Osteopathic Residency in
Family Practice and
Manipulative Treatment

2012-2013
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OSTEOPATHIC RESIDENCY IN FAMILY PRACTICE AND MANIPULATIVE MEDICINE AT LAKELAND HEALTHCARE
Introduction

Lakeland HealthCare is a not-for-profit community healthcare system serving the southwest Michigan counties of Berrien, Cass and Van Buren. Lakeland’s two acute care hospitals, Lakeland Regional Medical Center in Saint Joseph and Lakeland Community Hospital in Niles, consist of 339 total beds. In addition to these two hospitals, the system includes a long term acute care hospital, walk-in clinics, long-term continuing care, home care, laboratory, radiology, rehabilitation and other services throughout the region. Lakeland also offers health, safety, wellness and prevention events/classes and programs throughout the year. Lakeland HealthCare is also a member and active participant in the Statewide Campus System of Michigan State University College of Osteopathic Medicine, the osteopathic training consortium which has become a model for postgraduate training throughout the country.

Lakeland’s Family Medicine Residency offers a broad-based training experience in all aspects of patient care. Residents train in the area’s outpatient community, as well as, Lakeland’s acute care hospitals in Saint Joseph and Niles. This academic medical center experience provides solid preparation for those residents who may be planning fellowship training. The hospital provides for ambulatory continuity care for family medicine residents, supervised by board certified family medicine physicians. At Lakeland’s two primary inpatient sites and the ambulatory setting, residents experience a complete range of medicine pathology and psychosocial issues and also learn the “business of medicine,” becoming familiar with admission criteria, capitated fees, HMO’s PPO’s, PHO’s, HCFA and HIPAA regulations, and current pharmacology. Residents supplement their medical training with continuous interaction with case managers to gain a full understanding of these concepts and how they are essential to successful health care practice.

These clinical experiences are complemented by a structured didactic program at both hospitals through the entire post-graduate training experience. In addition, the Statewide Campus System (SCS) offers a wide range of seminars and workshops for residents in family medicine, in addition to faculty development opportunities for program faculty. These SCS programs occur at least one full day each month during training. Also, residents receive yearly educational stipends to attend professional meetings. These stipends permit residents to attend up to five additional days of educational activity at local, regional, and national professional meetings.
Lakeland HealthCare
Mission, Vision, and Values

Lakeland HealthCare Mission Statement
• To be the leader in safe, high quality, patient-centered, compassionate, health-related services

Osteopathic Medical Education Mission Statement
• To provide osteopathic training programs that prepare quality physicians who provide excellent health care and healing—“Each Patient First”

Vision
• Quality osteopathic medical education programs that support our mission statement of excellence in the science and art of health care and healing
• Flexible, responsive, and innovative osteopathic Medical Education programs that anticipate the evolution of the health care environment

Values and Behaviors
• Integrity
• Respect and support for all people and life in all of its phases
• High performance and accountability
• Scholarship and collegiality
• Learning and continuous improvement
• A social conscience
FAMILY MEDICINE PROGRAM INFORMATION
Family Medicine Program Description

Total AOA Requested Positions in Family Medicine: 12
Program Director: Douglas Tacket, DO
Director of Medical Education: Mark Smalley, DO

Lakeland HealthCare

<table>
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<tr>
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<tr>
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<tr>
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<td>12,708</td>
</tr>
<tr>
<td>Deliveries</td>
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</table>

At Lakeland Regional Medical Center, all residency programs are linked through the AOA Resident Match. However, physicians who have completed an internship at another program may apply for residency level positions if they become available and at the discretion of the Director of Medical Education.

Institutional Responsibilities and Requirements

- The institution will comply with the requirements of the AOA for accreditation for resident training
- The institution will meet all requirements as indicated by the “Standards of Training”
- The medical library must meet AOA requirements and be available for trainee utilization. Resources must be available 24 hours a day and include books, journals, and electronic literature.
- The institution will furnish salary and benefits as indicated in the “Graduate Trainee Physician Agreement” of LRMC
- The institution will furnish trainee sleeping quarters
- Trainee on-call schedules will be in accordance with work hour policies of the AOA
- Senior residents in the family medicine program are supported by the Medical Education Department to attend the ACOFP convention and scientific seminar

Program Director Requirement and Responsibilities

The Program Director shall be licensed to practice medicine in the State of Michigan, certified by the AOBFP, be a member in good standing with the AOA and ACOFP, be in practice for a minimum of three years, and will follow the guidelines and obligations as defined by these organizations. The Program Director has sole responsibility and authority for the education content and conduct of the residency, and will fully implement the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Medicine. The Program Director shall report to the Director of Medical Education. Additional responsibilities include:

- Attends the Statewide Campus System Family Medicine meetings and an ACOFP residency director’s workshop every year.
• Provide an annual report to the ACOFP Committee on Education and Evaluation via ACOFP documentation
• Verify that each resident demonstrates competency in meeting or exceeding the minimum standards for quality patient care utilizing the competency-based evaluation
• Report to the ACOFP Committee on Education and Evaluation deficiencies in the residency
• Devote a minimum of 400 hours per year to teaching and administrative activities exclusive of patient care
• Attend a procedural workshop every two years
• Assume coordination of inspections as required by the AOA
• Meet with and review the performance of each resident quarterly
• Provide the resident with an annual review to verify requirements have been met for progression to the next year of training

Program Faculty

Those individuals within the Department of Family Medicine designated as faculty shall be licensed to practice medicine in the State of Michigan, be board eligible or board certified in Family Medicine. Members of the faculty may also be selected from those individuals who are board eligible or board certified in other related fields of medicine (e.g., pathology, radiology, or psychiatry). Appointment and reappointment shall be an ongoing process based on input from the Program Director and formal resident evaluation of the teaching services and faculty.

Faculty shall provide trainees with suitable patient exposure (scope, volume, variety). Faculty shall provide trainees with progressive responsibilities, which shall be determined by:
- Chronology of the trainee
- Proficiency of the trainee
- Direction of future medical interest of the trainee
- Review of performance following each service
- Yearly testing as provided by the ACOFP

The faculty shall conform to the requirements of the ACOFP to provide optimum exposure as outlined within the Basic Standards of Residency Training in Osteopathic Family Practice and Manipulative Treatment.

Faculty shall provide an evaluation of each trainee’s performance at the end of each rotation. The evaluation shall be reviewed with the trainee in a timely manner, signed by the trainee, and submitted to the Department of Medical Education to be placed in the trainee’s permanent file.

The faculty, as a group, must demonstrate involvement in research and scholarly activity as defined in the Basic Standards of Residency Training in Osteopathic Family Practice and Manipulative Treatment.

Criteria for Faculty Appointment

Faculty appointment is not an automatic privilege of medical staff appointment. Faculty appointment is based on interest in participating in the program along with physician qualifications for the desired position. Faculty applicants are evaluated by the DME and sent for final approval by the Vice President for Medical Affairs. Faculty status may be reviewed at any time by the Medical Education Committee, which may develop a remediation plan or terminate the appointment if the Committee determines that established standards of supervision and instruction are not being met. Faculty appointments shall be reported to the OPTI (SCS of MSUCOM).
Resident Eligibility and Selection

- All applicants must be graduates of Colleges of Osteopathic Medicine before beginning residency and in compliance with all OPTI requirements
- All applicants must complete application to the residency program using ERAS
- All applicants must pass COMLEX I and II in order to be ranked
- All applicants must pass COMLEX II PE in order to be appointed
- The Program Director will determine qualifications of applicants using the completed application, letters of recommendation, educational background, publications, academic record, class rank, board scores, and interpersonal, humanistic, and professional qualities as determined by these tools and the personal interview

Resident Requirements/Responsibilities

Residents will conform to the requirements delineated for them by the Director of Medical Education, the Program Director, and the Hospital’s Medical Education Committee. Residents will participate in this process utilizing the following methods:

- Discussions with the faculty, Program Director, DME, and the Department and Hospital Medical Education Committees about progress in meeting the objectives of the training program (scheduled formally at regular intervals)
- The Chief Family Resident will be a member of the Hospital’s Medical Education Committee
- Residents must obtain a Michigan Educational Limited Osteopathic License and NPI Number before beginning their residency
- The resident shall seek and maintain candidate membership in the ACOFP and the AOA. The program will pay for AOA dues yearly during the residency
- Each resident must pass COMLEX III in order to advance to OGME-3
- The resident will take the annual ACOFP In-Service Exam
- Each resident will meet annually with the Program Director to discuss the results of the ACOFP In-Service Exam
- Each resident must complete a Service Evaluation at the end of each month’s rotation and submit it to the Medical Education Department
- Each resident must maintain a log of each procedure performed
- The resident must follow the schedule set forth by the Program Director and complete all assignments in a timely fashion
- Each resident must attend a minimum of one national ACOFP Scientific Seminar during OGME-2/OGME-3.
- The resident will attend those committee meetings to which s/he has been assigned by the Program Director or DME (these may include Quality Assurance, Utilization Review, Quality Council, Mortality/Morbidity, Osteopathic Utilization, Tumor Conference)
- The resident will comply with the ACOFP research requirements as assigned by the Program Director
- The resident will attend all required didactic meetings, including SCS Family Medicine education programs, Journal Club, Morning Report, lectures, and others as assigned
- All residents must maintain ACLS certification beginning on the first day of the residency
Duty Hours

Resident work duty hours shall be in compliance with the Basic Standards of the AOA. Refer to the Lakeland House Staff Manual for detailed information regarding duty hours.

Paid Time Off

Residents receive 20 business days of paid time off. Of these days, a minimum of two are guaranteed for board exams. Time off may be taken on any rotation except Internal Medicine, Intensive Care Unit, Emergency Medicine or any two-week rotation.

Time off requests must be submitted to the Program Director and approved by both the Program Director and the Director of Medical Education at least 60 days prior to date (excluding emergencies).

Outside Professional Medical Activities (Moonlighting)

Family medicine residents may participate in moonlighting activities as defined in the Lakeland House Staff Manual. In addition to the House Staff Manual requirements, the family medicine resident must be in good standing within the residency program and all residency requirements, logs, evaluations, and medical records must be up-to-date. Moonlighting is prohibited during the OGME-1 year.

Refer to the Lakeland House Staff Manual for detailed information regarding moonlighting policies.

Orientation

During orientation residents are introduced to aspects of the health system that are integral to providing safe, quality care. Topics covered include: risk management, time outs, charting/documentation, codes, infection control, pharmacy, transcription and electronic health records, human resources and benefits, order sets, and care management. Additional orientation will occur during the first month of family medicine. Residents will be oriented to the ambulatory clinic as well as services available for the delivery of effective patient care.

Financial Arrangements

Resident salary and benefits are outlined in the Resident Training Agreement. Benefits include health/dental/vision insurance, life and short-term disability insurance, professional liability insurance, technological device stipend, educational stipend, meal allowance (in hospital only), State of Michigan licensing fees, and lab coats.
Medical Library and Electronic Resources for the Residency

Lakeland Health Sciences Library

Hours of Operation

The Lakeland Health Sciences Library is staffed from 7:00 am-3:00 pm, Monday-Friday. The Library is closed on weekends and holidays with 24 hour access is available to trainees and faculty using a badge entry system.

Scope of Services

The Library is accessible to trainees and faculty around the clock. The Library’s online services are also available in the medical education library and resident office. The Library Services Department provides knowledge-based information, audiovisual and computer services needed by customers, both internal and external. The primary focus is to support the patient care, education, research and administrative needs of the medical staff, leadership, house staff, medical students and employees. The Library staff evaluates, selects and organizes information resources for optimal use. A summary of our services is outlined below.

- Provide materials in a variety of formats for on-site use and loan.
- Reference assistance – literature searching
- Interlibrary loan and document delivery
- Updating services
- Computer learning lab facilities
- Assistance in the use of the Internet and the office suite of computer resources
- Personal book ordering

Computer Software—Internet

- 6 public access computers all equipped with writeable cd rom drives and dvd drives
- Software available includes: Microsoft’s, Excel, PowerPoint and Word
- Books are available via StatRef- Medical Books and full text is available on-line

Journals

- Print journal subscriptions are available on-site
- 500+ electronic journals are available through the Lakeland Regional Health System intranet: http://clineguide.ovid.com
- Additionally, the Library staff has access to all of the Michigan State University electronic resources through the use of their proxy server.
- Lakeland HealthCare has established a Virtual Library, where not only are you able to access the most up to date journals and books and have them emailed to you within minutes, but, more importantly at Lakeland you will be able to access all resources from Michigan State University’s virtual library. This system allows a more convenient approach to viewing and procuring an article from a pertinent journal.

Databases

- Up-To-Date www.lakelandhealth.org
- Stat-Ref: Medical Books www.statref.com
• **Pub Med**: Searching Tool [www.pubmed.gov](http://www.pubmed.gov)
• **Ovid SP**: Nursing Database [http://ovidsp.ovid.com/ovidweb](http://ovidsp.ovid.com/ovidweb)

**Ordering Articles**: Most articles can be ordered and delivered within 1 to 2 days. Order requests via Lakeland librarian, Michael Dill - [mdill@lakelandregional.org](mailto:mdill@lakelandregional.org)

**Medical Education Department Library**
- 24 hour access
- Medical Literature
- 9 computer workstations with internet access
- Printer and copy machine access

**Michigan State University Medical Library – Complete Online Access**
FAMILY MEDICINE TRAINING AND CURRICULUM
Core Competencies

All rotation and didactic training incorporates the core competencies established by the AOA – Osteopathic Philosophy and Osteopathic Manipulative Medicine; medical knowledge; patient care; interpersonal and communication skills; professionalism; practice-based learning and improvement; and systems-based practice. A full description of the Institutional Core Competency Plan for Lakeland HealthCare can be found in the Lakeland House Staff Manual.

General Training Objectives in Family Medicine

1. To assist resident physicians in achieving competency in the core competencies established by the AOA
2. To prepare resident physicians for Board Certification in family medicine or fellowship training
3. To acquaint the resident with the subspecialties of family medicine and surgery in order to obtain a broader understanding of the scope of patient care
4. To train the resident in ambulatory continuity medicine
5. To create in residents a proficiency level of excellence in family medicine/OMM
6. To develop a working knowledge of pathophysiology of disease processes and to apply the principles of evidence-based medicine in treating patients
7. To encourage an organized approach toward the diagnosis of disease by developing:
   - expertise in physical diagnosis
   - the ability to correlate physical diagnosis and clinical course with laboratory and radiographic findings
   - knowledge of indications and contraindications for various diagnosis procedures
   - the ability to apply the principles of evidence-based medicine in formulating treatment plans for patients
   - the skills necessary to effectively utilize systematic approaches and technology in the provision of patient care
8. To integrate osteopathic principles and practice into the diagnosis and treatment of medical illness
9. To develop an awareness of health care economics and cost-effective practice
10. To demonstrate respect, compassion, integrity, and honesty as well as a commitment to continuing personal and professional growth
11. To achieve a high level of interpersonal skill with patients, families, and colleagues involved in the provision of health care
12. To demonstrate ethical and moral behavior as well as respect for the dignity of patients and colleagues
13. To stimulate participation in the educational process of students and residents
14. To develop a methodological approach to reading, interpreting, and applying medical literature
15. To understand, practice, and teach disease prevention and health promotion concepts
Family Medicine Rotational Curriculum

The family medicine program emphasizes ambulatory continuity medicine with 20% of the resident’s total time spent in the ambulatory continuity clinic. Throughout the residency, an increasing amount of time is spent in ambulatory (non-hospital) rotations.

Three Year Family Medicine Calendar

<table>
<thead>
<tr>
<th>First Year</th>
<th>Blocks</th>
<th>Second Year</th>
<th>Blocks</th>
<th>Third Year</th>
<th>Blocks</th>
</tr>
</thead>
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<tr>
<td>Family Medicine</td>
<td>1</td>
<td>Pediatrics</td>
<td>1</td>
<td>Internal Medicine</td>
<td>1</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>3</td>
<td>Internal Medicine</td>
<td>2</td>
<td>ICU</td>
<td>1</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2</td>
<td>IM Subspecialty</td>
<td>1</td>
<td>Pediatrics</td>
<td>1</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1</td>
<td>Women’s Health</td>
<td>1</td>
<td>Psych</td>
<td>1</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>2</td>
<td>Dermatology</td>
<td>1</td>
<td>Neph/Endocrin</td>
<td>1</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1</td>
<td>Emergency Medicine</td>
<td>1</td>
<td>Neurology</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>1</td>
<td>Radiology</td>
<td>1</td>
<td>General Surgery</td>
<td>1</td>
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<tr>
<td>In-house Elective</td>
<td>2</td>
<td>Surgery Selective</td>
<td>1</td>
<td>Gastroenterology</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td>ENT/Ophth</td>
<td>1</td>
<td>Emergency Med</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td>Elective</td>
<td>3</td>
<td>Surgery Selective</td>
<td>2</td>
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<td></td>
<td></td>
<td></td>
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<td>Elective</td>
<td>2</td>
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</tbody>
</table>

Months of electives are approved by the program director. Each of the electives can only be for one month. Acceptable electives are as follows: any internal medicine subspecialty such as, cardiology, pulmonology, geriatrics, palliative medicine; additional general internal medicine; osteopathic manipulative medicine, or any non-medical surgical specialty such as additional general surgery, and any surgical subspecialties, such as orthopedics, ENT, ophthalmology, anesthesia and plastic surgery.

