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Family Medicine Residency Goals and Objectives

CARE OF ADOLESCENT

Overview: To introduce the resident physician to the medical care of children, including the diagnosis and management of common illnesses, recognition of their complications and appropriate consultations and referral practices. The resident physician will know the basics of care for the adolescent.

Goals: To teach the resident physician the principles of health promotion, and disease prevention in children. To teach the resident physician management of injuries from accidents, abuse, and/or neglect in children. To ensure the resident physician has a thorough working knowledge of the stages of normal physical growth and development patterns. To teach the resident physician to recognize and manage abnormal physical growth and development patterns. To ensure the resident physician has a thorough working knowledge of the stages of normal psychological growth, behavior and development patterns. To teach the resident physician to recognize and manage abnormal psychological growth and development patterns. To teach the resident physician the referral and consultative process and recognize appropriate medical conditions and circumstances which require a team care approach to comprehensive care. To teach the resident physician skills that will enable him/her to listen carefully, communicate clearly, demonstrate sensitivity and empathy and assure confidentiality to children and/or their parents. Regarding care of children, to ensure the resident physician is prepared to be the sole provider of care for common problems, share care with another provider for moderately complex problems or coordinate care between him/herself and other consultants for very complex problems.

Competency-Based Objectives:

Medical Knowledge:

1. Age appropriate anticipatory guidance.
2. Age appropriate health maintenance and screening guidelines as per AAFP (vision, hearing, dental hygiene, blood pressure, anemia, cholesterol, scoliosis, etc).
3. Immunization recommendations including recommended immunization practices, contradictions for specific vaccines, appropriate use of special vaccines and use of electronic data for updates.
4. Signs, symptoms, diagnostic work-up and management of adolescent maltreatment, including physical, sexual or emotional abuse and adolescent neglect.

Patient Care:

1. Recognize and manage common conditions, illnesses and injuries of adolescents.
2. Recognize skin lesions which are amenable to office surgery.



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3. Address life adjustment issues for adolescents including, but not limited to school entry, driving, dating, etc.
4. Recognize and practice preventive techniques concerning the use and abuse of nicotine, alcohol and other harmful substances.
5. Recognize and practice preventive techniques concerning birth control, sexually transmitted diseases, and other issues of sexuality.
6. Care of adolescents with special needs (chronic illness, handicapping conditions).
7. Pre-participation sports physical.

Interpersonal and Communication Skills:

1. Demonstrate high level of sensitivity to adolescents need for complete confidentiality regarding health and life style issues.

Professionalism:

1. The resident physician will advocate for the patient during interactions with the health care systems including interacting with consultants so that the patient and family understand the recommendations of these physicians and how to incorporate them into their management plan.

Practice-Based Learning and Improvement:

1. The resident will utilize evidence-based resources for diagnoses and management of conditions affecting adolescents.
2. The resident will actively seek and respond to feedback from preceptors, nurses and other team members.
3. The resident will evaluate own performance and incorporate critical feedback.

Systems-Based Practice:

1. Refer and coordinate the care of complex cases.
2. Case management and interaction with consultants in caring for adolescents with chronic illness. Understanding the value of multidisciplinary teams in some chronic conditions.
3. Interacting with schools and work places to coordinate care when needed.

Learning Activities:

1. Didactic sessions at FPC and Pediatrics
2. Outpatient Family Practice Center
3. Outpatient Pediatrics Clinics
4. Inpatient FM
5. Inpatient Pediatric rotation
6. Adolescent rotation

Assessment:

1. Comments of Family Medicine Faculty & Resident's Peers
2. Comments of Pediatric Faculty & Resident's Peers
3. In-service Exam
4. Check list evaluation by Pediatrics Faculty



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5. Procedure log



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Family Medicine Residency Goals and Objectives

AMBULATORY SKILLS I

Overview: Strengthen outpatient Family Medicine patient care skills.

Goals: Enhance communication skills with patients and families, including times when the prognosis is poor. Strengthen knowledge and skills in the pharmacologic management of diabetes and chronic anticoagulation. Improve outpatient Family Medicine procedural skills. Develop foundational skills in geriatric assessment and nursing home care. Learn how to appropriately utilize the preceptor as a resource. Utilize electronic resources to help deliver evidence-based, patient-centered care. Increase awareness of self-care and stress management. Understand the role of the family, community and work environment in the biopsychosocial model. Understand basic principles of outpatient billing and coding. Recognize the importance of practice management and health systems in the delivery of effective, cost-conscious care. Strengthen skills in obstetrical and gynecological procedures.

Competency-Based Objectives:

Medical Knowledge:

1. The resident will understand the normal aging process and unique characteristics of the geriatric population.
2. The resident will demonstrate an understanding of initiation and titration of insulin in the management of diabetic patients.
3. The resident will demonstrate an understanding of the indications, contraindications, side effects, and prescribing and titration of Coumadin for patients on chronic anticoagulation.
4. The resident will be able to recite two age-specific milestones for each stage of infant and child development.

Patient Care:

1. The resident will demonstrate basic skills in geriatric assessment and treatment.
2. The resident will demonstrate basic proficiency in performing the following procedures: suturing a laceration, injections of the knee, shoulder, and trochanteric bursa, IUD insertion, endometrial biopsy, and vaginal laceration repair.

Interpersonal and Communication Skills:

1. The resident will demonstrate compassion and empathy when delivering bad news in a role playing scenario.
2. The resident will demonstrate the ability to develop a focused question, identify learning needs, and present the patients to the preceptor in a focused manner.



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Professionalism:

1. The resident will demonstrate appropriate respect for the patient during all patient encounter.
2. The resident will demonstrate respect for the healthcare team assisting him/her in the care of his/her patients.
3. The resident will communicate results of laboratory tests or pathology results completely and timely to ensure excellent patient care.
4. The resident will demonstrate appropriate and timely communication with consultants.

Practice-Based Learning and Improvement:

1. The resident will demonstrate the ability to formulate a clinical question, search evidence-based resources, critically-appraise the literature and apply it to a patient case.

Systems-Based Practice:

1. The resident will complete the encounter form with the appropriate evaluation and management level and ICD-9 (or ICD-10) code(s) for office-based encounters.
2. The resident will huddle with their nurse (and behavioral medicine as appropriate) at the beginning of every patient care session to ensure teamwork in delivering comprehensive care to the patients seen in each session.

