OSTEOPATHIC FAMILY MEDICINE AND MANIPULATIVE TREATMENT PROGRAM MANUAL
2014 - 2015

Addendum to PBCGME Housestaff Training Manual

Updated: 5/21/2014
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EDUCATIONAL PROGRAM DESCRIPTION AND GOALS

Welcome to Palm Beach Consortium for Graduate Medical Education/ St. Lucie Medical Center’s Family Medicine Residency Program! Our residency in Osteopathic Family Medicine and Manipulative Treatment is designed to provide the osteopathic physician with advanced and concentrated training in the specialty of osteopathic family medicine. The principles of osteopathic family medicine mandate health care that is comprehensive, continuous, and oriented toward the individual, his/her special social support system, and the patient's community.

Our residency training provides future family physicians with integrated inpatient and outpatient learning with extensive in-hospital training in the care of adults and children, maternity care, emergency and critical care, and other inpatient situations. Our residency has a strong focus on learning in the outpatient setting, as continuity of care is taught as a core value of osteopathic medicine. Thus, our residents have an opportunity to learn by providing continuous care to a population of families. While the major focus of the training program is on providing comprehensive primary care for patients in the ambulatory continuity of care setting, we also provide rotations and didactics in specialty and subspecialty areas provide needed knowledge and skills. This training is provided by board-certified specialists and subspecialists.

Our residents learn how to comprehensively manage the multiple problems of patients and their families, including health risks and psychosocial problems. They develop meaningful relations with their patients over time, and they also engage in community health experiences. Our program provides opportunities for family practice residents to do research and to teach medical students and more junior residents. Our program provides training for residents to develop a high level of technical skill in a broad range of common procedures.

The residency training is thirty-six months in duration and provides residents with regularly scheduled lectures, conferences, workshops or educational activities. Didactics are available for an average of at least five hours per week. Residents become competent to meet family medicine group call responsibilities through supervised opportunities to function in on-call situations. The program requires all residents to participate in the AOBFP certification examination prior to, or immediately following completion of training.

The goal of St. Lucie Medical Center’s osteopathic family medicine residency training is to provide instruction and evaluation in the integration of osteopathic principles and osteopathic manipulative treatment into the daily practice of family medicine. The program insures that residents achieve all core competencies as described in the AOA Basic Documents and Core Competency Compliance Program.

Residents assume responsibility for their education and are required to be mature and self-motivated.
Core Competencies of Osteopathic Family Medicine

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. The Integration of Osteopathic Principles into the daily practice of family medicine.
   b. The appropriate application of OMM to patient management.

2. Medical Knowledge
   a. Maintain current knowledge of clinical medicine that reflects the majority of patient care issues that present to osteopathic family medicine settings.
   b. Maintain current knowledge of behavioral medicine that reflects the majority of patient care issues that present to osteopathic family medicine settings.

3. Patient Care
   a. Provide osteopathic family medicine patient care service in ambulatory continuity, hospital, and extended care sites.
   b. Provide acute care, chronic care, and preventative care across the full spectrum of ages and genders.
   c. Accurately gather information from all sources including patients, care givers, other professionals, electronic sources, and paper sources.

4. Interpersonal & Communication Skills
   a. Develop appropriate doctor-patient relationships in all family medicine settings.
   b. Develop effective listening, written, oral and electronic communication skills in professional Interactions with patients, families and other health professionals.

5. Professionalism
   a. Demonstrate respect for patients and families and advocate for the primacy of patient’s welfare and autonomy.
   b. Adhere to ethical principles in the practice of family medicine.
   c. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

6. Practice-Based Learning and Improvement
   a. Apply the principles of evidence-based medicine to osteopathic family medicine.
   b. Participate in practice based objective performance improvement projects in osteopathic family medicine settings.

7. System-Based Practice
   a. Effectively function within local and national health care delivery systems to provide high quality osteopathic family medicine services.
   b. Effectively function within a family medicine group to provide care to diverse populations.
FACULTY

Program Director: Robert Anderson, DO
Director of Medical Education: Thomas Matese, DO
Regional Director of Medical Education: Bradley Feuer, DO, JD, FACOFP

Core Faculty:
Robert Anderson, DO (Family Medicine/Hospice and Palliative Medicine)
Judith Brooks, MD (Family Medicine/Geriatrics)
Bradley Feuer, DO, JD (Family Medicine/Legal Medicine)
Venkat Kalidindi, MD (Internal Medicine)
Thomas Matese, DO (Emergency Medicine)
Alberto Marante, MD (Pediatrics)

IM
Gregory Dawkins MD
Jurate Duffy MD
Shendoa Gadhla, MD
Rimal Patel MD
Kimberly George DO
Venkat Kalidindi, MD
Jason Watt MD

Cardiology
Prasad Chalasani, MD
Sharon Nichols, DO

Gastroenterology
Khiem Nguyen MD
Scott Altschuler, MD, MHES

General Surgery
Adam Kurtin, DO
Rene Loyola, MD
Michael Walters, MD
Douglas Sanders, MD

Endocrinology
Mark Borchelt, MD, FACE

Infectious Disease
Moti Ramgopal, MD

Nephrology
Gerard Flores MD
Samerah Razuman MD

Obstetrics/Gynecology
Pablo Gonzalez, MD
Jennifer Moore, MD
Charles Zollicoffer, MD

Ophthalmology
Robert Bentz DO
Derek Ohlstein, MD

Orthopedic Surgery
Jeffery Lazarus MD
Paul Mondo MD
William Stolzer MD
Paul Seltzer DO

Otolaryngology
John Lanza MD

Pathology
Barbara Florentine MD

Pediatrics
Sobia Khawaja, MD
Alberto Marante, MD

Pulmonary/Intensivist
Barrington Nelson MD
Kamlesh Pandya MD

Psychiatry
Marie-Addly Cambronne, MD

Radiology
Mark Gonwa MD
David Kozlov MD
William Merrell MD
Sabrina Talbott MD

Sports Medicine
Joseph Wierzbicki, MD

Urology
Hal Bashein DO
Michael Dennis, MD, FACS
PROGRAM FACILITIES

Our training facilities are organized to support patient care activities by family medicine faculty and family medicine residents. The primary training facilities are located in geographic proximity (within one-hour drive of St. Lucie Medical Center) so as to allow for efficient functioning of the educational program. Hospital training resources include adult inpatient, critical care, surgery, obstetrics, emergency medicine, newborn care and pediatrics.

St. Lucie Medical Center
1800 SE Tiffany Avenue
Port St. Lucie, FL 34952

*St. Lucie Medical Center (SLMC) is a 229-bed, hospital offering a full range of acute care services, including rehabilitation, obstetrics, inpatient and outpatient surgery and services.*

Heart and Family Faculty and Resident Practice
1700 SE Hillmore Drive
Port St. Lucie, FL 34952

*Home of the family medicine continuity clinic*

West Palm Hospital
2201 45th Street
West Palm Beach, FL 33407

*Located in West Palm Beach, the base facility and sponsor of all osteopathic training programs within PBCGME is PBCGME/West Palm Hospital, a 250-bed hospital accredited by both the Joint Commission and American Osteopathic Association. PBCGME/West Palm Hospital has been involved in medical education since opening its doors in 1975. West Palm Hospital hosts Internal Medicine and Dermatology training programs. At West Palm Hospital the family medicine residents will work side by side with the internal medicine residents for one of their internal medicine rotations. West Palm Hospital video casts to the other PBCGME training sites valuable didactic programs.*

Palms West Hospital
13001 Southern Blvd.
Loxahatchee, FL 33470

*The Children’s Hospital at Palms West offers a full complement of healthcare services, including a dedicated emergency department, pediatric intensive care, pediatric sedation for radiology studies, pediatric surgery and pediatric oncology. Their pediatric medical staff includes more than 40 sub-specialists in pediatric cardiology, ENT, endocrinology, gastroenterology, neurosurgery, pulmonary and urology. Palms West Hospital is home for PBCGME’s pediatric residency. This affords the SLMC family resident residents the opportunity to work side by side with pediatric residents for their inpatient pediatrics rotation.*
Life Care Center of Port. St. Lucie
3720 Southeast Jennings Road
Port St. Lucie, FL 34952
An extended care facility where family medicine residents can care for patients under supervision by residency faculty. The geriatric rotations take place under the direction of John Crouch, DO. The facility offers a secured Alzheimer’s care unit, separate assisted living unit, a senior retirement community, and inpatient and outpatient rehabilitation therapy. The experience includes patient care, home visits, wound care, nutrition, pharmacology of the elderly, physical and occupational therapy, and functional assessments.

St. Lucie Surgery Center
1310 SE West Star Ave.
Port St. Lucie, FL 34952-7557
Residents may participate in surgeries at the surgical center.

Treasure Coast Behavioral Healthcare at St. Lucie Medical Center
Located on the second floor of St. Lucie Medical Center, the 22-bed Inpatient Adult Unit offers a comprehensive, short-term stay with psychiatric and medical services for the patient. This unit provides valuable opportunity for exposure to the psycho-social component of Family Medicine training.

St. Lucie Women & Children Center
1871 S.E. Tiffany Avenue, Suite 200
Port St. Lucie, FL 34951
FCHC is a private, non-profit, tax exempt 501(c) 3, consumer directed corporation which is designated as a Federally Qualified Health Center (FQHC), and is accredited by The Joint Commission (TJC).
The Port St. Lucie site will serve as a training location for the obstetrics and gynecology rotations.

Treasure Coast Community Health
South Indian River County Medical & Dental Offices
1545 9th Street SW (Oslo Road)
Vero Beach, FL. 32962

TCCH is a nonprofit Federally-Qualified Community Health Center that focuses on meeting the medical, dental and mental health needs of non-insured and under-insured people in their community.
CONTINUITY OF CARE TRAINING

Continuity of care is taught as a core value of osteopathic family medicine, at the Heart and Family Faculty and Resident Practice, located on the St Lucie Medical Center campus. It is organized to support resident continuity of care training with a designated panel of patients, and provides the following:

1. Defined space for waiting area, examination rooms, resident’s office, laboratory, business office.
2. OMM capability.
3. On site procedural capability including: blood sugar, throat culture or rapid strep screen, urinalysis, office microscopy, EKG, spirometry, and screening audiometry.
5. Online access to reference sources.
6. A professional medical records system that provides for quality assurance and quality improvement processes must be utilized. This includes:
   a. A system for documentation of structural examinations and OMM treatments.
   b. A mechanism to identify each patient’s primary care physician.
   c. Chronic medication lists.
   d. Problem lists.
   e. Health maintenance flow sheets.
   f. Chronic disease management flow sheets.
7. The economic aspect of the site is self-contained and patterned after that of a private practice. This includes:
   a. Appointments.
   b. Statements.
   c. Billing functions.
   d. Resident specific economic data.
8. Faculty are available in appropriate numbers to ensure that residents always have readily available on site supervision.
9. Support staff are available in appropriate numbers to ensure efficient patient care.
10. Patient care visits at the continuity of care site are predominantly by appointment.
11. Each resident is expected to maintain continuity of care for his/her patients when such patients require hospitalization or consultation with other health care providers. The resident must maintain participation in the decisions involving the health of the patient.
12. For those patients unable to visit the continuity of care site, training opportunities are provided for the resident to gain experience in home care and care in long term care facilities.
13. Continuity of care is fulfilled by osteopathic family medicine, which is provided at the Heart and Family Faculty and Resident Practice under the direction of Program Director, Robert Anderson, DO. This serves as the only site for continuity training.
14. The patient population of the continuity of care site includes a variety of patients in terms of age, gender, ethnicity and socio-economic status.
15. Each resident is assigned a designated panel of patients.
   a. The resident is responsible, under supervision, for the health care needs of their assigned panel of patients.
b. The resident is clearly identified as the health care provider for the panel.

c. As the skill and proficiency of the resident improves, an increasing daily patient load is expected.

16. The three year continuity of care site experience includes at least 1,650 patient visits, with a minimum of 150 occurring in the OGME-1 year.

17. Residents see patients in the continuity of care site for a minimum of forty weeks per year.

18. The ambulatory care experience trains the residents to be both productive and efficient in a primary care setting. During this experience the residents will learn how to:

   b. Diagnose and manage medical and surgical conditions.
   c. Perform office procedures.
   d. Incorporate preventive measures.
   e. Provide patient education.
   f. Provide counseling.
   g. Coordinate care.
   h. Manage consultations.
   i. Maintain medical records.

**Osteopathic Manipulative Medicine**

The program trains the residents in the clinical application of osteopathic manipulative medicine. This includes:

1. A clearly defined mechanism to measurement and document competency in OMM. This mechanism includes observation and review of performance in the clinic and hospital setting and through OSCEs.
2. Training in outpatient and inpatient settings.
3. Didactic instruction and hands on training.
4. Exposure to multiple treatment technique approaches.
5. Documentation of OMM in the medical record.
6. Coding and reimbursement.

**Inpatient Medicine**

The program trains residents to competently manage hospitalized patients. This includes:

1. Management of acute and chronic illness.
2. Appropriate consultation.
3. Coordination of care.
4. Manage transfer of care to and from the primary care setting.
5. Produce comprehensive medical records.
6. Utilization management and discharge planning.

The training program also provides an opportunity for the resident to develop competency in:

1. The management of hospitalized adult patients.
2. Cooperative management of patients with sub-specialists colleagues.
3. Pre-operative medical evaluation.
**Emergency Medicine**
The program provides 2 months of training in emergency medicine, 1 month of training during the OGME-1 year.

The emergency medicine training includes:
1. Didactic and clinical training.
2. Triage emergency patients of all ages.
3. Certification in ACLS.
4. Stabilize and provide initial treatment for medical emergencies.
5. Stabilize and provide initial treatment for surgical emergencies.
6. Stabilize and provide initial treatment for psychiatric emergencies.
7. Stabilize and provide initial treatment for pediatric emergencies.

**Internal Medicine**
The program provides a minimum of 8 months of clinical training in internal medicine disciplines; including at least 2 months of general internal medicine experiences during the OGME-1 year. This training includes 6 months of inpatient service, and 1 month of training in critical care medicine. Internal Medicine training includes exposure to the following disciplines, in either inpatient or outpatient settings:
1. Allergy and immunology
2. Cardiology (required rotation)
3. Dermatology
4. Endocrinology
5. Gastroenterology
6. Hematology
7. Infectious diseases (required rotation)
8. Nephrology (required rotation)
10. Oncology.
12. Rheumatology

**Women’s Health**
The program provides 3 months of training in women’s health, one month in the OGME-1 year.

The training in women’s health includes:
1. Didactic and clinical training experiences.
2. Gender specific health care needs of women.
3. Domestic violence identification and prevention.
5. Obstetrics.

The gynecological portion of this training experience includes both ambulatory and in-hospital patient care. Including:
1. Family planning.
2. Preventive medicine.
4. Disorders of menstruation.
5. Gynecological infections.

The obstetrical portion of this training experience includes both ambulatory and in-hospital patient care. This included:

1. Prenatal care.
2. Labor and delivery.
3. Postnatal care.
4. Medical complications of pregnancy.

**Pediatrics and Adolescent Medicine**
The program provides 4 months of training in pediatrics and adolescent medicine, including one month during the OGME-1 year.

This includes:

1. Care of the newborn.
2. Ambulatory pediatrics.
3. Well childcare.
4. Inpatient pediatrics.
5. Emergency care of children.

**Surgery**
The program provides at least five months of training in surgical disciplines, including one month of general surgery training during the OGME-1 year.

This includes:

1. Preoperative and post-operative care.
2. Training in the following sub-specialties, which may be ambulatory or inpatient.
   a. Ophthalmology.
   b. Orthopedics.
   c. Urology.
   d. ENT.

**Geriatrics**
The program provides at least one months of training in the care of the geriatric patient. This is in addition to training that occurs in the continuity of care site or general internal medicine rotations.

This includes:

1. Physiological changes of aging.
2. Pharmacokinetics in the elderly.
3. Functional assessment of the elderly.
4. ECF management.
5. Hospice.

**Behavioral Medicine**
The program includes training in behavioral science. This includes:
1. Psychiatric and psychological diagnoses common to family medicine.
2. The treatment of substance abuse.
3. Didactic instruction and clinical experiences.
4. Interviewing skills.
5. Counseling skills.
6. Psychopharmacology.
7. Physician well being.

**Practice Management**
The program provides at least twenty hours of structured educational experiences in practice management.

This training includes:
1. Debt management.
2. Retirement planning.
3. Financial planning.
4. Disability insurance.
5. Medical liability insurance.
6. Risk management.
7. Coding.
8. HIPAA requirements in the ambulatory setting.
9. OSHA requirements for private practices.
11. Personnel management.

The program utilizes actual practice financial data to teach the principals of office practice management. The residents see their resident specific practice data from the continuity of care training site.

**Sports Medicine**
The program provides at least 50 hours, or 2 weeks of training in Sports Medicine. This is in addition to time spent in the continuity of care ambulatory site and includes:
1. Pre-participation assessment.
2. Didactic and clinical experiences.
4. Rehabilitation of athletic related injuries.
5. Injury prevention/training.

**Diagnostic Imaging**
There is a structured curriculum to train the resident in Diagnostic Imaging. At a minimum this includes:
a. Didactic and clinical experiences.
b. Utilization of appropriate radiographic studies.

