



Rural Outpatient Curriculum

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 2

Description of Rotation:

This is a four-week block rural experience. A resident will be working in a rural setting, evaluating and managing patients in the clinic, hospital, and nursing home.

Overall Goals of Rural Outpatient Rotation:

As a PGY-2, the resident will further their skills in management of acute and chronic conditions in the rural setting. The resident will work alongside a community clinical faculty member in a designated rural community. Specific attention will be directed toward care management and resource utilization in the context of limited specialty support and limited community resources and to acquire knowledge and skills that may be utilized in this setting. In addition, residents will gain experience with decision making related to transfer or referral of patients in need of tertiary care and communication with care team members and related entities. An additional goal of this portion of the curriculum is to encourage residents to consider practicing in rural areas upon completion of residency training

Patient Care Objectives and Competencies

PC-1: Cares for Acutely ill or injured patients in urgent and emergent situations in all settings.

PC-2: Cares for patients with chronic conditions.

PC-3: Partners with the patient, family, and community to improve health through disease prevention and health promotion.

PC-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.

Objectives:

1. Perform targeted history and physical for acutely ill or injured patients in the rural outpatient setting. (PC-1)
2. Manage, in collaboration with the FM faculty, acutely ill or injured patients in the rural outpatient setting. (PC-1)
3. Manage chronic conditions in setting of limited subspecialty and community resources. (PC-2)
4. Develop and share comprehensive care plans in the setting of a rural medical home. (PC-3 PC-4)

Medical Knowledge Objectives and Competencies

MK-1: Demonstrate medical knowledge of sufficient breadth and depth to practice family medicine.

MK-2: Applies critical thinking skills in patient care.

Objectives:

1. An increasing knowledge base to care for the breadth of conditions that family physicians confront when providing comprehensive care to patients in rural settings will be achieved. Specific topics will be reviewed by the resident based on the disorders of the patients seen during the rotation. (MK-1 MK-2)

Topics to cover in rotation:

MK Topic	On-Line Resource
Asthma	http://www.aafp.org/afp/2006/1201/p1901.html
Dehydration	http://www.aafp.org/afp/2009/1001/p692.html



Gastroenteritis	http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5216a1.htm
Neonatal Fever	http://www.emedicine.com/ped/topic2698.htm
Otitis Externa	http://www.aafp.org/afp/2001/0301/p927.html
Otitis Media	http://www.aafp.org/afp/2007/1201/p1650.html
Pharyngitis	http://www.aafp.org/afp/2004/0315/p1465.html
Pneumonia	http://www.aafp.org/afp/20040901/899.html
RSV	http://www.aafp.org/afp/20040115/325.html
Sinusitis	http://www.aafp.org/afp/1998/1115/p1795.html

Interpersonal and Communication Skills Objectives and Competencies

C-1: Develop meaningful, therapeutic relationships with patients and families.

C-2: Communicates effectively with patients, families, and the public.

C-3: Develops relationships and effectively communicates with physicians, other health professionals, and health care teams.

C-4: Utilizes technology to optimize communication

Objectives:

1) Consult and communicate appropriately with members of the medical home to provide optimum services to patients in the rural setting. (C-2)

This includes:

- a) Outpatient notes, care plans, and referral communication. (C-2)
- b) interval condition updates personally or through care team members (C-2, C-3)
- c) use of telemedicine resources when appropriate (C-4)

2) Develop rapport with the patients and/or family members to promote patients' welfare, employing active listening techniques to clarify information; (C-1)

3) Communicate effectively with non-physician health-care team members (C-2);

4) Counsel patients and/or family members in a compassionate and accurate manner regarding expectations of care and risks of care (C-1 C-2);

5) Construct appropriately-organized, complete, and timely Electronic Health Record documentation. (C-4)

Practice Based Learning and Improvement Objectives and Competencies:

PBLI-1: Locates, appraises, and simulates evidence from scientific studies related to the patients' health problems

PBLI-2: Demonstrates self-directed learning

PGLI-3: Improves systems in which the physician provides care

Objectives:

1) Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-3);

2) Appropriate use of search tools online and the Medical Center Library to find references which augment learning from cases encountered during supervised care; (PBLI-1)

3) Use of Electronic Health Registry – E-connect, to bridge gaps in the care record. (PBLI-3)

4) Scientific evidence will be reviewed by the resident and attending physician in the context of their patients. (PBLI-1)

5) The practical implementation of evidence-based medicine will be discussed as the medical decision making is reviewed. (PBLI-1 PBLI-2)



Professionalism Objectives and Competencies:

PROF-1: Completes a process of professionalization

PROF-2: Demonstrates professional conduct and accountability

PROF-3: Improves systems in which the physician provides care

Objectives:

Residents must demonstrate:

1. Ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions (**PROF-1**);
2. Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (**PROF-2**);
3. Punctuality and reliability always, whether in clinic or performing inpatient care(**PROF-2**);
4. The attending physician will observe and assess the resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress. (**PROF-2**)

Systems Based Practice Objectives and Competencies

SBP-1: Provides cost-conscious medical care

SBP-2: Emphasizes patient safety

SBP-3: Advocates for individual and community health

SBP-4: Coordinates team-based care

Objectives:

1. The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options for patients in rural settings (**SBP-1**)
2. The resident will gain an increasing understanding of the role of the patient, physician, support staff, and insurer in the health care environment (**SBP-3**)
3. The resident will become aware of the available resources in the rural community in which they are assigned. (**SBP-4**)