Learning Activities:

1. 8-10 half-day session of continuity patient care in the Family Medicine Center.
2. Work with the PharmD seeing patients in the Family Medicine Center for 2 half-days
3. Half-day hands-on, interactive workshops with Family Medicine faculty on the following topics:
 - a. Child development
 - b. Suturing
 - c. Obstetrical skills
 - d. EKG interpretation
 - e. Joint injections
 - f. IUD insertion, endometrial biopsy
 - g. Simulated patient scenarios using high-fidelity simulation
 - h. Community Medicine
 - i. Occupational Medicine
 - j. Precepting and giving/receiving feedback
 - k. How to deliver bad news
 - l. Geriatrics
 - m. Practice Management
 - n. Myers-Briggs personality Inventory
 - o. Wellness and Self-care
 - p. Mindfulness techniques
 - q. Family Circle



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Assessment:

1. Procedural checklists
2. ABFM Self-Assessment Modules
3. Preceptor evaluation (written) with feedback on clinic performance
4. Wellness self-assessment
5. Occupational Medicine practicum/OSCE
6. Audiovisual review of videotaped encounters
7. Mini-CEX

Milestones Assessed:

1. PC1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings.
2. Cares for patients with chronic illness.
3. PC3. Partners with the patient, family, and community to improve health through disease prevention and health promotion.
4. PC4. 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.
5. SBP-1. Provides cost-conscious medical care.
6. SBP-4. Coordinates team-based care.
7. PBLI-1. Locates, appraises, and assimilates evidence from scientific studies related to their patients' health problems.
8. PBLI-2. Demonstrates self-directed learning.
9. C-1. Develops meaningful, therapeutic relationships with patients and their families.
10. C-2. Communicates effectively with patients, families, and the public.



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Family Medicine Residency Goals and Objectives

AMBULATORY SKILLS MONTH - II

Overview: To enhance resident understanding of the unique and emerging role of the family physician.

Goals: To learn a set of basic skills to optimize residents' patient care and learning of family medicine in the ambulatory care setting. To raise residents' awareness about practice operations. To orient residents to contextual, behavioral, occupational and community health. To explore facets of and increase skills in executing the roles and responsibilities of a PGY-2.

Competency-Based Objectives:

Medical Knowledge:

1. Interpret a twelve lead EKG and be able to recognize:
 - a. ischemic patterns
 - b. myocardial infarction
 - c. hypertrophy
 - d. arrhythmias:
 - i. atrial fibrillation
 - ii. atrial flutter
 - iii. sinus arrhythmia
 - iv. premature atrial contraction
 - v. premature ventricular contraction
 - vi. ventricular tachycardia
2. Describe the purpose of, 3 indications and 3 limitations of exercise treadmill testing.
3. Recognize an ischemic pattern on a treadmill EKG.
4. Describe 3 fundamental components to a disability assessment.
5. Describe the most evidence-based method for assessment of child development.
6. Define evidence-based medicine.
7. Describe the 3 factors of critical appraisal of medical literature.

Patient Care:

1. Demonstrate use of an algorithmic approach to a dermatologic problem.
2. Describe 3 main objectives of a home visit.

Interpersonal and Communication Skills:

1. Describe the biopsychosocial-spiritual model of health care.
2. Describe 3 facets of effective clinical teaching.
3. Give 3 examples each of positive and constructive feedback.



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Professionalism:

2. The resident physician will advocate for the patient during interactions with the health care systems including interacting with consultants so that the patient and family understand the recommendations of these physicians and how to incorporate them into their management plan.

Practice-Based Learning and Improvement:

1. Interns/Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
2. Reads about all patient cases.
3. Utilizes evidence-based resources for diagnoses and management.
4. Actively seeks and responds to feedback from preceptors, nurses and other team members.
5. Evaluates own performance and incorporates critical feedback.

Systems-Based Practice:

1. Describe 3 current elements of the emerging model of family practice medicine.
2. Describe 3 responsibilities for each of the following: triage nurse, PAR and front desk clerk.
3. Discuss the role a family physician can have in an occupational health setting.

Learning Activities:

1. Ambulatory Skills rotation.
2. Small group learning experiences.

Assessment:

1. Feedback from residents.
2. Observation of resident clinical management and behavior longitudinally.



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Family Medicine Residency Goals and Objectives

GERIATRICS

Overview: The resident will work in multiple different clinical and community settings to gain skill and knowledge in caring for the geriatric patient.

Goals: The resident physician will become aware of the importance of his/her own experiences and attitudes towards aging, disability and end of life issues and how these may impact his/her health care delivery to the older adult. The resident physician will understand the variability of presentation of illness and disease processes in the older adult. The resident will learn the unique pharmacologic challenges of the geriatric patient. The resident physician will appreciate the importance of a multidisciplinary team approach in the care of the older adult.

Competency-Based Objectives:

Medical Knowledge:

1. The resident physician will know the appropriate management of common geriatric syndromes; including falls and immobility, incontinence, dementia, pressure sores and options for short term and long term institutionalization.
2. The resident physician will know the appropriate management of common geriatric problems including constipation, anticoagulation management and appropriate dosing of pharmaceuticals for the geriatric patient.
3. The resident physician will know the unusual presentations of common illnesses in the geriatric patient.

Patient Care:

1. The resident physician will demonstrate the ability to perform a physical, cognitive and functional assessment of the older adult.
2. The resident physician will demonstrate the ability to assess the older adult's capacity to consent regarding health care choices.
3. The resident physician will demonstrate the ability to assess the older patient's medication regime for the following: indication based on diagnosis or condition, appropriate dose, appropriate route of administration and potential drug interactions.

Interpersonal and Communication Skills:

1. The resident physician will recognize the impact of his/her attitude and experiences in discussions of health care decisions with the patient, family, and other caregivers.
2. The resident physician will be able to facilitate discussion regarding Advance Directive decisions with the patient family and other caregivers.



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Professionalism:

3. The resident physician will advocate for the patient during interactions with the health care systems including interacting with consultants so that the patient and family understand the recommendations of these physicians and how to incorporate them into their management plan.

Practice-Based Learning and Improvement:

4. The resident will utilize evidence-based resources for diagnoses and management of conditions affecting older adults.
5. The resident will actively seek and respond to feedback from preceptors, nurses and other team members.
6. The resident will evaluate own performance and incorporate critical feedback.

Systems-Based Practice:

1. The resident physician will recognize indicators of elder abuse, neglect and exploitation as well as the obligations by law to report these situations to local authorities.
2. The resident physician will understand the impact of Medicare law on the types of services available to the older adult.
3. The resident physician will be able to describe the levels of care available in long term care and recommend the level needed to patients and their families.
4. The resident physician will learn to identify and utilize community resources for care for seniors.

Learning Activities: Didactic sessions at Nursing Home and Geriatric Clinic, patient care in Nursing Home, Geriatric Clinic. Home visits, visits with Community resources, including Alzheimer's Association, Hospice, Home Care Agencies, DSS, Wound Care Specialists.