**Procedural Medicine**
The program has defined mechanisms to train the residents to competency in the following procedures:

1. Joint injections.
2. Biopsy of dermal lesions.
3. Excision of subcutaneous lesions.
4. Incision and drainage of abscess.
5. Cryosurgery of skin.
6. Curettage of skin lesion.
7. Laceration repair.
8. Endometrial biopsy.
10. Splinting.
11. EKG interpretation.
12. Office spirometry.
15. Removal of cerumen from ear canal.

**Community Medicine**
The program provides 50 hours or 2 weeks of documented training in community medicine. This includes time spent in any of the following experiences, as approved by the Program Director.

1. Occupational health.
2. Mental health agencies.
3. Community based screening programs.
4. Public health agencies.
5. Community health centers.
6. Free clinics.
7. Drug and alcohol treatment centers.
8. School health programs.

**Electives**
The residents are provided a minimum of 4 months (maximum of seven weeks) of supervised electives during the course of the residency.

**Disease Prevention and Wellness**
The program provides training in disease prevention and wellness promotion. Utilizing didactic and clinical experiences residents shall become competent in:

1. Selection, critique, and implementation of evidence based practice guidelines.
2. Provision of immunizations for adult, adolescent, and pediatric patients.
3. Selection and interpretation of screening tests.
4. Counseling patients to promote weight loss, exercise, and smoking cessation.
Patient Safety and Quality Improvement
The program provides training in patient safety and quality improvement. At a minimum this shall include:

1. Identification and analysis of inpatient and ambulatory measures of quality.
2. Utilization of quality measurements to improve patient care.
3. Participation in at least one national or regional quality improvement registry.
4. Training in the principles of the Patient Centered Medical Home (PCMH).
**PROGRAM CURRICULUM**

The program curriculum describes the general goals and objectives of the training program, as well as the overall evaluation methods to assess competencies including patient care, medical knowledge, professionalism, practice-based learning, and systems-based practice. The program curriculum complements individual rotation curricula. Rotation-specific learning objectives and means to accomplish these objectives are described in the individual rotation curricular document. It is the responsibility of the intern/resident to regularly review the program and specific rotation curricula, and to present the rotation curriculum to the teaching attending on the first day of the rotation so that personal learning objectives may be reviewed in the context of this document. It is the responsibility of the teaching attendings to provide daily formative feedback at the midpoint and end of the rotation. It is the responsibility of the intern/resident to use this information, along with other feedback described above, to facilitate a process of continuous improvement. In addition, the resident will provide regular written evaluations of the faculty and program to facilitate continuous improvement of the training program. The resident will regularly reflect on the quality of care provided to his/her patients, and agree to be actively involved in the hospital’s and clinic’s efforts of continuous improvement in the quality of patient care.

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<td><strong>Pediatrics-inpatient</strong>&lt;br&gt;1/2 day of clinic per week&lt;br&gt;(Friday)</td>
<td><strong>Pediatrics-EM</strong>&lt;br&gt;2 full days of clinic per week</td>
<td><strong>Inpatient Adult</strong>&lt;br&gt;four 1/2 days per week</td>
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<tr>
<td><strong>Pediatrics-outpatient</strong>&lt;br&gt;two 1/2 days per week</td>
<td><strong>Pediatrics-outpatient</strong>&lt;br&gt;three 1/2 days per week</td>
<td><strong>Inpatient Adult</strong>&lt;br&gt;four 1/2 days per week</td>
</tr>
<tr>
<td><strong>Gynecology</strong>&lt;br&gt;two 1/2 days per week</td>
<td><strong>Inpatient Adult</strong>&lt;br&gt;three 1/2 days per week</td>
<td><strong>ICU</strong>&lt;br&gt;four 1/2 days per week</td>
</tr>
<tr>
<td><strong>Inpatient Adult SLMC</strong>&lt;br&gt;1/2 day per week</td>
<td><strong>OB/Gyn</strong>&lt;br&gt;four 1/2 days per week</td>
<td><strong>Community/FM</strong>&lt;br&gt;5 half days of clinic per week</td>
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<tr>
<td><strong>Inpatient Adult -WPH</strong>&lt;br&gt;1/2 day of clinic per week&lt;br&gt;(Friday)</td>
<td><strong>Urology/Ophthalmology</strong>&lt;br&gt;1/2 day of clinic per week&lt;br&gt;(Friday)</td>
<td><strong>Sports Medicine</strong>&lt;br&gt;four 1/2 days per week</td>
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<tr>
<td><strong>General surgery</strong>&lt;br&gt;two 1/2 days per week</td>
<td><strong>ID</strong>&lt;br&gt;three 1/2 days per week</td>
<td><strong>surgery selective</strong>&lt;br&gt;four 1/2 days per week</td>
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<tr>
<td><strong>Cardiology</strong>&lt;br&gt;two 1/2 days per week</td>
<td><strong>ENT/woundcare</strong>&lt;br&gt;three 1/2 days per week</td>
<td><strong>Ob/Gyn</strong>&lt;br&gt;four 1/2 days per week</td>
</tr>
<tr>
<td><strong>EM</strong>&lt;br&gt;2 full days of clinic per week</td>
<td><strong>Sports Medicine</strong>&lt;br&gt;three 1/2 days per week</td>
<td><strong>Geriatrics</strong>&lt;br&gt;two full days of clinic per week</td>
</tr>
<tr>
<td><strong>FM (1/2) IM(1/2)</strong>&lt;br&gt;Clinic-2 weeks/ no clinic -2 weeks</td>
<td><strong>Geriatrics</strong>&lt;br&gt;two full days of clinic per week</td>
<td><strong>Psychiatry</strong>&lt;br&gt;Four 1/2 days per week</td>
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<tr>
<td><strong>Orthopedics</strong>&lt;br&gt;two 1/2 days per week</td>
<td><strong>EM</strong>&lt;br&gt;2 full days of clinic per week</td>
<td><strong>elective</strong>&lt;br&gt;5 half days of clinic per week</td>
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<td><strong>Nephrology</strong>&lt;br&gt;two 1/2 days per week</td>
<td><strong>Inpatient Night</strong>&lt;br&gt;no clinic responsibilities</td>
<td><strong>elective</strong>&lt;br&gt;5 half days of clinic per week</td>
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<tr>
<td><strong>elective</strong>&lt;br&gt;two 1/2 days per week</td>
<td><strong>elective</strong>&lt;br&gt;4 half days of clinic per week</td>
<td><strong>elective</strong>&lt;br&gt;5 half days of clinic per week</td>
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DIDACTIC CURRICULUM

The residency program offers residents a full spectrum of core topics related to Family Medicine. This curriculum is designed to reinforce knowledge gained on clinical rotations in both the inpatient and ambulatory settings.

Lectures are provided daily, at 7:15 am and 12:30 pm and are provided by board certified specialists and subspecialists. This includes weekly EKG conference, broadcast via compressed video, from West Palm Hospital, on Wednesdays at 12:30.

Journal Club is held monthly and led by family medicine faculty. Residents review articles from major peer-reviewed journals and stay on the cutting edge of advancements in medical knowledge. In addition, residents participate in quarterly Consortium Evidence-Based Medicine Journal Club, in which skills in critical analysis are developed to help residents properly evaluate journal articles.

Tumor Board and Grand rounds are held monthly at St. Lucie Medical Center.

In addition to quarterly Consortium OMM Grand Rounds held at West Palm Hospital, Family Medicine residents hold monthly OMM lectures and receive one-on-one instruction in the continuity clinic.

Team meetings: Recognizing the role of the team in the care of patients and the residents’ role as team leader in their future practices, the residency program and the clinic provide many opportunities for interdisciplinary team work. Residents, in their teams, participate in QI projects, work on improving patient outcomes, and coordinate care for complex patients.

FM CONFERENCE ATTENDANCE POLICY

1. Lectures come first. All residents are expected to attend 100% all of the didactic curriculum, unless they have a previously excused absence (illness, vacation or other as approved by the PD).
2. The Resident is expected to attend lectures, arrive on time and remain for the entirety of the lecture in order to be counted in attendance, unless on an authorized leave of absence from the program.
3. An official sign-in sheet is to be completed and signed by all of those in attendance. The chief resident is responsible for ensuring that the sign-in sheet is returned to the Medical Education office.
4. Each resident must sign in by 1:30pm to be counted as present.
5. Late attendees will not be credited with attendance but should still attend the conference.
6. Penalties for unexcused absences include:
   a. 1st unexcused absence: present a PowerPoint lecture (topic assigned by chief resident or Program Director)
   b. 2nd unexcused absence: extra night of call or extra work shift
   c. 3rd unexcused absence: fail rotation
NOTE: Three unexcused absences will result in failure of the current rotation.

OBLIGATIONS OF RESIDENTS
At the time of entry into the program, the Family Medicine resident is asked to read and acknowledge in writing that he or she has read the PBCGME House Staff Manual and the PBCGME/SLMC Family Medicine Manual.

The resident will fulfill the educational requirements of the residency and observe the rules and regulations of the hospital(s) and other institutions where assigned. The resident understands that the curriculum description and requirements may change during the resident’s tenure. Residents are required to comply with institutional policies and the American Osteopathic Board of Family Physicians (AOBFP) in addition to program regulations.

It is also required that residents, in the performance of their clinical work, comply with policies and procedures that govern the operations of the Heart and Family Faculty and Resident Clinic. This includes compliance with the coding and documentation necessary to meet requirements for billing of medical services provided by residents under the supervision of faculty. The requirements for certification, board eligibility, applying for the exam, satisfactory completion of residency, part time residency, absence from residency, etc., are all in the American Osteopathic Board of Family Practice Information Manual for Family Practice Residency Programs which is available at www.aobfp.org.

OTHER POLICIES & PROCEDURES
Direct Admission from HFFRP to SLMC Inpatient Service (IPS)
• Patient handoffs will typically occur over the phone
• Residents sending an HFFRP patient for direct admission are to contact the upper level resident on IPS for review. The admitting resident will present the patient to the IPS resident. The HFFRP resident will document admission information in the Assessment/Plan area of their EMR note.

From IPS to the HFFRP for hospital follow up
• The IPS intern will send the patient discharge summary to the resident who will see the patient for follow up in the HFFRP.

Continuity of Care for Family Medicine Patients on IPS:
1. Admitting resident will use the patient’s statement or EMR to identify the patient’s Primary Care Physician (PCP).
2. Admitting resident will forward the admission note to the PCP.
3. If the PCP is a OGME2 or OGME3 resident, the admitting resident will determine if that resident is on a rotation allowing him/her to round on his/her patient in the morning for continuity purposes. If so, the admitting resident will communicate with the PCP. If the continuity resident PCP is available to see this patient, they follow the procedure below.
4. If the continuity patient’s resident PCP is not available to round on the patient and is not on vacation or leave or a day off on the day of admission, the resident PCP should review the patient’s chart and contact the IPS upper-level within 24 hours of admission to discuss
his/her patient’s care. The resident PCP must write at least one note in the patient’s chart, documenting the conversation with the IPS team and any information pertinent to the patient’s hospital care.
5. The 2\textsuperscript{nd} or 3\textsuperscript{rd} year resident must ensure that the PCPs and other residents on the IPS follow this protocol.
6. The IPS faculty member is responsible to monitor the team to ensure that this step is not overlooked.
7. Upon discharge, the inpatient team should forward the discharge summary to the PCP and to the provider seeing the patient for his/her hospital follow-up appointment if it is not the PCP.

**Procedure for Continuity Resident PCP Rounding on Patients admitted to IPS**

1. Continuity PCPs rounding on IPS patients should see their patient in the morning with enough time to accomplish the tasks itemized below.
2. By 8 am, the resident PCP will discuss their patient’s care with the OGME2 or OGME3 on IPS to develop a management plan for that day and have entered orders based on this discussion.
3. The OGME2 (or OGME3) will see that patient before faculty rounds and cover the patient’s care as events unfold during the day. The OGME2 (or OGME3) will present the patient to the faculty.
4. The resident PCP should write a note on the patient and have it in the chart by 3 pm that day.
   The OGME2 (or OGME3) can amend or update that note with current information as necessary. Faculty will attest/sign the resident PCP’s note.
5. Continuity resident PCPs may choose to round on their patient every day that they are otherwise scheduled to work. On days that the continuity PCP is off from their regular rotation, interns or upper level residents on IPS will follow the PCP’s patient.
6. If the resident PCP chooses not to round on subsequent days, the patient will be assigned to an intern for daily IPS care. The resident PCP should continue to follow the patient during the hospital stay, discussing care with the IPS team when appropriate, and plan to be involved in the discharge care of the patient.

**Requirement for Providing Continuity of Care to Hospitalized Patients**

1. Each academic year, OGME2 and OGME3 residents are required to see at least three patients on IPS in the continuity PCP role.
2. Residents may decline this opportunity if it interferes with duty hours requirements or if they have other personal obligations they must attend to. However, residents must meet this requirement each year, so they should plan their time wisely.
3. Residents will log these patients’ MRNs, the dates of the IPS visits, and the faculty name in New Innovations.
4. Residents are welcome to contact the IPS team if they notice one of their patients has been admitted so they can follow their patients.
APPENDIX 1: CURRICULUM

FAMILY MEDICINE CLINIC ROTATION

Goals:
To develop in the Family Medicine Resident:
1. An understanding of the common problems presenting in a family medicine outpatient setting.
2. Proficiency in the diagnosis and treatment of common presenting problems in a family medicine outpatient setting.

Objectives:
In the following general competencies, the resident should display:
Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in patient care.

Patient Care
- Obtain pertinent historical information that is tailored to the patient’s presenting problems and is attentive to details that support medical decision making.
- Perform physical examination that is appropriate for the patient’s presenting problems and is able to discern abnormalities.
- Formulate a differential diagnosis and appropriate treatment plan that is supported by the history and physical.

Medical Knowledge
- The knowledge of basic pathophysiology of common problems encountered in the office setting (e.g. pneumonia, urinary tract infection, diabetes, COPD, etc.).
- The knowledge of preventative medicine (e.g. able to determine what immunizations a child needs at a well-child examination, uses USPSTF guidelines, etc.).
- The knowledge of chronic disease management (e.g. uses KDN form, asthma planned visits, etc.).
- The knowledge of interactions, complications, or side effects of treatment.

Practice-Based Learning & Improvement
- Able to locate, evaluate, and apply evidence based medicine in their practice.
- Access and use information technology appropriately.

Interpersonal & Communication Skills
- Able to present pertinent information to attending, peers, and staff.
- Able to interact with patients and families of patients in a caring, courteous, and compassionate way.
- Documentation in the chart is legible and appropriately thorough.

Professionalism
- Dress appropriately according to the Family Medicine Residency Manual or the expectations of the specialty service.
- Arrive to all professional obligations in a timely manner.
- Demonstrate a respectful approach to interactions with fellow residents, other learners, faculty, nurses, office staff, patients and their families, and other members of the healthcare team.
- Demonstrate sensitivity to patient culture, gender, age, disability, sexual preference and decisions regarding pregnancy and newborn.
- Use chaperones appropriately in clinical settings.
- Manage time efficiently and effectively.
- Value and respect the opinions of others.
- Accept responsibility for patient care (e.g. handle issues in “box” appropriately and in a timely manner).
- Take on extra work without prompting (e.g., see a patient that is worked in, offer to help a fellow resident that is behind, etc.).
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office.
- Provide healthcare that is sensitive to the culture of patients and their families.
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff.
- Inform staff of absences as appropriate.
The resident physician will meet the following professional duties expectations according the advancement criteria checklist as listed in the Policy for Advancement:

- Complete outpatient charts before the end of the work day.
- Comply with communication standards including:
  - Responding to various communications via text, phone or page from faculty staff, hospital and attending; within 15 minutes
  - Daily attention to e-mail, resident must check and respond each day.
- Patient care messages are to be addressed within the following guidelines:
  - Rx Refills completed before end of work day
  - Phone Notes completed within work day
  - Lab Reports (non-critical) within 7 days to include letter to patient or patient phone call addressing lab results.
  - Misc. Forms (FL-2, insurance forms, sports physicals, handicap placards, and similar including authorization on non-preferred medications (ex: Levitra for Viagra) etc. within 7 days.
  - Daily and appropriate coverage arranged and properly communicated if resident is away.
  - Remember that these are maximum allowed timeframes. We are patient centered and all attempts to complete forms, notes, and patient requests should be as soon as possible.

Systems-Based Practice
- Coordinate care with the staff including medical assistants and referral staff
- Act as an advocate for quality patient care in additional to assisting patient in dealing with the complexities of medical systems.

Resident’s time intervals will be:
OGME-1
- New patient: 20 minutes appointment with 20 minutes buffer
- Follow-up visit: 20 minutes appointment with 20 minutes buffer
- Sick visit: 20 minutes appointment with 20 minutes buffer
OGME-2
- New patient: 20 minutes appointment with 15 minute buffer
- Pediatric physical (not new)20 minutes
- Follow-up visit: 20 minutes
- Sick visit: 20 minutes
OGME-3
- New patient: 20 minutes appointment with 10 minute buffer
- Pediatric physical (not new)20 minutes
- Follow-up visit: 20 minutes
- Sick visit: 20 minutes

Residents may request additional time with specific patients.
ALLERGY AND IMMUNOLOGY ROTATION

Goals:
To develop in the Family Medicine Resident:
1. An understanding of the impact of allergic and immunologic problems on individual patients (adults and children) and on their family members.
2. Proficiency in the diagnosis and treatment of patients who have allergic and immunologic conditions.
3. An understanding of appropriately utilizing consultations from an allergist or immunologist and actively engage in the co-management of the patient.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles
- Understands the role of somatic dysfunction and the relationship of osteopathic principles and treatment on the immune system.