Non-Ambulatory Training

Goals and Objectives

The Family Medicine Program provides a complete range of specialty and inpatient clinical training at Lakeland Regional Medical Center in St. Joseph, Lakeland Community Hospital Niles and Lakeland Specialty Hospital in Berrien Center. Inpatient care provided at all three hospitals, combined with specialty care provided at the hospitals and ambulatory clinical training sites will allow the residents to become proficient in the various medical pathologies that may present in the family practice environment.
Inpatient Hospital Training Sites

Lakeland Regional Medical Center is a 250 bed acute care hospital located in Saint Joseph, Michigan.

Lakeland Community Hospital, Niles is an 89 bed acute care hospital located in Niles, Michigan.

Lakeland Specialty Hospital is a 44-bed specialty hospital providing long-term/acute-care, a specialized type of care for patients whose conditions require a long hospital stay with a focus on monitoring chronic medical conditions and rehabilitation.

Ambulatory Continuity Training

Goals and Objectives

Ambulatory management of common and complex problems is a significant dimension of the family medicine training program. As a goal of their ambulatory training experience, residents are expected to demonstrate competence in case management based on the principles of evidence based medicine. Residents will treat a diverse population of patients in an office-based setting. Each resident will be responsible for developing his/her own panel of patients to allow for continuity of care. OGME-1 residents will spend one, half-day per week, Monday-Friday, in the clinic environment. Upon progression to OGME-2 and OGME-3, each resident will spend a minimum of three, half-days per week to achieve a minimum of three-hundred and twelve half-days throughout their final two years of training. Residents will not be permitted to work weekends only. Residents will be under supervision at all times by a faculty member.

On average, the trainee in family medicine will attend to 6-7 patients per half-day session in the clinic, and the number of patient encounters will increase to at least 10 patients per half-day as trainee skill, knowledge, and autonomy increases.

The ambulatory training site provides the resident’s primary opportunity to develop knowledge, skills, and competency in the management of out-patient care. They will be supervised and held responsible for:

- Eliciting a chief complaint
- Developing a differential diagnosis
- Formulating a treatment plan using evidence based medicine
- Complete, accurate, timely and legible documentation of patient visits
- Utilization of the concepts of managed care

Resident Requirements

1. Regular, assigned clinic attendance:
   a. OGME-1 - ½ day per week, to be on the same day each week
   b. OGME-2 & -3 - an average of three, half days per week totaling three hundred and twelve, half days (minimum)
2. With the assistance of the faculty, develop a panel of a reasonable number of patients who identify the resident physician as their primary provider over the three year period of the training program.
3. Participate in formal evaluation of their ambulatory clinic performance with their faculty supervisor at least semi-annually
4. Participate in all staff meetings of the site, if appropriate
5. Maintain ambulatory patient logs including initial diagnosis, and treatment
6. Maintain ambulatory patient procedure logs including those required by the ACOFP
7. Arrive on time. If the resident is going to be late or unable to attend, the resident is personally responsible for notifying the Faculty Supervisor. All requests for time off from ambulatory continuity clinic assignments must be approved in writing in advance following the policies of the medical education department. Refer to the current House Staff Manual for a written description of this policy. Forms for time off are available in the medical education office.
8. Residents will review lab, radiology, messages, consults, etc., in a timely manner. Both the resident and the assigned faculty attending must sign these items.
9. Residents must provide care to their hospitalized patients. All patient admissions must be reviewed and documented with an attending physician. Documentation of these activities must be available at the time of the on-site survey.
10. Residents must abide by all of the Basic Standards for Residency Training in Family Medicine provided by the AOA and ACOFP
11. Residents must abide by all institutional policies and procedures

Faculty Requirements

Program faculty at the ambulatory clinic site must be board certified or eligible in family medicine. Faculty will supervise program trainees, reviewing key portions of the history and physical, discussing treatment plans and need for follow up. Medical faculty countersign patient medical records completed by the resident. Faculty will evaluate appropriate scope, volume, and variety of patient exposure, and may assign residents to particular patients based on these training needs assessments.

The supervisor of the continuity clinic must be a member of the ACOFP, be certified by the AOBFP, been in active osteopathic family practice for at least three years, or a graduate of an ACOFP-approved osteopathic family practice residency, be able to teach procedures incorporated in the specific continuity of care site, and must have a reporting relationship with the program director.

Family Medicine Didactic Curriculum

The program provides a wide range of academic programs to supplement the diverse clinical training experiences of trainees. These programs include but are not limited to:

Journal Club

The monthly Journal Club format consists of curricular components including methods for analyzing, interpreting, and presenting original data published in medical journals. Journal Club faculty includes the Program Director, who provides valuable input regarding research design and statistics, and Family Medicine clinical faculty who act as facilitators. When trainees begin their program, there is an initial meeting to discuss the new expectation. Medical literature assessment skills will be guided by the modules offered by the SCS of MSUCOM. Journal Club participants utilize a detailed evaluation form to evaluate presentations, with individual verbal feedback from faculty. The evaluation assesses presentation content, critique and delivery. Attendance at Journal Club is required of all residents in the program.
Family Medicine Board Review

The SCS of MSUCOM offers a comprehensive board review course annually. Senior residents are invited and encouraged to attend. During the board review course, all residents are released from their clinical duties. During monthly day-long SCS family medicine didactic sessions, board review material is continually reinforced. Additional board review support will be provided at Lakeland throughout the resident’s training.

Morbidity/Mortality Review

The Morbidity/Mortality Committee meets monthly to review charts. Certain cases are selected as appropriate for an educational discussion. Residents will be required to present cases if assigned by the committee. Faculty members from various disciplines attend and residents are required to attend.

Tumor Conference

The Medical Department sponsors a Tumor Conference routinely. Residents may be assigned to present a selected case from inpatient pathology and initiate discussion. Faculty from several disciplines attend and contribute to the discussion. Trainees are required to attend while rotating on in-house medicine and general surgical services.

Osteopathic Manipulative Medicine

All program trainees are required to complete osteopathic structural exams as a minimum of each patient admission. Faculty encourage residents to integrate the practice of osteopathic manipulative medicine into all aspects of patient care, both inpatient and ambulatory. Training modules from MSUCOM will be utilized as well for further instruction. Osteopathic practice and utilization must be documented on ambulatory clinical logs whenever utilized. A series of presentations on OMM/OPP will be provided routinely.

Statewide Campus System (SCS) of Michigan State University College of Osteopathic Medicine, the Michigan OPTI

The SCS provides a wide range of didactic programs to the 27 osteopathic teaching hospital programs participating in its educational consortium. A monthly day-long didactic program in family medicine designed by program directors of participating hospitals is included in these sessions. SCS programs combine the financial and academic resources of participating hospitals to present local, regional, and nationally known presenters at these family medicine sessions. Formats include lectures, workshops, and board review courses. The program provides a certificate from MSUCOM to each resident upon completion of the training program at his/her base hospital.
Didactic Schedule

Weekly

Wednesday Morning (7am) – Lecture Series
Thursday Noon – CME Program
Friday Morning – Topics in Family Medicine, OMM
Friday Noon – System Lecture
Friday Afternoon – Journal Club, Book Club, Board Review

Monthly

First Wednesday of Each Month – SCS Family Medicine Program

Didactic Program Attendance Policy

1. 70% attendance at all didactic activities while on rotations at LRMC or local out-patient rotations
2. 70% attendance is required at all SCS program specific didactic activities
3. Any absence must be discussed with the Program director
4. Attendance records will be kept in the Medical Education office

Didactics for Out-Rotations

Trainees on rotation at Lakeland Regional Medical Center or any other training site are required to participate fully in the didactic programs offered at that institution.

Research Requirement

The participation of each resident in an active research activity is required. Lakeland Healthcare provides the resident with research opportunities that provide an awareness of the basic principles of study design, performance, analysis, and reporting, as well as of the relevance of research to patient care. The resident research project will lead toward competency in his/her ability to: understand the concepts of and principles behind evidence based medicine; critically evaluate medical literature and its applicability to clinical practice; and participate in scholarly activities and convey findings to his/her peers.

The program shall provide adequate exposure to medical research/review skills and methods of presentation, including information relating to changes in the health care delivery system. Options for meeting the research requirement shall be determined by the program director and may include, but are not limited to, any of the following:

- Resident research projects within the department of family medicine
- Institutional research programs in which the department of family medicine is actively involved
- Area-wide or multi-centered research projects involving the teaching institutions and its department of family medicine
- Original paper on health care related topic
- Presentation at a state, regional, or national meeting
- Authoring a grant
The residency has developed a systematic program of evaluation which includes ongoing informal and formal evaluation of program design and content, trainee performance, and faculty evaluation. The New Innovations Residency Management Suite shall be used for most of the evaluation process. Evaluation information is used by the Program Director, Medical Education Committee, and the Medical Education Department as a process of continuous quality improvement.

**Program Evaluation**

Formal evaluations as well as monthly meetings of the hospital’s Medical Education Committee are used for program evaluation.

- Family medicine OGME Residents and faculty will evaluate the program annually. In addition, the Medical Education Committee conducts a confidential survey of all trainees regarding their level of satisfaction with all aspects of the training environment. Open ended questions at the end of the survey allow residents to comment freely on areas of concern as well as strengths of the program.

- Each program trainee completes a service evaluation at the end of each month of training. This evaluation asks trainees to rate several areas of the program as well as faculty performance on their service. The DME or Administrative DME reviews and signs these evaluations as they are delivered to the Medical Education Department. Residents also complete an evaluation of their ambulatory continuity training site experience. These evaluations are also reviewed by the DME and the Program Director. Program services receiving unsatisfactory evaluations from trainees will be reviewed by the Medical Education Committee.

- Residents in the program also evaluate their Program Director yearly in writing using a confidential and anonymous form developed by the Medical Education Department.

**Resident Evaluation**

- Faculty and the Program Director closely monitor trainee performance throughout the training program. This evaluation is both informal and formal. At the completion of each month’s rotation, the supervising faculty evaluates the trainee through New Innovations using their competency-based evaluation with access provided by the Medical Education Department. This evaluation is verified by the trainee at a meeting with the faculty supervisor and submitted to the Medical Education Department for review and signature by the DME. Any indication of a problem in the trainee’s progress toward meeting the goals of the program is addressed immediately by the DME, and the Program Director.

- The Program Director meets with and reviews the performance of each resident on a quarterly basis.

- The Program Director and Department of Family Medicine will perform an annual evaluation of each resident before advancement to the next level.

- Residents will be evaluated on a quarterly basis by their preceptor in the ambulatory clinic regarding ambulatory skills.
• The ambulatory continuity clinic supervisor will submit a formal evaluation of the trainee’s performance at the continuity site on a semiannual basis.

• The Program Director will perform a final evaluation of the resident at the end of the program to verify that all requirements and learning objectives have been met.

• The program will conduct an evaluation of graduate success after completion of the program.

Faculty Evaluation

Program residents complete an evaluation of program faculty on their service at the end of each month’s rotation, using the New Innovations program. Up to three faculty on each service may be evaluated by the trainee using a competency-based format. Encouragement is offered for additional written comments. After completion, the trainee is responsible for submitting the evaluation to the Medical Education office, where it is reviewed and signed by the DME or ADME. These evaluations are summarized on an annual basis, and a confidential and anonymous summary report is prepared by the Medical Education Department for distribution to the Program Director, pertinent faculty, and hospital administration.

In the event that a faculty member or service does not meet minimum quality standards of performance established by the Medical Education Committee, the Committee may review the faculty status of the faculty member in question and establish a remediation plan. Failure to meet the objectives of the remediation plan may result in loss of faculty status.

eLogs

Each resident is responsible for maintaining a log of procedures performed and patients seen in the ambulatory clinic. Logs will be maintained via the New Innovations program which is designed to help each training site meet AOA record keeping requirements. The program is specifically designed to electronically record patient encounters, as well as procedures, educational and reading requirements.

The New Innovations program allows residents to use a personal technological device to log all of their patient encounters, procedures, reading and educational requirements, hours worked and service evaluations. New Innovations provides house staff and administrators access to real-time, web-based reports.
FAMILY MEDICINE RESIDENT ROTATION
GOALS AND OBJECTIVES
FAMILY MEDICINE ROTATION

GOALS

A) Learn the skills and art of providing ambulatory and institutional care and care for the vast majority of problems presented.
B) Learn the necessity of time budgeting and how to handle effectively a normal case load during the day.
C) Develop management skills and working knowledge of business and personnel management.
D) Increase the expertise of the Resident in:
   1. Appropriately timing referral of patients to specialty care and methods of referring patients.
   2. Methods of counseling.
   3. Providing patient education.
   4. Delivery of osteopathic manipulative therapy.
   5. Diagnosing and treating patients of all age groups.
   6. Providing measures of preventive medicine for a varied patient population.
E) Develop through understanding of a family oriented “master problem list” type of medical chart.
F) Become familiar with the evaluation for industrial injury and appropriateness of return to work.
G) Become familiar with the basic guidelines for reporting communicable diseases.

ADDENDUM I – FAMILY PRACTICE AMBULATORY CARE CLINIC

The "Master Problem List" indicates the types of skills to be developed and evaluated per each "Problem" area.

I. Problems of the Back
   A) Congenital
   B) Traumatic
   C) Inflammatory
      1) Acute
      2) Chronic
   D) Infectious
   E) Degenerative
   F) Neoplastic
   G) Somatic Dysfunction

SKILLS:
   1) Observation
   2) Neuro Exam
   3) Palpatory Exam
   4) Trigger point injection
   5) OMT
II. **Sore Throat**
   A) Infectious
      1) Bacterial
      2) Viral
      3) Other
   
   B) Non-infectious
      1) Trauma
      2) Environmental
         A) Allergic
         B) irritant
      3) Dehydration
      4) Neoplasia
      5) Foreign Object
      6) Inflammatory

SKILLS:
1) Observation
2) Palpation
3) Culture Techniques
4) Indirect Laryngoscope

III. **General and Required Physical Examination**
   A) Vital signs
   B) Normal Growth and Development
      1) Developmental Milestones
         a) Organic
         b) Behavioral
      2) Preventive health care
      3) Sexual maturation
   C) Systems Review
      1) Normal Structure, Function and Behavior
      2) Variances of Structure, Function and Behavior

SKILLS:
1) Physical Diagnosis with Appropriate Testing

IV. **Problems of Face and Neck**
   A) Congenital Facies
      1) FLK's
   B) Congenital Defects
   C) Infections
   D) Allergic
   E) Neoplasia
   F) Autoimmune
   G) Cervical Spine
   H) Acute and Chronic Hoarseness
   I) Inflammatory
   J) Trauma
K) Neurologic

SKILLS:
1) Feeding Skills
2) Osteopathic Exam and manipulation

V. Cough
A) Acute
   1) Infectious
   2) inflammatory and Allergic
   3) Foreign Body
   4) Trauma
   5) AIDS
B) Chronic
   1) Environmental
   2) Lower Respiratory Tract Problems
   3) Upper Respiratory Tract Problems
   4) Extrinsic Compressive Lesions
   5) Psychogenic Factors
   6) Aspiration

SKILLS:
1) Culture skills
2) Sputum Collection and Exam
3) Thoracentesis
4) Techniques of Sweat Collection
5) Interpretation of PFT's
6) Awareness of Respiratory Therapy Modalitie

VI. Pregnancy/Prenatal
A) Diagnosis of Pregnancy
B) First Trimester
   1) Bleeding
   2) Spontaneous Abortion
   3) Prenatal lab, cultures, UA
C) Second Trimester
   1) Premature Labor
   2) Intrauterine Growth Retardation
   3) AFP
D) Third Trimester
   1) Premature Rupture of the Membranes
   2) Pre - eclampsia
   3) Dystocia
   4) Breech
   5) Culture Lab
   6) Kick Counts

SKILLS:
1) Pelvic Exam
2) Auscultation of Fetal Heart Tones
3) Amniocentesis
4) Use of Forceps
5) Breech Delivery
6) Measurement/leopolds

VII. Blood Pressure/Hypertension
A) Primary
B) Secondary
   1) Vascular
   2) Endocrine
   3) Neurologic
   4) Renal Vascular
   5) Artherosclerosis
   6) Drugs
C) Accelerated/Malignant

SKILLS:
1) Multiple positional blood pressure readings
2) Interpretation of laboratory data

VIII. Upper Respiratory Inflammatory (Including the Ear)/FLU
A) Infectious
B) Allergic
C) Environmental
D) Foreign Body

SKILLS:
1) Culture Techniques
2) Indirect Laryngoscopy
3) Pneumatic Otoscopy
4) Hearing Screen
5) Tympanogram
6) Tympanoscopy
7) Cerumen Removal
8) Foreign Body Removal
9) Control of Epistaxis
10) Nasal Smears
11) Allergy Testing

IX. Headache
A) Traction on pain-sensitive structures
B) Inflammation
C) Vascular Dilation
D) Muscle Contraction - Psychogenic Mechanisms
E) Miscellaneous