Assessment:

Written evaluations completed by attending geriatrician, nurse practitioner and community resource personnel.



Carolinan HealthCare System

Family Medicine Residency Goals and Objectives

Inpatient Care

Overview: The resident will work in the hospital setting to gain skill and knowledge in common adult inpatient conditions.

Goals: The resident physician will appreciate the role of inpatient management of acute and chronic diseases commonly seen in family practice. The resident physician will communicate effectively with patients, families and other physicians regarding advance directives decisions for critically ill patients. The resident physician will facilitate the flow of information from the inpatient setting to the outpatient setting.

Competency-Based Objectives:

Medical Knowledge:

Intern:

1. The intern will demonstrate knowledge of inpatient evaluation of common medical problems of adult and pediatric patients, including but not limited to chest pain, SOB, fever, abdominal pain, altered mental status and failure to thrive (FTT).
2. The intern will understand the use of admission order sets, living wills, HCPOA and DNR orders.

Resident:

1. The resident will demonstrate knowledge of common medical problems of adult and pediatric patients as well as generate differential diagnoses for more unusual/complex undifferentiated problems requiring admission.
2. The resident will understand the use of and supervise the intern in the use of admission order sets, living wills, HPPOA and DNR orders.

Senior Resident:

1. The resident will demonstrate knowledge of common medical problems of adult and pediatric patients as well as generate differential diagnoses for more unusual/complex undifferentiated problems requiring admission.
2. The resident will understand the use of and supervise the intern in the use of admission order sets, living wills, HPPOA and DNR orders.
3. The senior resident will research and present information regarding diagnosing and managing more unusual diagnoses and atypical presentations of more common conditions to second year residents, interns and medical students.

Patient Care:

Intern:



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1. The intern will demonstrate the ability to perform an admission history and physical (H&P) under the supervision of the PGY-2 or PGY-3 resident physician or the attending. The H&P will include consideration of differential diagnoses and be demonstrated on adult and pediatric patients.
2. The intern will communicate with consultants often conferring with the supervising resident or attending and coordinate the patient's care with the consultant.
3. The intern will supervise medical students on the service when requested by the resident or attending physician.

Resident PGY-2:

1. The resident physician will demonstrate the ability to perform an admission history and physical including differential diagnoses, and treatment plans for adult and pediatric patients who require admission to the hospital.
2. The resident physician will communicate with consultants in a timely manner and coordinate the patient's care with the consultant.
3. The resident will supervise the intern and medical student on the service.

Resident PGY-3:

1. The resident physician will demonstrate the ability to perform an admission history and physical, including differential diagnoses, and treatment plans for adult and pediatric patients who require admission to the hospital.
2. The resident physician will communicate with consultants in a timely manner and coordinate the patient's care with the consultant.
3. The senior resident will supervise the second year resident, intern and resident on the service.
4. The senior resident will assist the attending in selecting the monthly M&M case and supervise the participation of the resident and interns.

Interpersonal and Communication Skills:

Intern:

1. The intern will notify the patient's primary care physician (PCP) of the admission, communicate with the PCP as appropriate throughout the admission and dictate a timely discharge summary.
2. The intern will write thorough, legible notes daily, often discussing the patient with the supervising resident, before rounding with the resident.

PGY-2 Resident

1. The resident physician will assure continuity with the patient's primary care physician by communicating with him/her as indicated during the admission and assuring that a timely discharge summary is dictated.
2. On patients he/she primarily follows, the resident physician will write thorough, legible notes daily before rounding with the attending.
3. The resident physician will assure that the intern writes appropriate notes on patients for whom the resident is supervising.



Carolinan HealthCare System

PGY-3 Resident

1. The resident physician will assure continuity with the patient's primary care physician by communicating with him/her as indicated during the admission and assuring that a timely discharge summary is dictated.
2. On patients he/she primary follows, the resident physician will write thorough, legible notes daily before rounding with the attending.
3. The resident physician will assure that the intern writes appropriate notes on patients for whom the resident is supervising.
4. The PGY-3 will communicate with the attending regarding any challenges in the care of patients which arise in the communication between consultants and the primary care team or the performance of PGY-2 or interns in the care of patients.

Professionalism:

All Residents:

1. Interns/Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
2. Demonstrates sensitivity to patients and families.
3. Demonstrates compassion, respect, integrity and honesty.
4. Is accountable to patients, society and the profession.

Practice-Based Learning and Improvement:

All Residents:

6. Interns/Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
7. Reads about all patient cases.
8. Utilizes evidence-based resources for diagnoses and management.
9. Actively seeks and responds to feedback from preceptors, nurses and other team members.
10. Evaluates own performance and incorporates critical feedback.

Systems-Based Practice:

Intern:

1. The intern will demonstrate the ability to obtain patient information from the Cerner computer system.
2. The intern will work with discharge planning staff to appropriately transition the patient from the hospital setting to home, rehab or long-term care.

PGY-2 Resident:

1. The resident physician will supervise the intern in obtaining patient information from the Cerner computer system.



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2. The resident will supervise the intern in working with the discharge planning staff to appropriately transition the patient from the hospital setting to home, rehab or long-term care.

PGY-3 Resident:

1. The resident physician will supervise the intern in obtaining patient information from the Cerner computer system.
2. The resident will supervise the intern in working with the discharge planning staff to appropriately transition the patient from the hospital setting to home, rehab or long-term care.
3. The senior resident will assure that the attending is aware of any challenges in transitioning patients from hospital setting to home, rehab or long-term care.

Learning Activities: Manage inpatient adult, pediatric and obstetric patients in the inpatient setting with fellow residents. Reading on problems presented by inpatient diagnoses to develop comprehensive differential diagnoses, assessments and plans.

Assessment: Review of admission histories and physicals, presentations at rounds, progress notes and discharge summaries by attending physician (direct observation); standard competence-based evaluation form used and completed weekly by each attending on service.



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Family Medicine Residency Goals and Objectives

INTEGRATIVE MEDICINE

Overview: To introduce learners to alternate modalities of healing such as: Traditional Chinese Medicine, Homeopathy, Naturopathy, Functional Medicine, and Massage Therapy.

Goals: To familiarize learners with practitioners of the above alternate modalities of healing in the Charlotte area for future collaboration in patient care. To expose learners to practices that integrate primary and alternative/complementary care so as to model and supplement course material provided in the Integrative Medicine in Residency curriculum.

