

**FELLOWSHIP IN HOSPITALIST MEDICINE
FOR
FAMILY MEDICINE PHYSICIANS**

The University of Alabama College of Community Health Sciences

The College's Department of Internal Medicine, together with the Department of Family Medicine, offer a fellowship in Hospitalist Medicine for Family Medicine physicians. Hospitalist Medicine training includes the management of inpatients in both the primary role, as well as serving other physicians of multiple specialties, both surgical and medical, as consultants for residency trained and board certified Family Physicians.

A 12-month appointment with one-on-one supervision by the College's Director of Hospitalist Services is provided, with backup from a large academic hospitalist service of board-certified physicians. For more information and/or an application, please contact:

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RATIONAL

As the role of Hospital Medicine expands exponentially across the United States, opportunities abound for Family Medicine physicians who have a special interest in inpatient medicine. This program places special emphasis on family physicians who may have an interest in practicing in rural communities, where the role of Hospitalist Medicine is still being defined. The importance of Family Medicine in these areas cannot be overemphasized as it has traditionally been the backbone of primary care in these underserved areas. As such, it is only fitting that Family Medicine physicians assume the leadership roles in defining how Hospitalist Medicine will be incorporated into these areas.

GOAL

It is the goal of this fellowship to provide at least 12 months of additional Hospitalist Medicine training to Family Medicine physicians. This training is designed to assist family physicians in obtaining the skills necessary to provide inpatient care appropriate to the existing and future needs of urban, rural and underserved areas and to do so at a skill and experience level that cannot be questioned.

OBJECTIVES

1. Provide a philosophical atmosphere supportive of the training of family physicians in Hospitalist Medicine skills while maintaining Family Medicine skills.
2. Provide a process in which family physicians can obtain competence in care of high-risk inpatients to include ICU critical care section capability.
3. Provide the curriculum necessary to improve teaching, administration and scholarly activities for future faculty in Family Medicine.
4. Provide documentation of skill development in these areas.

A flexible, integrated curriculum has been developed for Hospitalist Medicine training. The 12-month curriculum includes specific time allocations in the inpatient medicine arena at both a large regional academic referral center as well as exposure on a regular basis in a rural hospital setting providing Hospitalist Medicine coverage for existing rural faculty.

A minimum of 12 months on the Hospitalist Medicine service is required to obtain adequate training. Each fellow will establish individual learning objectives as discussed with and approved by the fellowship director.

RESPONSIBILITIES

1. Provide patient care as assigned by the fellowship director and/or supervising attending physician.
2. Attend assigned conferences.
3. Prepare a scholarly paper suitable for publication specific to the experience during the fellowship.
4. Supervision of medical students and Family Medicine residents.
5. Provide didactic and clinical teaching as assigned by the fellowship director.
6. In-house and/or home hospital call as assigned by the fellowship director.

MINIMUM SKILLS / KNOWLEDGE TO BE ACQUIRED

1. Day-to-day management of hospitalized inpatient medicine patients.
2. Delivery of appropriate medicine consulting services for patients of other medical and surgical specialties on staff as requested.
3. Medical management of multiple trauma victims in collaboration with other medical and surgical specialists.
4. Medical management of critically ill inpatients requiring the services of multiple specialists including, but not limited to, neurosurgery, orthopedic surgery, plastic surgery, cardiovascular surgery, cardiology, pulmonology, neurology, gastroenterology, nephrology, medical and radiation oncology and urology.
5. Exposure to common inpatient invasive procedures such as placement of central venous and peripheral arterial lines, intubation, ACLS protocol CPR including endotracheal intubation, and mechanical ventilation management.
6. Point of care electronic medical record documentation of patient records and billing information including both CPT and ICD-9 diagnosis coding; must be mastered while providing ongoing patient care.

REQUIREMENTS

1. Applicant must be board certified in Family Medicine, or a recent graduate of an approved Family Medicine residency, who plans to take the AFP Board exam at the first opportunity.

2. Applicant must possess or be eligible for Alabama Medical License.
3. Applicant must possess or be eligible for Federal DEA registration.
4. Applicant must be qualified for appointment to the DCH Regional Medical Center Department of Family Medicine.
5. Applicant must complete an application and send a Curriculum Vitae and three letters of reference addressing professional and personal qualities.
6. A personal interview is required.

CURRICULUM

I. Scholarly Activity

Before the end of the first 120 days, the fellow will have defined a plan and have prepared an outline for his/her scholarly activity. This outline should include the name of the faculty advisor (if not the fellowship director) and clearly identify the thesis, materials and methods to be used to complete the project. Final approval for the project must be obtained from the fellowship director.

Departmental secretarial support will be made available for the completion of the project. In addition, computer resources are available to provide statistical analysis when necessary.

It is recommended that this scholarly activity be related to some facet of Hospitalist Medicine with a particular emphasis on rural health care. Assistance in developing the topic for the project is available from the fellowship director and faculty.

II. Inpatient Hospitalist Medicine

1. Hospitalist Medicine Service

i. The fellow will be responsible as a junior attending for the inpatient Hospitalist Medicine service under the supervision of hospitalist faculty for a minimum of six months during the year. During this time, the fellow will be responsible for the admission, day-to-day management and discharge of hospitalist inpatients at a level deemed appropriate by the director of Hospitalist Services. This will include the supervision and training of medical students and Family Medicine residents.

ii. The fellow will be responsible for the timely completion of all medical records pertinent to the service.

iii. The fellow will maintain a log of all admissions and procedures. This log will be submitted to the fellowship director on or before the end of the first week of each month.

2. Evaluation → Fellow: Each fellow will have a monthly evaluation completed by the director. This evaluation will be discussed with the fellow and will be made part of the fellow's record. Satisfactory final evaluation must be obtained for the fellow to complete the program.

3. Reading

It is expected that the fellow utilize the following resource and become familiar with the contents, use and documentation of CME:

i. Up-to-date online and local services

- ii. It is also expected that during the fellowship year, the fellow will remain current with Family Medicine literature.

III. Rural Hospitalist Rotation

1. Rural Rotation: A rural inpatient Hospitalist Medicine rotation will be arranged with an affiliated rural teaching hospital in the nine-county surrounding area of The University of Alabama's College of Community Health Sciences, which is located in Tuscaloosa, Ala.
 - i. A cooperative opportunity will be arranged with a rural community hospital whereby the fellow may be allowed to cover the inpatient population for willing medical staff at the rural hospital. A rural Family Medicine attending preceptor in concert with the director of Hospitalist Services at the College will supervise the fellow's activities. The intent is to not only provide an intense patient-based learning activity in an academic teaching center, but to also provide the same intense patient-based learning opportunity in a rural community. This rotation is an important part of the fellow's learning experience because he or she will likely spend much of his or her career on the receiving end of patient transfers from local and rural physicians. Only when one has practiced in such a rural setting can one understand the dynamics appropriate for smooth, efficient and safe patient management in this referral process. In addition, it is expected that rural hospitals will begin to turn to the efficiency of the Hospitalist Medicine model of patient care, and physicians formally trained in Hospitalist Medicine will be ready to meet this challenge.