SKILLS:
1) Spinal Tap
2) Auscultation of Skull
3) Tonometry
4) Visual Screening - Fields, etc.
5) Cranial Manipulative Techniques

X. Skin Conditions
A) Allergic
   1) Drugs
   2) Food
   3) Bites and Stings
   4) Physical Agents (Contact and Non-Contact)
B) Vascular
C) Infectious
D) Trauma
E) Metabolic
F) Inherited
G) Neoplastic
H) Autoimmune
I) Emotional

SKILLS:
1) Allergy Testing
2) Excision/Biopsy
3) Wound Repair
4) Cryotherapy
5) Hot Cautery
6) Local Anesthesia
7) Debridement
8) I & D

XI. Pain in the Chest
A) Chest Wall
   1) Muscular Disorders
   2) Skeletal Disorders
   3) Neurologic Disorders
B) Cardiopulmonary
   1) Cardiac
   2) Pleuropulmonary Disorders
C) Aortic
D) Gastrointestinal
   1) Esophageal
   2) Others
E) Psychogenic
   1) Anxiety
   2) Cardiac Neurosis
   3) Malingering
   4) Depression

SKILLS:
1) EKG Interpretation
2) Chest X-Ray evaluation
3) Psychological testing
XII. **Abdominal Pain**

A) **Obstruction**
   1) Gastric Outlet
   2) Small Bowel
   3) Large Bowel
   4) Biliary Tract
   5) Urinary Tract

B) **Peritoneal irritation**
   1) Infection
   2) Chemical Irritation (Blood, Bile, Gastric Acid)
   3) Systemic Inflammatory Process
   4) Ascites

C) **Vascular Insufficiency**
   1) Embolization
   2) Atherosclerotic Narrowing
   3) Hypotension
   4) Aortic Aneurysm Dissection

D) **Mucosal Ulceration**
   1) Peptic Ulcer Disease
   2) Gastric Cancer

E) **Altered Motility**
   1) Gastroenteritis
   2) Esophageal Disorders
   3) Irritable Bowel Syndrome
   4) Diverticular Disease
   5) Colic

F) **Metabolic Disturbance**
   1) Diabetic Ketoacidosis
   2) Porphyria
   3) Lead Poisoning

G) **Nerve Injury**
   1) Herpes Zoster
   2) Root Compression
   3) Nerve Invasion

H) **Muscle Wall Disease**
   1) Trauma
   2) Myositis
   3) Hematoma
   4) Hernia

I) **Referred Pain**
   1) Pneumonia (Lower Lobes)
   2) inferior Myocardial Infarction
   3) Pulmonary Infarction
   4) GU

**Infections**
   1) Proctitis
      a) N. Gonorrhea
      b) Herpes Simplex
      c) Chlamydia (Nonlymphogranuloma Strains)
d) Syphilis  
e) Condylomata Acuminata  
f) Trauma  
g) Chemical Irritants  

2) Proctocolitis  
a) Campylobacter  
b) Shigella  
c) Entamoeba Histolytica  
d) Chlamydia (Lymphogranuloma Strains)  
e) Salmonella  

3) Enteritis  
a) Giardia Lamblia  

4) AIDS  

J) Anorectal  

1) Anal Discomfort  
a) Hemorrhoids  
b) Fissure-in-ano (hard bowel movement, cancer, venereal disease)  
c) Fistula-in-ano (perirectal abscess, Crohn's disease, carcinoma, radiation, TB, lymphogranuloma venereum)  
d) Perirectal abscess (Crohn's disease, immunodeficiency, hematologic disorders)  
e) Infected pilonidal cyst  
f) Carcinoma of the anal epidermis  
g) Infectious (Syphilis, Candidiasis, Condylomata Accuminata)  

2) Rectal Discomfort  
a) Proctitis (Ulcerative, Gonococcal, Amebic, Herpetic) often accompanied by discharge and bleeding  
b) Perirectal Abscess  
c) Impaction  
d) Proctalgia Fugax  
e) Solitary Rectal Ulcer  

3) Pruritis Ani  
a) Excess moisture (poor hygiene), pinworms, eczema, scabies, diabetes, liver failure, irritants (topical agents, alkaline stools), fissure, early cancer, neurodermatitis, anal infections (see above)  

4) Incontinence  
a) Rectal surgery, neurologic disease, perianal disease, megacolon  
   1. Congenital  
   2. Functional
K) Functional
   1) Depression
   2) Anxiety
   3) Neuroses
   4) Phobic

SKILLS:
1) Ballottement
2) Pediatric Palpatory Skills
3) Flexible Sigmoidoscopy
4) Paracentesis
5) Surpapubic Tap
6) Upper Gastrointestinal Intubation
7) Urine Collection Techniques
8) Catheterization Techniques
9) GYN Exam/Male Genital Exam
10) Microscopic UA
11) Methods of Stool Exam
12) Rectal Exam
13) Hemoccult

XIII. Gynecology / Pap Smear
A) Pre Menarche
   1) Sexual Abuse
   2) Abnormal Bleeding
   3) Pain
   4) Breast
   5) Infections
B) Menstruation
   1) Sexual Dysfunction
   2) Abnormal Bleeding
   3) Pelvic Pain
   4) Discharge
   5) Amenorrhea
   6) Fertility Control
   7) Rape
   8) Breast
   9) PMS
  10) Infection
  11) Genetics
C) Post Menopausal
   1) Effects of Estrogen
   2) Pain
   3) Infection
   4) Sexual Dysfunction
   5) Breast
   6) Osteoporosis
   7) Vasomotor Instability
   8) Bleeding
SKILLS:
1) Vaginal Exam - Use of Speculum
2) Rape Exam
3) Pediatric Exam
4) Pap Smear
5) Culdoscopy
6) Endometrial Aspiration
7) Culture Techniques
8) Cervical Dilatation
9) 1 & D Of Cysts
10) Cryotherapy
11) Cervical Biopsy

XIV. Earache
A) Acute Otitis
   1) Externa
   2) Media
B) Chronic Otitis
   1) Externa
   2) Media
C) Serous Otitis
D) Referred
   1) Dental
E) Foreign Objects
F) True Cellulitis

SKILLS:
1) Removal of Foreign Objects
2) Dental Exam

XV. Well Child Exam
A) Growth
   1) Recognize normal variations in the process of growth.
   2) Describe normal growth and development from birth to adolescence
   3) Understand the use of growth charts
   4) Understand how disease may affect growth and development
B) Development
   1) Understand progression/sequence of neuromuscular development
   2) Interpret and understand a Denver Developmental Screening Test
   3) Accurately assign Tanner staging
   4) Know sequence of childhood speech and language development
   5) Determine school readiness, developmental, intellectual, and social
   6) Know normal dental development
C) Nutrition
   1) Counsel parents on advantages/difficulties of breastfeeding
   2) Compare breastfeeding to formula feeding
   3) Understand principles of introducing other foods to infant's diet
   4) Develop schedule for nutrition and feed behavior
D) Physical Examination and Medical History
1) Perform age appropriate physical exam and medical history
2) Recognize organ system age specific disorders throughout childhood
3) Perform osteopathic structural exam on all ages of children
4) Perform pelvic, breast and testicular exams in adolescents

E) Immunizations
1) Be familiar with standard immunization practices in the USA
2) Know contraindications, adverse effects and risks of immunization products

F) Safety
1) Counsel parents on accident prevention
2) Provide age specific measures for accident prevention
3) Know specific measures to prevent accidental poisoning in children

G) Screening
1) Understand screening procedure concepts (including sensitivity, specificity and predictive positives), to determine illness in asymptomatic individuals
2) Be familiar with vision, hearing and development screening tests

H) Counseling
1) Develop skills in counseling children and parents in areas of behavior, development, play, school, sex education, drug and alcohol abuse
2) Understand the importance of reinforcing health education

XVI. Problems of Lower Extremities
A) Congenital
B) Inflammatory
1) Acute
   a) Symmetrical
   b) Asymmetrical
2) Chronic
   a) Symmetrical
   b) Asymmetrical
   c) Infectious
   d) Neoplastic
   e) Vascular
   f) Degenerative
   g) Traumatic

SKILLS:
1) Observation
2) Joint Testing
   a) Age specific ROM
3) Circulatory Evaluation
4) Aspiration
5) Structural Exam
6) OMT
7) X-Ray Evaluation

XVII. Fever
A) Infections
   1) Systemic
      a) AIDS
   2) Localized
B) Neoplasm
C) Collagen - Vascular Disease
D) Other

XVIII. Progress Visit (Follow-Up)
A) History since last visit
B) Changes in physical exam since last visit
C) Review of medications
D) Future recommendations

SKILLS:
1) Adequate H&P
2) Knowledge of medication interactions
3) Patient education

XIX. Problems of Upper Extremities
A) Congenital
B) Inflammatory
   1) Acute
      a) Symmetrical
      b) Asymmetrical
   2) Chronic
C) Infectious
D) Neoplastic
E) Vascular
F) Degenerative
G) Trauma

SKILLS:
1) Observation
2) Joint Testing
   a) Age Specific ROM
3) Circulatory Evaluation
4) Aspiration and Injection Techniques
5) Structural Exam
6) OMT
7) X-Ray Evaluation

XX. Shortness of Breath
A) Cardiac
   1) Acute
   2) Chronic
B) Pulmonary
   1) Acute
   2) Chronic
C) Metabolic
   1) Acute
   2) Chronic
D) Psychogenic
E) Hematologic
XXI. Genitourinary Complaints
   A) Infection
   B) Trauma/Foreign Body
   C) Neoplastic
   D) Obstructive
   E) Sexual Dysfunction
   F) Infertility
   G) Incontinence
   H) Metabolic

   SKILLS:
   1) Testicular Exam
   2) Prostatic Exam

XXII. Diabetes Mellitus
   A) Classification
   B) Diagnosis
   C) Treatment
   D) Complications

   SKILLS:
   1) Patient education

XXIII. Nervousness
   A) Organic
      1) Metabolic
      2) Neurologic
   B) Psychogenic

XXIV. Disease Prevention/Wellness
   A) Risk appraisal
   B) Life-style intervention
   C) Immunization

   SKILLS:
   1) Patient Education

XXV. Substance Abuse
   A) Alcohol
   B) Drug Abuse
      1) Illicit
      2) Prescription

   SKILLS:
   1) Patient education
   2) Detoxification methods
XXVI. Medications
A) Synergistic and Antagonistic Drugs
B) Serum Levels
C) Toxicity
D) Drug Dependence
E) Drug Reactions
F) Drug Dosage Adjustments

SKILLS:
1) Prescription Writing
2) Prescription Monitoring

XXVII. Fatigue
A) Psychologic
B) Endocrine - Metabolic
C) Pharmacologic
D) Infectious
E) Neoplastic – Hematologic – Immunologic - AIDS
F) Cardiopulmonary

SKILLS:
1) Standard general H&P skills - cross reference #1
2) Hemoccult

XXVIII. Surgical Aftercare
A) Wound Healing
B) Post-op Infections
C) Nutrition
D) Convalescence
E) Emotional

SKILLS:
1) Suture and Clip Removal
2) Packing and Drain Management
3) Bandaging
4) Splinting
5) Sepsis Control

XXIX. Weight Gain/Loss
A) Metabolic
B) Nutritional
C) Psychogenic
D) Impaired Absorption
E) Fluid and Electrolyte Imbalance
F) AIDS
G) Neoplastic

SKILLS:
1) Nutritional Assessment
2) Dietary Counseling
XXX. Vertigo-Dizziness
A) Vestibular disease
B) Cardiac and Vascular Disease
C) Neurologic
D) Psychiatric Illness
E) Metabolic Disturbances

SKILLS:
1) Neurologic and Vascular Exam

XXXI. Nausea/Vomiting
A) Medication Induced
   1) Cancer Chemotherapy
   2) Others
B) Cancer
C) Functional
D) Neurologic Disease
E) G.I. Disorders
   1) Peptic Ulcer
   2) Obstruction
   3) Gastroenteritis
   4) Other
F) Pregnancy
G) Radiotherapy

SKILLS:
1) History
2) Physical Examination
   a) Abdominal Palpation

ADDITIONAL CURRICULUM AREAS

The following categories of training exposure will be included in the curriculum in an ongoing manner throughout all training areas including formal didactic and informal daily clinical activities.

1) Ambulatory Continuity Care Clinic (combined adult/pediatric exposure).
2) Biopsycho-social (Behavioral) Involvement in Health and Disease.
3) Practice Management (including Health Care Cost Effectiveness).
4) Osteopathic Principles and Practice / Osteopathic Manipulative Therapy.

Procedural Medicine

Residents will perform a variety of procedures in the clinic setting under the supervision of the attending physician. Residents will log procedures in the New Innovations residency management suite program. The attending will confirm the resident logs and determine a pass/no pass grade. Procedures include but are not limited to:

1. Joint Injections
2. Biopsy of Dermal Lesions
3. Excision of Subcutaneous Lesions
4. Incision and Drainage of Abscess
5. Cryosurgery of Skin
6. Curretage of Skin Lesion
7. Laceration Repair
COMMUNITY MEDICINE

GOALS

The Family Medicine Physician is an integral part of the community. Developing relationships and ties within the community in order to provide care is an important aspect of Family Medicine training. The two week community medicine rotation will include training in several locations within the community.

OBJECTIVES

To provide care in the following settings:

1. Community based screening programs
2. Community health centers
3. Free clinics
4. Hospice

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending as supplemental material.

Pertinent topics are part of the Master Lecture Schedule.
DERMATOLOGY

GOALS

Family physicians must care for a wide variety of skin problems in patients of all ages and sexes. They are some of the most perplexing of complaints in Family Practice. Most initial care of dermatologic problems is provided/performed by primary care physicians.

The rotation is designed to prepare the resident for these specific challenges in dermatology in the office setting, under the supervision of clinical faculty with expertise in this area. Ideally, much of the resident’s education in dermatology will be practical, with didactic sessions meant to increase resident understanding of particular dermatologic principles.

The goals of our Family Practice dermatology experience are primarily to expose the trainee to dermatology, and to develop a sound knowledge base from which the trainee can make decisions on which lesions to treat, how to treat them, and when referral is needed for the benefit of the patient. During the three years of Family Practice, the resident is expected to demonstrate:

OBJECTIVES

A. The ability to take an appropriate dermatologic history.
B. Ability to adequately describe skin lesions and other physical findings.
C. Demonstrate appropriate knowledge of common dermatologic pharmaceutical agents.
D. Demonstrate the ability to use the dermatology consultant appropriately.
E. Ability to assemble a reasonable differential diagnosis based on history, lesion description and location.
F. Demonstrate an appropriate cognitive knowledge of common skin conditions, including – diagnosis, history, exam, findings, differential diagnosis and treatment.
G. Ability to perform a full skin examination for skin cancer screening.
H. Demonstrate an appropriate index of suspicion for malignancies of the skin, and a solid knowledge of what lesions require biopsy.
I. Demonstrate competence in performing the common dermatology procedures, including skin biopsies, excision of lesions, cryo- and electro-cautery, and other common procedures.

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
EMERGENCY MEDICINE ROTATION

GOALS

Taking care of a large and diverse population almost guarantees that the primary care physician will encounter emergencies. It is essential that resident be trained in the necessary steps to take in an emergency situation. It is also important to work with colleagues in the Emergency Department when referrals are made in order to assure the best possible patient care.

Residents must show an understanding of medicolegal issues including informed consent, patient competency, do-not-resuscitate orders, chain of evidence COBRA and duty of care.

The resident must have sensitivity to, and knowledge of, the emotional aspects surrounding emergency care for both the patient and the patient’s primary care.

The primary care physician is in a unique position to offer special support to patients and families as they face emergency care.

With the above in mind, the resident should seek to develop attitudes that demonstrates an ability to communicate effectively and compassionately with patients and families and a capacity to work quickly and efficiently to assess the patient according to the urgency of the patient’s problem.

OBJECTIVES

A) The resident will assimilate knowledge through patient care, case study, reading and didactics. Patient care experiences should include all phases of emergency care in the Emergency Department.

B) The resident will develop a knowledge base in the following:

- Time management
- Assessment and management of
  - Trauma – by mechanism of injury and by site of injury
  - Neurologic emergencies including the comatose patient, status epilepticus, altered states of consciousness, spinal cord compression and stroke
  - Psychiatric emergencies – acute psychiatric breaks, suicidal patient
  - Burns including classification, outpatient management of first and second degree burns, indications for hospitalization
  - Violent patient
  - Obstetric and gynecologic emergencies including victims of sexual assault, ruptured ectopic pregnancy, miscarriage, preeclampsia and eclampsia, and vaginal hemorrhage
- Recognition and treatment of acute life-threatening situations
  - Acute respiratory problems
  - Life-threatening arrhythmias
  - Cardiac arrest
  - Ischemic heart disease
  - Cardiovascular pharmaceuticals
  - Resuscitations – drowning/near drowning, electrocution/lightning, hypothermia/hyperthermia, neonatal/infant-child resuscitation
  - Acid base imbalance
Shock
Infectious disease emergencies, including meningitis
Diagnostic interpretation including EKGs, Xrays of common emergency problems
Environmental exposures – bites, stings, indications of rabies prophylaxis,
poisonous plants, inhalations, hypersensitivity reactions
Toxicologic emergencies – general approach to the poisoned patient

C) The resident will develop the following skills:
   Airway management – nasotracheal and orotracheal intubation on adults
   Initiation of vascular access – arterial cannulation
   Artificial circulation – advanced cardiac life support skills
   Anesthesia techniques – local blocks
   Suturing lacerations including muscle, skin and subcutaneous tissue
   Plastic surgery repair of skin lacerations – eyelid, lip
   Fracture care – splint and case simple fractures

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

The resident is expected to attend the didactic program of the Emergency Medicine Department.