Competency-Based Objectives:

Medical Knowledge:

1. Demonstrate knowledge of integrative medicine approaches to common primary care concerns and evidence behind these approaches.
2. Demonstrate understanding of the effects of diet and exercise on general health as well as for specific health conditions.
3. Recognize conditions for which referral and/or collaboration with complementary providers is indicated.

Patient Care:

1. Conduct detailed integrative medicine intakes with patients understanding the roles that their diet, exercise, spirituality, and use of complementary supplements and/or modalities may have had on their well-being.
2. Be able to make integrative medicine treatment plans for patients based on patient goals and best evidence available for treating patient's condition.
3. Define and describe the type of patient condition in which to collaborate with complementary providers with training in acupuncture, clinical hypnosis, homeopathy, nutrition, physical therapy or osteopathic manipulation.

Interpersonal and Communication Skills:

1. Demonstrate caring communication skills with patients who may view either traditional medical providers or complementary health providers with skepticism or mistrust.
2. Demonstrate openness to learning and expanding own knowledge base in interactions with complementary health providers.

Professionalism:

1. Demonstrate the ability to practice self-care, self-regulation and recognize signs of burnout.
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Practice-Based Learning and Improvement:

1. Apply integrative medicine knowledge to patient cases in learner's continuity clinic and the integrative medicine consult clinic.

Systems-Based Practice:

1. Demonstrate understanding of the cost/reimbursement structure of the various practices or individual health providers explored during elective.
2. Interact with various health providers in community and understand any financial or cultural barriers to your patients having access to these providers.
3. Demonstrate understanding of how an integrative practice combines conventional and alternative approaches including: prevention, management of chronic and acute diseases.

Learning Activities:

1. Residents will work with complementary health providers in region trained in areas such as Traditional Chinese Medicine, Acupuncture, Homeopathy, Massage Therapy, Osteopathic Manipulation and Naturopathy.
2. Residents will complete appropriate modules in Integrative Medicine in residency online curriculum.
3. Residents will care for adult and pediatric patients in the Integrative Medicine Consultation clinic in the Family Practice Center.

Assessment:

1. Direct observations of resident with patient in integrative medicine clinic by Director of Integrative Medicine in Family Medicine department.
2. Summative evaluations by complementary providers overseeing resident during elective.
3. Medical knowledge assessments regarding integrative modalities administered at the beginning and at the end of the elective.



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Family Medicine Residency Goals and Objectives

PGY-1 Outpatient Care

Overview: The Family Medicine Center experience is a longitudinal experience over three years. The PGY 1 resident's time in the health center ranges from one to two half days per week.

Goals: To provide our patients with medical care that is compassionate, continuous, personalized and evidence-based, in conjunction with other members of the care team. To develop and expand the fund of knowledge and clinical skills with close, direct supervision. To develop a basic/fundamental knowledge of billing, coding and the electronic medical record. To gain exposure to quality improvement methods and population management.

Competency-Based Objectives:

Medical Knowledge:

1. Interns/Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
2. Understands the psychological impact of disease on patients and their families.
3. Recognizes common side effects of medications.

Patient Care:

1. Interns/Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Performs an accurate, systematic, and appropriately-focused physical exam including the use of instruments.
3. Makes accurate diagnoses and/or differential diagnoses.
4. Chooses appropriate diagnostic labs and radiologic studies.
5. Able to access and use evidence-based guidelines for prevention and disease management

Interpersonal and Communication Skills:

1. Interns/Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.
2. Documents all encounters in a concise, accurate manner in the EHR, and keeps EHR current.
3. Works effectively as a team member.
4. Presents cases in a well-organized but concise and focused manner.



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Professionalism:

5. Interns/Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. Demonstrates sensitivity to patients and families.
7. Arrives on time and huddles with the nurse prior to start of clinic sessions.
8. Answers pages and patient inbox items (messages, lab results, etc.) in a timely fashion (within 48 hours).
9. Maintains up-to-date EHR, including problem list and medication list.
10. Demonstrates compassion, respect, integrity and honesty.
11. Is accountable to patients, society and the profession.
12. Acknowledges and corrects own errors.

Practice-Based Learning and Improvement:

11. Interns/Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
12. Reads about all patient cases.
13. Utilizes evidence-based resources for diagnoses and management.
14. Actively seeks and responds to feedback from preceptors, nurses and other team members.
15. Evaluates own performance and incorporates critical feedback.

Systems-Based Practice:

1. Interns/Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
2. Understand the indications for referral to the appropriate consultants.
3. Effectively coordinates patient care with ancillary personnel (behavioral health, social worker, lab staff, nursing, etc.).
4. Has a basic working knowledge of how to bill/code common office visit types (well child check, E&M levels, Prenatal Care visit, Adult CPE).
5. Advocates for quality patient care.
6. Know how to use medication formulary, based on patient's insurance carrier/or uninsured.
7. Utilize EHR fully.

Learning Activities:

1. Role modeling
2. Direct observation with immediate feedback
3. Didactics
4. Self-directed reading
5. Multidisciplinary conferences (Monthly Practice Meetings and HEALTH teams)
6. Precepting cases



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Assessment:

1. Directly supervised by attendings.
2. Daily feedback from the attending/preceptor.
3. 360-degree evaluations from nurses, patients and other physicians.
4. Direct observation using Mini-CEX.
5. Audiovisual review of videotaped patient encounters.
6. Rotation evaluation (FM Clinics rotations).
7. Quarterly resident review evaluations by family medicine faculty with written and verbal feedback shared via their faculty advisor.
8. Individual quality clinical benchmark reports.



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Family Medicine Residency Goals and Objectives

PGY-2 Outpatient Care

Overview: The FMC experience is a longitudinal experience over three years. The PGY 2 residents' time in the health center ranges from two to three half days per week.

Goals: To provide our patients with medical care that is compassionate, continuous, personalized and evidence-based, in conjunction with other members of the care team. To develop and expand the fund of knowledge and clinical skills to that of an independent practitioner. To increase knowledge of billing, coding, the Patient-Centered Medical Home, population management, quality improvement, and use of the electronic medical record.

Competency-Based Objectives:

Medical Knowledge:

4. Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
5. Demonstrates age, culture and gender-appropriate knowledge of social and behavioral sciences.
6. Demonstrates knowledge of clinical sciences and core topics in Family Medicine.

Patient Care:

6. Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
7. Incorporates behavioral medicine training in the medical interview: assesses psycho/social stressors, family dynamics and support system; appropriately screens for and identifies behavioral issues.
8. Is proficient in reading common X-rays.
9. Is proficient in reading EKGs.
10. Requests referrals/consultation appropriately.
11. Is proficient with well adult, well child, and prenatal care.
12. Manages emergencies appropriately.
13. Is proficient in telephone triage.
14. Begins to acquire competency in office procedures.