Patient Care
- The skill to obtain and document a patient history relevant to issues of allergy and immunology.
- The skill to perform a relevant physical examination and describe and document the findings.
- The skill to either perform or become familiar with the performance and interpretation of spirometry and skin tests.
- The skill to evaluate a patient with allergic or immunologic symptoms and develop a plan for diagnostic evaluation.
- The skill to recognize the importance of family and environmental factors in the prevention and treatment of allergic and immunologic conditions.

Medical Knowledge
- Understands the physiology of the allergic response.
- Understands immunosuppression.
- Understands the mechanism of desensitization.
- A knowledge to provide treatment, follow-up, and education to patients with allergic and immunologic conditions including but not limited to:
  - Rhinitis
  - Asthma
  - Urticaria
  - Anaphylaxis
  - Immunodeficiency
  - Hypersensitivity reactions.

Practice-Based Learning and Improvement
- Familiarity with the appropriate application of evidence-based guidelines regarding allergic and immunologic conditions.
- An awareness of the importance of coordinated care between family physicians and allergy/immunology subspecialists.

Interpersonal and Communication Skills
The ability to discuss diagnostic, therapeutic, and preventive strategies of allergic and immunologic conditions with the patient and his or her family.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office.
- Provide healthcare that is sensitive to the culture of patients and their families.
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff.
- Inform staff of absences as appropriate.

System-Based Practice
- Appropriate utilization of allergy and immunology consultation and be familiar with established reporting processes for allergies and allergic reactions.
BEHAVIORAL SCIENCE

Patient Care
Family Medicine residents will learn to appropriately manage patients presenting with mental health conditions or complaints.

1. Given a patient with a common mental health complaint or condition (see Appendix):
   a. Perform a reproducible history and physical exam.
   b. Develop a differential diagnosis.
   c. Create an evidence-based evaluation and management plan.
   d. Use standard guidelines to order and interpret the results of diagnostic studies (labs, X-rays, EKGs, etc.)

2. Given a patient with an acute or chronic medical condition or major life stressor (death of family member, disability, loss of job or home, etc.)
   a. Assess patient for emotional or stress reaction.
   b. Manage emotional or stress reactions.

3. Promote mental and emotional health by counseling patients to maintain healthy lifestyle.
4. Create a genogram for a patient.

Medical Knowledge
Family Medicine residents will learn about mental health and human behavior

1. For common mental health acute complaints (see Appendix), list the presenting symptoms and physical exam findings, the common causes, and recite the outpatient work up and management.
2. For common health chronic conditions (see Appendix), describe the pathophysiology, list the diagnostic criteria, and describe the common management plans (lifestyle, medications, other therapeutic modalities, monitoring) per evidence-based clinical practice guidelines.
3. Name major developmental milestones in infants, children, adolescents, adults, seniors, and families.
4. Describe the concepts of family systems/dynamics.

Practice-Based Learning and Improvement
Family Medicine residents will learn to efficiently lead and continuously improve the multiple elements of mental and behavioral care delivery.

1. Identify “difficult patient encounters” and explore the doctor-patient dynamic internally, and with colleagues and faculty to determine the best resolution to the problem encounter.

Communication Skills
Family Medicine residents will learn to counsel their patients with respect to their mental health needs.
Family Medicine residents will learn to communicate effectively with faculty physicians, consultants, fellow residents, other learners and other members of the healthcare team.

Professionalism
Family Medicine residents will demonstrate behaviors consistent with the ethical and responsible practice of patient centered care.

Systems-Based Practice
Family Medicine residents will learn to identify the structure and operations of health organizations and systems and the effective role of the family physician within the behavioral health system.

1. Demonstrate knowledge of and practice routine CPS & APS reporting guidelines
2. Demonstrate knowledge of and practice of emergency detention procedures

Appendix: Human Behavior & Mental Health Curriculum

References: AAFP Reprints, #270: Human Behavior & Mental Health

Common Conditions and Complaints:

Undifferentiated complaints that may indicate a behavioral or mental problems:

- Fatigue
- Multiple somatic complaints
- Chronic headache
- Chronic pain
- Poor concentration
- Chronic abdominal/pelvic pain
- Change in weight or appetite
- Pseudoseizures

Conditions and Diagnoses:
• Depression
• Bipolar Disorder
• Schizophrenia
• Schizoaffective disorder
• Anxiety Disorders/ Panic attacks
• Somatic disorder
• Personality Disorders
• Interpersonal Violence
• Acute psychiatric conditions including suicidality
• ADHD/ADD
• Grief reactions or other life stressors
• Drug seeking behaviors
• Substance abuse disorders
• Life transitions and coping mechanisms
CARDIOLOGY

Goals:
To develop in the resident:
1.) The ability to evaluate and appropriately treat patients who present with common problems of the cardiovascular system.
2.) To recognize the indication for referral to cardiology sub-specialist.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles:
- Understands the role of somatic dysfunction in cardiac disease.
- Integrates osteopathic manipulative treatment into the management of patients with cardiac disease.

Patient Care
- The skill to obtain and document a patient history relevant to the cardiovascular system (CVS).
- The skill to perform a physical examination relevant to the CVS and to be able to describe and document the findings (e.g., murmurs, bruits).
- The skill to perform a preoperative cardiac assessment.
- The skill to evaluate a patient with chest pain, distinguish ischemia from other causes and develop a plan for diagnostic evaluation.
- The skill to provide appropriate care for a relatively stable patient who is admitted to the coronary care unit.

Medical Knowledge
- The knowledge to understand the normal anatomy and physiology of the CVS and the pathophysiology of CVS diseases.
- The knowledge to interpret the information obtained through laboratory tests, EKGs, treadmill studies, and Holter monitoring.
- The knowledge to develop a treatment and follow-up plan for a patient with common CVS problems (e.g. angina, hypertension, hyperlipidemia, etc.).
- The knowledge to define a patient’s heart disease according to the New York Heart Association Classification.
- Understands the indications for the various interventional procedures (i.e.: CABG, catheterization, valvuloplasty etc.).
- Understands cardiac manifestations of systemic diseases.
- Understands the variety of management strategies for cardiac disease.
- Recognizes symptoms of cardiac disease.
- Understands the cardiac effects of pulmonary disease.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- To have a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems
COMMUNITY MEDICINE

Goals:
1. Identifies modifiable risk factors for the prevention of disease.
2. Understands the role of and utilize Hospice in the care of the dying patient.

Osteopathic Principles and Practice:
Understands the role osteopathic manipulation plays in patient management.

Patient Care
Family Medicine residents will learn to recognize factors associated with the differential health status among subpopulations, including racial, geographic or socioeconomic health disparities and the role of family physicians in reducing such gaps.
Family Medicine residents will learn to appropriately manage patients presenting with occupational health related complaints or issues.

1. Demonstrate a willingness to advocate for a health care system that is accessible and affordable to all.
2. Collaborate with community organizations to improve the health and well-being of patients and their families.
3. Demonstrate the ability to develop and participate in culturally sensitive health promotion and disease prevention activities and collaborative projects with community groups.
4. Given a patient with a common occupational health related condition:
   a. Perform a reproducible history and physical exam
   b. Perform an occupation specific history
   c. Develop a differential diagnosis
   d. Create an evidence based evaluation and management plan
   e. Use standard guidelines to order and interpret the results of diagnostic studies (labs, X-rays, EKGs, etc.)
   f. Develop an appropriate management plan
   g. Determine work modifications if necessary affecting local, state, and global societies.

Medical Knowledge
Family Medicine residents will learn about the issues affecting healthcare of communities and resources available to assist patients and their families.

Family Medicine residents will learn about Occupational Medicine.

1. Describe current public health issues and concerns affecting local, state, and global societies.
2. List the environmental issues that influence personal health, such as secondhand smoke, sanitation, exposure to lead or other toxic substances, housing safety, and occupational exposures.
3. List local, regional and national resources to assist patients and their families in the development and maintenance of healthy lifestyles and disease prevention.
4. Given a particular occupation, list potential hazards, exposures or other job-related conditions that could affect a patient's health.
5. Describe how the Social Security Administration determines if a patient qualifies for disability benefits.
6. List local, state and federal resources available to communities for disaster management and planning.
7. Have a basic understanding of the primary importance of safety in disaster responses including personal protective equipment, decontamination and site security.
8. Have an understanding of the principles of triage and the ability to effectively perform triage in a disaster setting.
9. Have an understanding of critical incident stress management and the ability to apply it to debriefing in the context of disaster response.

Practice-Based Learning and Improvement
Family Medicine residents will learn to efficiently lead and continuously improve the multiple elements of care delivery within the practice of Occupational Medicine

Interpersonal and Communication Skills
Family Medicine residents will learn to communicate effectively with faculty physicians, consultants, fellow residents, other learners and other members of the healthcare team, including community organizations.
Family Medicine residents will learn to counsel their patients with respect to their Occupational Health needs.

Professionalism
Family Medicine residents will demonstrate behaviors consistent with the ethical and responsible practice of patient centered care.

**Systems-Based Practice**

Family Medicine residents will learn to identify the structure and operations of health organizations and systems and the effective role of the family physician within that system.

1. Demonstrate skills to characterize an inner city community, identify existing resources and areas of health care need.
2. Identify various local, state, and federal agencies and regulations that govern occupational health and medicine.
3. Describe the reporting guidelines for communicable diseases and how the health departments use this information.
DERMATOLOGY

Goals:
To develop in the Family Medicine resident:
1. The ability to perform a preventive skin examination
2. The ability to describe and diagnose common skin disorders
3. The ability to recognize the skin manifestations of systemic illnesses
4. The understanding of basic principles of dermatology therapy
5. To learn procedures relevant to goal 1, 2, and 3
6. The ability to recognize the indication for referral to a dermatologist.

Objectives:
In the following general competencies, the resident should display

Osteopathic Principles and Practice:
- Understand the philosophy behind osteopathic concepts and how dermatological issues relate to systemic implications.

Patient Care
Family Medicine residents will learn to appropriately manage patients presenting with a Skin condition or complaint.
1. Given a patient with a common skin complaint/condition (see Appendix)
   a. Perform a reproducible history and physical exam
   b. Develop a differential diagnosis
   c. Create an evidence based evaluation and management plan
2. Perform a preventive skin exam.
3. Perform common skin procedures.

Medical Knowledge
Family Medicine residents will learn about the diagnosis and management of common skin conditions:
1. Given a patient with a common skin condition or complaint:
   a. Classify the condition or list a differential diagnosis for the complaint.
   b. Describe the common management plan per standard guidelines.
2. List indications and contraindications for common skin procedures (see Appendix).
3. Describe various topical steroid strengths and vehicles and the appropriate use of each.
4. Recite the most common dermatologic emergencies

Practice-Based Learning and Improvement
Family Medicine residents will learn to efficiently lead and continuously improve the multiple elements of care delivery within the practice of primary care as it is related to the care of skin conditions.

Interpersonal and Communication Skills
Family Medicine residents will learn to counsel their patients with respect to their skin conditions.
Family Medicine residents will learn to communicate effectively with faculty physicians, consultants, fellow residents, other learners and other members of the healthcare team.
1. Teach patients how to prevent common skin conditions caused by excessive sun exposure.

Professionalism
Family Medicine residents will demonstrate behaviors consistent with the ethical and responsible practice of patient centered care.

Systems-Based Practice
Family Medicine residents will learn to identify the structure and operations of health organizations and systems and the effective role of the family physician within that system.

Resources: AAFP Reprint #271: Conditions of the Skin
Common skin conditions:
- Childhood Dermatology: Normal skin changes, Childhood hemangiomas, Pustular diseases of childhood, diaper rash and perianal dermatitis, newborn rashes
- Acneiform Disorders: Acne vulgaris, Rosacea, Pseudofolliculitis and Acne Keloidalis Nuchae, Hidranitis Suppurativa
- Bacterial infections: Impetigo, Folliculitis, Pitted keratolysis, Erythrasma, Cellulitis, Abscess, Necrotizing fasciitis, scarlet fever
- Viral Infections: Chickenpox, Herpes Zoster, measles, Fifth Disease, Roseola, Hand, foot and mouth disease, herpes simplex, molluscum contagiosum, common wart, flat warts, genital warts,
plantar wart

- Fungal Infections: Mucocutaneous candidiasis, tinea capitis, tinea corporis, tinea cruris, tinea pedis, tinea versicolor
- Infestations: Lice, scabies, cutaneous larva migrans
- Dermatitis/Allergic: atopic dermatitis, contact dermatitis, hand eczema, self-inflicted dermatoses, urticaria and angioedema
- Papulosquamous Conditions: seborrheic dermatitis, psoriasis, pityriasis rosea, lichen planus, Reiter’s syndrome, erythroderma
- Benign Neoplasms: skin tag, seborrheic keratosis, sebaceous hyperplasia, dermatofibroma, pyogenic granuloma
- Nevi: benign nevi, Congenital nevi, Epiderma nevus, and nevus sebaceous, dysplastic nevus
- Precancer/Early Cancer: actinic keratoses and Bowen’s disease, Keratoacanthomas, Lentigo maligna, cutaneous horn
- Skin Cancer: Basal cell carcinoma, Squamous cell carcinoma, Melanoma
- Infiltrative Immunologic: Granuloma annulare, pyoderma gangrenosum, sarcoidosis, mycosis fungoides
- Hypersensitivity Syndromes: erythema multiforme, Stevens-Johnson Syndrome, toxic epidermal necrolysis, erythema nodosum, cutaneous vasculitis
- Connective Tissue Disease: Lupus erythematosus, dermatomyositis, scleroderma and morphea
- Bullous Disease: bullous pemphigoid, pemphigus
- Hair and Nail Conditions: alopecia areata, traction hair loss and trichotillomania, Scarring alopecia, Normal Nail variants, pigmented nail disorders, onychocryptosis, paronychia, psoriatic nails, subungual hematoma
- Pigmentary and Light related conditions: melasma, vitiligo, photodermatitis, erythema Ab Igne
- Vascular: venous lake, cherry angioma, angiokeratosis, angiosarcoma, hereditary hemorrhagic telangiectasis, port wine stain, hereditary angiomatosis
- Other skin disorders: cutaneous drug reactions, keloids, genodermatoses, erythema annulare centrifugum, pregnancy related conditions


Common Skin Procedures:
- Scraping and preparation of KOH slide
- Wood’s lamp illumination of lesions
- Skin biopsy including excisional, punch, and shave biopsies
- Administration of Local Anesthesia
- Steroid injection of lesions
- Incision and Drainage
- Electrodesection
- Cryotherapy
- Laceration repair/ Suturing techniques including: double layer, single layer, interrupted simple sutures, vertical mattress sutures, and subcuticular sutures
EMERGENCY MEDICINE

Goals:
To develop:
1.) The ability to assess, diagnosis and manage the care of patients presenting to the emergency department with urgent or unstable medical problems and/or minor surgical problems.
2.) The ability to prioritize and triage patients appropriately.
3.) The ability to stabilize a critically ill patient until specialized care can be arranged.
4.) The ability to communicate effectively and compassionately with patients and families.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of emergent issues.

Patient Care
- The skill to stabilize a patient prior to the arrival of specialized care.
- The skill to prioritize and triage patients appropriately.
- The skill to obtain a pertinent history, perform a physical examination, discern abnormalities, and document the findings.
- The skill to perform simple/common medical procedures (i.e., lumbar punctures, endotracheal intubation, arthrocentesis, wound care, incision and drainage of simple abscesses, splinting of simple fractures, etc.).

Medical Knowledge
- The knowledge of the basic pathophysiology, assessment and management of common acute problems and diseases (e.g., chest pain, altered mental status, diabetic ketoacidosis, acute gastrointestinal bleeding, acute abdomen, pneumonia, urinary tract infection, syncope, dehydration, toxicologic emergencies, etc.).
- The knowledge to distinguish urgent from non-urgent medical problems.
- The awareness of the importance of cost-containment and the need to appropriately utilize medical resources.
- The knowledge necessary to interpret the results of diagnostic tests.
- The knowledge to formulate an appropriate diagnostic or therapeutic plan.
- The knowledge of indications for immunization or antibiotic prophylaxis in the context of injuries or disease exposures.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- To have a caring, courteous, compassionate demeanor to patients, families of patients, staff and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems
ENDOCRINOLOGY

Goals:
The educational goals of the rotation in Endocrinology and Metabolism for the house officer are to 1) develop the ability to independently evaluate, treat, and monitor common endocrine disorders, 2) to acquire the knowledge of the underlying processes that contribute to the pathophysiology of the different endocrine diseases, and 3) to describe research tools for studying the underlying mechanisms of different endocrine disorders.

Objectives:
Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of endocrine disorders.

