Family Medicine Continuity Care Clinic
PGY 2 and 3

Goals:
The goal of the PGY 1 ambulatory care curriculum is to prepare residents to be competent to practice in a patient centered medical home (PCMH) model. The components of this curriculum represent a longitudinal experience, where PGY 1 residents spend 1-3 half days per week in their continuity clinic. PGY1 residents will have a panel of patients that they take care of as part of their primary care team, where they will be able to apply the principles of Family Medicine, including continuity care, comprehensive and personal care, preventive care and coordinated care. As part of their continuity experience, family medicine residents take care of children, adults and geriatric population. They also provide prenatal care for the pregnant patient and also they have the opportunity to perform different procedures. Also there will be incorporation of different disciplines of medicine including, but not limited to, geriatrics, pediatrics, adolescent and behavioral medicine, chronic pain management, prenatal care and practice management into their ambulatory care experience. Furthermore, residents will learn how to manage and follow patients directly, via telephone visits and through patient registries using population health and a team based model for care.

Longitudinal Experience:

Continuity Clinic:
- Residents provide continuous, comprehensive care to a panel of their own assigned patients. To accomplish and maintain continuity, a team approach is used, whereby residents are assigned to a team of 6 providers, which is led by a Supervising Attending Physician. Residents are responsible for returning any patient phone calls, addressing abnormal labs and covering other team residents when they are away. Residents are also expected to maintain involvement in the care of their patients when they are hospitalized and/or in labor.
- Residents also get procedural experience one half day per rotation. Procedures may be performed on their own patients or patients outside of their panel.

Quality Improvement and Care:
- Residents participate in a team based care and quality improvement model using Plan-Do-Study-Act (PDSA) to make improvements and change within their practice setting. They have the opportunity to work with a multidisciplinary care team, which includes a Health/Diabetic coach, clinical pharmacist, clinical psychologist, social worker, nutritionist and a referral coordinator to help improve outcomes and meet patients need in a coordinated fashion.
- Residents also work along with the clinical psychologist to learn how to collaborate care planning with patients, enhance their communications skills, deepen their doctor-patient relationships and learn how to conduct motivational interviews.
- Residents also participate in a 2 hour wellness and practice management workshops that occur on a monthly basis. Among the topics that have been discussed include the chronic disease model, medication reconciliation, team work; communication, professionalism and the patient centered model.
Objectives:

Patient Care:

1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings
   - Consistently recognizes common and complex situations that require urgent or emergent medical care
   - Stabilizes the acutely ill patient utilizing appropriate clinical protocols and guidelines
   - Develops appropriate diagnostic and therapeutic management plans for acute conditions
   - Appropriately prioritizes the response to the acutely ill patient
   - Develops appropriate diagnostic and therapeutic management plans for less common acute conditions
   - Addresses the psychosocial implications of acute illness on patients and families
   - Coordinates care of acutely ill patient with consultants and community services
   - Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients

2. Cares for patients with chronic conditions
   - Accurately documents a clinical encounter on a patient with a chronic condition, and generates a problem list
   - Establishes a relationship with the patient as his or her personal physician
   - Develops a management plan that includes appropriate clinical guidelines
   - Consistently applies appropriate clinical guidelines to the treatment plan of the patient with chronic conditions
   - Engages the patient in the self-management of his or her chronic condition
   - Clarifies the goals of care for the patient across the course of the chronic condition and for his or her family and community
   - Begins to manage the conflicting needs of patients with multiple chronic conditions or multiple co-morbidities
   - Leads care teams to consistently and appropriately manage patients with chronic conditions and co-morbidities
   - Facilitates patients’ and families’ efforts at self-management of their chronic conditions, including use of community resources and services

3. Partners with the patient, family and community to improve health through disease prevention and health promotion
   - Incorporates disease prevention and health promotion into practice
   - Reconciles recommendations for health maintenance and screening guidelines developed by various organizations
   - Explains the basis of health promotion and disease prevention recommendations to patients with the goal of shared decision making
   - Describes risks, benefits, costs, and alternatives related to health promotion and disease prevention activities
   - Partners with the patient and family to overcome barriers to disease prevention and health promotion
• Tracks and monitors disease prevention and health promotion for the practice population
• Integrates disease prevention and health promotion seamlessly in the ongoing care of all patients

4. Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient-centered, cost-effective manner
• Chooses and limits diagnostic testing and consultations that will change the management of undifferentiated signs, symptoms, or health concerns
• Facilitates patients’ understanding of their expected course and events that require physician notification
• Utilizes multidisciplinary resources to assist patients with undifferentiated signs, symptoms, or health concerns in order to deliver health care more efficiently
• Accepts personal responsibility to care for patients with undifferentiated signs, symptoms, or health concerns
• Develops treatment plans that include periodic assessment and that use appropriate community and family resources to minimize the effect of the undifferentiated signs, symptoms, and health concerns for the patient

5. Performs specialty-appropriate procedures to meet the healthcare needs of individual patients, families and communities, and is knowledgeable about procedures performed by other specialists to guide their patients' care
• Demonstrates sterile technique
• Uses appropriate resources to counsel the patient on the indications, contraindications, and complications of procedures
• Identifies and actively seeks opportunities to assist with or independently perform additional procedures he or she will need for future practice
• Identifies a plan to acquire additional procedural skills as needed for practice

6. Educate and counsel patient and families regarding issues that span the life cycle:
• Family planning; Family structure and dynamics; Child rearing / child education; Aging; End of life issues, family counseling; and Role of the family in illness care

Medical Knowledge
1. Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine
   a. Demonstrates the capacity to improve medical knowledge through targeted study
   b. Uses the American Board of Family Medicine (ABFM) In-Training Exam or American College of Osteopathic Family Physicians (ACOFP) Exam resident scaled score to further guide his or her education
   c. Demonstrates capacity to assess and act on personal learning needs
   d. Achieves an ABFM or ACOFP In-Training Exam resident scaled score predictive of passing the certification examination
   e. Appropriately uses, performs, and interprets diagnostic tests and procedures
2. Applies critical thinking skills in patient care
   a. Synthesizes information from multiple resources to make clinical decisions
   b. Begins to integrate social and behavioral sciences with biomedical knowledge in patient care
   c. Anticipates expected and unexpected outcomes of the patients’ clinical condition and data
   d. Recognizes and reconciles knowledge of patient and medicine to act in patients’ best interest
   e. Recognizes the effect of an individual’s condition on families and populations
   f. Integrates and synthesizes knowledge to make decisions in complex clinical situations
   g. Uses experience with patient panels to address population health

System Based Practice
1. Provides cost-conscious medical care
   a. Knows and considers costs and risks/benefits of different treatment options in common situations
   b. Gain an understanding of procedure coding and basic insurance reimbursement for medical care
   c. Coordinates individual patient care in a way that is sensitive to resource use, efficiency, and effectiveness
   d. Partners with patients to consistently use resources efficiently and cost effectively in even the most complex and challenging cases

2. Emphasizes patient safety
   a. Recognizes medical errors when they occur, including those that do not have adverse outcomes
   b. Understands the mechanisms that cause medical errors
   c. Understands and follows protocols to promote patient safety and prevent medical errors
   d. Participates in effective and safe hand-offs and transitions of care
   e. Uses current methods of analysis to identify individual and system causes of medical errors common to family medicine
   f. Develops individual improvement plan and participates in system improvement plans that promote patient safety and prevent medical errors
   g. Consistently engages in self-directed and practice improvement activities that seek to identify and address medical errors and patient safety in daily practice
   h. Fosters adherence to patient care protocols amongst team members that enhance patient safety and prevent medical errors

3. Advocates for individual and community health
   a. Recognizes social context and environment, and how a community’s public policy decisions affect individual and community health
   b. Recognizes that family physicians can impact community health
   c. Lists ways in which community characteristics and resources affect the health of patients and communities
   d. Identifies specific community characteristics that impact specific patients’ health
e. Understands the process of conducting a community strengths and needs assessment
f. Collaborates with other practices, public health, and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives
g. Seeks to improve the health care systems in which he or she practices