Interpersonal and Communication Skills:

5. Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.
6. Conducts a thorough psycho-social interview.
7. Incorporates the principles of the biopsychosocial model of medicine.
8. Dictates clear, thorough and succinct notes in the HER.



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9. Teaches junior residents and medical students effectively.
10. Effectively communicates patient cases and management plans to colleagues.
11. Interacts effectively with colleagues, staff, and patients.

Professionalism:

13. Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
14. Consistently dictates notes, reviews results, and responds to inbox messages in a timely manner (<48 hours).
15. Responds to pages and phone calls in a timely way (within 10 minutes).
16. Is sensitive and responsive to patients' age, gender, culture, sexual orientation, disability and special needs.

Practice-Based Learning and Improvement:

16. Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
17. Independently utilizes evidence-based resources to enhance patient care.
18. Identifies and proactively addresses time management issues.

Systems-Based Practice:

8. Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
9. Takes responsibility/accountability for own panel of continuity patients.
10. Effectively accesses and utilizes outside resources for patients,

Learning Activities:

7. Role modeling
8. Direct observation
9. Didactics
10. Self-directed reading
11. Multidisciplinary conferences (HEALTH teams and Practice Meetings)
12. Precepting cases

Assessment:

9. Directly supervised by Attendings.
10. Daily feedback from the attending/preceptor.
11. 360-degree evaluations from nurses, patients and other physicians.
12. Direct observation using Mini-CEX instrument.
13. Audiovisual review of videotaped patient encounters with structured instrument.
14. Rotation evaluation (FM Clinics rotations).
15. Quarterly resident review evaluations by family medicine faculty with written and verbal feedback shared via their faculty advisor.
16. Resident's evaluation of preceptors (twice annually), residents' evaluation of program (annual), and feedback on FMC gathered at regular advisor meetings.



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17. Individual quality clinical benchmark reports.



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Family Medicine Residency Goals and Objectives

PGY-3 Outpatient Care

Overview: The FMC experience is a longitudinal experience over three years. The residents' time in the health center ranges from three to five half days per week.

Goals: To provide our patients with medical care that is compassionate, continuous, personalized and evidence-based, in conjunction with other members of the care team. To develop and expand the fund of knowledge and clinical skills to that of an independent practitioner. To increase knowledge of billing, coding, the Patient-Centered Medical Home, population management, quality improvement, and use of the electronic medical record.

Competency-Based Objectives:

Medical Knowledge:

7. Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
8. Demonstrates knowledge and use of community resources.
9. Demonstrates analytical thinking in complex situations.

Patient Care:

15. Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
16. Conducts effective counseling and education sessions with patients and families independently.
17. Provides appropriate patient education materials.
18. Competently performs common office-based procedures.
19. Makes decisions based on available evidence, sound judgment and patient-specific preferences.
20. Prioritizes patients' complaints/problems and manages time appropriately to deliver patient care safely and efficiently.
21. Refers and consults appropriately.
22. Demonstrates proficiency in managing the common chronic and acute illnesses and conditions seen in outpatient family medicine:
 - a. **Diabetes**
 - b. **HTN**
 - c. **CAD**
 - d. **CHF**
 - e. **Hyperlipidemia**
 - f. **Obesity**
 - g. **Asthma**
 - h. **COPD**



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- i. **DJD**
- j. **Low Back Pain (acute and chronic)**
- k. **Chronic Pain syndromes**
- l. **Depression**
- m. **Anxiety**
- n. **Prenatal care (low-risk)**
- o. **Thyroid disease**

Interpersonal and Communication Skills:

- 12. Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.
- 13. Demonstrates effective listening skills (active listening, demonstrates empathy).
- 14. Gives direct feedback in a way that is non-judging, objective, immediate and specific; welcomes and receives feedback effectively and incorporates it as appropriate.
- 15. Functions with others as a member or leader of a health care team.
- 16. Role models effective and ethical relationships with patients, staff and colleagues.

Professionalism:

- 17. Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- 18. Works effectively with colleagues ensure all responsibilities are covered.
- 19. Helps overwhelmed colleagues in the office when not busy.
- 20. Is a team player and is willing to see extra patients when asked.
- 21. Responds to patient phone calls, refill requests, lab results, nursing requests in a timely manner.

Practice-Based Learning and Improvement:

- 19. Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- 20. Uses evidence-based resources to answer clinical questions that arise in the course of patient care in the FMC.
- 21. Facilitates the learning of students, peers and attendings.
- 22. Does population management for their panel of patients to improve quality outcomes.

Systems-Based Practice:

- 11. Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- 12. Practices cost effective health care.
- 13. Appropriately interfaces with and utilizes other health care providers to optimize the patient's care (ex. RN, Behavioral health provider, social worker, PT, OT, Home Health nurse).



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Learning Activities:

13. Role modeling
14. Direct observation with immediate feedback
15. Didactics
16. Self-directed reading
17. Multidisciplinary conferences (Practice Meetings)
18. Team-based population management (“HEALTH teams”)
19. Precepting cases

Assessment:

18. Directly supervised by Attendings in clinic.
19. Daily feedback from the attending/preceptor.
20. 360-degree evaluations from nurses, patients and other physicians.
21. Direct observation using Mini-CEX form.
22. Audiovisual review of videotaped patient encounters.
23. Rotation evaluation (FM Clinics rotations).
24. Quarterly resident review evaluations by family medicine faculty with written and verbal feedback shared via their faculty advisor.
25. Resident’s evaluation of preceptors (twice annually), residents’ evaluation of program (annual), and feedback on FMC gathered at regular advisor meetings.
26. Individual quality clinical benchmark reports.



Carolinan HealthCare System

Family Medicine Residency Goals and Objectives

HEALTH SYSTEMS (PRACTICE) MANAGEMENT

Overview: The resident will demonstrate a greater understanding of his/herself, what factors influence his/her decisions and have a clearer understanding of his/her professional goals.

Goals:

1. The resident will demonstrate a solid working knowledge of office visit billing and coding practices and guidelines.
2. The resident will demonstrate an understanding of how to market his/her professional services and build a successful practice.
3. The resident will be able to perform and discuss appropriate employee evaluation and feedback.
4. The resident will demonstrate an understanding of personal finance and setting goals for retirement planning.
5. The resident will demonstrate successful population disease management and practice quality improvement.

