

**COMMUNITY MEDICINE CURRICULUM
TEMPLE UNIVERSITY INTERNAL MEDICINE RESIDENCY PROGRAM**

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I. Educational Purpose and Goals

The practice of outpatient medicine takes many different forms. The Medicine Group Practice at Temple is just one form of outpatient care. This elective is designed to introduce the internal medicine resident to outpatient practice among community physicians in the greater Philadelphia area.

II. Principal Teaching Methods

- a. Supervised direct patient care activities under the direction of a community physician will comprise the majority of the training experience. The majority of these physicians are former Temple residents.
- b. Residents will be expected to see patients and be precepted by their supervisor. Time constraints and issues of patient flow in the office may limit the number of patients precepted in a given session.
- b. Residents will participate in any regular group meetings of the office or educational activities as deemed appropriate by the supervisor.

III. Educational Content

a. Mix of diseases

- i. The emphasis will be on those diseases that most commonly present for outpatient care – routine visits for health maintenance, management of chronic diseases such as diabetes, and acute illness visits such as for URI's or musculoskeletal complaints.
- ii. Because of variations in clinical sites and the types of patients that present, uniformity of experience cannot be ensured.

b. Patient characteristics

- i. Patients are drawn from the diverse socio-economic metro-Philadelphia area.

c. Learning venues:

- i. Residents will be assigned to a single office with one or more supervising physicians. Residents are expected to be part of the daily routine of the office for the time that they are assigned there.
- ii. Emphasis will be placed on outpatient as opposed to inpatient care, although some flexibility may be required based on the work pattern of the supervising physician.

d. Structure of rotation

- i. Practice contact information as well as driving directions will be provided to the resident when assignments are made. One week prior to the rotation, residents are expected to contact the physician

at their assigned office to confirm the start date, time, location, and driving directions.

ii. On the first day, residents are expected to be at the office at the agreed upon time. The subsequent schedule will be determined by the supervising physician.

iii. Attendance is important. These physicians are volunteering their time. Any absences must be approved by Dr. Ward or Dr. Meyer and the supervising physician.

iv. Residents continue to attend their weekly primary care Continuity Clinic afternoon throughout the rotation.

v. Residents are expected at TUH on Wednesday mornings for morning report (9-10:00), the Outpatient Block didactics (10-11:30) and Grand Rounds (11:30-12:30).

IV. Principal Ancillary Educational Materials

a. Readings

i. Residents are expected to read more in depth about cases they encounter while at the practice.

V. Methods of Evaluation

a. Resident Performance

Faculty complete web-based electronic resident evaluation forms provided through New Innovations. The community physicians will complete evaluations and submit them to Drs. Ward and Meyer who will enter a composite evaluation for the rotation into the computer system. The evaluation is competency-based, fully assessing core competency performance. The evaluation is shared with the resident, is available for on-line review by the resident at their convenience, and is sent to the residency office for internal review. The evaluation is part of the resident file and is incorporated into the semiannual performance review for directed resident feedback.

b. Program and Faculty Performance

Upon completion of the rotation, the Resident completes a service evaluation commenting on the faculty, facilities, and service experience. These evaluations are sent to the residency office for review and the community physician receives anonymous summative reports of completed evaluations when a sufficient volume of evaluations are received to maintain resident anonymity. The Training and Evaluation Committee will review results annually.

VI. Institutional Resources: Strengths and Limitations

a. Strengths –

- i. This rotation provides an opportunity for learning how medical care is delivered in private practices outside of the Temple system. These insights are invaluable and can be applied in any future ambulatory setting the resident may encounter.
- ii. Residents will also learn about the financial aspects of operating a successful practice in the current healthcare environment.

b. Limitations –

- i. Clinical autonomy may be somewhat de-emphasized as the supervising physician will make final decisions regarding patient care.

VII. Rotation Specific Competency Objectives: By completion of the block rotation, the rotating resident will

a. Patient Care

- i. Understand the management of common medical problems in an outpatient setting.
- ii. Understand how patients are initially triaged in a private practice before their visit in terms of their complaints and level of acuity.

b. Medical Knowledge

- i. Demonstrate an increased knowledge of basic concepts in outpatient care and how these concepts fit into clinical practice.
- ii. Understand the role of screening in health maintenance and prevention of disease.
- iii. Increase overall knowledge in several subject areas of outpatient care. While Primary Care encompasses a large area of medicine, specific attention should be paid during this rotation to gaining expertise in the following areas in particular:
 1. Dermatological complaints
 - a. Obtain an accurate history and physical exam description of common dermatological complaints.
 - b. Understand the differential diagnosis and common treatment modalities.
 2. Musculoskeletal complaints
 - a. Obtain an accurate history and physical exam for common complaints such as low back, shoulder, and knee pain
 - b. Develop an appropriate differential diagnosis
 - c. Describe when imaging studies are indicated or not
 - d. Understand appropriate management and treatment, and when referral to a specialist needs to be made.
 3. Common outpatient infections
 - a. Obtain an accurate history and physical exam for common complaints such as cough, bronchitis, or upper respiratory infections.

- b. Describe when antibiotic treatment is appropriate or not.

c. Interpersonal and Communication Skills

- i. Establish rapport with patients in a practice where you are not their primary care provider.
- ii. Effectively and considerately communicate with the supervising physician, and the office staff in a manner that promotes good patient care.

d. Professionalism

- i. Demonstrate respect and compassion for all patients.
- ii. Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability for all patients and their families.
- iii. Interact with the patients, supervising physicians and staff members as you would at Temple.

e. Practice Based Learning and Improvement

- i. Exhibit self-directed learning.
- ii. Demonstrate improvement in management of ambulatory patients by continually improving history and physical exam skills during the rotation.

f. Systems Based Practice

- i. Understand the role of non-physician team members in the delivery of healthcare to patients in a private practice, eg. Nurse practitioners, Physician assistants, and medical assistants.
- ii. Describe the financial challenges of providing high quality patient care in populations with different mixes of insurance.
- iii. Understand the role of referrals to specialists in the management of primary care patients.
- iv. Understand the difference in approaches to patient management between an academic practice and a private practice.