Patient Care
- Perform an endocrinologic history, physical examination and assessment
- Formulate a management plan
- Clearly document patient management in the medical record

Medical Knowledge
- Recognize endocrine symptoms, signs of variety conditions
- Formulate differential diagnosis for common endocrine diseases
- Use medications appropriately

Practice-based Learning and Improvement
- Identify deficiencies in knowledge base and develop independent means to address them
- Be able to perform a literature search to answer clinical questions
- Facilitate the learning of other health care team members

Interpersonal and Communications Skill
- Communicate effectively and compassionately with patients
- Effectively communicate patient's needs to other providers
- Facilitate the functioning of the multidisciplinary team

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

Systems-based Practice
- Understand and participate in use of guidelines of care for endocrine conditions health care delivery
- Work as an equal member of a multidisciplinary team
- Understand appropriate referrals for diabetes dietitian, educator, podiatry, ophthalmology and medical subspecialties

Endocrinology Curriculum Checklist
- Adrenal disorders
- Hypercortisolism
- Adrenal insufficiency
- Bone disorders
- Osteopenia/osteoporosis
- Paget's disease
- Diabetes mellitus
- Type I
- Type II
- Metabolic disorders
- Hyperosmolar state
- Hypoglycemia
- Hyponatremia
- Hypernatremia
- Lipid disorders
~ Obesity
~ Panhypopituitarism
~ Parathyroid disorders
~ Hypercalcemia
~ Hypocalcemia
~ Hyperparathyroidism
~ Reproductive/sexual disorders
~ Change in sexual function
~ Menopause
~ Menstrual disorders
~ Galactorrhea
~ Hirsutism/virilization
~ Hypogonadism, male
~ Thyroid disorders
~ Goiter
~ Nodule
~ Hyperthyroidism
~ Hypothyroidism
GASTROENTEROLOGY

Goals:
To develop in the Family Medicine resident:
1. The skills to manage common gastrointestinal disorders seen in primary care.
2. Knowledge to evaluate, diagnose and manage common gastrointestinal disorders seen in both the inpatient and outpatient settings.
3. The ability to utilize the best evidence in caring for patients with or at risk for various gastrointestinal conditions.
4. The ability to communicate effectively with patients concerning the evaluation and management of gastrointestinal conditions.
5. A commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity when dealing with gastrointestinal problems.
6. Skills to work within the health care system to provide optimum care for patients with gastrointestinal diseases.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles and Practices
- Understands the role of osteopathic principles and treatment in the diagnosis and management of gastrointestinal disease.

Patient Care
- The ability to obtain an accurate history regarding gastrointestinal diseases.
- Appropriate physical examinations on patients with gastrointestinal conditions.
- Skills to perform procedures appropriate for the diagnosis and management of gastrointestinal disorders.
- The ability to manage uncomplicated diseases of the gastrointestinal system.
- Understanding of when it is appropriate to screen for colorectal cancer.

Medical Knowledge
- An understanding of the normal anatomy and physiology of the gastrointestinal system
- An understanding of the examination of patients with gastrointestinal disorders.
- An understanding of the psychosocial impact of gastrointestinal disorders on the patient.
- An understanding of the differential diagnosis, diagnostic approach (including history, physical exam, laboratory and imaging assessment, and clinical reasoning), and management of patients with the following common physiologic and pathologic gastrointestinal processes including but not limited to:
  - Gastrointestinal bleeding
  - Esophageal disorders
  - Peptic ulcer disease
  - Inflammatory bowel disease
  - Ileus
  - Pancreaticobiliary disorders
  - Diarrhea
  - Constipation
  - Viral hepatitis
  - Drug-related hepatotoxicity and alcoholic liver disease
- An understanding of the indications for surgery in gastrointestinal disease.

Practice-Based Learning and Improvement
- The ability to find and use high-quality Web sites as resources for use in caring for patients with gastrointestinal problems.
- The ability to use the Internet and the written literature to confirm diagnostic hypothesis for various gastrointestinal disorders.
- The ability to apply medical knowledge learned on the Gastrointestinal Rotation to his or her own continuity patients.

Interpersonal and Communication Skills
- The ability to describe diagnosis and treatment plans to patients and their families.
- Skills to counsel patients regarding their concerns and incorporate prevention.
- Skills to accurately convey medical information regarding gastrointestinal diseases to colleagues, verbally and written.
- The ability to accurately document patient encounters.

**Professionalism**
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

**System-Based Practice**
- The skills to appropriately utilize consultation with gastrointestinal colleagues in the management and co-management of gastrointestinal disorders or concerns.
- A caring approach for patients with a gastrointestinal issue in a cost effective manner.
- The ability to utilize local resources available for patients with gastrointestinal conditions.
- An understanding of basic coding for gastrointestinal procedures
- An understanding of basic insurance reimbursement for gastrointestinal conditions.
GERIATRIC MEDICINE

Goals:
To develop in the Family Medicine resident:
1.) The ability to evaluate and appropriately treat the geriatric patient who presents with common and complex problems associated with the aging process, in an in-patient, out-patient or the home environment.
2.) To effectively utilize all members of an health care team

Objectives:
In the following general competencies, the resident should display:

Osteopathic Medicine
- The ability to utilize Osteopathic Manipulative Treatment (with special attention to myofascial release, strain counter strain, and muscle energy) in the treatment of the elderly patient.

Patient Care
- The skill to obtain and document a patient history relevant to problems associated with the aging process.
- The skill to perform a functional assessment and mental status exam, and describe and document the findings.
- Is able to perform a functional assessment of elderly.
- Understands the use of appropriate immunizations in the elderly patient.
- Understands the issue of self-determination including advanced directives.
- Understands strategies to optimize quality of life.
- Understands appropriate pain management in the elderly.
- Recognizes the importance of being an advocate for accessibility to health care for all elderly patients.

Medical Knowledge
- The knowledge to understand the physiological and psychological changes of senescence.
- The knowledge of normal anatomy and physiology of aging processes and the pathophysiology (acute and chronic) of the entities of aging
- Recognizes atypical presentations of diseases in elderly individuals.
- Utilizes basic geriatric assessment tools in clinical practice.
- The knowledge to provide preventive aspects of health care.
- The knowledge of sociocultural parameters of the patient and their greater community.
- The knowledge of the nutritional and pathological (acute and chronic) entities of aging.
- The knowledge of appropriate use of pharmacological agents with understanding of pharmacokinetics in the elderly.
- The knowledge of community resources for appropriate referrals.
- The knowledge to develop a treatment and/or placement plan for a geriatric patient.
- The knowledge to provide family support therapy.
- Understands the role of the family in the care of the elderly.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- To have a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers.
• The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems.
• Is able to assess and assign appropriate levels of long-term care for elderly persons.
• Understands the differences among the continuum of care for elders.
• Manages the elderly patient in various levels of care.
• Understands the role of a multidisciplinary team in the care of the elderly.
• Is able to access available community resources to care for frail and/or homebound elderly patients.
• Understands the role of and utilize hospice in the care of the dying patient.
GYNECOLOGY/WOMEN’S HEALTH

Goals:
To develop in the Family Medicine resident:
1.) The ability to evaluate and appropriately treat patients who present with common gynecological problems.
2.) To recognize the indication for referral to a gynecologist.

Objectives:
In the following general competencies, the resident should display:

Patient Care
- The skill to obtain and document a patient history relevant to the female (adult and pediatric) reproductive system.
- The skill to perform a physical examination relevant to the female patient and be able to describe and document the findings (e.g. breast exam, pelvic exam, exam following sexual assault or trauma, endometrial biopsy, cervical biopsy, etc.).
- The skill to evaluate a patient with common gynecologic problems and develop a plan for diagnostic evaluation.

Medical Knowledge
- The knowledge to understand the normal anatomy and physiology of the gynecologic system and the pathophysiology of gynecologic diseases (i.e., normal growth and development, physiology of menstruation and menopause, diseases of the female reproductive tract, reproductive physiology including fertility, abnormal uterine bleeding, infections, etc.).
- The knowledge to interpret the information obtained through laboratory tests (Pap smears, mammography, pelvic ultrasound, etc.).
- The knowledge to develop a treatment and follow-up plan for a patient with common gynecologic problems.
- The knowledge to provide education specific to women’s health issues (family planning, fertility problems, contraception, sexuality, etc.)

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- To provide a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems
HEMATOLOGY/ONCOLOGY

Goals:

The resident will learn to:

- Interview and examine a variety of patients representing the most common malignancies
- Research and discuss tumor biology and therapeutic options with the supervising medical oncologist
- Review current oncology treatment protocols available to each patient
- Decide on appropriate, cost-effective diagnostic tests and useful consultations
- Plan suitable palliative care for patients requiring pain control and other supportive measures
- Organize a follow-up plan including integration of social, nursing and nutritional support

Patient Care
- Perform a focused history and physical exam with attention to factors appropriate to the hematology issue
- Formulate a diagnostic and management plan
- Clearly document the plan in the medical record
- Perform a bone marrow biopsy competently

Medical Knowledge
- Learn the differential diagnosis of common hematologic abnormalities
- Learn the appropriate diagnostic evaluation of common hematologic abnormalities
- Learn the management of common hematologic diseases

Practice Based Learning
- Use literature search to answer clinical questions
- Be able to interpret laboratory tests and learn what additional tests to order to arrive at a diagnosis
- Gain exposure to interpreting peripheral blood and bone marrow smears

Interpersonal and Communication Skills
- Communicate effectively and professionally with team members
- Communicate compassionately and effectively with patient and family to obtain accurate history and describe treatment and toxicity

Professional
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System Based Practice
- Learn to use diagnostic and therapeutic modalities in a logical, cost-effective manner
- Learn to consult with other specialties appropriately
- Implement and review standardized treatment protocols

Hematology/ Oncology Curriculum Checklist

- Hemochromatosis
- Hemostasis and thrombosis
- Abnormal coagulation (abnormal prothrombin and partial thromboplastin times)
- Anticardiolipin antibody
- Anticoagulation (therapeutic) fibrinolysis
- Disseminated intravascular coagulation
- Hypercoagulable state
~ Hyperviscosity syndrome
~ Leukocyte disorders
~ Immunosuppression
~ Neutropenia
~ Leukemoid reaction
~ Myeloproliferative disorders
~ Chronic myelogenous leukemia
~ Polycythemia vera
~ Platelet disorders
~ Thrombocytopenia
~ Platelet dysfunction
~ Thrombocytosis
~ Polycythemia, secondary
~ Red cell disorders
~ Anemia
~ Hemoglobinopathy (e.g., sickle cell disease)
~ Transfusion therapy
~ Advance planning and managing
~ End of life issues
~ Breast cancer (pre- and post-menopausal)
~ Gastrointestinal cancers
~ Colorectal cancer
~ Anal cancer
~ Esophageal cancer
~ Pancreatic cancer
~ Stomach cancer
~ Hepatoma
~ Metastatic disease
~ Gallbladder cancer
~ Genitourinary cancers
~ Cervical cancer
~ Prostate cancer
~ Endometrial cancer
~ Kidney cancer
~ Ovarian cancer
~ Testicular cancer
~ Bladder cancer
~ Head and neck cancers
~ Cancer of the head, neck
~ Thyroid cancer
~ Parathyroid cancer
~ Management of pain, emesis and nutrition
~ Neurologic cancers
~ Metastatic disease to CNS
~ Primary brain tumors
~ Oncologic emergencies
~ Hypercalcemia
~ Pericardial tamponade
~ Spinal cord compression
~ Pulmonary cancers
~ Lung cancer
~ Superior vena cava syndrome
~ Mediastinal tumors
~ Pleural malignancy
~ Bronchial carcinoid
~ Sarcomas
~ Melanoma
HOSPITAL SERVICE 1 & 2

Goals:
To develop in the OGME-1 resident:
1.) The ability to evaluate and appropriately treat patients admitted to the hospital with common, acute problems, under appropriate supervision.
2.) To initiate care of critically ill patients and recognize the indication for a consultation from or a referral to a sub-specialist.

Objectives:
In the following general competencies, the resident should display:

Patient Care
- The skill to obtain a pertinent history, perform a physical examination, discern abnormalities, and document the findings.
- The skill to perform simple/common medical procedures (e.g., arterial punctures, gastric lavage, lumbar punctures, central lines, endotracheal intubation, thoracentesis, arthrocentesis, paracentesis, wound care, etc.).
- The skill to manage the day-to-day care of the hospitalized patient, with appropriate supervision.

Medical Knowledge
- The knowledge to define an appropriate hospital admission.
- Knowledge of the basic pathophysiology of common acute problems and diseases (e.g., pneumonia, urinary tract infection, syncope, dehydration, etc.)
- Pharmacological knowledge of commonly used medications.
- The knowledge necessary to interpret the results of diagnostic tests.
- The knowledge to formulate a sound differential diagnosis and a rationale for same.
- The knowledge to formulate an appropriate diagnostic or therapeutic plan.
- The knowledge to formulate an appropriate discharge plan.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patient, families, peers, staff, consultants, etc.
- A caring, courteous, compassionate demeanor to patients, families, staff and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

Systems-Based Practice
- The ability to seek specialty consultation when appropriate and maintain direct responsibility for the management of the patient.
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care in addition to assisting patients in dealing with the complexities of medical systems
HOSPITAL SERVICES 3&4

Goals:
To develop in the OGME-2 resident:
1.) Progression in the ability to evaluate and appropriately treat patients admitted to the hospital with common acute problems. The resident will begin to function independently, both in the community and university setting.
2.) To recognize the indication for referral to a sub-specialist.
3.) The ability to teach interns and medical students.

Objectives:
In the following general competencies, the resident should display

Patient Care
- The skill to obtain a pertinent history, perform a physical examination, discern abnormalities and document the findings.
- The skill to perform simple/common medical procedures (i.e., arterial punctures, gastric lavage, lumbar punctures, central lines, endotracheal intubation, thoracentesis, arthrocentesis, paracentesis, wound care, etc.).
- The skill to present pertinent information to peers, staff, consultants, etc.
- The skill to manage the day to day care of the hospitalized patient independently.

Medical Knowledge
- The knowledge to define an appropriate hospital admission.
- The knowledge of the basic pathophysiology of common acute problems and diseases (e.g., pneumonia, urinary tract infection, syncope, dehydration, etc.).
- The knowledge necessary to interpret the results of diagnostic tests.
- The knowledge to formulate a sound differential diagnosis, and a diagnostic or therapeutic plan and provide a rationale for same.
- The knowledge to formulate an appropriate discharge plan.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- A caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems
HOSPITAL SERVICE 5&6

Goals:
To develop in the OGME-3 resident:
1.) The ability to supervise, teach and assist lower level residents and medical students to appropriately treat patients admitted to the hospital with common acute problems.
2.) To recognize the indication for referral to a sub-specialist and provide consultation services for patients admitted to other services.

Objectives: the resident’s abilities should progress to a level sufficient to provide supervisory services to the lower level residents on the service. In the following general competencies, the resident should display

Patient Care
- The skill to obtain a pertinent history and to perform a physical examination, to discern abnormalities and document the findings.
- The skill to independently manage the day-to-day care of the hospitalized patient.
- The skill to perform simple/common medical procedures (i.e., arterial punctures, gastric lavage, lumbar punctures, central lines, endotracheal intubation, thoracentesis, arthrocentesis, paracentesis, wound care, etc.).
- The skill to present pertinent information to peers, staff, consultants, etc.
- The skill to teach and guide lower level residents.

Medical Knowledge
- The knowledge to define an appropriate hospital admission.
- The knowledge of the basic pathophysiology of common acute problems and diseases (e.g., pneumonia, urinary tract infection, syncope, dehydration, etc.).
- The knowledge necessary to interpret the results of diagnostic tests.
- The knowledge to formulate a sound differential diagnosis, diagnostic or therapeutic plan and to provide a rationale for same.
- The knowledge to formulate an appropriate discharge/follow-up plan.
- The knowledge to instruct lower level residents.
- The knowledge to make appropriate use of consultants and sub-specialists.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately
- Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- A caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- Supervisory skills and assume a leadership role for the service.
- The ability to work cooperatively with sub-specialists/consultants for the benefit of the patient
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems.
INFECTION DISEASE

Goals:
1. The resident will learn the diagnostic and therapeutic approach to the patient with an infectious disease.
2. The resident will develop awareness in accordance with the patient/physician partnership towards optimal outcome for their infectious disease.
3. The resident will understand the working relationship between an infectious disease specialist and a primary care specialist.
4. Understanding how a patient’s social history (travel, HIV risk factors, exposures) can have a significant impact on the differential diagnosis and management of infections
5. Understanding antibiotic selection and therapy including familiarity with major classes, choosing appropriate antibiotics and monitoring for antibiotic toxicities
6. Exposure to a broad range of major syndromes including community and hospital-acquired pneumonia, infective endocarditis, cellulitis, urinary tract infections and the evaluation of fever

Patient Care
Perform a comprehensive history and physical with particular attention to risk factors for infection and resistant organisms
Formulate a management plan
Clearly document patient management in the medical record

Medical Knowledge
Recognize how exposure history determines patient care
Consult rounds
Use diagnostics appropriately
Recognize major infectious clinical syndromes
Use antibiotics appropriately
Recognition and management of antibiotic toxicities

Practice-based Learning and Improvement
Be able to perform a literature search to answer clinical questions
Be able to interpret microbiological data such as pathogen identification and antimicrobial sensitivities
Facilitate team member education

Interpersonal and Communications Skills
Communicate a plan of action and follow-up effectively to patients and other team members
Communicate potential risks of therapy including antibiotic toxicities to patients and their caretakers
Relate microbiology findings to other team members

Professionalism
Interact with patients, colleagues and hospital staff in a respectful manner
Maintain patient confidentiality and HIPAA guidelines

Systems-Based Practice
Mobilize vagal nerve activity (VNA) and other services to provide outpatient antibiotics
Work with infection control practitioners as part of an interdisciplinary team
NEPHROLOGY

Goals:
1. The resident will gain knowledge and skills necessary to evaluate and manage issues involving patients with special problems related to the kidney and to use preventative measures to maximize renal health.
2. The resident will understand community, state, national resources and systems for patients with renal disease.