Pertinent topics are part of the Master Lecture Schedule.
ENDOCRINOLOGY

GOALS

Often the Family Medicine physician is the “first in line” when an endocrine problem presents. Therefore, it is essential that residents obtain a solid working understanding of the elements of endocrinology.

The goal of this rotation is to enable residents to gain an understanding of the elements of endocrinology that will augment their family medicine practice and give insight into patients’ experiences in this area of medicine.

Residents must recognize the importance of the emotional issues, concerns and anxieties in this branch of medicine, both for the patient and the patient’s primary care.

The resident should show an understanding of the importance of the patient care team in the management of these patients. The resident should develop competent management and competent referral skills.

OBJECTIVES

A. The resident will assimilate knowledge through patient care, case study, reading and didactics. Patient care experiences should include physical assessment, appropriate medical interviews, and daily management of medical problems encountered.

B. The resident should develop a knowledge of:

   - Basic elements of endocrinology including hormone synthesis and release and mechanisms of hormone action
   - Pancreatic hormones and Diabetes Mellitus
     - Classification of Diabetes Mellitus
     - Clinical features of Diabetes Mellitus
     - Laboratory findings in DM
     - Diagnosis of DM
     - Treatment of DM: available regimens
     - Acute complications of DM
     - Chronic complications of DM
     - Patient education and goals of treatment
   - Addison’s Disease – diagnosis and treatment
   - Cushing’s Disease – diagnosis and treatment
   - Anterior pituitary hormones including ACTH, growth hormone, prolactin, thyrotropin and LH/FSH
   - Endocrinologic evaluation of the hypothalamic-pituitary axis
   - Diabetes insipidus – diagnosis, causes and treatment
   - SIADH – diagnosis, causes and treatment
   - Clinical male gonadal disorders including Kleinefelter’s Syndrome, bilateral anorchia, Leydig Cell aplasia, cryptorchidism, impotence, infertility, gynecomastia and testicular tumors.
   - Disorders of ovarian and menstrual function
     - Amenorrhea
   - Disorders of androgen metabolism
Ovulation induction
Therapeutic use of ovarian hormones and their synthetic analogs
Inhibitors of ovarian function
Menopause
Thyroid hormone synthesis and secretion
Tests for thyroid function
Disorders of the thyroid – hypothyroidism, hyperthyroidism and thyrotoxicosis, thyroid hormone resistance syndromes, nontoxic goiter and thyroiditis
Integration of osteopathic principles in treatments of common symptoms and sequelae of endocrine disorders

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
GASTROENTEROLOGY

GOALS

The goal of this rotation is to enable residents to gain an understanding of the elements of gastroenterology that will augment their family medicine practice and give insight into patients’ experiences in this area of medicine.

Residents must recognize the importance of the emotional issues, concerns and anxieties in this branch of medicine, both for the patient and the patient’s primary care.

The resident should show an understanding of the importance of the patient care team in the management of these patients. The resident should develop competent management and competent referral skills.

OBJECTIVES

A. The resident will assimilate knowledge through patient care, case study, reading and didactics. Patient care experiences should include physical assessment, appropriate medical interviews, and daily management of medical problems encountered.

B. The resident should develop a knowledge of:
   - The causes and treatment of constipation
   - The causes of and diagnostic approach to diarrhea
   - Diagnosis and treatment of proctitis, anal and rectal pain
   - Diagnosis and management of peptic ulcer disease
   - The role of somatic dysfunction in GI disease
   - The indications and complications of gastric and small bowel surgery
   - The indications and complications of colonic surgery
   - The diagnosis and treatment of pancreatic disease
   - Causes and complications of biliary tract disease
   - Inflammatory disease of the small and large bowel
   - Diagnosis and treatment of hepatitis A, B & C
   - Diagnose and manage gastrointestinal bleeding
   - Diagnose and manage the acute abdomen
   - Diagnose and manage esophageal disease, e.g. stricture, varices
   - Diagnose and manage GERD
   - Diagnose and manage cirrhosis
   - Diagnose and manage irritable bowel syndrome
   - Diagnose and manage food allergies
   - Diagnose and manage hemorrhoids/fistula, perianal abscess
   - Diagnose and manage diverticulosis/diverticulitis
   - Diagnose and manage enzyme deficiency states
   - Diagnose and manage malabsorption states
   - Diagnose and manage pilonidal cyst
   - Understand the indications, complications and limits of testing including endoscopy, liver biopsy, ultrasound, barium enema, upper GI series
   - Utility of viscersomatic reflexes in evaluation and treatment of patients with gastrointestinal disorders
   - Indications and contraindications for integration of Osteopathic principles and treatment in common GI presentations
C. The resident will develop the skills listed below through interaction with patients and patient care teams.

- Anoscopy
- Sigmoidoscopy
- NG tube placement
- GI lavage
- Abdominal paracentesis
- I&D of pilonidal cyst
- Hemorrhoidal banding

**ADDITIONAL INFORMATION**

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
GERIATRIC MEDICINE

GOALS

The goal of this rotation is to enable residents to gain an understanding of the elements of geriatric medicine that will augment their internal medicine practice and give insight into patients’ experiences in this area of medicine.

Elderly patients make more visits to physicians’ offices than any other population group. Because the philosophy of Osteopathic medicine encompasses comprehensive and on-going care, the care of elderly patients is an important component of the learning experience.

Residents must recognize the importance of the emotional issues, concerns and anxieties in this branch of medicine, both for the patient and the patient’s primary care.

The resident should show an understanding of the importance of the patient care team in the management of these patients.

OBJECTIVES

A. The resident will assimilate knowledge through patient care, case study, reading and didactics. Patient care experiences should include physical assessment, appropriate medical interviews, and daily management of medical problems encountered.

B. The resident should gain knowledge in:
   • The normal psychological, social and environmental changes of angina, including reactions to common stresses and changes such as retirement, bereavement, relocation and ill-health, and the changes in family relationships that affect health care of the elderly
   • The underlying physiological “normal aging” changes in the various body systems including diminished homeostatic abilities, altered metabolism and effects of drugs, and other changes that directly relate to the assessment and treatment of elderly patient
   • The tendency of elderly patients toward iatrogenic disease, immobilization and its consequences, dependency or long-term institutionalization while in the process of receiving medical care
   • The unique modes of presentation of elderly patients for care, including altered and non-specific presentations of specific diseases
   • The range of services available to promote rehabilitation or maintenance of an independent lifestyle of elderly people, increasing their ability to function as long as possible in their existing family, home and social environments
   • The means for promoting health and health maintenance through screening, preventive care and early diagnosis, and the assessment of risk factors
   • The characteristics of the various types of long-term care facilities and alternative housings available to the elderly
   • The place of the house call, its indications and benefits in the assessment and management of elderly patients
   • The pitfalls of geriatric care such as polypharmacy, iatrogenic illness, over-dependency, inappropriate use of high technology, the unsupported family, etc.
   • The role of OMM in treating the elderly in the outpatient and inpatient setting
   • The financial aspects of health care of the elderly and the way these influence health care patterns and decisions
• The means to actively promote health in the elderly through exercise, nutrition and psycho-social counseling
• The evaluation of the functional status of the elderly patient
• The following problems, which are either especially characteristic of older patients, or differ significantly in their presentation and/or management in order adults:
  o Abuse – both physical and psychological
  o Acute abdomen
  o Alcoholism and other substance abuse
  o Altered mental status
  o Anemia
  o Anorexia
  o Atypical malignant presentations
  o Bacteriuria
  o Bereavement
  o Catheterization
  o Completed stroke
  o Confusion
  o Congestive heart failure
  o Constipation
  o Contractures
  o Degenerative joint disease
  o Dehydration
  o Dementia
  o Dentition
  o Depression
  o Diabetes
  o Dizziness
  o Drug-induced illness
  o Falls
  o Fecal impaction
  o Femoral (and other) fractures
  o Gait disorders
  o Hearing loss
  o Hypertension
  o Hypothermia
  o Hypothyroidism
  o Intensive care unit syndrome
  o Incontinence malnutrition
  o Memory loss
  o Myocardial infarction
  o Osteopenia/osteoporosis
  o Pain
  o Perioperative problems
  o Pneumonia and other respiratory infections
  o Podiatric problems
  o Postural hypotension
  o Pressure sores
  o Psychological effects of illness
  o Sexual problems
  o Skin cancers
C. The resident will focus on the following skills through interaction with patients and patient care teams:

- Obtaining a comprehensive history and mental status examination, utilizing all available sources of information
- Comprehensively conducting an efficient physical examination in office, hospital and nursing home settings, mindful of the patient's modesty and mobility while balancing the need for full examination
- Selecting and interpreting diagnostic procedures
- Coordinating home care
- Developing problem lists in practical, clinical functional, psychological and social terms
- Setting appropriate priorities for investigation and treatment
- Appropriately limiting investigations or treatment
- Communicating to the patient proposed treatment plans
- Communicating hope and empathy, and balancing objectivity with human involvement
- Counseling about psychologic, social and physical stresses and changes of age, dying and death

ADDITIONAL INFORMATION

Training in the area of geriatrics is to be accomplished over the course of the residency and covers both the outpatient and inpatient experience. A block rotation in geriatrics will also be required.

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
GOAL

The goal of this rotation is to enable residents to gain an understanding of the elements of Intensive Care that will augment their family medicine practice and give insight into patients’ experiences in this area of medicine.

Residents must recognize the importance of the emotional issues, concerns and anxieties surrounding admission to the Intensive Care Unit, both for the patient and the patient’s primary care.

The resident should show an understanding of the importance of the patient care team in the management of seriously ill patients.

OBJECTIVES

A. The resident will assimilate knowledge through patient care, case study, reading and didactics. Patient care experiences should include physical assessment, appropriate medical interviews, and daily management of medical problems encountered.

B. The resident should show an understanding of the following:

Cardiology
- Cardiac arrhythmias: AV block, PSVT, atrial tachycardia, flutter/fibrillation, junctional rhythm, tachycardia
- Congestive heart failure
- Dyspnea
- Chest pain
- Edema
- Hypertension
- Ischemic cardiac disease
- DVT
- Stroke/TIA

Endocrinology
- Adrenal insufficiency
- Hyperadrenalism
- Hyperaldosteronism
- Diabetes
- Diabetic ketoacidosis
- Hyperosmolar coma/insulinoma
- Thyroid imbalance
- Goiter – hypo- and hyperfunctioning

Gastroenterology
- Upper and lower GI bleeding
- Abdominal pain, bloating, swelling
- Diverticular disease
- Weight loss, gain
- Jaundice
- Inflammatory bowel disease
- Peptic ulcer disease

Hematology
Iron deficiency anemia and sideroblastic anemia
Megaloblastic anemia
Anemia of chronic disease
Hemolytic anemia

Infectious Disease
Septic shock
Iatrogenic infection
Infected prosthetic devices/central lines
Endocarditis
Toxic shock
Infectious pericarditis/mediastinitis
Urinary tract infections
Gram negative sepsis
Tuberculosis
Antibiotic associated colitis

Nephrology
Hepatorenal syndrome
Nephrolithiasis
Acute and chronic renal failure
Electrolyte management
Renin-aldosterone axis
Renal tubular acidosis
Acid/base

Neurology
Caphalgia
Vertigo
Seizures
Dementia
Parkinsonism

Pulmonology
Aspiration pneumonitis
Pneumonia/bronchitis
Emphysema
Pulmonary embolism
Pneumothorax
Atelectasis

Rheumatology
Polyarticular disease
Rheumatoid factor
ANA
Cryoglobulins
Sedimentation rate
Rheumatologic disorders (e.g., temporal arteritis, polymyalgia)

**ADDITIONAL INFORMATION**

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
INTERNAL MEDICINE

GOAL

The Internal Medicine rotation will help the resident expand and develop a more complete understanding of the basics in Internal Medicine. Proficiency at patient workup, and procedures in patient care will be expanded. Evaluation and treatment of central internal medicine problems such as: hypertension, emphysema, diabetes mellitus, coronary artery disease, gastrointestinal disorders will be emphasized.

The resident should show an understanding of the importance of the patient care team in the management of these patients.

RESPONSIBILITIES

Specific responsibilities of the resident on the Internal Medicine clinical rotation may vary from attending to attending. General responsibilities would include making rounds with the attending physician and participating in his/her care of the patient (including diagnostic and therapeutic procedures). Further individual responsibilities may be assigned by the attending physician depending on the progression of knowledge, skills, and abilities of the trainee. Individual reading assignments should be given pertaining to current patients and their problems. The individual resident will also be responsible for keeping a log of patients and specific responsibilities on each patient. It is also the responsibility of each individual resident to assure that his/her evaluation forms have been completed by the end of the service. History and physical (H&P) will be assigned only on patients the resident will actively be following on the teaching service. The goal of a teaching service is to follow from five (5) to fifteen (15) active patients under the teaching attending care. The resident will be expected to write daily progress notes, dictate the H&P of record, write an appropriate admit note and may be required to dictate a discharge summary on their own patients. Initial patient evaluations and admitting orders should be discussed with the attending physician soon after admission. The resident shall check all laboratory procedures, particularly those requiring the services of a physician. The resident will review x-rays along with laboratory data on all patients on his/her service.

CURRICULUM OBJECTIVES AND GOALS

GENERAL STATEMENT

The clinical experience of hospital rotations is intended to serve as a clinical laboratory during which medical skills and knowledge can be expanded. The primary goals of this clinical experience are:

A. To develop the art of bedside diagnosis including the art of history and physical examination.
B. To develop skills of differential diagnosis so that a complete and accurate diagnosis can be made.
C. To develop a management plan for patient's problems including diagnostic, therapeutic, educational, and socioeconomic factors.
D. To discover third party guidelines to health care and to be able to practice within these guidelines.
E. To develop appreciation for cost-effectiveness of health care.
F. To develop an appreciation for the role of health maintenance in primary and secondary preventative medicine.
G. The resident will learn the indications, contraindications, and limitations to diagnostic testing.

PSYCHOMOTOR SKILLS

The resident should be able to:
A. Establish peripheral intravenous lines and access central venous lines properly (including porta-cath).
B. Properly pass nasogastric tubes.
C. Perform arterial puncture to obtain arterial blood gases.
D. Perform and interpret gram stains on sputum and other body secretions.
E. Perform urinary bladder catheterization.
F. Administer parenteral medications (IV and IM)

Cognitive Skills

The resident should be able to:

Respiratory Failure:
A. Perform an accurate history and physical germane to respiratory failure, both acute and chronic.
B. Compare and contrast pulmonary embolism, acute respiratory failure, chronic respiratory failure, and adult respiratory distress syndrome.
C. Describe the clinical presentation and work-up in each of the four (4) conditions listed in #2.
D. Given a set of pulmonary parameters, calculate the A-a gradient.
E. Define the A-a gradient.
F. Given a report of arterial blood gases, interpret them with respect to:
   1) Acute Respiratory Failure
   2) Pulmonary Embolism
   3) ARDS (Include determination of need for mechanical ventilation).
G. List the indications for mechanical ventilation.
H. Write basic ventilator orders.
I. List the criteria for weaning a patient from a ventilator.
J. Describe the risks, discomfort level, and emotional factors for a patient undergoing mechanical ventilation.
K. State the cost of work-up and standard treatment for:
   1) Acute Respiratory Failure.
   2) Chronic Respiratory Failure
   3) Pulmonary Embolism
   4) ARDS
L. Write basic admitting orders for:
   1) Acute Respiratory Failure
   2) Chronic Respiratory Failure
   3) Pulmonary Embolism
   4) ARDS

Cerebrovascular Disease
A. Perform a history and physical germane to cerebrovascular ischemia, infarction, and seizure.
B. Define the following terms: TIA, RIND, CVA.
C. Describe a neurologic examination to determine location of a cerebral lesion.
D. Define therapeutic and diagnostic criteria for differentiating hemorrhagic and ischemic CVA.
E. State the DRG criteria for admission and discharge of CVA, TIA, RIND, and seizure.
F. List the basic admitting orders for CVA, TIA, RIND, and seizure.
G. Describe outpatient follow-up instructions and programs for patients with:
   1) CVA
   2) TIA
3) RIND
4) Seizure
Include information about daily activities (driving a car, etc.), support groups, and other available community service.

