

1. What does the outpatient medicine experience look like?

Although outpatient primary care medicine is taught on several rotations during residency (e.g. outpatient pediatrics, ob-gyn, dermatology, urology, psychiatry and community medicine), the Williamsport Family Medicine Residency (WFMR) Office is “where it all comes together,” as the patient-centered care approach is taught, refined, and honed for each resident.

- a. Residents are responsible for the chronic care and health maintenance of their patient panels. They also provide acute care for all Family Medicine Residency patients.
- b. The core residency faculty and family physicians in the community (many of whom are graduates of the residency themselves) serve as dedicated preceptors to teach and help residents manage their patients. The resident-to-faculty ratio is usually 3:1, but never exceeds 4:1.
- c. In order to improve efficiency and patient flow through the office, we have implemented a “flex system” for second- and third-year residents to precept cases with the next available attending instead of waiting for a pre-assigned preceptor. This has been a positive change for both residents and patients.
- d. Please refer to the document, “Office FAQ” for more information regarding the WFMR Office and how our facility and its resources will enhance your outpatient educational experience.

2. What does the inpatient medicine experience look like?

- a. Each resident completes two months of adult inpatient medicine during each year of residency. Therefore, the inpatient team consists of a first, second, and third year resident working as a team for the month. A typical daily census ranges from 10 to 16 patients, which allows for the first year to see three to five patients, the second year to see five to eight patients, and the third-year resident to see patients while also overseeing the entire service. Supervision and teaching are provided by the faculty attendings who rotate through the service every one to two weeks. We provide continuity care by taking care of our own outpatient office patients when they are admitted in the hospital. In order to make sure there is adequate volume and experience, we provide inpatient coverage for two other busy primary care offices.

- b. Teaching occurs in many different avenues including morning report presentations, bedside rounds that are patient-centered, electronic chart rounds, and white board teaching in our Resident Resource Center. Attending physicians take the time to interpret imaging, EKGs, and procedures with residents in the moment when discussing patient care during rounds. After rounds, attendings utilize a patient case to expand upon specific topics.

3. Does our program provide experience in the ICU?

As UPMC Williamsport was recently recognized as a trauma center, the ICU is now a “closed system.” This means patients in the ICU are primarily managed by the Intensivist team. We continue to follow our patients while they are in the ICU, writing daily progress notes, making suggestions to the primary team, and then accepting the patient back to our service when they are ready to be transitioned out of the ICU. An ICU elective working with the intensivists is an opportunity for those who want more Critical Care experience.

4. As family medicine residents, who do we work with on our OB rotation?

A unique component of our OB education is our prenatal center (PNC). In the PNC, we manage pregnancies under supervision of our family medicine faculty. These patients are seen three half days a week by the residents on our OB service. If any of these patients require complex care, we co-manage them with our local obstetrical group and sometimes Maternal Fetal Medicine. When our patients present to labor and delivery, they are cared for by the residents on the OB service under the supervision of our family medicine faculty, the nurse midwives, or the OB-GYN attending. We also work with the nurse midwives in labor and delivery to care for their laboring and triage patients to gain more experience. We are first-assist on C-sections for any patients we are managing. Beginning in the second half of the first year of residency, we are assigned private OB patients for whom we are responsible for providing care from the prenatal to the postpartum period, and everything in between!

5. Who teaches inpatient/outpatient pediatrics for our program?

The inpatient pediatrics experience is quite robust, and the best part is that residents do NOT have to leave campus to go to another hospital for their pediatric rotations. Residents manage all of the newborns in our Level I newborn nursery and are involved in the care of nearly every baby in the Level II nursery. Our residents also attend deliveries to provide neonatal resuscitation services as needed. We also work closely with the pediatric hospitalists to admit and care for ALL pediatric inpatients at UPMC Williamsport.

6. What is your night float system?

In order to maintain continuity of care for our patients, we have a night float rotation which consists of two four-week rotations during each year of residency. Night float shifts start at 5 p.m. and end at 6:30 the next morning. Similar to call, one senior resident cares for the medicine service while the other cares for the Peds and OB services. The first-year resident works with both senior residents performing admissions to the medicine service, caring for adult patients on service, and delivery of our residency OB patients. Not only does this provide continuity of care, but it also provides a great learning experience for residents.

7. Do residents take call in our program?

Yes, residents take call in our program. Due to our night float system, residents take only in-house weekend and holiday call. Weekend call begins Saturday morning and ends Monday morning. First year residents only take 12-hour call shifts, whereas second- and third-year residents take 24-hour call shifts. Our first-year residents never take call alone and are always supported by a senior resident and attending physician.

8. What kinds of academic projects do our residents complete?

Please refer to the document, “Quality Improvement and Patient Safety.”

9. What if a resident has an interest in a specific area within primary care?

Our residents have the opportunity develop an individualized educational plan (IEP) with the help of their faculty advisor. Part of that plan may involve pursuing an individual area of concentration (AOC). Please refer to the document, “Individual Areas of Concentration” to see examples of AOCs and our protocol to implement them into an IEP.

10. What are didactics like for our program?

Residents and faculty meet nearly every day over lunch to discuss core family medicine topics as well as specialty subject matter pertinent to primary care. In addition, to pediatrics, GYN, and internal medicine lectures, there are practice management lectures, literature review, procedure workshops, hands-on osteopathic manipulation sessions, and time to work on quality improvement projects. These learning activities are led by core faculty, residents, and specialists practicing in the community. The format and content of the noonday lecture series are heavily influenced by resident input and feedback.

11. Do residents learn only through didactic lectures?

No, residents learn through various formats including lectures, workshops, fun activities, and most importantly, in-the-moment and hands-on learning. Many Family Medicine Board Reviews are done in game show formats. We do quarterly Knowledge Skills Assessments, provided by the American Board of Family Medicine, as a group for more board-prep experience.

12. What is morning report?

Morning report consists of mini-case discussions or lectures that occur Monday (Obstetrics), Tuesday (Internal Medicine), Wednesday (Pediatrics), and Thursday mornings. Each day content is presented and discussed by the senior resident on each of the services. Thursday is an hour-long discussion with the attending on Medicine reviewing a patient case encountered during the week. Benefits to morning report are dedicated teaching time each morning as well as protected eating time for breakfast and coffee.

13. Will I have an opportunity to teach medical students?

Absolutely! We have academic affiliation agreements with several medical schools in Pennsylvania including, but not limited to: University of Pittsburgh School of Medicine, Penn State University School of Medicine, Lewis Katz School of Medicine at Temple University, Philadelphia College of Osteopathic Medicine and Lake Erie College of Osteopathic Medicine. Students rotate through both our outpatient office as well as through all of our inpatient services. Every year, we also host fourth year students from all over the country as they rotate with us on acting internships and elective rotations.

14. What types of procedures are you taught in residency?

Please refer to the document, “Outpatient Procedures FAQ.”