Objectives:
The resident should develop attitudes that encompass the following:
- Awareness of the importance of the patient and physician working together as partners to promote optimal health.
- Utilization of self-directed learning toward further knowledge and competence in nephrology.
- Support of the patient through the process of consultation, renal evaluation, treatment and rehabilitation.
- Ability to communicate effectively and compassionately with patients and families.
- Recognition of the psychosocial and economic impact of renal disease on the patient and family.

The resident should gain sufficient knowledge and therapeutic skills to:
- Recognize drug and substance (IV contrast) that can be toxic to kidneys and do preventative measures.
- Recognize, evaluate and treat hypertension.
- Recognize appropriate timing to referral for patients with increased Creatinine.
- Recognize, evaluate, preventatively medicate and treat diabetic renal disease.
- Understand completely appropriate diagnosis and treatment of:
  - Water electrolyte disturbances
  - Hyponatremia
  - Hypernatremia
  - Hyperkalemia
  - Hypokalemia
  - Increased Ca
  - Decreased Ca
  - Increased Mg
  - Decreased Mg
- Normal Renal function, structure and drug action.
- Understand and treat acid-base disorders.
- Understand and treat nephrolithiasis.
- Proficiency and understanding of lab tests: UA, Bun/Cr, Urine Electrolytes, Appropriate X-ray studies, Cr Clearance, Serum Electrolytes.
- Understand process of Remo & Peritoneal dialysis patient and primary care physician role in interacting with dialysis patient in ER, office in regards to medications, risk for infection, medical management. Easy access to nephrologist.
- Management of hypertensive emergency.
- Avoidance and management of ATN.
- Criteria for emergent dialysis.
- Diagnosis and management of diabetic ketoacidosis.
- CRF management and timing of nephrology consult.
- Treatment of anuric/oliguric patient.
NEUROLOGY

Goals:
To develop in the Family Medicine resident:
1. The skills to manage common neurologic conditions seen in primary care.
2. Knowledge to evaluate, diagnose, and manage common neurologic conditions seen in both the inpatient and outpatient settings.
3. The ability to utilize the best evidence in caring for patients with or at risk for various neurologic conditions.
4. The ability to communicate effectively with patients concerning the evaluation and management of neurologic conditions.
5. A commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity when dealing with neurologic conditions.
6. Skills to work within the health care system to provide optimum care for patients with neurologic conditions.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of neurologic disorders.

Patient Care
- The ability to obtain an accurate history regarding neurologic diseases.
- Appropriate physical examinations on patients with neurologic conditions.
- Skills to perform procedure appropriate for the diagnosis and management of neurologic conditions.

Medical Knowledge
- An understanding of the normal anatomy, physiology and anatomic principles that allow localization of neurological disease
- Pathologic neurological disorders, including but not limited to:
  ~ Disorders of motor function
  ~ Disorders of sensation
  ~ Disorders of vision
  ~ Cerebrovascular diseases
  ~ Head and spinal trauma
  ~ Multiple sclerosis
  ~ Dizziness and disorders of hearing
  ~ Disorders of higher cognitive function and communication
  ~ Disorders of consciousness
  ~ Recognition and treatment of increased intracranial pressure
  ~ Stupor and coma
  ~ Headache
  ~ Infections
  ~ Spinal cord disorders
  ~ Disorders of peripheral nerve, neuromuscular junction and muscle

Practice-Based Learning and Improvement
- The ability to find and use high-quality Web sites as resources for use in caring for patients with neurologic conditions.
- The ability to use the Internet and the written literature to confirm diagnostic hypothesis for various neurologic disorders.
- The ability to apply medical knowledge learned on the Neurology Rotation to his or her own continuity patients.

Interpersonal and Communication Skills
- The ability to describe diagnosis and treatment plans to patients and their families.
- Skills to counsel patients regarding their concerns and incorporate prevention.
- Skills to accurately convey medical information regarding neurologic conditions to colleagues, verbally and written.
- The ability to accurately document patient encounters.

Professionalism
• Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
• Introduce oneself to patients when observing care or participating in their care in the medical office
• Provide healthcare that is sensitive to the culture of patients and their families
• Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
• Inform staff of absences as appropriate

System-Based Practice
• The skills to appropriately utilize consultation with neurology colleagues in the management and co-management of neurologic conditions or concerns.
• A caring approach for patients with a neurologic issue in a cost effective manner.
• The ability to utilize local resources available for patients with neurologic conditions.
• An understanding of basic coding for neurologic procedures.
• An understanding of basic insurance reimbursement for neurologic conditions.
OBSTETRICS

Goals:
To develop in the Family Medicine resident:
1.) The ability to direct and manage the prenatal, labor, delivery and post-natal care of an uncomplicated patient.
2.) The ability to distinguish a high risk from a low risk pregnancy.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of obstetric cases.

Patient Care:
- The skill to place a fetal scalp electrode and uterine pressure catheter.
- The skill to perform a normal, spontaneous vertex delivery.
- The skill to manage the third-stage of labor.
- The skill to perform common procedures (i.e., 2/3° midline episiotomy and repair, circumcision).

Medical Knowledge:
- The knowledge of normal pregnancy, labor and delivery, including fetal monitoring
- The knowledge to distinguish a high risk from a low risk pregnancy
- The knowledge necessary to diagnose labor including assessment of dilation, effacement and station.

Practice-Based Learning and Improvement:
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills:
- The skill to present pertinent information to patients, families, peers, staff, consultants, et al.
- To have a caring, courteous, compassionate demeanor to patients, families, staff, and peers.
- The ability to function cooperatively in a “team” setting.

Professionalism:
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office.
- Provide healthcare that is sensitive to the culture of patients and their families.
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff.
- Inform staff of absences as appropriate.

Systems-Based Practice:
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care in addition to assisting patients in dealing with the complexities of medical systems.
- To have an understanding of societal health issues.
OPHTHALMOLOGY

Goals:
To develop in the Family Medicine resident:
1.) The ability to evaluate and appropriately treat patients who present with common ophthalmologic problems.
2.) To recognize the indication for referral to an ophthalmologist.

Objectives:
In the following general competencies, the resident should display

Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of ophthalmologic disorders.

Patient Care
- The skill to obtain and document a patient history relevant to the eyes.
- The skill to perform a physical examination relevant to the eyes and be able to describe and document the findings.
- The skill to evaluate a patient with common eye problems and develop a plan for diagnostic evaluation.
- The skill to perform simple ophthalmology procedures (e.g., removal of foreign bodies, other traumas, incision and drainage, excision, application of patches and shields.)
- The skill to monitor therapeutic programs.

Medical Knowledge
- The knowledge to understand the basic anatomy and physiology of the eyes and the pathophysiology of common diseases which affect the eyes, (i.e, aging, infections, glaucoma, cataracts, diabetes, etc.)
- The knowledge to interpret the information obtained through laboratory tests.
- The knowledge to develop a treatment, rehab, and follow-up plan for a patient with common ophthalmologic problems.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- Have a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems
ORTHOPAEDICS

Goals:
To develop in the Family Medicine resident:
1.) The ability to evaluate and appropriately treat patients who present with common orthopaedic problems.
2.) To recognize the indication for referral to an orthopaedist.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of orthopaedic disorders.

Patient Care
- Skill to obtain and document a patient history relevant to the musculoskeletal system.
- The skill to perform a physical examination relevant to the musculoskeletal system and be able to describe and document the findings (i.e., a directed examination of the neck, shoulder, arms, hands, lower back, hips, legs, and feet).
- The skill to evaluate a patient with common orthopaedic problems and develop a plan for diagnostic evaluation (e.g., bursitis, scoliosis, tennis elbow, carpal tunnel syndrome, and injuries (fractures, sprains, strains).
- The skill to perform simple orthopaedic procedures (joint aspiration, casting, splinting, simple injections, etc.)

Medical Knowledge
- To recognize the indication for referral to an orthopaedist
- The skill to monitor therapeutic programs (i.e., physical therapy).
- The knowledge to understand the basic anatomy and physiology of the musculoskeletal system and the pathophysiology of common orthopaedic diseases (i.e, arthritis, bursitis, etc.)
- The knowledge to interpret the information obtained through laboratory tests
- The knowledge to develop a treatment, rehab, and follow-up plan for a patient with common orthopaedic problems.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et.al.
- A caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate

Residents are required to read:
- Appropriate chapters from Taylor ‘s Family Practice Textbook.
- Walter B. Gree, MD Editor of the American Academy of Orthopedic Surgeons
- American Academy of Pediatrics “Essentials of Musculoskeletal Care” 2nd ed
OTOLARYNGOLOGY

Goals:

1. The family physician is the first contact for many patients complaining of problems with the ears, nose or throat. Having an understanding of the common disorders of this system, as well as when to refer is necessary for the family physician.

Objectives:
In the following general competencies, the resident should display

Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of ENT disorders.

Patient Care
- The skill to obtain and document a patient history relevant to the eyes.
- The skill to perform a physical examination relevant to the eyes and be able to describe and document the findings.
- The skill to evaluate a patient with common eye problems and develop a plan for diagnostic evaluation.
- The skill to perform simple ophthalmology procedures (e.g., removal of foreign bodies, other traumas, incision and drainage, excision, application of patches and shields.)
- The skill to monitor therapeutic programs.

Medical Knowledge
- Understand and be able to treat common disorders of the ears and know when to refer patients with these conditions, including:
  - Eustachian tube dysfunction
  - Benign positional vertigo
  - Otitis Media
- Understand and be able to treat common disorders of the nose and throat, and know when to refer patients with these conditions, including:
  - Epistaxis
  - Sinusitis
  - Allergic rhinitis
  - Septal deviation
  - Tonsillitis
  - Laryngitis
  - Chronic cough
- Discuss symptoms and conditions relating to the ears, nose or throat with a specialist when referring a patient.
- Diagnose and manage trauma to the ears, nose or throat until a specialist can assume care.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- Have a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office.
- Provide healthcare that is sensitive to the culture of patients and their families.
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff.
- Inform staff of absences as appropriate.

System-Based Practice
- The ability to coordinate care with health care managers and other providers.
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems.
PEDIATRICS – AMBULATORY

Goals:
To develop in the resident:
1.) The ability to provide routine care for infants, children and adolescents in an ambulatory setting.
2.) The ability to recognize the indications for hospitalization or referral to a sub-specialist.

Objectives:
In the following general competencies, the resident should display …

Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of pediatrics patients.

Patient Care
- The skill to perform a physical exam of the pediatric patient, to discern abnormalities, and document the findings.
- The skill to provide routine health care for infants, children, and adolescents.
- The skill to provide simple/common medical procedures.
- The skill to recognize the need for referral to a sub-specialist or hospitalization.

Medical Knowledge
- Knowledge of the basic pathophysiology of common pediatric problems.
- The knowledge necessary to detect, screen, and interpret diagnostic findings for common pediatric problems.
- The knowledge to formulate a sound differential diagnosis and a rationale for same.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- To have a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems
Goals:
To develop in the Family Medicine resident:
1.) The ability to evaluate and appropriately treat pediatric patients admitted to the hospital with common, acute problems, under appropriate supervision.
2.) The ability to initiate care of a critically ill pediatric patient and recognize the indication for referral to a subspecialist.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles and Practice:
- Understands the role osteopathic manipulation plays in the management of pediatric patients.

Patient Care
- The skill to obtain a pertinent history, perform a physical examination, discern abnormalities, and document findings.
- The skill to perform simple/common medical procedures (i.e., arterial punctures, gastric lavage, lumbar punctures, central lines, bladder aspirations, thoracentesis, arthrocentesis, paracentesis, wound care, etc.).
- The skill to manage the day-to-day care of the hospitalized pediatric patient, with appropriate supervision.

Medical Knowledge
- The knowledge to define an appropriate hospital admission.
- Knowledge of the basic pathophysiology of common acute problems and diseases in children (e.g., pneumonia, urinary tract infection, seizures, dehydration, etc.)
- Pharmacological knowledge of commonly used medications and recommended dosages for children.
- The knowledge necessary to interpret the results of diagnostic tests.
- The knowledge to formulate a sound differential diagnosis and a rationale for same.
- The knowledge to formulate an appropriate diagnostic or therapeutic plan.
- The knowledge to formulate an appropriate discharge plan.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately.
- The skills to access and use information technology appropriately.
- Interpersonal and Communication Skills
- The skill to present pertinent information to parents, peers, staff, consultants, et al.
- A caring, courteous, compassionate demeanor to patients, parents, staff, and peers.
- The ability to function cooperatively in a “team” setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office.
- Provide healthcare that is sensitive to the culture of patients and their families.
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff.
- Inform staff of absences as appropriate.

Systems-Based Practice
- The ability to coordinate care with health care managers and other providers.
- The ability to act as an advocate for quality patient care in addition to assisting patients in dealing with the complexities of medical systems.
PHYSICAL MEDICINE AND REHABILITATION

Goal:
To know and understand the process of assisting patients reach the greatest possible restoration of physical, vocational, and psychological function given the extent of impairment and illness by the current and best interventions of the discipline of physical and rehabilitative medicine.

Objectives:
In the following general competencies, the resident will able to:

Osteopathic Principles and Practices
- Understands the role of osteopathic manipulation in physical and rehabilitative medicine.

Patient Care
- Assess for rehabilitation potential and specific interventions.
- Evaluate daily self-care issues.
- Assess for Gait and mobility.
- Understand speech and language disability evaluation.
- Understand swallowing dysfunction evaluation.
- Understand which patients would benefit from rehabilitative services.

Medical Knowledge
- Develop expertise in the musculoskeletal exam as it relates to physical medicine and rehabilitation.
- Gain familiarity with electro-diagnosis and the appropriate use of EMG studies.

Practice-Based Learning
- Develop skills to obtain, evaluate, and apply appropriate medical literature.
- Develop skills to appropriately use information technology.

Interpersonal and Communication Skills
- Develop skills to present pertinent information to patients and families of patients.
- Gain the ability to coordinate care with the other health professionals involved in physical medicine and rehabilitation. This includes, but is not limited to physical staff, speech pathology, physical therapy, occupational therapy, social workers, and care managers.

Professionalism
- Demonstrate reliability and maintain ethical principles when carrying out assigned duties.
- Reliable and dependable characteristics when executing assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

Systems-Based Practice
- Develop the ability to coordinate a plan with the physician for further diagnostic testing, treatment and rehabilitation.
- Gain an understanding of the medicolegal issues involved in occupational disability as it related to rehabilitation
PULMONARY/Critical Care

Goals:
To develop in the Family Medicine resident:
1.) The ability to evaluate and appropriately treat patients who present with common problems of the pulmonary system.
2.) The ability to participate in the management of critically ill patients in intensive care settings

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles and Practices
- Understands the role of osteopathic manipulation in the treatment of pulmonary disease.

Patient Care
- The skill to obtain a medical history and to perform a physical examination relevant to the pulmonary system and be able to describe and document the findings (e.g., asthma, emphysema, etc.).
- The skill to provide appropriate care for a relatively stable patient who is admitted to the critical care unit.
- The ability to diagnose and manage common pulmonary diseases.
- The skill to evaluate critically ill patients and obtain consultation with specialty physicians when appropriate. Examples of critical illnesses to be addressed include: respiratory failure, sepsis, myocardial infarctions, fluid and electrolyte disturbances, and acute neurologic insults.
- The skill to perform a pre-operative assessment.

Medical Knowledge
- The knowledge to understand the normal anatomy and physiology of the pulmonary system and the pathophysiology of pulmonary diseases.
- The knowledge to interpret the information obtained through laboratory tests, peak flows, pulmonary function tests, etc.
- The knowledge to develop a treatment and follow-up plan for a patient with common pulmonary problems (asthma, emphysema, sinusitis, etc.)

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- Present a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Reliable, ethical and dependable characteristics when executing assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems
RADIOLOGY

Objectives:

Patient Care
Residents will utilize information gained from the appropriate utilization of imaging studies to learn how to knowledgeably discuss and treat a patient’s condition.
Residents will:
1. Learn the anatomic appearance of all parts of the body recognizable on imaging studies.
2. Learn to recognize changes seen on follow-up studies and determine how the new and additional information learned can be used in the care of patient.
3. Learn to understand when and which imaging studies are indicated for emergency, urgent or routine patient care and the appropriate time interval between such studies
4. Learn which studies are contraindicated in a patient’s condition.
5. Understand basic information on equipment capability and how to access the technical expertise of technicians to overcome the difficulty in recognition of pathologies created by other basic factors (example – obesity, fibrosis, scar tissue, etc.).
6. Understand the socioeconomic capabilities of patients and the financial impact upon them of having studies done, especially in those cases where the study ordered has not been recognized to be useful in finding the pathology sought.