**ALTERED MENTAL STATUS AND DEMENTIA**

A. Perform a Mental status examination.

**INFECTIOUS DISEASE**

A. Perform an adequate history and physical examination of a patient with FUO (Fever of Unknown Origin), generalized sepsis, and septic shock.
B. Define septic shock and differentiate warm and cold septic shock.
C. Describe the work-up of a patient in sepsis.
D. Write basic orders for a patient with sepsis.
E. List the costs, risks, and discomforts associated with sepsis.
F. Define HIV infections and contrast it to AIDS and AIDS complex.
G. List the CDC criteria for proper barrier protection with AIDS and AIDS related disorders.
H. Describe the work up for AIDS.
I. Describe the types of financial and patient care support for AIDS patients in the general community.
J. List the groups of patients who are at highest risk for AIDS.
K. Write basic admitting orders for an AIDS patient.
L. Describe the costs, risks, and discomforts of tests and therapies for AIDS.
M. Perform a gram stain on one assigned patient and be able to define gram negative and gram positive organisms.
N. State general antibiotic drugs of choice for aerobic gram positive cocci and gram negative rods, anaerobic gram negative cocci and rods.

**CARDIOLOGY**

A. Define the criteria for the diagnosis of myocardial infarction and angina pectoris.
B. List differential diagnosis of cardiac vs. non-cardiac chest pain.
C. Write basic admitting orders to the CCU, for myocardial infarction and angina pectoris.
D. Identify the proper indications and contraindications for nitrates, calcium channel blockers, beta blockers, morphine sulfate, intravenous nitroglycerin, thrombolytics.
E. Describe a proper outpatient program for the post MI patient and angina patient.
F. Describe the pathophysiology of coronary vasospasm and coronary vaso-occlusive disease.
G. List the risk factors of a myocardial infarction.
H. List the costs, risks, and emotional factors involved in chest pain, MI, and angina pectoris.
I. Define the pathophysiology underlying the clinical symptoms/signs of congestive heart failure.
J. Define pre-load and after-load. List medications indicated for pre-load and for after-load.
K. Define Starling’s Law.
L. List the indications for dietary intervention (Salt and Serum Lipids).
M. Develop a plan for a home maintenance program of CHF.
N. Write basic admitting orders for patients in congestive heart failure.
O. List the costs, risks, and discomforts of the patient with cardiac heart problems.
P. State the Quality Assurance (QA)/DRG criteria for hospital admission of a patient with a MI, angina pectoris, and congestive heart failure.

**PULMONARY**

A. Define bronchitis, chronic bronchitis, and emphysema.
B. Define, describe and state the pathophysiology underlying crackles, rhonchi, percussion notes, vocal and tactile fremitus.
C. Describe the findings on pulmonary function tests that distinguish restrictive and obstructive airway disease.
D. List the indications for steroids, bronchodilator, antibiotics, oxygen therapy, intubation, and ventilator management in the treatment of bronchitis and emphysema.
E. Perform a gram stain of the sputum. List the parameters for an "adequate" sputum specimen.
F. Describe appropriate antibiotic therapy based on sputum gram stain for pneumonia.
G. Describe the chest x-ray findings of pneumonia.
H. List the most common community and institutional acquired pneumonias.
I. Identify the QA/DRG criteria for hospital admission for pneumonia, bronchitis, and COPD.
J. Write basic admitting orders for the patient with pneumonia.
K. Define the types of asthma, (i.e., exercise induced, emotional, allergic, cold).
L. Describe the pathophysiology of asthma and explain how steroids, bronchodilator affect that pathophysiology.
M. List the indications for the use of steroids.
N. Describe the effect of asthma on the home and work environment of asthma patients.
O. Describe the costs, risks, and discomfort of testing and therapies for patients with pulmonary problems.
P. State the QA/DRG criteria for hospital admission of asthma.

GASTROINTESTINAL
A. Perform a history and physical examination paying particular attention to the possible etiologies of an upper GI hemorrhage.
B. Describe the indications for surgery for upper GI hemorrhage.
C. List the indications and contraindications of the various NG tubes and balloon tubes for GI hemorrhage.
D. State the various etiologies of an upper GI bleeding.
E. List the causes of false positive hemoccult of the stool.
F. Write basic admitting orders for any patient with upper GI bleeding.
G. List the indications for scleral therapy.
H. Perform a history and physical examination and formulate a differential diagnosis of lower GI hemorrhage.
I. Define the indications and contraindications for barium enema, colonoscopy, CT scanning, and flexible sigmoidoscopy.
J. Write basic admitting orders for any patient with lower GI hemorrhage.
K. List the QA/DRG criteria for acute care hospital admission for upper and lower GI hemorrhage.
L. List the costs, risks, and discomforts involved with the diagnosis and treatment of GI hemorrhage.
M. Describe and compare the clinical significance of gastric and duodenal ulcers.
N. Explain the rationale for H2 receptor antagonist, PPI, antacids, diet, non-pharmacologic interventions, and carafate therapy for ulcers.
O. List the side effects of the therapies listed in #14.
P. Describe the complications of peptic ulcer disease.
Q. Describe the costs, discomforts, and risks of testing and therapies associated with peptic ulcer disease.
R. Write basic admitting orders for a patient with peptic ulcer disease and write a follow-up prescription for the patient.
S. Define Irritable Bowel Syndrome, Crohn's Disease, and Ulcerative Colitis.
RENAL
A. Perform a history and physical, know the physical and laboratory findings in acute and chronic pyelonephritis,
B. Include the basic history questions asked of any male and female patient with urinary tract infections.
C. List the basic questions asked for any stone-forming patient.
D. Describe the anatomic defects in the genitourinary tract (including pregnancy) that predispose patients to develop and maintain urinary tract infections.
E. List the predisposing factors that contribute to the formation and maintenance of renal stones.
F. Describe the pathophysiologic mechanisms of tubular dysfunction associated with renal stone formation and devise therapeutic interventions based on the underlying pathophysiology.
G. Write basic admitting orders for acute pyelonephritis.
H. Write basic admitting orders for acute nephrolithiasis.
I. List the QA/DRG quality control criteria for admission to the acute care hospital for pyelonephritis and nephrolithiasis.
J. Describe the risks, discomforts, costs, and somatic referral patterns of renal stone disease.
K. Describe the risks, discomforts, costs, and somatic referral patterns of renal infective disease.
L. Describe those conditions with which acute renal failure is often associated, and distinguish between pre-renal, renal and post-renal failure.
M. Define oliguria, anuria, and acute renal failure. List the clinical and laboratory data that is needed when acute renal failure is part of the differential diagnosis.
N. Develop a therapeutic plan for the patient with acute renal failure and describe those factors which are most likely to cause management problems.
O. Describe the role of hemodialysis, peritoneal dialysis, and SCUF in the management of acute renal failure.
P. Differentiate clinically between acute and chronic renal failure.
Q. Define the underlying pathophysiology of the three categories of acute renal failure.
R. Identify the cost of the work-up and therapeutic programs for acute and chronic renal failure.
S. Describe the risk, discomfort, and emotional state of the patient with renal failure.
T. Perform a history, physical, and form an adequate problem list relating to cause and effects of chronic renal disease and renal failure
U. Define azotemia, uremia, renal failure, and chronic renal failure.
V. Calculate a creatinine clearance.
W. Describe how you would determine the adequacy of a urine specimen collected for creatinine clearance.
X. Describe how to utilize the creatinine clearance clinically.
Y. List clinical disorders of the hematopoietic, cardiovascular, fluid and electrolyte, neurologic, and musculo-skeletal symptoms that occur in chronic renal failure.
Z. Describe a conservative medical management program for patients in chronic renal failure. (The goal being to delay dialysis for as long as possible).
AA. List the indications for hemodialysis, peritoneal dialysis, and renal transplantation.
BB. Describe a multi-disciplinary approach to patient management, i.e. dietary, social services, family counseling, financing, work environments.
CC. Perform a history and physical, develop a problem list and evaluate preliminary laboratory tests relative to disturbances of sodium, water, potassium, calcium, and acid-based metabolism.
DD. Describe the indications and a plan for the emergency treatment of hyperkalemia.
EE. Describe the indications and a plan for the emergency treatment of hypercalcemia.
FF. Describe the indications and a plan for the emergency treatment of hypo- and hypernatremia.
GG. Describe the indications and a plan for the emergency treatment of severe metabolic acidosis and severe metabolic alkalosis.
HH. Describe the indications and a plan for the emergency treatment of hypokalemia and hypocalcemia.

II. Describe the costs, discomforts, and risks of the testing therapies for the patient with fluid and electrolyte and acid-base disturbances.

JJ. Describe the pathophysiology of the underlying disturbance and relate the therapy to that pathophysiology of the fluid and electrolyte and acid-base disturbance.

KK. Perform a history and physical examination with particular reference to those areas (i.e., cardiovascular, renal endocrinologic) which may be etiologic in the hypertensive process.

LL. Evaluate target organs (central nervous system, ocular, cardiovascular, and renal) as well as other pertinent historical and physical points that may bear on the diagnostic and/or therapeutic program for a hypertensive patient.

MM. Describe an adequate screening work-up and explain what each test is designed to evaluate for mild, moderate, and severe hypertension.

NN. Differentiate primary from secondary hypertension and determine the patient's coronary risk factors and the prognosis of the hypertensive disease.

OO. Describe appropriate anti-hypertensive program for the patient, taking into account historical, physical, laboratory, socioeconomic factors, underlying pathophysiological mechanisms for mild, moderate, and severe essential hypertension.

PP. Describe the mechanism of action of the following antihypertensive drugs, as well as their common side effects and contraindications to their use: Furosemide, Dyazide, HydroDIURIL, Captopril, Nifidipine, Diltiazem, Propranolol, Clonidine, Prazosin, Lisinopril, & ARB.

QQ. State the manifestations of malignant hypertension, accelerated hypertension, and hypertensive crisis.

RR. Describe the appropriate therapeutic approach to patient with malignant hypertension, or accelerated hypertension, or hypertensive crisis.

HEMATOLOGY/ONCOLOGY

A. Contrast and compare hemolytic and non-hemolytic anemias.

B. Describe the basic work-up of any patient with an anemia.

C. Perform a history and physical examination paying particular attention to those clinical signs and symptoms that support anemia as a diagnosis.

D. List the QA/DRG criteria for admission to an acute care hospital with the diagnosis of anemia.

E. Use the RBC indices to describe an anemia.

F. Perform a peripheral blood smear on patients with an anemia and review them with the pathologist or hematologist.

G. Define iron deficiency anemia; pernicious anemia, sickle cell anemia, and thalassemias.

H. Describe the underlying pathophysiology of these anemias.

I. Recognize the indications for administering epogen.

J. List the indications and contraindications of blood transfusions.

K. List the signs and symptoms of a transfusion reaction and how to treat it.

L. Recognize the indications and contraindications of a bone marrow biopsy and aspiration.

M. Describe the costs, risks, and discomforts associated with the diagnosis and treatment of an anemia.

N. Identify those agencies within the hospital and community that can act as support groups for the anemic patient and his family.

O. Describe the five phases of death and dying: Anger, denial, bargaining, depression, and acceptance.

P. List the criteria for a valid living will.

Q. Visit a funeral home, pick out a coffin for yourself, and write your own obituary.

R. List those who can give consent for "Do Not Resuscitate" orders.
S. Describe where to find the TMN staging protocols.
T. Describe where to find the American Cancer Society’s recommended therapies for the various stages of their patient’s cancer.
U. List the support programs available through the hospital and community for the oncology patient and the patient’s family.
V. Describe the costs, risks, and emotional impact of the diagnosis of cancer of the patient and their families.
W. Define an “oncologic emergency”. For example, “hypercalcemia”.

ENDOCRINE AND METABOLIC
A. Define Type I vs. Type II diabetes mellitus.
B. Define the following types of diabetes mellitus: Gestational, stress, steroid-induced.
C. Define and contrast proliferative and non-proliferative diabetic retinopathy.
D. Write a diet prescription for weight gain, weight loss, and weight maintenance for a Type I diabetic patient.
E. Define hemoglobin Al C and state its use in management of the diabetic patient.
F. State the clinical use of the five hours glucose tolerance test, if any.
G. Describe the site of action of the oral hypoglycemic agents and define a rationale for their use.
H. List the various types of insulin and their duration of action. Metformin, Glitazones
I. State the pathophysiologic changes of diabetes mellitus and the effect on the primary target organs: Heart, kidneys, eyes, peripheral vasculature.
J. Define diabetic ketoacidosis.
K. Define hyper-osmolar non-ketotic coma.
L. Write basic admitting orders for DKA and hyper-osmolar non-ketotic coma.
M. Describe proper foot care including how to properly trim the toenails of a diabetic patient.
N. Describe the proper use of a home glucose monitoring devise.
O. Describe the costs, risks, and emotional stresses of a patient with diabetes mellitus.
P. Define and contrast Kwashiorkor and Marasmus.
Q. Contrast the basal metabolic requirements of a stressed vs. non-stressed patient.
R. Calculate the basic calorie requirements of a stressed vs. non-stressed patient.
S. Describe the calorie breakdown for a patient, i.e., fats, CHO and protein.
T. List the trace elements and the basic daily requirements of trace elements.
U. List the vitamin daily requirements of a patient.
V. Describe the proper testing to determine the nutritional status of a patient.
W. Compare the costs of enteral and parenteral nutrition.
X. Compare and contrast the indications of enteral vs. paraenteral nutrition.
Y. Write a diet prescription for one patient of the staff physician’s choice.
Z. Write basic admitting orders for a patient with malnutrition.
AA. Describe the appropriate evaluation, clinical findings and therapeutic monitoring of patient with hypothyroidism.
BB. Describe the clinical findings, appropriate evaluation, and therapy for hyperthyroidism.

DEPRESSION
A. State the criteria for diagnosing depression.
B. Distinguish between endogenous and erogenous depression.
C. State the criteria for using anti-depressant medications.
D. State the side effects of anti-depressant medications.
E. Describe the family involvement in the proper treatment of depression.
F. Identify within you clinical community those organizations that can assist with the patient’s therapy and with the family.
G. List the criteria for referral to a psychologist/psychiatrist.
H. State five (5) organic manifestations of depression.

NEUROLOGY
A. Elicit a Neurological history in order to evaluate and clarify the chief complaint of the following:
   1) Altered levels of consciousness
   2) Syncope
   3) Vertigo
   4) Headache
   5) Visual Disturbances
   6) Seizure Activity
   7) Weakness
   8) Tremors
   9) Sensory and motor dysfunction
   10) Dysphasia

B. Perform a neurological examination which emphasizes the level of consciousness, mental status examination, cranial nerve testing, station and gate, motor and sensory systems, reflexes, autonomic sensory testing, vascular systems, cerebellar testing.

C. List the indications and contraindications of the lumbar puncture.

D. Describe the anatomic landmark for the proper positioning and performance of a lumbar puncture.

E. List the basic laboratory screening tests to be performed on the cerebral spinal fluid of a lumbar puncture and be able to distinguish between viral, bacterial, and fungal meningitis versus encephalitis.

F. Interpret the lumbar puncture finding regarding the presence of a cerebral hemorrhage versus a "bloody tap".

G. List the tests for screening for reversible causes of dementia.

H. Describe blood alcohol levels and symptoms in alcoholics.

I. Understand the principles and indications of the EEG, the brain CT scan, vertebral CT scans, cerebral MRI, angiography, evoked potentials, EMG, and muscle biopsy.

J. List the criteria for the diagnosis of brain death.

K. State the indications, contraindications, mechanism of actions and side effects of the neurologic medications:
   1) Thiamine
   2) Narcan
   3) D50W
   4) Antabuse
   5) Anti-Parkinson drugs, Ergotamines
   6) Beta-Blockers
   7) Trycyclic anti-depressants
   8) Anti-platelet drugs
   9) Anti-convulsant drugs

L. Discuss the clinical presentation, pathophysiology down to the cellular level, differential diagnosis, clinical management, DRG criteria for admission, be able to state the cost both emotionally and monetarily to the patient or the patient's family, and outpatient follow-up for the following disease processes:
   1) Disorders of Consciousness and Higher Brain Function
   2) Stupor and Coma
   3) Central and Uncal Herniation
   4) Brain Stem Dysfunction
5) Syncope
6) Aphasia
7) Korsakoff's Syndrome
8) Apraxia
9) Dementia
10) Psychogenic Mood and Behavior Disorders
11) Primary Anxiety Disorder
12) Panic Disorder
13) Conversion Reaction
14) Dissociative Disorders
15) Delirium Tremens

M. Disorders of autonomic function
   1) Narcolepsy
   2) Temperature Regulation
   3) Neurogenic Bladder
   4) Male Sexual Dysfunction

N. Disorders of sensory function
   1) Headache, Migraine, muscle Contraction Headache
   2) Trigeminal Neuroalgia
   3) Neck Pain
   4) Back Pain
   5) Visual Field Defects
   6) Pupil Area Abnormalities
   7) Ophthalmoplegia
   8) Ocular Nerve Paralysis
   9) Vertigo

O. Motor and motor sensory disorders
   1) Myopathies
   2) Muscular Dystrophies
   3) Myasthenia Gravis
   4) Neuropathy
   5) Neurocutaneous Syndrome
   6) Motoneuron Diseases
   7) Parkinsonism
   8) Major Dystonias
   9) Tardive Dyskinesia
   10) Dyskinesia
   11) Cerebellar Disease

P. Cerebral Vascular Disease (CVA)
   1) Transient Ischemic Attack
   2) Reversible Ischemic Neurologic Deficit
   3) Stroke in Evolution
   4) Completed Stroke
   5) Major Stroke Syndromes
   6) Intracranial Hemorrhage
   7) Subdural and Subarachnoid Hemorrhage
   8) Hypertensive Encephalopathy
   9) Berry Aneurysms and Complications

Q. Spinal and Head Trauma
   1) Post-head injury problems and patterns of spinal cord injury
R. Epilepsy
   1) Partial Seizures
   2) Generalized Seizures
   3) Atypical Seizures

S. Central Nervous System Neoplasms
   1) Complications of cancer
   2) Altered intracranial pressure
   3) Brain tumors
   4) Paraneoplastic syndromes affecting the CNS
   5) Radiation injury
   6) Pseudotumor cerebri
   7) Hydrocephalus
   8) Intracranial hypotension

T. Eye Infections and Inflammatory Disorders
   1) Abscess (epidural, subdural, brain, spinal)
   2) Venous sinus and cortical thrombophlebitis
   3) Infection (viral, bacterial, parasitic, and fungal)
   4) Meningitis (subacute, chronic)
   5) Multiple Sclerosis
   6) Demyelinating Disorders
   7) Acute disseminated encephalomyelitis
   8) Acute transverse myelitis
   9) Neurologic features of bacterial endocarditis
   10) Syphilis and tuberculosis

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

The resident is expected to follow the lecture schedule of the Internal Medicine Residency.

