MC, and ask for the family practice resident on call.

Minimum Data Base to Collect on Out-patients Includes:

Adults

1. General history and physical including height, weight, and vital signs done on new patients yearly and where reasonable and indicated. Completion of the problem list, medication list, and plan outlined for health maintenance.
2. There should be a note written for each visit. This should include a brief description of the problem, subjective and objective findings, assessment and plan. The problem list and other flow sheets should be updated.
3. Blood pressure, temperature, and weight should be done on each visit and recorded by the nurse.
4. Preventive services should be kept up to date and should be documented as appropriate.
5. Health education effort should be a part of each patient contact and should be documented on the chart.

6. for every patient a demographic profile should be completed in the chart at the first visit or if not done yet, and for each visit an encounter form should be filled.
7. Data from the demographic profile and encounter form is used to update the computer database.

Children

1. Charts should include evidence of physical examination done at indicated times.
2. Evidence that immunizations are up to date.
3. Regular indication that developmental assessment is being made on children less than six years of age. (using the Denver Developmental Screening test).
4. An up to date growth chart on all children.
5. Height, weight and temperature done on all visits.
6. Use of the health maintenance form appropriate for the age group

Record completion and filing

Should be done as soon as possible following the patient encounter and not exceeding 24 hours.

WALK- IN PATIENTS

To deal with patients needing urgent care, the FMPC has designed a system for "walk-in" patients. The chief resident (CR) will screen the case and decide whether the patient will be seen on the same day or will be given an appointment. Priority to see the patient is given to his/her primary physician if present in the clinic. If not, the patient will be seen by whoever the CR assigns.

PRECEPTORSHIP

The chief resident and / or one attending preceptor is present in the clinic at all times.

- The attending is here to actively serve as educator, observer, consultant and tutor for all students and residents assigned to the clinic during any given session.
- Medical students and interns must present every patient to the attending. If there are any questions concerning the treatment, diagnosis or management of a patient, the attending should be consulted.
- The chief resident assists the preceptor in teaching and discussing the patient care with the students.
- If it is felt that a consultation from a specialty service is indicated, this patient should first be presented to the clinic preceptor.
- All admissions to the hospital should be brought to the attention of the family practice inpatient team chief and attending of the month before the patient is admitted.

Check-out round: Students, Interns and residents of a session meet together with the attending physician to discuss the cases that were seen: A.M. check-out: 11:30 a.m. to 12:00 p.m.

P.M. check-out: 4:00 p.m. to 5:00 p.m.

CONSULTATIONS

Consultations at FMPC take place for 2 reasons:

1. to provide comprehensive and coordinated patient care.
2. to teach residents how to work with consultants.

Consultants can be used in several ways including to give advice, to help manage a case or to take over the care of the patient. All 3 methods should be used by residents to enable them to use these options in " the real world".

The consultations are addressed to the fellows training in the out-patient Department Specialty Clinics at AUB -MC.

1. The resident should fill out a duplicate consultation request for the consulting clinic with a brief history and a specific statement of what information she/he is requesting on the consultation.
2. Make a copy of the pertinent information in the chart and include it with the request. This could include a copy of laboratory or x-ray interpretations, electrocardiogram interpretations, etc.. The most secure method of delivering this to the specialty clinic is to give it directly to the patient and instruct him/her to give it to no one at the front desk, but to wait until she/he is in the examination room and give it to the physician who will be providing the consultation. The consulted fellow will write his notes and gives a copy back to the patient to return to FMPC.
3. The resident should arrange for the patient's appointment at the specialty clinic.
4. In many specialty clinics it is best if the resident can make a personal contact with the fellow or the FM resident rotating in that specialty to ensure that the consultation is delivered in a timely and appropriate manner.

CALL SCHEDULE FOR FAMILY PRACTICE

Call hours extend from 5:00 p.m. to 8:00a.m. daily. And 8:00a.m. to 8:00a.m. for holidays and weekends. The CR is responsible for organizing the call schedule for the next month. PGY2, PGY3 and PGY4 can take calls. The resident on call will have the following responsibilities:

1. To see all family practice patients coming for emergency care.
2. To attend to in-hospital patients and deliveries.

EMERGENCY CARE OF FMPC PATIENT

1. FMPC patients or new members of their family presenting to the Emergency Room (ER) will be seen by the FM Resident on call
2. Management in the ER should be documented on the ER sheet with a carbon copy kept with the residents and submitted to the CR the next day.
3. The CR will make sure that all ER sheets copies are filed in their respective patients charts and a Log book of the cases kept updated by the FMPC secretary.
4. If the resident decides any patient should be admitted to the hospital while on call, notify and discuss the situation with the in-patient attending. The resident who has been following this patient at the FMPC clinic should be informed as soon as possible.

IN-HOSPITAL CARE OF FMPC PATIENTS

1. 4th year medical student and interns will take call and will be backed up by residents. A family practice resident will stay in-house.
2. It will be the Hospital Team Chief or the on-call resident's responsibility to write the initial orders and a complete history and physical exam on that particular patient and do any initial work-up that is indicated. The family practice resident will manage the in-patient care of her/his patients who have been followed previously in the Family Practice Center. If the patient has not been assigned a resident or if the resident who normally follows the patient is on leave, then the FM Team Chief will assume primary care for that particular patient.
3. All hospital care is under the supervision of the FM inpatient attending, and the primary physician may be assisted by the inpatient team (chief resident, FP intern, medical students)
4. Before consultation from any other service is obtained, the patient's condition should be discussed with the FP in-patient attending.
5. Most patients would be handled on the Family Practice Service. On occasion, there is a need for consultation prior to admission or while the patient is on the Family Medicine Service. If, in the opinion of the primary physician and the consultants, it would be appropriate for a patient to be admitted directly to or transferred to another service, the team would be expected to follow the course of the patient while on that service. Most common examples of this sort of thing in the area of cardiovascular, oncologic, or extensive gynecologic surgery.

POLICIES CONCERNING OBSTETRIC PATIENTS

Patients receiving prenatal care from family practice will have a family practice resident or residents assigned to them.

Interns are discouraged from taking on OB patients during the 1st year, but in any case, they cannot do any family practice patient deliveries until the basic 2 months OB rotation has been completed.

It has been difficult for a resident to meet the demands of his/her service and yet be in attendance with patients in labor. In order to circumvent the problem, the resident on the hospital team will be responsible of delivery coverage. However, the primary physician shall be notified and will pass by the patient in hospital and coordinate her care with the Hospital team.

Minimum criteria for obstetrics care at FMPC:

- The patient is to be seen as often as required to provide optimal prenatal care. A patient starting her prenatal care at 8-10 weeks will routinely have 10-12 visits during the course of her pregnancy. A short clinic note pertinent to the visit should be made for each visit and the pregnancy flow sheet should be filled out.
- Blood type, Hct, urinalysis and screening for gestational diabetes are required.
- Serology, antibody screen, pap smear as needed. There should be thought given to prenatal RhoGam and discussion about whether it is indicated for each patient with

documentation in her chart.

- Genetic counseling is increasingly important with advancing maternal age and when there is inherited familial disease. Discussion and decision should be properly documented.
- At the end of the working hours every day the OB records will be transported to delivery suite and returned to FMPC in the next morning.