Medical Knowledge
Residents will demonstrate a basic level of competency to adequately assess and determine the appropriate imaging study and or studies necessary to manage the spectrum of disease seen in patients.
Residents will:
1. Understand the relationship between the basic and clinical sciences as it applies to Radiology.
2. Apply their knowledge in the basic and clinical sciences to the determination of which imaging studies are most appropriate to the care of their patients.
3. Understand which study would be most important and helpful versus which studies are less useful or helpful for diagnoses of a wide spectrum of specific diseases.

Practice Based Learning and Improvement
Residents will practice evidence-based medicine.
Residents will:
1. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
2. Assess, apply, and assimilate investigative knowledge to improve patient care.
3. Have small group seminar discussions, film interpretation discussions, etc.

Interpersonal and Communication Skills
Residents will learn how to establish effective and ethically sound communication with patients, faculty, staff, and peers in order to provide quality health care.
Residents will:
1. Learn the terminology specific to Radiology and how to use it in verbal and written communication with patients, family, staff and peers.
2. Learn how to communicate with patients as the need for imaging studies and understanding the results of such studies.
3. Utilize intuitive and listening skills
4. Learn the importance of being a team player.
5. Learn how to communicate in an organized manner.

Professionalism
Residents will respect and be sensitive to the individuality, values, goals, concerns, and rights of all with whom they interact in the ambulatory and inpatient healthcare setting.
Residents will:
1. Complete responsibilities reliably.
2. Demonstrate respect, empathy, and integrity.
3. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.

Systems-Based Practice
Residents will effectively integrate ancillary healthcare resources and appropriately utilize business systems for optimal care of their patients. Residents will:
1. Recognize the role of the Radiologist as a member and coordinator of the healthcare delivery team.
2. Recognize the reason that other physicians must understand radiology.
3. Recognize social and economic factors that affect patient care.
4. Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
5. Practice quality cost-effective healthcare.
6. Realize the Radiologist’s role in the community and society.

SUPERVISION
Direct at all times by Staff Radiologist. Films are read together and dictated by staff radiologist. Staff radiologist performs all invasive procedures.

METHODS OF IMPLEMENTATION OF GOALS AND OBJECTIVES
Goals and objectives are implemented through one on one precepting, direct resident and staff supervision, faculty and resident role modeling, case-based readings, and daily X-ray reading rounds.
RHEUMATOLOGY

Goals:
To develop in the Family Medicine resident:
1.) The ability to evaluate and appropriately treat patients who present with common rheumatological problems.
2.) The ability to participate in the management of patients with rheumatological diseases.

Objectives:
In the following general competencies, the resident will be able to:

Osteopathic Principles and Practices:
- Understands the role osteopathic manipulation plays in the management of patients with rheumatologic disease.

Patient Care
- Elicit an accurate relevant rheumatologic history.
- Satisfactorily perform a complete or limited physical examination:
- Be familiar with anatomic and physiologic correlations

Medical Knowledge
- Be familiar with basic immunology including:
  ~ B+T cell type and function
  ~ Macrophage function
  ~ Gell-Coombs classification
  ~ ICx diagnosis
- Be familiar with the inflammatory process, including:
  ~ Polymorphonuclear cells
  ~ Complement system
  ~ Prostaglandin and Leukotrienes
  ~ Lymphokines
  ~ Plasmin, Hagenman Factor and Kinins
- Order appropriate laboratory and X-ray results.
- Accurately interpret laboratory and X-ray results.
- Accurately diagnose patients presenting with signs and symptoms of disease entities of major organ systems as related to Rheumatology:
- Initiate appropriate therapy (which may include rheumatologic referral or consult).
- Recognize and evaluate the effectiveness of the therapy chosen.
- Evaluate the risks of alternative treatment.
- Provide the patient with an adequate understandable description of the diagnosis, treatment and prognosis.
- Give reassurance and provide appropriate counseling to the patient and/or family when indicated.
- Design suitable management plans.
- Demonstrate the ability to select and employ the proper treatment modalities:
  ~ Suturing.
  ~ Suture removal
  ~ Joint aspiration

Practice-Based Learning
- Develop skills to obtain, evaluate, and apply appropriate medical literature.
- Develop skills to appropriately use information technology.
- Design suitable management plans.

Interpersonal and Communication Skills
- Develop skills to present pertinent information to patients and families of patients.
- Gain the ability to coordinate care with the other health care.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate
Systems-Based Practice

- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems

Rheumatology Curriculum Checklist

- Regional pain syndromes
- Bursitis: Hip, shoulder, knee
- Tendonitis: shoulder, elbow, wrist
- Back pain
- Neck pain
- Rheumatoid arthritis
- Scleroderma
- Septic arthritis
- Seronegative
- Spondyloarthropathies
- SLE
- Vasculitis
- Giant cell arteritis
- Polyarteritis and hypersensitivity
- Crystal-induced synovitis
- Degenerative joint disease
- Fibromyalgia
- Myositis
- Occupational and overuse syndromes
- Achilles tendonitis
- Iliotibial band
- Epicondylitis
- Plantar fasciitis
- Rotator cuff tendonitis
- Trochanteric bursitis
- Osteomyelitis
- Osteoporosis
- Polymyalgia rheumatica
SPORTS MEDICINE

GOALS:
The goal of this rotation is to provide the resident with exposure to Sports Medicine and Musculoskeletal Medicine with an emphasis on the accurate diagnosis and accepted management of common musculoskeletal problems.

Objectives:
By the end of this rotation, the resident will be able to:
- Assess the acutely injured athlete
- Perform an examination of the shoulder, knee, and ankle
- Discuss assessment and differential diagnosis of common upper and lower extremity overuse syndromes/injuries

Osteopathic Principles and Practices:
- Understands the role osteopathic manipulation plays in sports medicine.

Patient Care
- Obtain accurate histories for acute musculoskeletal injury
- Perform a proficient examination of the shoulder, knee and ankle
- Demonstrate an appropriate pre-participation evaluation and exam
- Observe, assist or perform joint and soft tissue injections, fracture management, and casting
- The skill to monitor therapeutic programs (i.e., physical therapy).
- The skill to integrate family medicine philosophy into recreational medicine by stressing health promotion, nutrition, injury prevention, etc.

Medical Knowledge
- Assess the acutely injured athlete
- Verbalize the criteria for radiographic imaging in patients with acute and chronic musculoskeletal injury/disease and the correct x-rays to order.
- Discuss assessment and differential diagnosis of common upper and lower extremity overuse syndromes/injuries
- Understand the pre-participation exam form

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- Utilize the published guidelines for the pre-participation exam
- The skills to access and use information technology appropriately

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- To have a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Reliable, ethical and dependable characteristics when executing assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems.

Required Reading
Readings are presented at the start of the rotation and are multiple and comprehensive. A significant amount of preparation time through study and reading is expected for satisfactory performance in this rotation.

“Sports Medicine” chapter from Rakel's Textbook of Family Medicine, 6th ed (provided in reading material)

Watch shoulder, knee, back, neck, foot/ankle exam from CD from Essentials of Musculoskeletal Care, 3rd ed.

Review topics listed as common musculoskeletal problems
Pre-Participation Exam-in reading syllabus

Essentials of Musculoskeletal Care, 3rd ed.
By Letha Hunter Griffin, MD, American Academy of Orthopedic Surgeons, published 2006

Additional Reading and Reference

Primary Care Sports Medicine, 2nd ed. McKeag, D, and Moeller, J, eds. Published 6/2007 J.P. Lippincott. (in Dr. Terrell’s office)

Twenty common Sports Medicine problems, Jim Puffer, MD, ed.

Online resources
1. American Family Physician www.aafp.org
2. Physician and Sports medicine website www.physportsmed.org
4. American Medical Society for Sports Medicine website
SURGERY – GENERAL

Goal:
To develop in the OGME-1 resident:
1.) The ability to make a pre-operative assessment of patients presenting with elective or acute surgical problems, assist with the operative treatment and the post-operative management of these patients.
2.) The ability to make appropriate requests for surgical consultations.

Objectives:
In the following competencies the resident should display …

Osteopathic Principles and Practices:
- Understands the role osteopathic manipulation plays in the management of surgical patients.

Patient Care
- The skill to assess patients who present with acute surgical problems and make an appropriate diagnosis.
- The ability to manage surgical disorders and surgical emergencies.
- The skill to assist in the preparation of patients presenting for surgical treatment of problems.
- The ability to provide pre-hospital preparation of the elective surgical patient.
- The skill to assist the surgeon in the operative theater.
- The skill to provide routine care for the stable post-operative patient.
- The skill to provide non-operative supportive care for patients with common surgical problems (e.g., wound care, burn care).
- The ability to manage, in conjunction with the surgeon, the surgical patient during the preoperative and postoperative period.

Medical Knowledge
- Refers patients with surgical problems in a timely and appropriate fashion, to the appropriate surgical specialist.
- The knowledge of operative treatments of common surgical illnesses.
- The knowledge to define risks and benefits of operative interventions.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately.
- The skills to access and use information technology appropriately.

Interpersonal and Communication Skills
- The skill to present pertinent information to patients, peers, staff, consultants, et al.
- To have a caring, courteous, compassionate demeanor to patients, families, staff, and peers.
- The ability to function cooperatively in a "team" setting.

Professionalism
- Reliable, ethical and dependable characteristics when executing assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office.
- Provide healthcare that is sensitive to the culture of patients and their families.
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff.
- Inform staff of absences as appropriate.

Systems-Based Practice
- The ability to coordinate care with health care managers and other providers.
- The ability to act as an advocate for quality patient care in addition to assisting patients in dealing with the complexities of medical systems.
UROLOGY

Goals:
To develop in the Family Medicine resident:
1.) The ability to evaluate and appropriately treat patients who present with common genito-urologic problems.
2.) To recognize the indication for referral to a urologist.

Objectives:
In the following general competencies, the resident should display:

Osteopathic Principles and Practices:
- Understands the role osteopathic manipulation plays in the management of patients with urological diseases.

Patient Care
- The skill to obtain and document a patient history relevant to common genito-urologic problems.
- The skill to perform a physical examination relevant to the genito-urologic system, describe and document the findings.
- The skill to evaluate a patient with common genito-urologic problems and develop a plan for diagnostic evaluation.
- The skill to perform simple urologic procedures

Medical Knowledge
- The knowledge to understand the normal anatomy, development and physiology of the genito-urologic system and the pathophysiology of urologic diseases (i.e., incontinence)
- The knowledge to recognize the associated risk factors of congenital, acquired, or aging processes as it pertains to genito-urologic problems.
- The knowledge to interpret the information obtained through laboratory tests (biopsy, culture, etc).
- The knowledge to develop a treatment and follow-up plan for a patient with common genito-urologic problems.

Practice-Based Learning and Improvement
- The skills to locate, evaluate, and apply the medical literature appropriately
- The skills to access and use information technology appropriately
- Interpersonal and Communication Skills
- The skill to present pertinent information to patients, families of patients, staff, consultants, et al.
- Have a caring, courteous, compassionate demeanor to patients, families of patients, staff, and peers.
- The ability to function cooperatively in a team setting.

Professionalism
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

System-Based Practice
- The ability to coordinate care with health care managers and other providers
- The ability to act as an advocate for quality patient care and provide assistance to patients dealing with complex systems
WOMEN’S HEALTH

Introduction
This Curriculum Guideline defines a recommended training strategy for family medicine residents.
Women’s health care addresses the unique, multidisciplinary aspects of issues affecting women. In providing a wide range of medical services, the family physician can provide preventive and wellness care, diagnosis of general medical illnesses, disease processes unique to women and management and treatment of women and their families. Previous gaps in the scientific knowledge base concerning women’s health care are being addressed by research efforts now studying disorders that manifest differently or exclusively in women. Over the past decade, the increasing number of women entering the medical field has also focused interest in women’s health. The goal of these guidelines is to familiarize the family medicine resident with attitudes, knowledge and skills that are unique to the care of women and their families.

As the role of women in society has changed over the last several decades, health care for women has also evolved. Women are no longer excluded from general scientific research and their unique health care issues are being studied and addressed. Family physicians must be trained to care for women throughout the life cycle and must appreciate challenges such as adolescence, sexuality, balance of family life and career, parenting, relationships and aging within the female patient’s culture.

The difference between male and female communication styles must be part of the curriculum for residency training. Women seek health care more often than men and want a physician who will listen, provide patient- and family-centered care and treat them with respect when discussing sensitive issues. Psychological disorders may be present more frequently in women. As with men, these may be associated with substance use, abuse, and domestic violence, which make counseling skills an especially important part of the curriculum.

Health promotion, including screening, counseling, immunizations, and chemoprophylaxis, is a foundation of family medicine. The psychological and physiologic changes of menstruation, pregnancy, lactation, and menopause impact women in many aspects of their lives, requiring clinical skills on the family physician’s part to provide education, diagnostic testing when appropriate and treatment that is safe and effective. Breast health is another unique aspect of primary care for women. Women, along with men, need reproductive health care, but the issues for women require more knowledge and skills since most available contraception is utilized by women.

Throughout the life cycle, female patients’ medical problems often present differently from men. Lifelong learning of the unique features of women’s health issues must be an integral part of training for all family physicians. Women are living to an advanced age more frequently than their male counterparts, so that cognitive, affective, and functional assessments, as well as end-of-life discussions, are important aspects of care.

This Curriculum Guideline provides an outline of the attitudes, knowledge, and skills that family physicians should attain during residency training to provide high quality care to their female patients.

Competencies
At the completion of residency training, a family medicine resident should:

• Be able to communicate effectively with female patients of all ages, demonstrating active listening skills, a respectful approach to sensitive issues, and collaborative care-planning with the patient. (Interpersonal and Communication Skills, Professionalism)

• Be able to perform a comprehensive pelvic examination with appropriate screening tests and wellness counseling, based on the patient’s age and risk factors. (Patient Care, Medical Knowledge)

• Be able to perform routine gynecological procedures (Patient Care, Medical Knowledge)

• Develop treatment plans for common conditions affecting female patients, including reproductive issues, utilizing community resources when indicated. (Medical Knowledge, Systems-based Practice, Practice-based Learning and Improvement)

• Demonstrate effective primary care counseling skills for psychosocial, behavioral, and reproductive problems in women. (Patient Care, Interpersonal and Communication Skills)

• Consult with obstetrician-gynecologists, other physician specialists, and allied care providers to provide optimum health services for women. (Medical Knowledge, Systems-based Practice)

• Act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient, and institutional care. (Systems-based Practice)

Attitudes
The resident should develop attitudes that encompass:

• A caring, compassionate, and respectful approach to the female patient’s role as an informed participant in her health care decisions and those affecting her family.

• The recognition of the need to empower the female patient in the decision-making process and provide information to enable the female patient to make decisions.
• An awareness that many medical disorders manifest differently or exclusively in women.
• The recognition that a woman’s health is affected not only by medical problems, but also by family, career, life cycle, relationships and community.
• An appreciation of the role that many women play in the health of the family by selecting a health care provider, providing family care and making lifestyle decisions for the family, including meal and activity selections.
• An awareness that many research studies previously excluded women, along with an awareness of current research studies that are addressing medical issues and practices that present differently or are unique to women.
• An awareness of effects on female patients regarding the public perception of women and body image (i.e. media representation, breast implants, liposuction, etc.).
• An awareness of issues facing heterosexual, lesbian, bisexual and transgender patients.
• An awareness of the widespread and complex health effects of sexual abuse on women.
• An awareness of the issues of female circumcision/female genital mutilation when caring for females from cultures that support such practices.