Competency-Based Objectives:

Medical Knowledge:

By the end of PGY-3 the resident will:

1. Demonstrate understanding of the basic principles of healthcare finance
2. Identify the sources of revenue for a typical family practice office.
3. Identify and demonstrate working knowledge of accounts payable/receivable.
4. Demonstrate the ability to read and interpret income statements, balance sheets and cash flow statements.
5. Demonstrate understanding of fixed versus variable overhead.
6. Demonstrate understanding of breakeven analysis.
7. Demonstrate understanding of the profit/volume relationship.
8. Demonstrate basic understanding of lease or rental agreements.
9. Understand the basics of office administration.
10. Demonstrate understanding of office organization.
11. Demonstrate understanding of office systems.
12. Demonstrate understanding of chart maintenance.
13. Demonstrate understanding of physician role in office administration.
14. Demonstrate understanding of practice evaluation.

Patient Care:

1. Conduct age appropriate screening evaluations with accurate assessments and plans.
2. Determine and administer age appropriate diagnostic procedures and treatment modalities.



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3. Provide guidance to children and their families regarding healthy lifestyle.
4. Provide care to children with special needs, including congenital abnormalities, handicapping conditions and/or chronic illnesses.
5. Diagnose and coordinate care for simple to moderately complex behavior problems.
6. Diagnose and coordinate care for developmental delays.
7. Address life adjustment issues for children including, but not limited to new sibling, school entry, etc.
8. Conduct pre-participation sports physicals with accurate assessments and plans.

Interpersonal and Communication Skills:

1. Know his/her personal Myers-Brigg scores and demonstrate how to use the concepts of personality types and decision making preferences in his/her personal and professional life.
2. Develop personal mission statement.
3. Complete a personal and professional needs assessment.
4. Demonstrate knowledge in techniques to hire a qualified employee.
5. Demonstrate skills in performing regular employee performance evaluations by participating in FPC nursing evaluations.
6. Demonstrate understanding of professional and staff salary ranges and benefits and where to find the most up to date information.
7. Demonstrate understanding of the importance of non-financial employee rewards in maintaining a stable work force.
8. Lecture at a community site on a selected health topic geared toward a general, non-medical audience.

Professionalism:

By the end of PGY-3 the resident will demonstrate professional behavior by:

1. Timely completion of course assignments
2. Attendance at monthly seminars unless for an excused absence
3. Demonstrate understanding time management and Covey's four quadrants of time management
4. Demonstrate understanding of his/her role as administrator and leader
5. Demonstrate understanding of personal finance issues and retirement planning by creating a personal budget and retirement plan
6. Demonstrate understanding of the role of change in his/her life

Practice-Based Learning and Improvement:

1. By the end of PGY-1 residents will demonstrate understanding of population disease management through interpretation and management of quarterly diabetes reports for their patient population.
2. By the end of PGY-3 residents will design and perform a PDSA for process improvement in their individual practice.



Carolinan HealthCare System

Systems-Based Practice:

By the end of PGY-3 the resident will:

1. Demonstrate working knowledge of ICD-9 coding, CPT coding and how to stay current.
2. Demonstrate understanding of EOBs (Explanation of Benefits).
3. Demonstrate understanding of financial controls.
4. Understand basic legal concerns in medical practice.
5. Demonstrate basic knowledge of malpractice insurance, the different types of insurance and the importance of keeping malpractice insurance records.
6. Demonstrate basic understanding of employment contracts.
7. Demonstrate basic understanding of employment law.
8. Demonstrate basic understanding of HIPAA.

Learning Activities:

1. Didactic sessions at Family Practice Center.
2. Lecturing and partnering at the Simmons YMCA.
3. Reading assignments.
4. Precepting opportunities during patient care in the Family Practice Center.

Assessment:

1. Complete personal curriculum vitae.
2. Complete a personal budget.
3. Read *Family Practice Management* monthly and turn in the completed quiz answer card to the medical director.
4. Present the results of the practice improvement PDSA.
5. Semiannual chart audits performed by the resident's advisor.
6. Completion of medical decision matrix for 3 patients and reviewed with the medical director.



Carolinan HealthCare System

Family Medicine Residency Goals and Objectives

QUALITY IMPROVEMENT

Overview: Demonstrate basic knowledge of QI methods.

Goals:

1. Accomplish at least one QI project.
2. Present QI project to department or institution.

Competency-Based Objectives:

Medical Knowledge:

1. Exhibit knowledge of how to conduct and analyze QI projects.
2. Understand basic QI terms (run charts, PDSA cycles, etc.).
3. Be able to appraise and assimilate scientific evidence.
4. Demonstrate the ability to ask answerable questions applicable to the direct clinical care of their patients.

Patient Care:

1. By the end of PGY-1 resident should have basic understanding of QI.
2. Resident should complete short QI project on personal goals.
3. By the end of PGY-3 resident should complete a full QI project either as a team or individually.
4. Demonstrate the ability to investigate and evaluate their care of patients.
5. Demonstrate the ability to apply this information to the care of patients.

Interpersonal and Communication Skills:

1. Residents will appropriately work as a team, dividing up project work.
2. Meet project communication and dissemination milestones for project throughout 3rd year.
3. Complete a scholarly project.

Professionalism:

1. The resident will demonstrate appropriate respect for the patient during all patient encounters.
2. The resident will demonstrate respect for other residents doing the project and the health care team in assisting him/her in the QI project.
3. The resident will effectively communicate the results of the QI project at all points during the year.
4. Demonstrate knowledge or the principles of ethics as it applies to medical research.



Carolinan HealthCare System

Practice-Based Learning and Improvement:

1. The resident will perform at least one QI project using QI methods such as PDSA or run chart analysis to demonstrate competency.
2. The resident will demonstrate proficiency in effective literature research based on PubMed, Medline and other library tools.
3. The resident will demonstrate effective planning, data collection and analysis of the QI project.
5. The resident will demonstrate effective communication skills for the QI project.
6. The resident will demonstrate effective implementation of the results of the QI project.
7. Demonstrate the ability to search, find and appraise both primary and secondary information sources for answers to these clinical questions.

Systems-Based Practice:

1. Continuously improve patient care based on constant self-evaluation and life-long learning.

Learning Activities:

Didactic sessions covering basic QI principles: After assignment of QI project the group meets at least monthly to trouble shoot, monitor progress, reevaluate roles, disseminate progress to date and suggests next steps. Presentation of proposed project is expected within 3 months of PGY-3 and completed project by end of PGY-3. Residents must demonstrate ability to critically discuss results and best ways to implement improvement.

Assessment:

Direct observation by faculty. Evaluation is based on faculty assessment and evaluation of dissemination presentations. Residents submit an abstract, present at, and attend a system-wide event for all residents to disseminate their QI work.