Pertinent topics are part of the Master Lecture Schedule.
NEPHROLOGY

GOALS

The goal of this rotation is to ground residents in the basics of this branch of medicine. The resident should be able to develop an understanding of nephrological disorders and how they relate to conditions which present in primary care patients.

The resident should develop competent management and competent referral skills.

OBJECTIVES

A. The resident will assimilate knowledge through patient care, case study, reading and didactics. Patient care experiences should include diagnostic assessment, therapeutic approaches and pharmacologic management techniques.
B. The resident should be able to show an understanding of:
   The mechanisms of salt and water balance
   Acid base balance
   An approach to hematuria
   An approach to proteinuria
   The nephropathies
   The causes of acute and chronic renal failure
   The pathophysiology of SIADH
   The etiology and treatment of the nephritides
   The adverse effects of medication on the kidneys
   The appropriate use of diuretics
   The interpretation of creatinine clearance
   The interpretation of serum BUN/creatinine
   The indications for and complications of renal transplantation
   The appropriate indicates for renal imaging
   Utility of viscerosomatic reflexes in evaluating patients with urological disorders
   Indications and contraindications to the use of OMT in patients with renal disease

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
NEUROLOGY

GOALS

The goal of this rotation is to enable residents to gain an understanding of the elements of neurology that will augment their family medicine practice and give insight into patients’ experiences in this area of medicine.

Residents must recognize the importance of the emotional issues, concerns and anxieties in this branch of medicine, both for the patient and the patient’s primary care.

The resident should show an understanding of the importance of the patient care team in the management of these patients. The resident should develop competent management and competent referral skills.

OBJECTIVES

A. The resident will assimilate knowledge through patient care, case study, reading and didactics. Patient care experiences should include physical assessment, appropriate medical interviews, and daily management of medical problems encountered.

B. The resident should develop a knowledge of:

- Disorders of consciousness including stupor, coma, increased intracranial pressure, syncope and seizures
- Disorders of motor function including incoordination, involuntary movements and upper and lower motor neuron disorders
- Disorders of sensation, both central and peripheral
- Disorders of vision
- Cerebrovascular disease
- Multiple sclerosis
- Dizziness and disorders of hearing
- Dementia
- Encephalopathy
- Headache including migraine, cluster, tension, traction
- Brain tumors
- Infections spinal cord disorders
- Peripheral nervous system disorders
- Congenital disorders
- Developmental disorders including language disorders, dyslexia, ADHA, autism
- Psychiatric disorders mimicking neurologic disease including pseudoseizures, pseudodementia, hysteriapconversion reaction, disorders of somatization and hypochondriasis, malingering
- Normal growth, development and senescence of the nervous system
- The temporal sequence of common neurologic disorders
- Neurologic complications of systemic illness
- Prevention of neurologic disease
- Neuropathic pain
- Complex regional pain syndrome
- Applications of OMT to patients with common neurologic disorders

C. The resident will develop the following skills through interaction with patients and patient care teams:
Knowing the indication, contraindications, risks and significance of ancillary tests
Lumbar puncture
Electroencephalogram
Visual, brain stem auditory and somatosensory evoked potentials
Nerve conduction study and electromyography
Muscle and nerve biopsy
Angiography
Myelography
Carotid doppler

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
**OBSTETRICS/GYNECOLOGY**

**GOAL**

The goal of this rotation is to provide the resident, through didactic and clinical experiences in outpatient and inpatient settings, with educational experiences that will prepare him/her to manage obstetrical and gynecological care in a manner consistent with local and regional standards of care.

The resident should show an understanding of the importance of the patient care team in the management of these patients.

**RESPONSIBILITIES**

The resident’s primary duty while on Obstetrics is to interact and assist in Labor and Delivery and to participate in as many deliveries as possible that occur during their duty hours. They will participate in elective and emergency C-sections. They will evaluate patients on the teaching service and monitor their labor.

Initial evaluation of all patients admitted to Labor and Delivery during shift will occur. This is to include a history and physical and a comprehensive admit note. The resident is then to notify the attending of the admission and discuss plans.

The resident will be familiar with all patients, under the care of the teaching staff, present in Labor and Delivery. The resident follows the labor, consulting with the private attending for any problems and also keeping his/her attending informed of the process. The resident should discuss with each admission how frequently the attending wants to be called. It is anticipated that the resident will participate in all deliveries including elective and emergency C-sections unless other arrangements are made.

After receiving Education and Orientation, the resident will perform all procedures during labor for which they have been qualified, such as fetal monitoring, scalp lead placement, artificial rupture of membranes, etc. The type and number of procedures will be determined by the level of resident experience and specific desires of the attending physician. No invasive procedures or major departure from routine monitoring procedures will be undertaken without prior consultation with the attending physician. (Exception: In the event of life threatening complications – hemorrhage, severe fetal distress, eclampsia, etc. – the resident will attempt to consult the attending physician if time permits but is expected to act according to his/her best judgment and ability to stabilize the situation).

Routine medical orders (analgesia, IV’s, etc.) will be handled by the resident unless the attending physician reserves this responsibility.

The resident will be responsible for performing the initial history and physical on all service patients admitted to the postpartum floor. Cases admitted are to be discussed with the attending soon after admission.

The resident is expected to make postpartum rounds and notes on all of the patients he/she delivers.

The attendings are encouraged to give the resident feedback even though they may not be rounding with the resident each day. The attending is also urged to have the resident notified that he/she is making rounds.
OBJECTIVES

The Resident shall be able to:

DIAGNOSIS:
A. Name six symptoms of pregnancy
B. Name six signs of pregnancy
C. List and discuss several (at least four) tests for pregnancy.

MATERNAL CHANGES IN PREGNANCY
A. Describe changes associated with pregnancy as they occur in each of the following systems:
   1) Reproductive system: Uterus, cervix, vaginal vascularity, corpus luteum.
   2) Endocrine system: vascularity and size of endocrine glands, pituitary, ovary, thyroid, pancreas, adrenal.
   3) Cardiovascular system: heart rate, blood volume, cardiac output-
   4) Hematologic system: iron level, leukocytes, increase in fibrinogen and increased tendency toward thrombosis.
   5) Respiratory system: Vital capacity, respiratory rate.
   6) Renal system: GFR, renal plasma flow, filtration fraction.
   7) Gastrointestinal system: mobility and absorption.

ANTEPARTUM CARE
A. With respect to the pregnant patient, discuss each of the following:
   1) Diet
   2) Exercise
   3) Preparation for labor
   4) Family planning
   5) Danger signs of pregnancy
   6) Use of drugs
B. Briefly discuss each of the following which can be associated with high-risk pregnancy:
   1) Low socioeconomic status
   2) Out of wedlock
   3) Age
   4) Addiction to drugs
   5) Excessive smoking
   6) Previous fetal/death
   7) Rh incompatibility
3) Explain the causes and management of each of the following in the pregnant female:
   1) Morning nausea and vomiting
   2) Lassitude
   3) Urinary frequency
   4) Backache
   5) Varicosities (lower extremity)
   6) Syncope
   7) Palpitations or tachypnea
   8) Constipation
   9) Edema
NORMAL LABOR
A. Define the stages of labor
B. Explain each of the following:
   1) Latent phase
   2) Active phase
   3) Deceleration phase
   4) Secondary arrest of labor
C. Describe the importance of each of the following:
   1) Fundal dominance, frequency, intensity and terms of the uterus in the first stage of labor.
   2) The power (uterine contractions and voluntary efforts), passage (bony pelvis), and passenger (fetus) during the first and second stages of labor.
D. Describe the monitoring of the fetal heart rate using the fetoscope and electronic heart monitor; describe three types of deceleration of fetal heart rate.
E. With regard to the patient in the third and fourth stages of labor, describe:
   1) Control of uterine bleeding
   2) Monitoring of vital signs
   3) Signs of placental separation
   4) Inspection of the birth canal
F. Discuss each of the following five points in the immediate care of the newborn in the delivery room:
   1) Clearing the airway
   2) Keeping the infant
   3) Assessing the condition of the newborn
   4) The need for resuscitative measures
   5) Eye care with silver nitrate or antibiotics

PUERPERIUM
A. In a patient who is about to be discharged home:
   1) Define puerperium
   2) Advise the patient about complications
   3) Educate the patient about the important "do's and don'ts"
   4) Tell the patient when to be seen (routinely) and what will be done
B. Briefly discuss each of the following:
   1) Breast enlargement and possible pain with fever
   2) mastitis
   3) Postpartum bleeding
   4) Nursing
   5) Suppression of lactation
   6) Postpartum "blues"
   7) Possibility of drug transfer to the neonate through breast milk
   8) Coitus and contraception
   9) Reassessment at the end of puerperium
OBSTETRICAL ANESTHESIA

A. List the advantages, disadvantages and potential hazards of the following types of anesthesia for normal vaginal delivery:
   1) Paracervical block
   2) Pudendal nerve block
   3) Saddle block (low spinal)
   4) Inhalation analgesia
   5) Intravenous anesthesia
   6) Lumbar epidural anesthesia
   7) Caudal epidural anesthesia

B. Discuss uptake, distribution, and elimination by the fetus of drugs used in labor and delivery

C. Name the two leading anesthesia-related causes of death in the obstetrical patient.

COMMON OBSTETRICAL ABNORMALITIES

First Trimester

A. Define first trimester.

B. Classify spontaneous abortion into six groups including the following:
   1) Threatened
   2) Inevitable
   3) Septic
   4) Incomplete
   5) Complete
   6) Missed

   Include the following specified points about spontaneous abortion:
   1) Incidence
   2) Etiology
   3) Diagnosis and management of each of the six kinds of spontaneous abortions listed above.

C. Define ectopic pregnancy including the following specific points:
   1) Types
   2) Etiology
   3) Diagnosis and differential diagnosis

PREMATURE LABOR

A. Define the following terms:
   1) Premature labor
   2) Prematurity
   3) Viability
   4) Intrauterine growth retardation

B. Describe the importance of prematurity in perinatal mortality

C. Discuss the causes of premature labor under the following headings:
   1) Premature rupture of membranes
   2) Uterine anomalies
   3) Incompetent cervix
   4) Feto-placental abnormalities
   5) Unexplained

D. Describe the management of the classes of premature labor discussed above.
**Third Trimester**

A. Define third trimester.

B. The following seven diseases do not necessarily occur in the third trimester, but may become worse or complicate the third trimester of delivery. Discuss each entity including incidence, cause, diagnosis, and management:
   1) Premature rupture of membrane
   2) Antepartum bleeding
   3) Dystocia
   4) Breech
   5) Pre-eclampsia and eclampsia
   6) Postpartum bleeding
   7) Erythrolastosis

C. 3rd Obstetric Osteopathic Physical Exam:
An osteopathic physical exam on a pregnant woman in the 2nd and 3rd trimester should include the following minimum findings:

-- Anterior displacement of center of gravity due to pregnancy with increased lumbar lordosis, no evidence of scoliosis or rotoscoliosis of cervical thoracic lumbar or sacral spine, increased paravertebral muscle spasm of lumbar sacral area due to accentuated curve, restricted forward bending due to gravid uterus.

The Resident is encouraged to include additional findings to be listed under the following four categories:
   1) Symmetry
   2) Myofacial changes
   3) Range of motion
   4) Curvatures

**Medical Complications of Pregnancy**

A. Describe the following medical complications of pregnancy as they occur in each of the following systems:
   1) Reproductive system: carcinoma of the cervix, myoma
   2) Endocrine system: diabetes mellitus, thyroid disease
   3) Cardiovascular system: heart disease
   4) Hematologic system: anemia
   5) Respiratory system: asthma
   6) Renal system: urinary tract infections
   7) Gastrointestinal system: gallbladder disease, heartburn
   8) Musculoskeletal system: backache
   9) Infectious diseases: herpes, rubella, toxoplasmosis, gonorrhea, syphilis

**Mortality**

A. Define the following terms:
   1) Maternal death
   2) Fetal death
   3) Neonatal death
   4) Perinatal death
B. Discuss maternal death, including death rate, most common causes of maternal death, and the following classification of causes of maternal mortality:
   1) Deaths due to obstetric complications (list four causes)
   2) Deaths in which pre-existing or coincidental diseases may have been exacerbated by pregnancy (cite three causes)
   3) Non-related causes, those cases in which death is probably unrelated to the pregnant state (list two causes)

C. With regards to perinatal mortality, discuss the following:
   1) Perinatal mortality rate in the U.S.
   2) Causes of stillbirth
   3) Causes of neonatal death
   4) Causes of perinatal mortality:
      a. Congenital malformations
      b. Intrauterine hypoxia
      c. Infection
      d. Hematologic disorders
      e. Respiratory distress syndrome

CONTROL OF REPRODUCTION
A. Name eight contraceptive methods and give the appropriate failure rate of each.
B. Describe one advantage and one disadvantage of each method.
C. Discuss the following three methods of permanent contraception:
   1) Tubal ligation
   2) Vasectomy
   3) Hysterectomy
D. Describe two advantages and two disadvantages of each of the above methods or permanent contraception.

GYNECOLOGY
A. Given a patient with vulvovaginitis due either to candida, trichomonas, hemophilus vaginalis or herpes:
   1) Define each infection in terms of its etiologic agent and mode of transmission.
   2) List the symptoms of each infection in terms of odor, pruritis and dyspareunia.
   3) Describe the typical physical findings of severe infections by each organism.
   4) Describe the management of each of the above.
B. Given a patient with elevated temperature, acute abdominal pain, abdominal tenderness with rebound, a purulent vaginal discharge, and bilaterally tender adnexa.
   1) List at least four possible disease entities which could cause these signs and symptoms.
   2) List appropriate laboratory and x-ray examinations used in reaching a proper diagnosis.
   3) List the steps in management.
   4) List four possible complications and/or sequel of the above.
C. Define endometriosis and differentiate internal endometriosis (adenomyosis) and external endometriosis in terms of incidence, patient profile, and histology.
D. Describe three findings on pelvic examination characteristic of external endometriosis.
E. Describe the rationale for both surgical and hormonal methods of treatment of endometriosis.
F. Given a patient with vulvar lesion:
   1) Describe carcinoma in-situ and invasive carcinoma.
   2) Characterize the age and symptoms of a patient with each of the above lesions.

G. Define primary and secondary amenorrhea.

H. List possible etiologic causes of amenorrhea under the following headings:
   1) Outflow tract abnormalities
   2) Ovarian abnormalities
   3) Anterior pituitary abnormalities
   4) Hypothalamic abnormalities

I. Describe a diagnostic plan for establishing the specific etiologic cause of a patient's amenorrhea/oligomenorrhea.

J. Describe a work-up for a patient with excessive uterine bleeding or irregular uterine bleeding:
   1) In the work-up, describe the relationship of each of the following to the problem under consideration:
      a. Dysfunctional bleeding
      b. Tumors of the uterus and cervix
      c. Pregnancy
      d. Hematological disorder

K. Define climacteric and menopause
   1) Include normal age of occurrence
   2) Also include endocrine and metabolic changes, i.e. estrogen secretion, gonadotropic secretion, genital atrophy
   3) Treatment for climacteric and menopause

L. Explain how dysmenorrhea is related to each of the following:
   1) Endometriosis
   2) Adenomyosis
   3) Pelvic inflammatory disease
   4) Leiomyomata
   5) No demonstrable lesion on pelvic exam (Prostaglandins)

M. Given a patient with premenstrual tension syndrome, describe the following:
   1) Usual age of onset
   2) Relationship to unstable personality, ovulatory cycles, sodium and water retention
   3) Treatment rationale for: diuretics, antidepressants, psychiatric referral, and strong reassurance.

