



**Educational Goals and Objectives for Rotations on:  
Community Primary Care (Primary Care)**

**Patient Care and Procedural Skills:**

Patient Care and Procedural Skills: By the end of the rotation, the resident will be able to:

- Perform/complete a problem-focused concise history and physical examination
- Progress note and develop/ write a management plan in accordance with national guidelines (as available) for patients presenting to ambulatory settings
- Develop/write longitudinal plans of care for patients with acute or chronic medical problems in accordance with national guidelines.
- Identify pertinent preventive care guidelines for individual patients, and provide patient-centered counseling in ambulatory settings.
- Evaluation: These skills will be demonstrated directly during patient encounters, oral presentations, and discussions with preceptor, & through completion of assignments assigned by preceptor.
  - Mini Cex
  - Chart Review
  - End of Rotation Competency Evaluation

**Medical Knowledge:**

By the end of the rotation, the resident will be able to:

- List differential diagnoses and describe the risks and benefits of diagnostic and Therapeutic strategies for the acute and chronic conditions encountered during the month.
- List ambulatory quality of care indicators for the chronic disease discussed during the rotation.
- Evaluations: These skills will be demonstrated directly during patient encounters, oral presentations, and discussions with preceptor, and through completion of assignments as assigned by preceptor.
  - End of Rotation Competency Assessment
  - End of Rotation Quiz

**Interpersonal and Communication Skills:**

By the end of the rotation, the resident will be able to:

- Establish therapeutic doctor-patient relationships in ambulatory settings, including the ability to counsel, recommend and/or tell patients information about lifestyle behaviors.
- Construct and provide clear, concise oral presentations to preceptors.
- Demonstrate complete patient charting, updating histories, problem lists, and medication lists at each visit.



- Work as a productive member of the team with the nurses/medical assistants, and other office staff.
- Evaluation: These skills will be demonstrated directly during patient encounters, oral presentations, and discussions with preceptor, electronic health record completion, and through time spent in clinic.
  - Mini Cex
  - End of Rotation Competency Assessment

### **Practice based Learning and Improvement:**

During the rotation, the resident will:

- Identify personal areas of weakness in medical knowledge of ambulatory care and perform focused reading for self-improvement throughout the rotation. This learning will be demonstrated through patient care discussions with preceptor.
- Analyze data with the preceptor's patient population in terms of outcomes achieved.
- Can recognize the pros and cons of various forms of data collection used to inform metrics about how well the physician/practice is caring for their patients.
- Recognize some challenges to providing high value care in a rural mountain community.
- Evaluation: End of Rotation Competency Eval, Self-reflection

### **Professionalism:**

Throughout the course of the rotation, the resident will:

- Be timely, as measured by arrival and departure times.
- Treat all patients and their families with compassion and respect, as noted by direct observation during clinic rotations by preceptor, staff and by patient report.
- Acknowledge errors when they are made and reveal them promptly to the preceptor, as monitored by self-report, preceptor monitoring, staff monitoring.
- Tell the truth. As noted by preceptor and staff.
- Maintain patient confidentiality. As monitored by preceptor, staff.
- Be honest and accurate in coding and referral practices. As monitored by preceptor, coding auditor.
- Demonstrate an interest in providing high quality care, as monitored by preceptor, staff, patients.
- Evaluation: End of Rotation Competency Assessment

### **Systems based practice:**

During the rotation, the resident will:

- Prescribe medications and order additional testing in compliance with patient's insurance coverage and medical standards of care. For patients with financial concerns regarding medications, the resident will identify sources of support or alternative, lower cost regimes, as monitored in EHR through orders and task documentation and discussions with the preceptor.
- The resident will order ancillary services such as home health care, physical therapy,



and occupational therapy as medically necessary, as monitored in EHR and task documentation and through discussions with the preceptor.

- Communicate with consultants or referring physicians to improve continuity and quality of care, as monitored by order entry, task documentation in the EHR and through discussions with the preceptor.
- Explore the Community of Dahlonega and learn its history and current social determinants of health. Such as that related to smoking, lack of insurance, etc.
- Learn how the community provides care to the poor and uninsured.
- Evaluation:
  - Mini Cex
  - End of Rotation Competency Evaluation