Milestones Assessed:

1. **Level 1:** Demonstrates the capacity to improve basic QI knowledge and terminology through study.
2. **Level 2:** Uses QI knowledge from multiple sources to design QI project.
3. **Level 3:** Applies critical thinking to design, implement and evaluate QI project progress and results.
4. **Level 4:** Successfully completes QI project. Works competently as team member and understands all team roles. Resident is a major part of communication and dissemination processes.
5. **Level 5:** Successfully performs and completes QI project where: developed QI project shows tangible and direct improvement in patient care; resident demonstrates excellent communication skills through clearly presented and articulated discussion of design, methods and results of project; resident demonstrates knowledge of troubleshooting and critical thinking around project that improves likelihood of better patient outcomes; project is externally judged as award winning.



Carolinan HealthCare System

Family Medicine Residency Goals and Objectives

RURAL MEDICINE

Overview: The overall goal of the rural rotation is to train family medicine residents to be competent and confident to practice in remote community settings where resources are scarce.

Goals: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competency-Based Objectives:

Medical Knowledge:

Residents are expected to:

5. Demonstrate knowledge and understanding of the need for rural primary care practitioners to be proficient in all areas family medicine including OB/GYN, pediatrics, orthopedics, and office procedures.
6. Be able to develop patient-centered treatment plans for patients presenting in the rural setting based on comprehensive, risk-based assessments that take into account the cultural, linguistic and socioeconomic background of each individual.
7. Learn the components of both problem-focused and preventive care examinations, including pre-participation sports physicals, and demonstrate how to perform these exams in the rural office setting, including necessary procedures and/or office laboratory testing.
8. Demonstrate knowledge of office based emergencies sufficient to independently manage patients presenting with urgent or emergent health care needs in the rural setting.
9. Complete FP Essentials topics including pre and post tests on Adult Office Urgencies, No. 289 and The Patient in the Long-Term Care Facility, No. 315, and Care for elderly individuals, No. 297. Review pertinent topics covered in earlier rotations including Childhood Office Emergencies, No. 338, and Healthy Older Adults, No. 344.



Carolinan HealthCare System

Patient Care:

Residents are expected to:

8. Demonstrate an ability to gather essential and accurate patient information to assess patient concerns including common ambulatory complaints and possibly serious advanced disease states in patients who have not had routine healthcare.
9. Demonstrate the ability to practice medicine in a rural setting without immediate access to consultants and sophisticated diagnostic equipment.
10. Demonstrate the ability to provide immediate management for urgent medical problems that present as walk-in cases such as acute asthma, chest pain, bee sting anaphylaxis and acute injuries/lacerations, including stabilization and preparation for transport to the hospital if needed.
11. Become increasingly proficient at evaluating patients presenting in the rural setting with both acute and chronic problems.
12. Learn how to manage common injuries and urgent or emergent conditions that may present in a setting some distance from the nearest hospital.
13. Be flexible with scheduling of patients who have urgent needs given the distance to the hospital and the frequent likelihood of the patients having transportation problems.
14. Become independent in the performance of procedures such as skin cryotherapy, joint injections, skin lesion removal and other common ambulatory patient procedures.

Interpersonal and Communication Skills:

The resident should:

1. Communicate effectively with patients, families, physicians, other health professionals, and health related agencies.
2. Maintain comprehensive, timely, and legible medical records.
3. Continue to develop communication skills with special attention to the unique medical needs of a rural population, especially regarding coordination of care between the specialist and the primary care team.
4. Be able to retrieve and discuss patient information handouts from reputable internet sites such as www.familydoctor.org. This is especially important in the rural setting where internet access may be limited for financial and geographic reasons.
5. Maintain complete, timely and legible medical records on all patients seen in the rural office, relaying care information to the primary care physician where applicable in a timely manner.
6. Assess health literacy and provide patient education using the “teach back” method.

Professionalism:

Residents are expected to demonstrate:

1. Compassion, integrity, and respect for others.
2. Responsiveness to patient needs that supersedes self-interest.



Carolinan HealthCare System

3. Respect for patient privacy and autonomy.
4. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
5. Responsibility in patient care by responding in a timely fashion to telephone messages from patients.
6. Respect for patient privacy in a small rural office where patients in the waiting area and other areas of the office frequently know each other, and often the patients are neighbors or acquaintances of the staff members.
7. Sensitivity and responsiveness to each patient's culture, age, disability and sexual orientation during every patient encounter in the rural setting.

Practice-Based Learning and Improvement:

Residents are expected to develop skills and habits to be able to:

1. Identify strengths, deficiencies and limits in one's knowledge and expertise.
2. Set learning and improvement goals.
3. Identify and perform appropriate learning activities.
4. Use information technology to optimize learning.
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
6. Use the pre and post tests and other resources listed to identify limitations in knowledge needed to practice in a rural setting, and to set learning and improvement goals in conjunction with their faculty advisor.
7. Use the information technology available to them to manage and retrieve information and support their own education in rural medicine.
8. Learn to recognize the impact of geographic and cultural specific environments on patient care.

Systems-Based Practice:

Residents are expected to:

4. Coordinate patient care within the health care system relevant to their clinical specialty; triage acutely-ill patients and determine which patients require transfer to a higher level of care.
5. Incorporate considerations of cost awareness and risk-benefit analysis in patient care.
6. Learn about the operation of a small rural office within the context of the larger regional health system, demonstrating an understanding of the barriers to, and limitations of healthcare in a rural area.
7. Demonstrate familiarity with the resources available within the community, as well as how to effectively access resources outside of the community in the care of rural patients.
8. Gain an appreciation for the lifestyle in a rural community and the important role the family physician has in a small rural community.
9. Learn how to select formulary drugs in the rural ambulatory setting to optimize cost-effective care for their patients.



Carolinan HealthCare System

10. Learn about the most common acute and chronic illnesses in the rural community, as well as the most common causes of death.

Learning Activities:

1. The rural rotation is located primarily at Carolinas Medical Center-Anson, in Wadesboro, NC but electives may also be completed at a rural practice setting of the residents' choice upon approval by the program director. Settings/activities will also involve community outreach, home visits, Emergency Department patient care, and the local public schools.
2. The principal teaching during this rotation occurs during precepting of patients seen in the rural office setting. The faculty use the patient encounters to illustrate aspects of care that differ in the rural setting.

Assessment:

1. Each resident on the rural rotation is evaluated using a competency-based evaluation tool at the end of the rotation. These evaluations are completed by the rural attending physicians. They are reviewed by the family medicine faculty quarterly and reviewed with the resident at the resident's quarterly evaluation.
2. Each resident is expected to complete a written evaluation of the rural rotation and of the attending physicians involved in teaching at the rural site. These evaluations are reviewed by the faculty member that coordinates the rural curriculum.
3. The rural curriculum is reassessed annually as part of the Altoona Family Physicians annual curricular review.
4. The rural resident is supervised while seeing patients in the rural office by the on-site attending physician preceptor for each half day. At the Center for Nursing Care the resident has attending supervision either in person while rounding or via pager if not on-site with the resident.