N. Concerning carcinoma of the cervix:
   1) List the possible factors in its pathogenesis
   2) List procedures used in diagnosis
   3) Describe the spread of invasive cervical cancer.

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
GOAL

The practice of family medicine includes treating patients of all ages, from infancy through adulthood. The goal of this rotation is to enable residents to become proficient in the area of pediatric medicine. The rotation will be both didactic and clinical addressing the care and development of children from prenatal through adolescence. Experiences will include the newborn nursery, pediatric unit and outpatient clinics.

The resident should show an understanding of the importance of the patient care team in the management of these patients.

RESPONSIBILITIES

A. Newborn admission physical.
B. Work-up on all non-surgical admissions to the pediatric floor during work hours (when the teaching faculty pediatrician or family physician is the primary physician).
   1) Performing and dictating the history and physical.
   2) Writing a brief admission note.
   3) Writing admission orders in consultation with the attending.
   4) Compiling a problem list to identify ongoing problems and any deficiencies in health maintenance.
C. Daily Rounds on the pediatric unit. Residents should precede the pediatricians and family physicians to this area and should be thoroughly familiar with any problems, unusual physical findings, or other issues so that these can be discussed with the attendings.
D. Attending infants at C-sections with the attending when possible.
E. All orthopedic patients admitted to pediatrics will be followed by the Resident. Unless there is an intern/Resident on orthopedics.
F. Spend office hours in the morning or afternoon (as scheduled) in the pediatrician's office.
G. Encourage to see all consults first and follow these patients with the attending.
H. The Resident should see and discuss pediatric cases of all varieties (routine care, trauma, ortho, surgery, etc.)
I. Resident must attend the Pediatric Department meeting while on the service.

OBJECTIVES

A. Recognize frequent pediatric problems that will be encountered in general practice.
B. Develop manual skills and the judgment to know when and when not to utilize these skills.
C. Learn the diagnostic problems that may be managed by the general practice physician or referred depending on personal limitations and treatment settings.
D. Be prepared to handle pediatric emergencies, and to learn how to establish a mechanism for referrals and consultations.

CONCEPTS

A. Provide general care of the newborn in a hospital or office setting.
B. Recognize common neonatal disorders:
   1) Jaundice/hyperbilirubinemia
   2) Respiratory distress
   3) Perinatal infections
   4) Neonatal sepsis/meningitis
   5) Anemia (hemolytic/iron deficiency)
6) Congenital anomalies
7) Congenital heart diseases
8) Hypoglycemia

C. Recognize and manage problems of infant feeding and nutrition.
D. Recognize and manage problems of vomiting and diarrhea, including the correction of fluid and electrolyte intake.
E. Understand and administer immunizations.
F. Recognize developmental milestones and abnormalities in growth and development of infants and children.
G. Recognize psychosocial problems in children (e.g. attention deficit disorder, conduct/behavioral disorder, sleep disorder, school problems/learning disability, enuresis, encopresis, eating disorders).
H. Recognize and understand the appropriate approach to Pediatric Emergencies (e.g. anaphylaxis, seizures, sepsis/meningitis, severe dehydration, severe injury/burns, head trauma, near drowning, acute bowel obstruction).
I. Recognize and diagnose Surgical Conditions in children
   1) Appendicitis
   2) Intussusception
   3) Polypic stenosis
   4) Complicated fractures
J. Understand the management of the following disorders:
   1) Endocrine/metabolic
      a. Hypothyroidism
      b. Hyperthyroidism
      c. Diabetes Mellitus - Type I
      d. Inborn errors of metabolism
      e. Congenital adrenal hyperplasia
   2) Hematologic
      a. Sickle cell anemia
      b. Iron deficiency anemia
      c. Hemolytic anemia
      d. Henoch-Schönlein purpura
      e. Idiopathic thrombocytopenic purpura
      f. Leukemia
   3) Neurologic
      a. Seizure disorder
      b. Cerebral palsy
      c. Muscular dystrophy
      d. Hydrocephalus
   4) Cardiac
      a. Congenital heart disease
      b. Arrhythmias
   5) Pulmonary
      a. Cystic fibrosis
      b. Asthma
      c. Bronchopulmonary dysplasia
   6) Renal
      a. Acute post-streptococcal/glomerulonephritis
      b. Hemolytic uremic syndrome
      c. Nephrotic syndrome
d. Wilm’s tumor
e. Vesicoureteral reflux

7) Gastrointestinal
   a. Inflammatory bowel disease
   b. Hirschsprung’s disease
   c. Gastroesophageal reflux
   d. Infantile colic

8) ENT
   a. Epiglottitis/laryngotracheobronchitis
   b. Otitis media
   c. Tonsillitis
   d. Diagnose and manage the allergic child.

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
PSYCHIATRIC MEDICINE

GOALS

During every practice day, physicians must incorporate knowledge of human behavior, mental health, and mental disorders into the care of their patients.

Residents need to be able to recognize the interrelationships among the biologic, psychologic and social factors in all patients. They must recognize the importance of the relationship between the patient and his or her primary care. They must also have a sensitivity to, and knowledge of, the emotional aspects of organic illness.

The resident, in every day practice, needs to be able to communicate effectively and compassionately with patients and families and show a “capacity to work quickly and efficiently” to assess the patient according to the urgency of the patient’s problem.

OBJECTIVES

A. The resident will assimilate knowledge through patient care, case study, reading and didactics. Patient care experiences should include all phases of emergency care in the Emergency Department.

B. The resident should develop a basic knowledge of:
   - Normal and abnormal psychosocial growth and development across the life cycle, and variants
   - Recognition of interrelationships among biologic, psychologic and social factors in all patients
   - Reciprocal effects of acute and chronic illnesses on patients and their primary care
   - Factors that influence adherence to a treatment plan
   - Primary care functions and common interactional patterns in coping with stress
   - Awareness of one’s own attitudes and values, which influence effectiveness and satisfaction as a physician
   - Stressors on physicians and approaches to effective coping
   - Ethical issues in medical practice, including informed consent, patient autonomy, confidentiality and issues that pertain to quality of life
   - Understand the body/mind/spirit relationship and be aware of opportunities to integrate OMT into treatment of behavioral issues

C. The resident will develop knowledge of the following mental health disorders:
   - Disorders principally diagnosed in infancy, childhood or adolescence including mental retardation, learning disorders, motor skills disorders, communication disorders, pervasive developmental disorders, ADD and disruptive behavior disorders, feeding and eating disorders of infancy or early childhood, tic disorders and elimination disorders
   - Delirium, dementia, amnestic and other cognitive disorders
   - Substance-related disorders including abuse of alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids and PCP
   - Schizophrenia and other psychotic disorders
   - Mood disorders including major depression, dysthymic and bipolar disorders
   - Anxiety disorders including panic, phobias, O/C disorder, post-traumatic stress disorder, acute stress disorder, generalized anxiety disorder
   - Somatoform disorders including somatization, conversion, pain, and hypochondriasis
   - Factitious disorders
   - Dissociative disorders
Sexual and gender identity disorders
Eating disorders
Sleep disorders
Impulse control disorders
Adjustment disorders
Personality disorders including paranoid, schizoid, schizotypal, antisocial, borderline,
histrionic, narcissistic, avoidant, dependent, obsessive-compulsive
Problems related to abuse or neglect
Additional conditions including non-compliance, malingering, borderline intellectual
functioning, age-related cognitive decline, bereavement, academic problems, occupational
problems, identity problems, religious or spiritual problems, acculturation problems, and
phase-of-life problems

D. The resident will develop the following skills, both evaluative and therapeutic through case-based
interaction with patient care teams.

Evaluation Skills:
Interviewing skills which enhance data collection in short periods of time and optimize the
doctor/patient relationship
Performance of mental status examination
Indications for special procedures in psychiatric disorder diagnosis, including psychological
testing, laboratory testing and brain-imaging testing
Capacity to elicit and recognize the common signs and symptoms of the disorders listed
previously
Consultation procedures

Therapeutic Skills:
Management of emotional aspects of non-psychiatric disorders
Skills in enhancing compliance with medical treatment regimens
Initial management of psychiatric emergencies: the suicidal patient, the acutely psychotic
patient
Proper use of psychopharmacologic agents
Primary care support therapy
Behavior modification techniques
Utilization of community resources
Crisis counseling skills

ADDITIONAL INFORMATION

Training in human behavior and mental health will be accomplished in both the inpatient and outpatient
settings through a combination of direct patient experience and didactic training. This combination
should also include experience in diagnostic assessment, psychotherapeutic approaches and
psychopharmacologic management techniques.

The resident is expected to read articles and sections of textbooks as assigned by the attending to
supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
RADIOLOGY

GOAL

The purpose of this rotation is to expose the resident to the variety of methods of medical imaging and its use as related to family medicine. In addition, through exposure, the resident will develop a strong foundation in radiologic procedures and interpretation of this information as it relates to family medicine.

OBJECTIVES

A. To review the indications, contraindications and limitations of the various general diagnostic and special procedures type examinations.
   1) To develop appreciation for the logical sequence of radiological examinations for particular clinical problems.
B. To properly orient Residents as to the indications, contraindications and limitations of examinations performed with mobile equipment at the bedside.
C. Proper education as to the use of "stat" requisitions.
   1) Uses and abuses.
   2) Proper follow-up communication from Radiology and response to such requests.
D. Familiarize the Resident in a general manner with the radiographic equipment which is available and how it is utilized to perform examinations.
E. Properly orient Residents as to radiation safety protection in general.
   1) Specific instruction as to the use of the fluoroscope as utilized in off-hours by non-radiological personnel such as the insertion of temporary intravenous pacers, etc.
   2) The necessity of management and precautions in ordering diagnostic examinations on females in the child-bearing age.
F. Explanation of the necessity for proper preparation of patients for general and special procedures.
G. To acquaint the Resident with the various projections obtained on all general radiographic examinations including the equipment used, either general or special.
   1) To understand the various positions a patient must endure for an examination.
   2) To understand time necessary to complete various examinations, especially when multiple procedures are performed on the same day.
H. To develop an appreciation of normal radiographic anatomy and normal variants.
   1) Will develop basic diagnostic ability on pathological cases at daily film reading sessions.
I. Orient the Resident as to proper and necessary mechanism of a film viewing room, film library, film storage, and teaching file. This will also include the proper manner in which non-radiological personnel may obtain films for use outside the Department.
J. Will attempt to give special emphasis in the general areas of Radiology where Resident may have primary responsibility such as trauma in Emergency Department examinations, chest and abdomen, and obstetrics, etc.
   1) Orientation as to the proper use of ultrasound vs. radiography referable to obstetrics.
IMPLEMENTATION OF RESIDENT RESPONSIBILITIES

A. Basic introductory orientation can be given to all Residents when they begin their Resident class. A review of this general orientation will be given each Resident when she/he is assigned to the Diagnostic Imaging Department referable to department procedure and protocol and the manner in which she/he will be expected to participate.

B. Resident’s hours will be 7AM to 7PM as on other rotations.
   1) Additional valuable training electively can be obtained by continuing this service over the weekend. The Resident will be expected to provide sufficient radiologic clinical input referable to current radiographic cases.

C. She/he will be expected to divide her/his time between observation of the performance of general radiographic procedures, fluoroscopic procedures, diagnostic ultrasound examinations, and special procedures.

D. She/He shall be present, if possible, at all the film reading sessions with our radiologists to understand and develop a philosophy as to film interpretation and the management of radiological cases.

E. Specific reading assignments from radiological textbooks and journals will be given and may be found in the medical Library or Diagnostic Imaging Department.

F. The Resident will be expected to attend radiographic conferences within the Department or combined with other Departments.

G. The Resident is encouraged to attend any outside radiographic conferences which may be available in the immediate area.

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement office material.

Pertinent topics are part of the Master Lecture Schedule.
SPORTS MEDICINE

GOALS

As a first line of defense in medicine, the Family Medicine Physician often encounters sports medicine related injuries. In addition, the Family Medicine Physician is often a provider of school sports physicals for his/her young patients.

The two week Sports Medicine rotation will include training in various locations serving local sports medicine programs and teams, and will be separate from the ambulatory clinic.

OBJECTIVES

The Sports Medicine rotation will include exposure and training in the following areas:

1. Pre-participation assessment
2. Didactic and clinical experiences
3. Management of uncomplicated sports related injuries
4. Rehabilitation of athletic related injuries
5. Injury prevention/training

ADDITIONAL INFORMATION

The resident is expected to read articles and sections of textbooks as assigned by the attending to supplement practical exposure.

Pertinent topics are also included as part of the Master Lecture Schedule.
SURGICAL ROTATIONS

GOALS

The goal of the Resident while on the surgery service is to allow the resident to become proficient in preoperative evaluation, and postoperative care including common complications.

Residents must recognize the importance of the emotional issues, concerns and anxieties in this branch of medicine, both for the patient and the patient’s primary care.

The resident should show an understanding of the importance of the patient care team in the management of these patients. The resident should develop competent management and competent referral skills.

RESPONSIBILITIES

A. The Resident will manage all cases admitted to the teaching service. She/he is supervised by the Service Attending.
   1. Patient evaluation and pre-operative and post-operative management:
      a. Perform a reliable and organized history and physical exam.
      b. Develop a problem list, work plan, and differential diagnosis.
      c. List certain factors which could lead to surgical morbidity and/or mortality, if present in a patient.
      d. Describe methods you could use to decrease the chances for morbidity and/or morality.
   2. Operative experience:
      a. Demonstrate proper attire and conduct in the operating room and knowledge of scrubbing and sterile technique.
      b. Demonstrate knowledge of ability to tie certain types of knots.
      c. List several different types of suture material and describe several uses for each type.

B. Experience role of first assistant and role of second assistant in surgical procedures. The Resident will be expected to Diagnose and accomplish the following while on this service:
   1. Concepts
      a. Recognize surgical cases of
         1) Abdominal pain
         2) Hematemesis
         3) Melena
      b. Recognize and treat infections of the
         1) Boil, carbuncle, cellulitis, abscess
         2) Genital Region
      c. Recognize common rectal diseases
         1) Anal fissure and fistula
         2) Proctitis
         3) Hemorrhoids
d. Recognize appendicitis
 e. Recognize fibrocystic changes of the breast
f. Manage pre-hospital preparation of elective surgery patient
g. Manage preparation of emergency surgical patient
h. Understand and perform preoperative evaluation and exam
i. Understand triage of trauma patient and give primary care to trauma patient
j. Diverticulosis

2. Skills
   a. Repair lacerations of soft tissue
      1) Simple
      2) Intermediate
   b. Manage paronychia
   c. Perform incision and drainage
   d. Breast exam
   e. Abdominal exam
   f. Repair ingrown toenail
   g. Removal of small cysts and tumors of skin and subcutaneous tissue
      1) Excision of lesion
      2) Biopsy
      3) Chemo surgery and cryosurgery
   h. Thoracentesis
   i. Paracentesis
   j. Excision of uncomplicated benign appearing skin lesions
   k. I&D of non-complicated abscesses of skin and/or subcutaneous tissue, i.e., sebaceous abscess
   l. I&D of pilonidal abscess
   m. Removal of foreign body subcutaneous tissue
   n. I&D of hematoma
   o. Biopsy of skin or subcutaneous lesion
   p. Unroofing and marsupialization of Pilonidal cyst
   q. Excision of simple subcutaneous lymph node for biopsy
   r. I&D of lymph node abscess
   s. Debridement of decubitus ulcers
   t. Excision/destruction by fulguration of condyloma
   u. Aspiration of breast abscess or cyst with biopsy
   v. Tonsillectomy/adenoidectomy
   w. Excision/injection of varicose veins
   x. Change of gastrostomy tube
   y. Hemorrhoidectomy internal or external - simple
   z. Circumcision
   aa. Excision of sebaceous cyst of scrotum
   bb. Aspiration of hydrocele
   cc. Drainage of scrotal wall abscess
   dd. I&D of perianal abscess
   ee. Drainage of external ear abscess
   ff. Removal of impacted cerumen
OBJECTIVES
The Resident shall be able to:

A. Elicit an accurate relevant surgical history.

B. Satisfactorily perform a complete or limited physical examination.
   1) Preoperatively evaluate and prepare a patient for surgery or anesthesia.
   2) Order appropriate laboratory and x-ray studies.
   3) Accurately interpret laboratory and x-ray results.
   4) Be familiar with anatomic and physiologic correlations.

C. Accurately diagnose those patients with signs and symptoms requiring surgical attention:
   1) Achieve knowledge in the diagnosis of disease of functional or organic origin in the major organ systems.
   2) Order priorities to arrive at a diagnosis.
   3) Differentiate between those problems requiring immediate surgical intervention and other nonemergency situations.

D. Demonstrate proper patient management:
   1) Design suitable management plans.
   2) Recognize the situations that require patient referral.
   3) Communicate findings, management plan, and prognosis to the patient and/or family.
   4) Accurately communicate the associated risks and benefits of a surgical procedure including anesthesia (informed consent).
   5) Evaluate the risks and/or benefits of alternative procedures.
   6) Give reassurance and provide appropriate patient and/or family counseling when necessary.

