

FAIRVIEW HOSPITAL / CLEVELAND CLINIC
FAMILY MEDICINE RESIDENCY

Medical Home Longitudinal Curriculum

I. GOALS

The family medicine resident will increase the knowledge and skills necessary to provide comprehensive care for patients with chronic disease and acquire skills necessary for the medical home.

II. OBJECTIVES

- A. **Health Promotion and Disease Prevention (Patient Care):** Demonstrate preventive care advice and health behavior change counseling into illness visits.
- B. **Medical Science Knowledge (Medical Knowledge):** Demonstrate an understanding of anatomy, physiology, microbiology, pharmacology, and psychology as they relate to diagnosis and treatment of common chronic disease primary care conditions
- C. **Personal Growth Activities (Practice-Based Learning and Improvement):** Demonstrate a clear understanding of strengths and weaknesses. Committed to furthering one's skills and can use self reflective practice to develop their own learning plan.
- D. **Quality Improvement (Practice-Based Learning and Improvement):** Demonstrate knowledge of quality care and QI process; able to audit and improve own care on a routine basis.
- E. **Flexible Communication (Interpersonal Communication Skills):** Demonstrates motivational interviewing and use these skills to help patients with chronic disease undertake changes in their behavior and lives.
- F. **Communication with HealthCare Team (Interpersonal and Communication Skills):** Demonstrate the ability to interact as a member of the chronic care team.
- G. **Leadership (Interpersonal and Communication Skills):** Demonstrate leadership roles in the residency and practice.

The following knowledge and skills are subsumed within the above objectives:

Knowledge

- A. The resident will be able to discuss the normal physiological, psychological and social aspects of chronic disease
- B. The resident will be able to understand the methods of quality improvement.
- C. The resident will be able to understand their personal leadership styles and skills

- D. The resident will be able to describe the means for promoting health maintenance and preventive care in their chronic disease patients.
- E. The resident will be able to discuss the diagnosis and management of conditions commonly encountered including the following:
 - 1. Hypertension
 - 2. Hyperlipidemia
 - 3. Diabetes Mellitus
 - 4. Congestive Heart Failure
 - 5. Coronary Artery Disease
 - 6. Osteoarthritis
 - 7. Asthma
 - 8. COPD
 - 9. Back Pain
 - 10. Depression
 - 11. Chronic Pain
 - 12. Substance Use/Abuse
 - 13. End of life care

Skills.

- A. The resident will be able to work as a team to accomplish a task.
- B. The resident will be able to use motivational interviewing with their patients to help with behavior change.
- C. The resident will be able to acquire critical clinical information, enter, organize, integrate, and update that information in the content of the structure and functionality of their specific electronic health record.
- D. The resident will be able to perform quality and performance improvement projects.
- E. The resident will be able to create written self reflection pieces for each of the six competency domains.
- F. The resident will be able to use their leadership skills to participate in committee and projects in the practice and residency.

III. METHODS

The Medical Home curriculum is a longitudinal experience for all residents that will be taught over three years. The Medical Home curriculum includes a variety of different clinical experiences.

- 1. Direct observation of resident encounters with chronic disease patients and the use of motivational interviewing.
- 2. The medical knowledge component will be taught through lectures by core faculty on chronic disease topics. Residents will complete two American Board of Family Medicine Self- Assessment Modules

3. Individual sessions with faculty to discuss self reflection based on competency.
4. The faculty will perform structured chart audits on the Electronic Health Record. . The chart audit will focus on the inclusion of key clinical data elements, avoidance of redundancy, and organization of data to optimize clinical utility and patient safety.
5. The residents will participate in a yearly retreat which focuses on leadership and team building skills.
6. The resident will participate in a metric quality improvement project. This is done in cooperation with Eileen Garven, BSN, Patient Education Coordinator and the faculty.
7. The resident will participate in quarterly staff meetings and have input into how the practice's clinical team functions.
8. The residents will participate in small group session with our behavioral scientist/ faculty to learn leadership skills.

IV. EVALUATION

An evaluation of the resident's performance is completed during quarterly resident review. The evaluation is based on attendance and full participation in all assigned activities, completion of SAM, Metric and self reflection pieces. The faculty will perform a chart audit to assess resident physician performance in EHR data management. Audit items will focus on the inclusion of key clinical data elements, avoidance of redundancy, and organization of data to optimize clinical utility and patient safety.

V. SUPERVISION

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