Carolinan HealthCare System

Family Medicine Residency Goals and Objectives

SPORTS MEDICINE/AMBULATORY ORTHOPEDICS

Overview: The resident will understand the anatomy and physiology of the musculoskeletal system relevant to the practice of orthopedic and sports medicine.

Goals: The resident will learn the physiology of exercise and the adaptation of the body to exercise in men, women, and children. The resident will understand the role of nutrition and supplements in sports and their role in enhancing performance. The resident will understand the function of pre-participation exam and learn to appropriately screen individuals prior to exercise. The resident will recognize the common sports injuries seen in athletes and the appropriate treatments. The resident will recognize the common medical problems seen in athletes and understand the appropriate evaluation and treatment. The resident will understand the use of laboratory and x-ray in the evaluation of sports medicine problems. The resident will understand the role of physical therapy in sports injury rehabilitation. The resident will understand the function of the sideline physician at team sports events.

Competency-Based Objectives:

Medical Knowledge:

1. The resident will list the common symptoms, physical findings, diagnostic methods, and management of the following *acute injuries*:
 - a. Rotator cuff tear
 - b. Glenohumeral dislocation
 - c. Acromioclavicular separation
 - d. Clavicle fracture
 - e. Navicular fracture
 - f. Ankle sprain
 - g. ACL tear
 - h. MCL sprain
 - i. Meniscal tear
 - j. 5th metatarsal fracture
2. The resident will list the common symptoms, physical findings, diagnostic methods, and management (including physical therapy) of the following *chronic conditions*:
 - a. Dequervain's tenosynovitis
 - b. Rotator cuff tendinitis
 - c. Lateral epicondylitis
 - d. Carpal tunnel syndrome
 - e. Biceps tendinitis
 - f. Iliotibial band syndrome
 - g. Patellofemoral Stress Syndrome (PFSS)
 - h. Patella tendinitis



Carolinan HealthCare System

- i. Plantar fasciitis
 - j. Achilles tendinitis
3. The resident will list the most common abnormalities discovered during the pre-participation physical of a high school athlete.
4. The resident will recite a classification of concussion injuries and discuss the proper return to play after a concussion.
5. The resident will define the role of carbohydrates, fats, and protein as energy sources for exercising persons.
6. The resident will discuss exercise and its relation with the following medical problems/ conditions:
 - a. Hypertension
 - b. Cardiac arrhythmias
 - c. Exercise-induced asthma
 - d. Diabetes mellitus
 - e. The female athlete triad
 - f. Pregnancy
 - g. Infectious disease
 - h. Heat illness/ stroke

Patient Care:

1. By the end of the PGY-2 rotation, the resident will demonstrate competency as assessed by one of the family medicine faculty or orthopedist in the following:
 - a. Proper exam of the knee and shoulder on a simulated patient.
 - b. Participation in athletic pre-participation physicals.
2. By the end of the PGY-3 year, the resident will demonstrate competency as assessed by one of the family medicine faculty or orthopedist in the following:
 - a. Application of a short leg walking cast and a short arm cast.
 - b. Joint injections of both the shoulder and knee.
 - c. Interpretation of an X-ray of a major joint of a patient.
 - d. Coverage of at least 1 sporting event with a sports medicine physician.
3. The resident on the PGY-2 rotation will present three cases involving a patient with the following:
 - a. Acute musculoskeletal injury
 - b. Chronic musculoskeletal injury
 - c. Medical problem related to athletics

Interpersonal and Communication Skills:

1. The resident will counsel a patient who has suffered a musculoskeletal injury in the following areas:
 - a. Physical Management of the injury (non-surgical vs. surgical, rehab)
 - b. Psychological effects of the injury
2. The resident will teach a home physical therapy program to at least one patient with a musculoskeletal injury.
3. The resident will coordinate care for a patient between their role as a primary care physician and an orthopedic or sports medicine specialist.



Professionalism:

4. The resident physician will advocate for the patient during interactions with the health care systems including interacting with consultants so that the patient and family understand the recommendations of these physicians and how to incorporate them into their management plan.

Practice-Based Learning and Improvement:

1. The resident will demonstrate an appreciation of the benefits of exercise on the following cardiovascular risk factors:
 - a. Obesity
 - b. Hypertension
 - c. Hyperlipidemia
 - d. Smoking
 - e. Diabetes mellitus, Type 1 and Type 2

Systems-Based Practice:

1. The resident will demonstrate an awareness of the surgical vs. non-surgical approaches to musculoskeletal injuries.
2. The resident will demonstrate competency on knowing when to refer a musculoskeletal injury to a specialist.

Learning Activities:

1. PGY-1
 - a. Twelve monthly sports medicine lectures
 - b. Sports pre-participation physicals during Intern Orientation month
 - c. Opportunities as available
 - i. Game coverage
 - ii. Research opportunities
2. PGY-2
 - a. Ambulatory Skills Month
 - i. Splinting Workshop
 - ii. Sports Medicine Practicum
 - b. One Month Orthopedic/Sports Medicine rotation
 - i. Private orthopedic office
 - ii. Rheumatology office
 - iii. Physical therapy office
 - iv. Musculoskeletal clinic
 1. Pre/post test
 - v. Sports Medicine Clinic
 - vi. Orthopedic Clinic
 - vii. Collegiate and/or high school athletic Training Room experience
 1. Simulated patient evaluation of exam skills
 - viii. Game Coverage
 1. One athletic event required
 - ix. Lectures at YMCA's



Carolinan HealthCare System

1. Exercise as disease prevention and modification
3. PGY-3
 - a. Two weeks Adolescent Med./Sports Med. Rotation
 - i. Musculoskeletal clinic
 - ii. Private orthopedic office
 - iii. Physical therapy
 4. Longitudinal Experience
 - a. Game Coverage
 - i. High School Football
 - b. Didactic: Twelve monthly sports medicine lectures

Assessment:

1. The resident on the PGY-2 rotation will be evaluated by Dr. Price at two or 3 weeks and at the completion of the rotation to review his/ her performance. Initial deficiencies will be corrected by the resident prior to the final evaluation. Comments from the other orthopedic and sports medicine specialists will also be used in the evaluation.
2. Successful completion of the Family Practice program requirements for sports medicine will require the resident to fulfill the above listed objectives, skills, and procedures on a longitudinal basis prior to graduation.