E. Demonstrate the ability to select and employ the proper treatment modalities:
   a) Perform surgical skills such as suturing, handling of instruments, removal of sutures, etc.
   b) Attain vascular access.
   c) Demonstrate sterile surgical techniques.
   d) Know indications and contraindications for use of various medications and nutritional supplementation.
   e) Demonstrate proper bandaging techniques.

SKILLS
A. General
   1) Perform a venipuncture
   2) Perform arterial puncture for blood sample
   3) Insert Foley catheter and demonstrate care
   4) manage a thoracostomy tube to water seal-drainage
   5) Demonstrate proper management and dressing change of a contaminated wound
   6) Demonstrate technique for removing sutures

B. Sterile Dressing Change
   1) Describe the indications for dressings
   2) Assess a wound for healing and drainage
   3) Apply a sterile dressing

C. Surgical Management
   1) Demonstrate technique for managing a drainage tube
   2) Properly withdraw and/or remove a drainage tube
   3) Properly insert, maintain and remove nasogastric tubes
   4) Identify the reasons for nasogastric tube insertion and the complications of nasogastric tubes
GENERAL SURGERY

A. Hypovolemic Shock:
   1) List the clinical signs of hypovolemic shock and relate them to the underlying physiological
      changes.
   2) Devise an initial management plan for a patient in hypovolemic shock due to bilateral
      femoral fractures and suspected abdominal visceral injury.
   3) Describe the critical objective measurements which can be monitored in the shock
      patient.
   4) Describe what factors one would consider in deciding which type of fluid one would use
      for replacement in a patient with hypovolemic shock.
   5) Describe the complications of prolonged shock.

B. Abdominal Trauma:
   1) Write an initial diagnostic and therapeutic plan for a patient with blunt abdominal trauma.
   2) Describe operative & non-operative management of solid viscous injuries.
   3) Describe the significance of gross hematuria in a patient involved in a motorcycle
      accident.

C. Pediatric Trauma:
   1) Discuss the relative magnitude of pediatric trauma as a cause of death.
   2) Contrast several differences between the adult and the pediatric trauma patient.
   3) Describe a priority list for treatment of a trauma patient
   4) Describe appropriate treatment for:
      a. Free intraperitoneal bleeding
      b. Free intraperitoneal air

D. Aspects of General Surgery in the Pediatric Patient:
   1) Describe the process of intussusception.
   2) Discuss the etiology of Hirschsprung's disease.
   3) Identify the most frequent complications of bowel obstruction in pediatric patients.
   4) Explain the mechanism by which the vomiting child develops hypochloremic hypokalemic
      metabolic alkalosis.
   5) List the three (3) major categories into which children with abdominal pain should fit.
   6) List five (5) disease conditions which would fall into an urgent surgery category in a child
      with abdominal pain.
   7) Describe the typical findings on abdominal examination of a child with a ruptured
      appendix.
   8) List signs of peritonitis.
   9) List five (5) non-surgical causes of abdominal pain.

E. Intestinal obstruction:
   1) Define strangulation, obstruction, and ileus.
   2) Characterize three (3) main categories of mechanical obstruction and list three (3)
      examples of each.
   3) Describe the fluid and electrolyte disturbances resulting from bowel obstruction.
   4) Discuss the differences in symptoms with high and low intestinal obstruction.
   5) Describe the laboratory and radiographic studies which are of greatest value in the
      diagnosis of intestinal obstruction.
F. Appendicitis:
   1) Describe the age bracket in which the incidence of appendicitis is highest. Discuss the sexual predilection of appendicitis, if any occurs.
   2) State the most common cause of appendicitis.
   3) Identify signs and symptoms of appendicitis; formulate a differential diagnosis list given these signs and symptoms
   4) Describe the possible complications of appendicitis.
   5) State the current mortality rate for appendicitis and explain how this changes with age and rupture.

G. Abdominal wall Hernia:
   1) Define hernia and describe six (6) types of abdominal wall hernias.
   2) Outline the fundamentals of surgical hernia repair of various groin, umbilical, and Ventral hernias, including indications, contraindications, and complications of surgical repair of these various types of hernias.
   3) Describe nonsurgical management of hernias including methods, indications, contraindications, and possible complications of nonsurgical management.

H. Surgery of the Breast:
   1) Discuss breast masses—include types, incidence, and treatment of each.
   2) Describe the specific signs associated with cancer of the breast.
   3) Discuss a comprehensive approach to management of breast cancer.
   4) Discuss the prognosis of breast cancer.

I. Biliary Surgery:
   1) Outline the signs and symptoms of acute and chronic gallbladder disease. Describe the diagnostic tests used in detection of acute and chronic gallbladder disease.
   2) Outline the diagnostic procedures necessary to differentiate obstructive from non-obstructive jaundice.
   3) Describe the treatment of common duct obstruction.
   4) Describe the clinical picture and recommended treatment for each of the following:
      a. Biliary colic
      b. Acute cholecystitis
      c. Empyema of the gallbladder
      d. Choledocholithiasis
      e. Hydrops of the gallbladder

J. Surgical Diseases of the Liver, Spleen, and Pancreas
   1) Discuss the signs, symptoms, and complications of injury to the liver.
   2) Discuss the management of portal hypertension.
   3) Discuss the signs and symptoms of rupture of the spleen and describe the diagnostic tests necessary to determine rupture.
   4) Describe those conditions associated with acute pancreatitis.
   5) Discuss the signs, symptoms, diagnostic tests for and treatment of acute pancreatitis.
   6) List the signs and symptoms of cancer of the pancreas.

K. Colon and Rectal Surgery:
   1) Discuss the signs, symptoms and treatment of colorectal cancer.
   2) Discuss the prognosis of colorectal cancer.
   3) Outline the signs and symptoms of ulcerative colitis.
   4) Describe the complications of ulcerative colitis.

L. Surgery of the Thyroid and Parathyroid Glands:
   1) Discuss the signs, symptoms and treatment of inflammatory processes of the thyroid gland.
   2) Discuss carcinoma of the thyroid gland.
   3) Describe the various forms of treatment of hyperthyroidism.
4) Describe at least three (3) major complications of thyroid surgery.
5) Discuss the actions of parathyroid hormone.
6) Discuss the various types of hyperparathyroidism, including signs and symptoms, diagnostic tests, and treatment.

M. Peptic Ulceration:
1) Clarify the important differences between gastric and duodenal ulceration.
2) Describe the indications for surgical intervention in peptic ulcer disease.
3) Discuss the surgical complications of peptic ulceration of the stomach or duodenum and describe treatment for each of these complications.
4) Describe the effects of gastrin-producing tumors of the pancreas and discuss the signs and symptoms of this disorder.
5) Discuss stress ulcer symptomatology and describe management.
6) Discuss role of H. pylori in peptic pathology.

ORTHOPEDIC SURGERY
A. Clinical Skills
1) Demonstrate proper surgical scrubbing and gowning technique.
2) Demonstrate knowledge of the various instruments used in orthopedic surgery.
3) Demonstrate proper skin suturing techniques.
4) Demonstrate the ability to properly apply a cast to a forearm or distal lower extremity fracture.

B. Orthopedic Evaluation
1) Outline a system of grading muscle strength.
2) List indications for EMG and nerve conduction studies.

C. Fractures:
1) Describe greenstick, comminuted, avulsion, and open fractures.
2) Describe an initial management plan for a patient with an open fracture of the tibia.
3) List five (5) potential complications of a fracture of a long bone.
4) Define the goal of fracture management.
5) List structures most likely to be damaged by a fracture of the humerus.
6) Explain the possible significance of a cold extremity distal to a fracture.

D. Injuries to the Knee:
1) Define and discuss the following:
   a. Bucket Lear of the meniscus
   b. Medial capsular ligament
   c. Discoid meniscus
   d. Pellegrini-Stieda disease
2) Describe the preferred treatment of a complete tear of the medial collateral ligament.
3) Give the immediate time frame within which ligaments should be repaired. State the minimal period of healing for torn ligaments.
4) Discuss the complication of fracture of the patella.
5) Describe the treatment for a ruptured quadriceps muscle and avulsion of the patellar ligament.
6) Describe the best test to determine if a patient has a torn medial collateral ligament or fracture through the distal epiphyseal line of the femur.
7) Describe the most serious complication of dislocation of the knee.

E. Low Back Pain:
1) Demonstrate the proper examination for a patient with low back pain.
2) Contrast the approach of an osteopathic physician to low back pain with that of an allopathic physician.
3) List site of origin of a common metastatic tumor of the spine.
4) Describe findings which suggest an hysterical origin in a patient with low back pain.
5) Describe an osteopathically oriented treatment regime for a patient with low back pain secondary to lumbosacral sprain.

F. Injuries to Upper Extremities:
   1) Outline the steps to identify the type of injury and sequela in upper extremity injury.
   2) Discuss three common injuries to the upper extremity, including signs and symptoms, management, complications, and expected outcome.

G. The Spine:
   1) Discuss the anatomy of the spine
   2) Demonstrate a proper osteopathic examination of the spine.
   3) Given a patient with congenital-scoliosis, suggest other anomalies which could be present and discuss their relationship to the area of the spine anomaly.
   4) Define spondylolysis and spondylolisthesis and discuss the significance of each in the clinical setting.
   5) Define scoliosis and describe all of the clinical features of scoliosis.
   6) Describe the four major types of scoliosis, curve patterns, and the deformity each produces.
   7) Discuss whether most patients with spondylolisthesis require spine fusion.
   8) Discuss an osteopathically oriented treatment regime for mid-back and upper back pain.

H. Disorders of the Hip and Thigh:
   1) Briefly discuss disorders of the hip and thigh, including the following types:
      a. Congenital
      b. Developmental
      c. Traumatic
      d. Metabolic
      e. Inflammatory
      f. Neoplastic
   2) Discuss the proper approach of an osteopathic physician to each of the above listed disorders.

ENT
A. The Ear:
   1) List the pertinent information that should be elicited from a patient with hearing impairment.
   2) Define the following terms:
      a. Tinnitus
      b. Vertigo
      c. Otorrhea
      d. Otalgia
   3) Describe the pertinent abnormalities that should be noted when examining the external and middle ear.
   4) Explain how to examine for eustachian tube function.
   5) Explain how to examine for vestibular abnormalities.
B. Hearing Loss:
   1) Define conductive and sensorineuro hearing loss.
   2) Describe the methods used to evaluate for hearing loss, including tuning fork examinations and audiometer tests.
   3) List some of the common causes of conductive hearing loss.
   4) List some of the common causes of sensorineuro hearing loss.

C. Acute Middle Ear Disease:
   1) Describe serous effusion of the middle ear.
   2) Describe acute serous otitis media.
   3) Describe acute purulent otitis media.

D. Sinus Disease:
   1) Name the paranasal sinuses.
   2) List the most common types of sinus disease.
   3) Discuss the most common signs and symptoms of sinus disease and explain how sinus disease is recognized and diagnosed.
   4) Describe the usual methods of treatment of sinus disease.
   5) Describe the complications of sinusitis including, the following:
      1. Cranial complications
      2. Lower respiratory complications
      3. Local infections
      4. Oral antral fistula

E. Throat:
   1) Define and describe the nasal pharynx and hypopharynx.
   2) Describe the chief physiologic functions of the pharynx.
   3) Describe a complete examination of the pharynx, including structures which must be seen.
   4) Identify some of the acute and chronic diseases seen in the throat.
   5) Explain why the symptom "hoarseness" is very important and should be evaluated.

F. Clinical Evaluation of the Dizzy Patient:
   1) List a differential diagnosis for the dizzy patient.
   2) List the organs or systems whose dysfunction can cause dizziness.
   3) List the organs or systems responsible for sensing body position, movement, or environmental movement.
   4) Define the function of the semicircular canals, utricle, and saccule.
   5) Define vertigo.
   6) Describe two tests of the vestibulo-spinal reflex.
   7) List several drugs which can cause vestibular ototoxicity.
   8) List five (5) tests of auditory function which can aid in the diagnosis of patients with vertigo.

G. Diagnosis and Management of a Lump in the Neck:
   1) List several different causes for neck masses.
   2) Discuss how long a mass in the neck should be left alone before definitive diagnostic procedures are performed.
   3) Discuss when a neck mass should be biopsied.

OPHTHALMOLOGY

A. Develop skills in the evaluation of patients who present with an eye complaint.
B. Demonstrate the ability to develop a differential diagnosis for patients presenting with ophthalmologic symptomatology (eye pain, visual disturbance, ocular injury, etc.)
C. Develop a familiarity with ophthalmologic pharmacologic agents.
D. Demonstrate skills and ophthalmologic related procedures (e.g., foreign body removal)
E. Develop competent management and competent referral skills.
F. Demonstrate the ability to perform an appropriate history and physical examination on the patient presenting with ophthalmologic symptomatology.
A. List items elicited from the history of a patient with ophthalmologic complaints to suggest a risk for ocular etiology.
B. Describe the pathophysiology of ocular trauma, ocular infection, glaucoma, retinal detachment, chemical exposure, and penetrating globe injury.
C. Discuss the differential diagnosis of ocular pain.
D. Discuss procedure of ocular foreign body removal.
E. Discuss the significance of bacterial vs. viral ocular infections.
F. Differentiate the various presentations of sudden visual loss and their etiologies.
G. Describe the ocular presentations for diabetes, atherosclerosis and hypertension as it related to ocular disease.
H. Describe the clinical presentation and differential for various ocular presentations of systemic disease.

PLASTIC SURGERY
A. Wound Healing and Wound Care:
   1) Describe the three phases of wound healing, including their duration.
   2) Discuss and differentiate the two abnormal forms of wound healing.
   3) Discuss the principles of wound management.
B. Skin Grafts:
   1) List the four (4) basic factors in selection of donor site for skin.
   2) Explain how a donor site heals.
   3) Discuss the thickness, advantages, and disadvantages of each of the four types of skin grafts.

UROLOGY
A. Urinary Tract Infection (UTI):
   1) Describe the etiology, pathogenesis, and incidence of urinary tract infection, including the following:
      a. Incidence according to sex and age.
      b. Typical pathogenesis of UTI in females.
      c. Sex related differences in significance of UTI.
   2) Describe the various modes of presentation of a patient with UTI, according to age and sex, including the following:
      a. Four symptoms of UTI in children that are seemingly not related to UTI.
      b. Symptoms typical of mild, moderate, and severe UTT in adults.
   3) For the initial evaluation of a patient with a UTI, do the following:
      a. Describe the typical urinalysis findings.
      b. Discuss the significance of bacteriologic lab reports.
      c. List three circumstances which may alter the bacteria count in urine cultures.
      d. Give signs, symptoms, and results of physical exam.
   4) Given a patient with a specific diagnosis of UTI, outline a plan of treatment, including the following:
      a. Choice of antimicrobial drugs, duration of therapy, and follow-up.
b. Appropriate drug regimens for mild, moderate, and severe cases of UTI, prior to receiving results of culture.

B. Obstructive Uropathy:
1) Describe the general effects of obstruction upon the bladder.
2) Describe the physiologic effect of obstruction on renal function.
3) Describe the radiologic findings in hydronephrosis.
4) Describe the clinical findings in patients with benign obstructive prostatic disease.
5) Discuss the evaluation of patient with bladder outflow obstruction.

C. Urinary Calculi:
1) Name the four common types of urinary calculi.
2) Discuss the etiology of calculus disease.
3) Discuss the evaluation of patients with recurrent calculi.
4) Describe the complications of urinary calculi.
5) Discuss the indications for surgical intervention in patients with urinary calculi.
6) Discuss the medical management of patients with urinary calculi.

D. Neoplasms of the Kidney:
1) Describe the various presenting signs and symptoms of patients with renal cell carcinoma.
2) Discuss the clinical and radiologic evaluation of patients with renal mass lesions.
3) Discuss the presenting symptoms and radiologic findings in a patient with transitional cell carcinoma of the renal pelvis.
4) Describe the clinical and radiographic findings in a patient with Wilm’s tumor.

E. Bladder Tumors:
1) Describe the common symptoms and evaluation of any patient with hematuria.
2) Discuss the evaluation of a patient with a bladder tumor.
3) Describe the pathology of bladder tumors.
4) Describe the treatment and follow-up of patients with bladder tumors.

F. Prostatic Carcinoma:
1) Describe the incidence of prostatic carcinoma by age.
2) Describe the pathology of prostatic carcinoma.
3) Given that the diagnosis of prostatic carcinoma depends on finding cancer cells, name other principal resources that can aid diagnosis.
4) Describe the clinical staging of prostatic carcinoma.
5) Describe treatment of prostatic carcinoma.
6) Name the most important single factor likely to improve the prognosis of patients with prostatic carcinoma.

G. Disorders of the testicles:
1) Describe the various types of primary testicular neoplasms in terms of pathology and prognosis.
2) Discuss presenting signs and symptoms of patients with testicular neoplasms.
3) Describe the treatment of the more common testicular neoplasms.
4) Describe the three common ectopic sites of undescended testes.
5) Discuss the complications and treatment of undescended testicles.
6) Discuss the three common causes of acute epididymitis.

H. Discuss causes, clinical findings, and treatment of hydroceles.