4. Coordinates team-based care
   a. Appropriately utilize consultation with and referral to specialists in the management of medical and surgical conditions
   b. Engages the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs
   c. Sustains a relationship as a personal physician to his or her own patients
   d. Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients

Practice Based Learning and Improvement
1. Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems
   a. Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes
   b. Formulates a searchable question from a clinical question
   c. Evaluates evidence-based point-of-care resources
   d. Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines
   e. Critically evaluates information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information
   f. Incorporates principles of evidence-based care and information mastery into clinical practice

2. Demonstrates self-directed learning
   a. Incorporates feedback and evaluations to assess performance and develop a learning plan
   b. Uses point-of-care, evidence-based information and guidelines to answer clinical questions
   c. Has a self-assessment and learning plan that demonstrates a balanced and accurate assessment of competence and areas for continued improvement
   d. Identifies own clinical information needs based, in part, on the values and preferences of each patient
   e. Demonstrates use of a system or process for keeping up with relevant changes in medicine
   f. Consistently evaluates self and practice, using appropriate evidence-based standards, to implement changes in practice to improve patient care and its delivery
3. Improves systems in which the physician provides care  
   a. Compares care provided by self and practice to external standards and identifies areas for improvement  
   b. Show effective utilization of different resources including information technology, point of care testing, patient cases and evidence based medicine for practice improvement and patient care  
   c. Uses a systematic improvement method (e.g., Plan-Do-Study-Act [PDSA] cycle) to address an identified area of improvement  
   d. Uses an organized method, such as a registry, to assess and manage population health  
   e. Establishes protocols for continuous review and comparison of practice procedures and outcomes and implementing changes to address areas needing improvement

**Professionalism**

1. Completes a process of professionalization  
   a. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity when dealing with patients.  
   b. Dress appropriately and maintain good personal hygiene in accordance with hospital policy  

2. Maintains emotional, physical, and mental health; and pursues continual personal and professional growth  
   a. Maintain patient privacy adhering to standards set forth by HIPAA.  
   b. Recognizes fatigue, sleep deprivation and impairment  

3. Demonstrates professional conduct, accountability and good work habits  
   a. Take ownership of patients and demonstrate responsibility for care including but not limited to writing timely orders and progress notes, follow up on tests, thorough knowledge of patients  
   b. Recognizes the importance of timeliness, efficiency, and punctuality.  

4. Demonstrates humanism and cultural proficiency  
   a. Recognizes impact of culture on health and health behaviors  
   b. Consistently demonstrates compassion, respect and empathy.  
   c. Shows sensitivity and responsiveness to patients’ and families’ culture, race, gender, sexual orientation, age, socioeconomic status and physical or mental disabilities.

**Interpersonal and Communication Skills**

1. Develops meaningful, therapeutic relationships with patients and families  
   a. Creates a non-judgemental and safe environment for patients  
   b. Respects patients autonomy in their health care decisions  

2. Demonstrates effective communication with patients, families, and the healthcare team  
   a. Is able to effectively present findings to a supervising attending.  
   b. Participates in end of life care discussions  
   c. Participates in family meeting to discuss patient’s condition, prognosis and treatment plan  
   d. Engages patients perspective in shared decision making
3. Effectively communicating and working collaboratively with all staff including resident physicians, attending physicians, specialists and hospital personnel in a way that fosters mutual respect and effective patient care.
   a. Be able to recognize difficult patient encounters and possess the skills to negotiate an acceptable solution for both the provider and the patient
   b. Be able to give “bad” news and support a patient in times of difficulty
   c. Be able to negotiate narcotic contracts and termination of such contracts when appropriate
4. Maintain accurate medical records regarding patient encounters including procedures and consults.

Syllabus

The resident should demonstrate ability to apply knowledge of:
   1. Diagnosis of common disorders encountered in the ambulatory care setting
   2. Management of these disorders
   3. Prevention guidelines
   4. Ordering Tests and Diagnostic studies for evaluation

Reading Assignment

1. www.aafp.org
2. www.clinicalkey.com

Assessment:

1. Assessment by the FM Faculty on a daily basis through direct observation
2. Semi-annual clinic evaluation by the FM Faculty