Knowledge
In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

A. Health Promotion and Disease Prevention and Periodic Health Evaluation
   1. Basic aspects of normal (and variants of normal) growth and development of females from puberty to adulthood
   2. Normal physiology of reproduction in healthy women from puberty to menopause
   3. Normal physiological sexual responses and the diagnosis of sexual dysfunction (including initial treatment and referral to appropriate resources)
   4. Recommendations on breastfeeding
   5. Recommendations for human papilloma virus (HPV) vaccination
   6. Appropriate evaluation and counseling using evidence-based guidelines for:
      a. Nutritional needs through the female lifecycle
      b. Cancer screening guidelines, including HPV
      c. Immunization
      d. Exercise
      e. Osteoporosis prevention
      f. Smoking cessation
      g. Complementary therapies
      h. Oral health in pregnant and non-pregnant women
      i. Risks and unique presentations of cardiovascular disease in women (including appropriate testing and treatment strategies for symptomatic women)
   7. Women’s unique risks in the community (including poverty, violence, access to health care for pregnant and non-pregnant women, teen pregnancy, and the impact of these factors on infant morbidity and mortality)

B. Diseases of the Reproductive Tract
   1. Methods of prevention, screening, colposcopic evaluation, and treatment of human papilloma virus (HPV) infection and cervical dysplasia
   2. Presenting symptoms of endometriosis, diagnostic testing and initial management of the condition, while considering the reproductive goals of the patient
   3. Evaluation of pelvic masses in women of different ages
4. Risks, presenting symptoms and office diagnosis of endometrial pathology (including hormonal effects on the uterus)

5. Epidemiology and presenting symptoms of uterine fibroids (including evaluation and treatment options)

6. Presenting symptoms, evaluation and initial treatment of polycystic ovary syndrome (including the association with T2DM)

7. Differential diagnosis of chronic pelvic pain (including infection, endometriosis, tumors and common underlying issues of sexual abuse)

C. Infectious disease

1. The epidemiology, screening and treatment of reproductive-tract infections including (sexually transmitted illnesses and pelvic inflammatory disease

2. Risks, presenting symptoms and evaluation of types of vaginitis, as well as their specific treatments

3. Risks, screening tests and presentations of human immunodeficiency virus (HIV) infection in women, as well as the initial evaluation, counseling and referral resources in the community for both pregnant and non-pregnant female patients who have HIV

D. Menstruation

1. The physiology of normal menstruation and problems of amenorrhea and abnormal uterine bleeding (including office evaluation and treatment for these conditions)

E. Gynecology in Older Women

1. Physiologic changes during menopause, including:
   a. Diagnosis
   b. Physical, emotional and sexual impact of the climacteric
   c. Risks and benefits of hormone replacement therapy
   d. Other appropriate symptomatic treatments

2. Presenting symptoms of pelvic floor dysfunction (including types of urinary incontinence and pelvic floor prolapse, as well as medical and surgical treatment options)

F. Breast Health

1. Anatomy and physiology of benign diseases of the breast (including cysts, adenomas and fibrocystic changes through the menstrual cycle)

2. The types, risks and psychological impact of breast implants

3. Recommendations and controversies of screening for breast cancer using clinical examination, self examinations, and imaging and genetic testing

4. Initial recommendations for treatment modalities, referral resources and primary care follow-up for breast cancer patients

G. Family Planning and Early pregnancy Evaluation and Management

1. Recommendations for preconception counseling for women of all age group

2. Appropriate evaluation and counseling using evidence-based guidelines for contraception, for women in all reproductive age groups, including peri-menopause.
   a. Permanent
b. Reversible
   i. Oral
   ii. Injectable
   iii. Patches
   iv. Implants
   v. Natural family planning
   vi. Barrier methods
   vii. Intrauterine devices (IUDs)
   viii. Post-coital (emergency) contraception

3. Counseling for unintended pregnancy (including options of adoption and termination of pregnancy)

4. Counseling for medication and aspiration options for elective abortion

5. Assessment and management of early pregnancy loss, including expectant, medication and aspiration options

6. Assessment and management of post-miscarriage and post-abortion symptoms and complications

7. Etiologies of female infertility, as well as a family-centered approach to evaluation, testing, counseling and referral resources (including counseling regarding assisted reproductive technology and adoption)

H. Mental Health
   1. Unique risks and presentations of mental health problems in women, including:
      a. Major depressive disorder and postpartum depression
      b. Anxiety disorders and stress management
      c. Problems with self-esteem
      d. Eating disorders and obesity
      e. Alcohol and substance abuse
      f. Chronic pain and disability

   2. The physiology and diagnostic criteria of both premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) and available treatments for both

I. Domestic and Sexual Violence
   1. Epidemiology, risks and red flags for identifying intimate partner violence or sexual harassment, and resources available to assist affected women

   2. Components of the evaluation and treatment of victims of rape and sexual assault (including psychosocial and legal issues)

J. Family-centered maternity care

Skills
In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer

1. Control of fertility
   a. Counseling for all forms of birth control (including use of oral contraceptives and other hormonal contraception, and natural family planning)
   b. IUD insertion and removal
   c. Diaphragm fitting
d. Implantation devices (including removal)
e. Emergency contraception

2. Surgery and diagnostic
   a. Microscopic diagnosis of urine and vaginal wet preparation
   b. Obtaining cervical cytology, HPV tests and cultures
   c. Gynecological and breast examination, including atraumatic (patient centered) speculum and bimanual exam
d. Breast cyst aspiration
e. Endometrial biopsy, aspiration and curettage
f. Colposcopy, cervical biopsy and endocervical curettage
g. Polypectomy
h. Cervical cryosurgery
i. Bartholin cyst drainage
j. Uterine aspiration for incomplete first trimester abortion

3. Counseling
   a. Pregnancy options (including adoption, abortion and parenting)
   b. Pregnancy loss and infertility
c. Contraceptive choices
d. Results of cervical cytology, mammography, osteoporosis screening and other tests
e. Family and relationship stresses
f. Intimate partner and family violence

4. Advanced skills
5. Pregnancy management
   a. Prenatal counseling about aspects of normal pregnancy, delivery and family adaptation
   b. Evaluation of gestational age and pregnancy risks in early pregnancy
c. Low-risk prenatal care

6. Labor and delivery management

**Implementation**
Core cognitive ability and skills require experience in structured rotations on obstetrics and gynecology. Emphasis on the ambulatory care of patients (including counseling, examination, and out-patient procedures) is crucial. Residents will obtain additional experience in continuity of care for both pregnant and non-pregnant women throughout their three years of longitudinal experience in the family medicine center, and will return to the family medicine center for scheduled time during obstetric and gynecologic rotations. Workshops in gynecologic procedures, didactics, and communication seminars enhance clinical experience.
Female faculty role models and family physicians who provide maternity care should be available to teach residents and observe their interactions with female patients. Residents of both genders should care for an adequate number of female patients of all ages (along with their families) to learn the full spectrum of issues affecting women. Low-risk maternity care is an important part of family medicine training. Family medicine residents are encouraged to make family-centered maternity care a significant part of their practice (see AAFP Reprint No. 261).
WOMEN’S HEALTH-MATERNITY AND GYNECOLOGICAL CARE

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents.

While the scope of practice for family physicians continues to evolve, competency in providing high quality, evidence-based, and consistent care to women throughout their lifetimes, including during pregnancy, continues to be an important objective of residency training. Maternity care experience varies widely among training programs, but acquiring a core set of knowledge and skills is required by both allopathic and osteopathic residency accreditation councils, and is recommended to ensure that the opportunity for family physicians to offer maternity care in their practices remains widely available.

Family physicians generally offer a unique model of prenatal and intra-partum/post-partum care, where physicians attend the majority of their own patients’ deliveries, and both the woman and her baby often continue to see their family doctor for ongoing gynecologic, medical, and well-child care. This unique experience continues to be essential in residency training, but must be underpinned by achievement of competency in appropriate history taking and physical exam skills, knowledge of the physiologic and psychosocial aspects of caring for women, and certain specific hands-on procedural skills. Even those family physicians that do not choose to include maternity care in their scope of practice should be comfortable and competent with the care of medical issues in women during pregnancy and lactation, as well as management of contraception and preconception counseling.

Because of the unique model family medicine offers for maternity care, family physicians often simultaneously provide care to newborns they deliver in the immediate neonatal period. This model helps support maintenance of a well-child population in the continuity clinic, and gives residents the opportunity to observe outcomes first hand in babies they deliver for the first year or two of life. Elements of newborn care are often included in residency Maternal Health curricula for this reason. Beyond maternity care and neonatal care, gynecologic care also involves specific knowledge and skills important to virtually all family physicians, regardless of their chosen scope of practice. This Curriculum guideline provides an outline of the attitudes, knowledge, and skills family physicians should attain during residency training to provide high quality maternity and gynecologic care to their female patients.

Competencies

At the completion of residency training, family medicine residents should:

• Be able to communicate effectively with female patients of all ages, demonstrating active listening skills, a respectful approach to issues that may be sensitive for women, and collaborative care-planning with the patient. (Interpersonal and Communication Skills, Professionalism)

• Be able to perform comprehensive physical examinations of female anatomy with appropriate screening tests for pregnant and non-pregnant women, and be able to perform routine gynecological and obstetrical procedures (detailed below). (Medical Knowledge)

• Develop treatment plans for common gynecologic conditions and pregnancy complications, utilizing community resources when indicated, and demonstrate appropriate post-operative care following caesarean section or gynecologic surgery, both inpatient and for office follow-up. (Medical Knowledge, Systems-based Practice, Practice-based Learning and Improvement)

• Demonstrate effective primary care counseling skills for psychosocial, behavioral, and reproductive issues in women as well as comprehensive wellness counseling based on the patient’s age and risk factors. (Patient Care and Interpersonal and Communication Skills)

• Consult and communicate appropriately with obstetrician-gynecologists, maternal-fetal medicine specialists, and allied care providers to provide optimum health services for women. (Medical Knowledge, Systems-based Practice)

• Act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient, and institutional care. (Systems-based Practice, Professionalism)

Attitudes

The resident should develop attitudes that encompass:

• A caring, compassionate, and respectful approach to the female patient’s role as an informed participant in her health care decisions and those affecting her family.

• The recognition that a woman’s health and childbearing is affected not only by medical problems, but also by family, career, life cycle, relationships and community.

• A patient-centered approach to prenatal care, labor management, and post-partum care that is respectful of the wishes of women and their families for their birth experience, while ensuring safe and evidence-based care optimizing health outcomes for women and their babies.
• A recognition of the impact of addiction on pregnancy outcomes, and a compassionate and supportive approach to women struggling with addiction during pregnancy

• An awareness of issues facing heterosexual, lesbian, bisexual and transgender patients, particularly with regard to reproductive health

• An awareness of the widespread and complex health effects of sexual abuse on women, including on her subsequent experience of pregnancy and the birth process

• An awareness of the issues of female circumcision/female genital mutilation when caring for females from cultures that support such practices

Knowledge
In the appropriate setting, the resident should demonstrate the ability to apply knowledge of: (and also demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences)

I. Family-centered Maternity Care

A. Pre-conceptual counseling and planning:

1. Counseling in the areas of
   a. Nutrition
   b. Contraception
   c. Prevention of birth defects
   d. Optimizing health prior to conception
   e. Assessment of immunization status
   f. Screening for preconception genetic counseling
   g. Exercise
   h. Occupational hazards assessment
   i. Anticipatory guidance regarding realistic assessment of expectations about work

B. Antenatal Care: First Trimester

1. Diagnosis of pregnancy, including differentiation and management or referral of abnormal gestations (e.g. gestational trophoblastic disease, ectopic pregnancy)

2. Initial prenatal history and evaluation including clinical assessment of gestational age

3. Assessment and management of complications and symptoms in the first trimester:
   a. Spotting/bleeding
   b. Pelvic pain
   c. Hyperemesis gravidarum
   d. Musculoskeletal changes and discomforts
   e. Body image changes
   f. Life cycle stresses and changes in family dynamics

4. Risk factor screening:
   a. Appropriate counseling to help patients make personal decisions regarding risk factor screening and assessment, e.g.
      (i). Options for early screening for chromosomal abnormalities including ultrasound for nuchal lucency, AFP/quadruple marker testing, and combined or sequential screening protocols
      (ii). Cystic fibrosis and Tay Sachs screening
      (iii). Referral for genetic counseling regarding other genetic diseases with attention to maternal age and other risk factors
      (iv). Referral for amniocentesis

5. Counseling for prevention or treatment of substance abuse and STD's, to specifically include:
   a. Tobacco cessation counseling in pregnancy
   b. Alcohol abuse risks and fetal alcohol syndrome
   c. Opiate abuse and referral for treatment with methadone or buprenorphine and counseling with regard to neonatal abstinence syndromes
   d. Other substances of abuse and pregnancy risks
   e. Risk factors for sexually transmitted diseases and their impact on pregnancy and fetal outcome, including viral hepatitis and HIV
6. Prenatal nutrition counseling for optimal nutrition for the developing fetus and the mother, including:
   a. Vitamins, iron, and folic acid supplementation as needed
   b. Appropriate weight gain counseling depending on maternal pre-pregnancy BMI, and counseling regarding increased risks of obesity (or inadequate weight gain in normal or underweight women) in pregnancy

7. Psychosocial stressors of pregnancy:
   a. Counseling and support of the patient and her family through the multiple adjustments required for normal and complicated pregnancies, including the impact on her partner and other children in the family, and referral to psychological support services as appropriate.

8. Counseling for unintended pregnancy (including options of adoption and termination of pregnancy)

9. First trimester pregnancy loss:
   a. Diagnosis and differentiation of failed pregnancies (threatened, incomplete, complete, missed abortions) and recognition and referral of ectopic pregnancies
   b. Management of uncomplicated spontaneous abortion
   c. Referral for surgical intervention when indicated for spontaneous abortion complicated by infection, retained products of conception, or in otherwise high risk situations
   d. Counseling regarding grief in event of any first trimester loss whether planned or spontaneous abortion
   e. Appropriate medical evaluation for recurrent early pregnancy loss

10. Breastfeeding: Early promotion and support of breastfeeding as well as support in decision making throughout pregnancy using knowledge and education of the patient as a means toward optimizing the health of the mother and newborn.

11. Adolescent pregnancy: Special considerations with regard to nutrition requirements, confidentiality, social and psychological needs with the awareness of community resources

12. Substance abuse in pregnancy: Special consideration for prenatal monitoring and testing, and to anticipate needs for pain management and/or withdrawal symptoms during pregnancy, intrapartum, and postpartum periods.

13. Counseling and promotion of appropriate immunizations in pregnancy

C. Antenatal Care: Second and Third Trimester

1. Counseling, assessment, and management regarding the discomforts and adjustments to the growing pregnancy, including musculoskeletal complaints, vaginal bleeding, and normal physiologic changes

2. Second and third trimester screening and risk assessment for:
   a. Gestational diabetes (including first trimester screening when appropriate based on risk factors)
   b. Sexually transmitted diseases
   c. Bacterial or yeast vaginitis
   d. Group B beta-hemolytic strep screening
   e. Asymptomatic bacteriuria, urinary tract infection and complications
   f. Iron deficiency anemia

3. Gestation diabetes: Management with appropriate counseling and referral for nutritional care, glucose testing, oral medication or insulin management, fetal monitoring, and obstetrical consultation if indicated

4. Obstetrical complications: Assessment and management, including indications for consultation with obstetricians or need for transfer of care
   a. Preterm labor
   b. Malposition
   c. Placental abruption
   d. Trauma/deceleration injuries
   e. Blood factor isoimmunization
   f. Pregnancy-induced hypertension, preeclampsia and eclampsia,
   g. HELLP syndrome and acute fatty liver disease of pregnancy
   h. Fetal Demise
i. Collaboration in management of high risk patients with obstetric consultation, develop skills for early identification of patients at high risk of morbidity or mortality to mother or fetus and appropriate, timely referral to maternal fetal medicine specialists

5. Medical complications during pregnancy, with appropriate consultation or referral to obstetricians:
   a. Asthma
   b. Pyelonephritis and renal calculi
   c. Cholelithiasis and acute cholecystitis
   d. Preexisting hypertension or diabetes
   e. Thromboembolic disease
   f. Dilated cardiomyopathy

D. Peripartum Care: Labor and Delivery

1. Normal labor and delivery
   a. Understand the physiology of the three stages of labor, demonstrate effective management of prodromal labor and all three stages of labor, including active management of the third stage
   b. Demonstrate appropriate utilization and interpretation of external electronic fetal monitoring, with knowledge of the benefits and limitations of use and respect for individual and family desires for labor
   c. Use of appropriate obstetric analgesia and anesthesia, evaluate the need for and counsel appropriately for pain control interventions. Include family presence and awareness of labor support methods such as Lamaze and Bradley methods. Anticipate and plan for needs of special populations e.g. opiate dependent patients or other substance abusing patients; women with extreme obesity
   d. Understand and demonstrate methods for protecting the perineum during the second state of labor, understand indications for episiotomy
   e. Understand the normal course of the third stage of labor, and the steps involved to prevent excessive bleeding and reduce risk of postpartum hemorrhage using the active management techniques as described in Advanced Life Support in Obstetrics (ALSO).
   f. Support and counsel patients regarding breastfeeding in the immediate postpartum period, utilizing support staff such as lactation consultants where indicated.

2. Complications during labor and delivery
   a. Fetal malposition: understand fetal-pelvic relationships and the importance of early detection of malposition, distinguish types of malposition and understand their compatibility with vaginal delivery
   b. Labor dystocia: understand risk factors, prevention, recognition, and management, including augmentation of labor and utilizing appropriate obstetric consultation when indicated
   c. Post-term pregnancy: Understand indications and risk assessments for induction of post term pregnancy, including postdates monitoring, and selection of management options including cervical ripening agents, Pitocin induction, and artificial rupture of membranes. Appropriate assessment and use of Bishop’s scoring for induction management
   d. Premature and prolonged rupture of membranes: Knowledge of appropriate interventions including induction or augmentation of labor and prophylactic antibiotics when indicated
   e. Meconium: Demonstrate awareness of the need for appropriate personnel to be present at the time of delivery and appropriate intrapartum management of the neonate born with meconium stained fluid, including counseling mothers and families about expectations for delivery
   f. Emergencies: Recognize signs and symptoms of potentially life-threatening emergencies during the peripartum period and utilize appropriate resuscitative techniques for mothers and babies, co-manage with obstetric consultation placental abruption/hemorrhage, preeclampsia, eclampsia, amniotic fluid embolism, and DIC.
   g. Fetal distress: Recognize early signs of fetal compromise and demonstrate appropriate interventions, including position change, tocolytics, maternal fluid and oxygen resuscitation, and amnioinfusion, as well as timely consultation when necessary
   h. Shoulder dystocia: Risk factors, prevention, recognition and management using ALSO protocols
   i. Assisted deliveries: Indications for and appropriate use of application of a vacuum extractor
   j. Cesarean section: Understand indications, risks/benefits, and need for timely consultation
   k. Stillbirth: Care for the psychological needs of patients and families experiencing stillbirth or other catastrophic medical complications of pregnancy
   l. Neonatal resuscitation: Residents should maintain NALS certification and have experience as first responders for neonates requiring resuscitation
E. Post-Partum Care

1. Routine postpartum care including understanding of normal lochia patterns, fluid shifts, education on perineal care, support of breastfeeding and maternal-child bonding, and counseling regarding postpartum contraceptive options.

