

Residency Interprofessional Session

Dartmouth Atlas Project. (2006). *The care of patients with severe chronic illness: A report on the medicare program by the dartmouth atlas project* (Executive Summary. Hanover NH: Center for the Evaluative Clinical Sciences.

The reallocation of resources from the acute care sector to create a population-based community-wide integrated system from managing severe chronic illness is today only a thought experiment. It should become a national goal. The benchmarks from efficient practice indicate that Medicare already invests more than enough money to build and maintain such a system. The problem is that the resources are now largely locked in by Medicare's reimbursement policy.

Kucukarslan, S. N., Peters, M., Mlynarek, M., & Nafziger, D. A. (2003). Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. *Archives of Internal Medicine*, 163(17), 2014-2018.

It is proposed that having a pharmacist available when patients are evaluated during the rounding process may reduce the likelihood of preventable adverse drug events. The authors evaluated the effectiveness of having a pharmacist participate during rounds in general medicine units and documented their interventions made during the rounding process. It was concluded that pharmacist participation with the medical rounding team on a general medicine unit contributes to a significant reduction in preventable adverse drug events.

Whitcomb, M. E. (2007). Preparing the personal physician for practice (P(4)): Meeting the needs of patients: Redesign of residency training in family medicine. *Journal of the American Board of Family Medicine : JABFM*, 20(4), 356-64; discussion 329-31. doi:10.3122/jabfm.2007.04.070100

Family medicine stands at a critical point in its history. To achieve a place of enhanced prominence within American medicine, the discipline must acknowledge the fundamental changes that have occurred in the country's health care system in recent decades and discard its historical attachment to the fundamental beliefs that led to the establishment of the specialty almost 40 years ago. If the discipline is to serve the most critical needs of the American public, family medicine residency programs must be redesigned to train family physicians who will be experts in the ambulatory care of patients with chronic disease. To accomplish this, family medicine residency programs should provide residents in training with a more concentrated experience in the care of such patients. The enhanced focus of training on education for chronic illness care can be accomplished within a 2-year training period by eliminating training requirements that are no longer relevant to the practice of family medicine in most communities.