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| **Community Oriented Primary Care (COPC) (Community Medicine)** |
| Overall goals:   * + Provide residents with the knowledge and skills necessary to incorporate a COPC approach into their practice.     - Develop competency in the COPC process with the ability to identify and address the health needs within their community.     - Participate in a scholarly activity COPC project that includes gathering data, compiling results and preparing a written analysis of the outcomes.   + Provide residents with knowledge and skills necessary to incorporate quality improvement and patient safety measures into their practice.     - Develop competency in the Continuous Quality Improvement (CQI) process with the ability to identify and address areas needing improvement.     - Utilize quality measurements to improve patient care * Provide residents with the knowledge and skills necessary to apply the principles of Health Care Delivery Sciences (HCDS) to their practice setting.   + - Develop competency in understanding the physician’s role in a health care delivery system.     - Develop understanding of health systems finance and practice management.     - Develop competency in performing in a team based practice and applying the principles of team based care and team science.   + Recognize and address the needs of elders in the community, including access to care and placement options. |
| ***Osteopathic Principles and Practice*** |
| **Goal**  Osteopathic residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to COPC as it pertains to family medicine. Residents are expected to:   * **Competencies**   + Correlate osteopathic philosophy into managing patient health.   + Develop patient management plan that is focused on treating the patient as a whole. * **Objectives**   + The resident will understand the role that various community resources play in managing patient health.   + The resident will demonstrate ability to incorporate osteopathic manipulative medicine when caring for patients across the socioeconomic spectrum. |
| ***Patient Care*** |
| **Goal**  Residents must be able to effectively treat patients, provide patient care that is compassionate and appropriate, and cost effective that demonstrates an awareness of social and behavioral issues, and incorporates osteopathic philosophy and the promotion of health. Residents are expected to:   * **Competencies**   + Gather essential and accurate information.   + Perform competently all relevant medical procedures.   + Make informed decisions and interventions regarding the evaluation.   + Develop and carry out management plans.   + Counsel patients and families regarding above.   + Work with the health care professionals as a team to provide patient-focused care within the community. * **Objectives**   + Demonstrate the ability to gather appropriate historical information from their patients as it relates to Community Medicine. At a minimum, this focused history will include: Community Medicine relevant HPI, and Past History including information on the timing, context, location, severity, and quality of symptoms, as well as an assessment of associated environmental, occupational and social characteristics. A Social Hx including information regarding drug and alcohol use, domestic violence, occupational exposures.   + Demonstrate the ability to perform a complete physical exam of patients in the community setting as well as a sports readiness exam and geriatric assessment of elders.   + Demonstrate the ability to make informed decisions regarding appropriate interventions utilizing the information gathered. The resident will be familiar with reportable communicable diseases, community-based health promotion and patients with disabilities.   + Counsel the patient and family as to the recommended treatment plan. |
| ***Medical Knowledge*** |
| **Goal**  Residents must demonstrate knowledge of established and evolving sciences, demonstrate and apply knowledge of accepted standards of clinical medicine to their practice, and remain current with new developments in medicine. Residents are expected to:   * **Competencies**   + Demonstrate an analytical thinking approach to the patient in the context of their community and the impact this has on their well being and socialization. * **Objectives**   + Demonstrate knowledge of, and the ability to diagnose and treat the patient within the context of their community, recognizing the impact of determinants of health, including environmental, social and economic factors. |
| ***Practice-based Learning and Improvement*** |
| **Goal**  Residents must demonstrate their 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 are expected to develop skills and habits to be able to:   * **Competencies**   + Facilitate the learning of students and other healthcare professionals in the community settings of the rotation.   + Identify strengths and limits in one’s knowledge of disadvantaged patients. * **Objectives**   + Work as a team within the community, providing feedback to the students and reviewing each patient as a team.   + Keep a log of patients seen and demonstrate an ability to identify resources for disadvantaged patients. |
| ***Systems-based Practice*** |
| **Goal**  Residents must demonstrate an understanding of health care delivery systems, including the principles of the Patient Centered Medical Home (PCMH) and the ability to identify and analyze measures of quality and cost-effective health care. Residents are expected to:   * **Competencies**   + Work effectively in various health care delivery settings and systems relevant to their clinical specialty.   + Coordinate patient care within the healthcare system relevant to their clinical specialty.   + Evaluate and analyze financial and cost based metrics within their practice setting.   + Work effectively in preventing and managing issues that can be detrimental to the practice in areas of administrative, legal, financial, technological, and other matters. * **Objectives**   + Participate in at least one national or regional quality improvement (QI) registry.   + Recognizes inefficiencies, variation and quality gaps in health care delivery and identifies areas for improvement.   + Employ a systematic improvement method (i.e., PDSA cycle) to address QI needs in ambulatory and/or hospital settings.   + Demonstrate the ability to function as a team member within the various community settings.   + Demonstrate the ability to coordinate patients care within the various community agencies and establish a PCMH. |
| ***Professionalism*** |
| **Goal**  Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:   * **Competencies**   + Compassion, integrity and respect for others.   + Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, race, religion, disabilities and sexual orientation. * **Objectives**   + Demonstrate a team approach to patient care by utilizing and interacting with members of the health care team at various community agencies.   + Ability to arrive for duties at community agencies on time, follow their protocols and treat all patients with respect and compassion and advocate for those with socioeconomic and geographic disparities. |
| ***Interpersonal and Communication Skills*** |
| **Goal**  Residents must demonstrate interpersonal and communication skills that result in effective exchange of information and teaming with patients, their families and professional associates. Residents are expected to:   * **Competencies**   + Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.   + Work effectively with others as a member or leader of a health care team. * **Objectives**   + Keep members of the team aware of the treatments plan, seek advice from team members as needed and keep legible and timely medical records at the community clinics. |
| ***Teaching Methods*** |
| Direct and indirect observation of patient interactions within the CHC and various community settings, including senior care settings. Monitoring of ability to identify and address the health needs within their community. Observation and feedback on participation in CQI activities. Development, implementation and evaluation of a COPC project, including; completing Graham Center COPC modules, conducting community needs assessment and literature review, submitting COPC project proposal for IRB approval, implementing project, compiling results and preparing a written analysis of the outcomes. Successfully completed all didactic modules in Health Care Delivery Science (HCDS). |
| ***Assessment Method (Residents)*** |
| The objectives listed under Patient Care above will be assessed during the precepting experience and evidenced by the Resident Evaluation Form completed by the designated physician at the conclusion of the rotation.  The goals and objectives related to COPC will be assessed by the COPC Director with input from the resident and their Local Program Director. Progress during each COPC rotation will be monitored using the COPC Evaluation Forms. |
| ***Assessment Method (Program Evaluation)*** |
| Periodic review of the COPC rotation evaluations at Curriculum meetings which includes review of all rotation evaluations by preceptors and residents, staff evaluations of residents and any additional anonymous evaluations. |
| ***Level of Supervision*** |
| Supervision of patient care during the rotation is provided by faculty attending physicians, feedback from the supervisors and review of clinic charts.Supervision of the COPC project is provided by COPC Director with feedback from the Local Program Director. |
| ***Educational Resources*** |
| ATSU library and other System resources, Graham Center COPC modules, IHI modules, UDS mapper, AAFP preventive healthcare guidelines, CDC, State and local public health departments. |