2. Recognize and appropriately evaluate and manage postpartum complications in the hospital, including:
   a. Delayed postpartum hemorrhage
   b. Postpartum fever and endometritis
   c. Pain associated with normal uterine involution, episiotomy or laceration repair, epidural or spinal anesthesia related pain or headache, and musculoskeletal injury associated with labor
   d. Thromboembolic disease
   e. Lactation – addressing difficulties in the newborn period
   f. Postpartum depression and other mood disorders

3. Later post-partum follow-up
   a. Normal and abnormal post-partum lochia and bleeding patterns
   b. Awareness of and counseling and management for common breastfeeding difficulties, including problems with milk supply, latch, nipple soreness or cracking, blocked milk ducts, engorgement, and mastitis
   c. Continued screening, assessment, and management of post-partum mood disorders
   d. Postpartum intimate relationships and family dynamics
   e. Parenting education and resources

4. Interpregnancy care: counseling regarding child spacing, risks and monitoring related to prior pregnancy outcomes (e.g. gestation diabetes, pregnancy induced hypertension, prior preterm labor or birth, and thromboembolic disease) with specific knowledge of risk reduction for prevention of preterm birth

F. Newborn Care – see AAFP Reprint No. 260

G. Consultation and Referral

1. Understanding of the roles of the obstetrician, gynecologist, and subspecialist

2. Recognition of a variety of resources in women's healthcare delivery systems (WIC programs, Planned Parenthood, etc.)

3. Regionalized perinatal care for high-risk pregnancies

4. Collaboration with other healthcare providers (Childbirth education, lactation consultant, certified nurse midwife, nutritionist, dietician, parenting educator, social services, Department of Health and Human Services, providers for mental health and addiction, etc.)

II. Gynecology

A. Health Promotion and Disease prevention and Periodic Health Evaluation

B. Family Planning, Contraception, and Infertility

C. Menstruation

1. Physiology of puberty, menarche, and menstrual cycles, including normal variations

2. Abnormal menstruation
   a. Amenorrhea: Evaluation and management of both primary and secondary
   b. Anovulatory bleeding
   c. Dysfunctional uterine bleeding
   d. Postcoital bleeding
   e. Dysmenorrhea and menorrhagia (office evaluation and treatment options)

3. Premenstrual dysphoric disorder and premenstrual syndrome
D. Infections of the Genital Tract

1. Vaginitis and vulvitis: presenting symptoms, evaluation and treatment, both acute and recurrent

2. Cervicitis and Pelvic inflammatory disease (presentation, evaluation, and outpatient vs. inpatient management, complications including tubo-ovarian abscess)

E. Diseases of the Reproductive Tract

1. Benign and malignant neoplasms of the external and internal genitalia

2. HPV disease: Methods of prevention, current screening recommendations, and colposcopic evaluation, biopsy, and treatment of cervical dysplasia

3. Endometriosis: Presenting symptoms, diagnosis and initial management, including appropriate counseling, prognosis and referral

4. Identification and evaluation of pelvic masses in women of different ages

5. Uterine pathology, evaluation and treatment: fibroids, endometrial hyperplasia, and other benign or malignant uterine lesions

6. Pelvic pain: evaluation and differential diagnosis of acute and chronic pelvic pain, including recognition of emergencies such as ovarian torsion and awareness of association between historical or ongoing sexual or domestic abuse and chronic pelvic pain

7. Female sexual dysfunction, evaluation, counseling and management, including problems of libido, dyspareunia, and anorgasmia

8. Trauma: patient-centered, sensitive evaluation of both accidental trauma to the genital region and victims of intimate partner violence and sexual assault

F. Gynecology in Older Women

G. Breast disease

Evaluation and management of problems including:

1. Mastodynia

2. Galactorrhea and nipple discharge

3. Benign breast disease (fibroadenoma, fibrocystic disease)

4. Counseling and indications for referral for breast reduction surgery and breast implants

5. Counseling, referral, and primary care follow-up for breast cancer patients

H. Urogynecology

1. Urinary tract infections: Diagnosis and management of uncomplicated acute UTI as well as recurrent or complicated UTI, indications and management of prophylactic antibiotics

2. Incontinence: Screening, evaluation and treatment options for stress incontinence and overactive bladder including medications, pelvic floor therapies, behavioral modifications, and referral for surgery

3. Interstitial cystitis: presenting symptoms, evaluation and referral

Skills

1. Core skills: In the appropriate setting, the resident should demonstrate the ability to independently perform these skills, or when this is not available or appropriate, the resident should have exposure to the opportunity to practice these skills:
   A. Gynecology 1. Screening examination of the female breast and reproductive tract

   2. Obtaining vaginal and cervical cytology (with HPV testing as indicated)
3. Colposcopy
4. Cervical biopsy and polypectomy
5. Endometrial biopsy
6. Cryosurgery and cautery for benign disease
7. Microscopic diagnosis of urine and vaginal smears
8. Bartholin duct cyst management
9. Vulvovaginal biopsy
10. Vaginal foreign body removal
11. Breast cyst aspiration

B. Family planning and contraception
1. Intrauterine device insertion and removal
2. Diaphragm counseling and fitting
3. Subcutaneous implant insertion and removal

C. Pregnancy
1. History, physical examination, counseling, and laboratory and clinical monitoring, throughout pregnancy
2. Assessment of pelvic adequacy with pelvimetry
3. Assessment of estimated fetal weight by Leopold’s maneuvers
4. Performance and interpretation of non-stress tests and stress tests
5. Limited obstetric ultrasound (fetal position, amniotic fluid index, placental location, cardiac activity)
6. Management of labor with accurate assessment of cervical progress and fetal presentation and lie
7. Induction and augmentation of labor including artificial rupture of membranes
8. Placement of fetal scalp electrode
9. Placement of intrauterine pressure catheter
10. Amnioinfusion
11. Pudendal and local block anesthesia
12. Spontaneous cephalic delivery
13. Vacuum extraction
14. Emergency breech delivery
15. Episiotomy
16. Repair of episiotomies and lacerations (including third-degree)
17. Management of common intrapartum problems (e.g., malpresentation, unanticipated shoulder dystocia, manual removal of placenta)
18. Active management of the third stage of labor
19. Neonatal resuscitation
20. First assisting at cesarean delivery
21. Vaginal delivery after previous cesarean delivery
22. Dilation and curettage for incomplete abortion (may be an “Advanced skill” at some programs)
D. Gynecologic Surgery
1. Assist at common major surgical procedures including hysterectomies and bilateral tubal ligation
2. Post-operative management following gynecologic or obstetrical surgery

II. Advanced skills: For family medicine residents who are planning to practice in communities without readily available obstetric-gynecologic consultation and who will need to provide a more complete level of obstetric-gynecologic services, additional, intensified experience is recommended. This experience should be agreed on by the maternity operations committee (defined below) and be tailored to the needs of the resident's intended practice. This additional training may occur within the three years of residency. Family medicine residents planning to include the following procedures in their practices should obtain additional experience taught by appropriately skilled family physicians. In programs where appropriately skilled family physicians are not available, these skills should be taught by or in collaboration with obstetrician-gynecologists. Due to variance in availability of training, some of these skills may be considered “core” skills at some residency programs, particularly those offering advanced obstetrical fellowships. A. Gynecology
1. Loop electrosurgical excision procedures with paracervical block
2. Culdocentesis

B. Family planning and contraception
1. Voluntary interruption of pregnancy up to 10 weeks of gestation
2. Bilateral tubal ligation
3. Hysteroscopic sterilization

C. Pregnancy
1. Ultrasound-guided amniocentesis during mid and third trimesters
2. Conduction anesthesia and analgesia (not routinely taught by obstetrician-gynecologists)
3. Management of early preterm labor or preterm rupture of membranes
4. Management of multiple gestation
5. Management of planned breech delivery
6. External cephalic version
7. Forceps delivery
8. Fourth-degree laceration repair
9. Management of severe pre-eclampsia or eclampsia
10. Management of complications of vaginal birth after previous cesarean delivery

D. Surgery
1. Performance of Cesarean delivery
2. Postpartum tubal ligation with and without Cesarean delivery

Implementation
Core knowledge and skills should require a minimum of three months of experience in a structured obstetric-gynecologic educational program, with adequate emphasis on ambulatory and hospital care. Residents will obtain substantial additional experience in maternity care and gynecology throughout the three years of their continuity practices. Ideally residencies should have several core family medicine faculty skilled in performing and teaching comprehensive maternity care in addition to a supportive role of OB-GYN specialists. Programs for family medicine residents should have a collaborative relationship between family medicine faculty and obstetrician gynecologists at the training institution, who may be formally part of the faculty or may be collaborative consultants. Depending on the setting, challenges may exist where the training of ob-gyn residents is privileged over that of family physicians, or where practice styles may differ among the physicians involved in training residents. Therefore, it is recommended that an operational committee be established with regard to the practice of maternity care at any institution involved in graduate medical education, which as part of its mission should be the training of family medicine residents.
Members of the committee should represent both family medicine and obstetrics and gynecology departments as well as involve community family physicians who practice maternity care where they exist, and members should be approved by chairs of the respective departments in the sponsoring educational institution. These physicians should collaborate in the design, implementation, and evaluation of the training of family medicine residents in obstetrics-gynecology. It shall be the responsibility of this operations committee to develop objectives commensurate with the goals of the training program, to monitor resident experiences and to assist in the evaluation of faculty teaching skills. Educational institutions sponsoring graduate medical education should assume corporate responsibility for the overall program. A curriculum in obstetrics-gynecology for family medicine residents should incorporate knowledge of diagnosis, management, core skills, and advanced skills. In this document, management implies responsibility for and provision of care and, when necessary, consultation and/or referral.

This Curriculum Guideline in maternity care for family medicine residents is intended to aid residency directors in developing curricula and to assist residents in identifying areas of necessary training. Following these recommendations, which are designed as guidelines rather than as residency program requirements, should result in graduates of family medicine residency programs who are well prepared to provide quality medical care in the areas of maternity care, labor and delivery. These guidelines are not intended to serve as criteria for hospital privileging or credentialing. The assignment of hospital privileges is a local responsibility and is based on training, experience, and current competence.
PROCEDURE POLICY
Residents are required to keep a procedure log for patients cared for in the clinic and in the hospital. A list of the procedures and required numbers are listed on the procedure log and in the Policy for Privileges. The procedure log is electronic and can be accessed by New Innovations. Training on electronic input will be accomplished during OGME1 orientation. If residents choose to document on paper, the procedures will be input electronically monthly. The procedures will be reviewed at quarterly review. Family Medicine outpatient procedures can be learned and obtained during clinic. Other procedures experience will be obtained during rotations. It is the resident's obligation to ensure that they have adequate experience in procedures. If residents desire more experience or more procedures it is the resident's responsibility to discuss with faculty, preceptors, the procedures faculty, and the program director. The Policy for advancement outlines the requirements for advancement. Residents will not graduate until all procedure requirements are met. Prior to the procedure, the resident should review the procedure, practice on a model if possible and discuss the procedure with their preceptor. The resident should know the indications and contraindications, equipment, how to consent and educate the patient prior to the procedure, how to prepare the patient for the procedure, the procedure technique, post-procedure care and education, proper documentation, coding and billing. As the resident matriculates through the program, the supervising physicians will determine if the resident is competent to perform the procedure independently and without direct supervision. These logs will be helpful for credentialing purposes upon graduation.

Helpful Resource:
Procedures for Primary Care Physicians, Pfenninger and Fowler
www.procedureconsult.com

MANDATORY PROCEDURAL COMPETENCE (REQUIRED PROCEDURES)
1. Incision and drainage of abscess
2. Biopsy of skin
3. Excision of subcutaneous lesions
4. Cryosurgery of skin
5. Curretage of skin lesion
6. Laceration repair
7. Injection of shoulder joint
8. Injection/aspiration of knee joint
9. Injection of sacroiliac joint
10. Endometrial biopsy
11. Colposcopy with biopsy
12. Office microscopy
13. Casting
14. EKG interpretation
15. Office spirometry
16. Toenail removal
17. Defibrillation
18. Removal of cerumen from ear canal
19. Insertion of urethral catheter
20. Endotracheal intubation

OPTIONAL PROCEDURES
1. Vasectomy
2. Central line placement
3. Vaginal delivery
4. Episiotomy repair
5. Flexible sigmoidoscopy
6. Colonoscopy
7. Lumbar puncture
8. IUD insertion
9. Breast cyst aspiration
10. Epistaxis management (nasal packing/anterior cautery)
11. Trigger point injections
12. Allergy testing
13. Neonatal circumcision

**Elective Procedures**
Residents may perform other elective procedures throughout training which they may document. These procedures are recommended but not required for graduation. These will not require test of independence. There are no minimum numbers required for these procedures. These procedures and the numbers completed will be recorded on the resident’s final evaluations for licensing authorities and for future employers. The Program will report the number performed and indicate that resident is knowledgeable.
APPENDIX 3:

PATIENT NOTES:

1. Every patient will have at least one thorough H&P. If the intern writes the H&P, the upper level must review it, edit it for accuracy and completeness, sign it, and provide the intern feedback. The upper level will be responsible for the content of the H&P ensuring the accuracy of all information written in that document. The H&P should be sent to the outpatient PCP.
2. H&P should be thorough and include the following information:
   - **HPI:** This should cover at least 4 elements of the history of present illness (location, onset, duration, severity, quality, context, timing)
   - **Past Medical History:** this should be a complete list of medical problems
   - **Past Surgical History:** a complete list of surgeries & dates when available
   - **Past Social History:** comprehensive social history
   - **Family History:** comprehensive family history
   - **ROS:** cover at least 10 organ systems (Constitutional, ENT, Eyes, Neck, CV, Resp, GI, GU, Endocrine, Skin, Psych, Neuro, MuscSkeletal)
   - **Exam:** This should be a comprehensive head-to-toe exam itemizing at least 8 of the above organ systems
   - **Assessment/Plan:** This should focus on issues pertinent to the hospitalization, including the main reason for hospitalization and the planned management for any relevant comorbidities. Other outpatient medical problems should be listed with their current status.

3. For the daily note of a patient who is admitted after midnight, interns must still see these patients each morning. Interns should append the H&P after rounds to reflect any updates in patient status, new results, and changes to the plan. This must be done by 2 pm.

4. For daily notes on established patients, consult patients or patients admitted prior to midnight, interns should start the progress notes after seeing the patients in the morning. These notes need to be started before morning rounds and marked Incomplete. The note should be completed before leaving the hospital and not later than 2 pm.

5. Daily notes should be brief and include the following information:
   - **History:** This should include only a brief update of any changes since the last note on record. Keep it simple and pertinent.
   - **Exam:** Examine & document at least 2 organ systems; the most relevant organ system should be detailed with at least 3 elements of that physical exam
   - **Assessment/Plan:** This should focus on issues pertinent to the hospitalization, including the main reason for hospitalization and any relevant comorbidities. You can either click in the labs & studies that are relevant to that day’s care or mention them with each problem in the Assessment/Plan. In general, daily progress notes should not include issues that are only relevant to the outpatient/ambulatory care of the patient. These issues should be mentioned in the H&P and the discharge summary only.
### APPENDIX 4:

#### MODEL CURRICULUM:

<table>
<thead>
<tr>
<th>OGME-1</th>
<th>OGME-2</th>
<th>OGME-3</th>
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<tbody>
<tr>
<td>Inpatient Internal Medicine</td>
<td>Inpatient Internal Medicine</td>
<td>Inpatient Internal Medicine</td>
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<tr>
<td>Inpatient Internal Medicine</td>
<td>Geriatrics</td>
<td>Sports Med/Community Med</td>
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<tr>
<td>Emergency Medicine</td>
<td>Emergency Medicine</td>
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<tr>
<td>Women’s Health</td>
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<tr>
<td>Cardiology</td>
<td>Cardiology</td>
<td>Gastroenterology/Neurology</td>
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<tr>
<td>Intensive Care Medicine</td>
<td>Rheumatology/Endocrinology</td>
<td>Intensive Care Medicine</td>
</tr>
<tr>
<td>Pediatrics-Inpatient</td>
<td>Hematology/Oncology</td>
<td>Pediatrics-Inpatient (2 floor, 1ER, 1 nursery)</td>
</tr>
<tr>
<td>Orthopaedics/Ophthalmology</td>
<td>Orthopaedics/Ophthalmology</td>
<td>SURG SEL</td>
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<td>ENT/Urology</td>
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<td>Pediatrics-outpatient</td>
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<td>Elective</td>
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<tr>
<td>Pediatrics/Women’s Health</td>
<td>Elective</td>
<td>Elective</td>
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