Community Medicine Educational Goals & Objectives

Community Medicine education will provide the resident with a closer interface with the community in which we live. The education will be provided as a longitudinal experience over the three years of residency and builds on experience gained in continuity clinic. Residents will gain an understanding of education, health, and social service resources within our community with an emphasis on using these resources effectively to treat patients and promote wellness. Focus will be on special populations in our community, including the uninsured/underinsured, individuals in need of behavioral health services, the homeless, at risk children, Mixtecos and underserved Hispanic patients, and those who require services offered by Public Health. The goal is for residents to become skilled in using available community resources to facilitate the prevention, evaluation, and management of acute and chronic medical conditions commonly seen in the outpatient setting.

Educational Experiences

Residents will develop a panel of patients in their continuity clinic, where the focus will be on the doctor-patient relationship, continuity of care, and the effective delivery of primary care. The clinic experience will include visits to skilled nursing facilities. Beginning in their second year, residents will be assigned to patients in long term care facilities to follow longitudinally. In addition, through didactic presentations, behavioral health rotations, community outreach volunteer experiences, OB/GYN rotations, pediatrics rotations, geriatrics, public health electives, and palliative care rotations, they will be exposed to a variety of the following experiences:

I. Counseling and Support Groups
- Alchoholics Anonymous and Narcotics Anonymous
- Call It Quit
- CMH social services
- CMH support group classes
- Mixteco/Indigena Community Organizing Project
- Traumatic Brain Injury
- Weight Watchers

II. County Agencies
- Behavioral Health: Screening, Triage, Assessment and Referral (S.T.A.R.) Program and Crisis Team
- Human Services Agency: food and medical assistance, protection for children and elders, and services for the homeless

III. Public Health: Didactics from Public Health nurses on community health programs for the prevention and treatment of disease.

IV. Elder care
- Agencies: Alzheimer’s Association and Ventura County Area Agency on Aging
- Home health agency services, including visiting nurse and hospice
- Nursing home care and adult daycare

V. Integrative Health
- Introduction to chiropractor, acupuncturist, naturopath, Reiki care
- Nutrition consultation services
VI. Maternal-Child health
- Birthing Center and/or attendance at a home birth
- CMH Birthing classes
- Early Start Program
- Lactation consultant
- Planned Parenthood
- WIC

VII. Occupational Health: didactics and clinical experience in continuity clinic and on orthopaedics rotations.

VIII. Preventive Care, Wellness, and Volunteer Programs
- CMH health classes
- CMH Outreach programs, including Healthy Women’s Screening program, Comprehensive Perinatal Services program, and HealthAware programs, such as health screenings and school education.
- Nutrition consultation services
- Stroke Aware and Heart Aware
- Resident free clinic at Catholic Charities, serving the homeless, Mixtecos, and other underserved populations

IX. Rehabilitation Services
- Cardiac and pulmonary rehabilitation
- Inpatient rehabilitation services
- Physical, speech, and occupational therapy

X. Other
- Additional rotation experiences can be arranged individually with the help of the Program Director

Within the context of these experiences, Faculty will facilitate learning in the 6 core competencies as follows:

**Patient Care and Procedural Skills**

I. All residents must be able to provide compassionate, culturally-sensitive care for their clinic patients and for patients for whom they provide care in the community.
   - R1s should recognize the need for ancillary and community resources to further patient care and become familiar with commonly-used referral sources.
   - R2s should be able to elicit risk factors in the patient’s environment that contribute to the development of chronic disease and facilitate the patient’s use of community resources as appropriate to enhance their health.
   - R3s should be able to recognize barriers to patient use of community resources and identify strategies to overcome these issues.

II. Residents will demonstrate the ability to take a medical history that is appropriately tailored to the clinic setting and incorporate information from the electronic medical record.
   - R1s should become competent in basic interviewing techniques to successfully obtain information from patient populations with specific or special needs.
• R2s should be facile at obtaining information from outside sources.
• R3s will independently obtain the above details for patients with complex medical histories and multiple comorbid conditions.

III. Residents should be able to perform a physical exam appropriately focused on the patient’s presenting complaint.
• R1s should become competent in routine breast, pelvic, bimanual, and thyroid exams.
• R2s should be able to focus on and characterize abnormal exam findings pertinent to the presenting complaint.
• R3s should be able to independently perform a complete exam and understand the sensitivity and specificity of physical findings.

IV. Residents will understand the indications, contraindications, complications, limitations, and interpretation of the following procedures performed commonly in continuity clinic, and become competent in the their safe and effective use:
• R1s: incision and drainage of skin abscesses, punch biopsy, pelvic examination and PAP smear, suture removal
• R2s: joint and trigger point injections
• R3s will work with their attending to focus on learning elective procedures in areas of interest for their future practices.

Medical Knowledge

I. For continuity and homeless clinics:
• R1s will become skilled in the timely triage of and approach to acute changes in health status and understand what physician and other medical services can be provided in the patient’s home.
• R2s should be able to incorporate presenting information into the context of past medical history and a risk assessment to generate a differential diagnosis and a more thorough plan of care.
• R3s should understand statistical concepts such as pretest probability, number needed to treat, etc. and their effect on diagnostic workup and treatment.

II. Residents will also develop an understanding of the clinical presentation and treatment of conditions cared for in clinic for which referral to another provider of services or a community resource is common:
• ADHD
• Alzheimer’s disease and other forms of dementia
• Anorexia and bulimia
• Anxiety, depression and panic disorders
• Cancer
• Chronic kidney disease
• Chronic pain
• Coronary artery disease
• COPD
• Diabetes mellitus type II
• Domestic violence
• Drug and alcohol related disorders
• HIV
• Obesity
• Osteoporosis
• Sexually transmitted diseases
• TB

III. Residents rotating in specific areas will have learning objectives appropriate to the rotation and pertinent to the provider’s mission, including an understanding of the following issues:
• Counseling services for drug and alcohol use and mental health
• Early intervention services for infants and young children
• End of life care, including POLST, hospice, and palliative care
• Epidemiology of causes of morbidity and mortality in our community and legal requirements for reporting a death
• Family planning
• Financing options for health care for uninsured and low income families
• Health care access and options for the homeless
• HIV/STD recognition, treatment, and outreach
• Home services, including available physician care at home
• Immunizations for adults and children and in preparation for travel
• Integrative care options used commonly by patients in the outpatient setting
• Mandated reporting for child and elder abuse
• Midwifery and lactation services
• Occupational health issues, including environmental health and safety, work injuries, and fitness for work
• Prenatal care and education for new parents
• Rehabilitation options for acute and chronic severe medical illness
• Resources to promote safe and effective care for seniors
• Support groups for former drug and alcohol users, patients and families coping with chronic illness, smoking cessation, traumatic brain injury, and weight loss
• TB screening, diagnosis, and treatment
• Wellness and preventative health programs

IV. In the course of caring for patients and promoting health, residents will understand the effective use and interpretation of the following tools:
• Brief Patient Health Questionnaire (PHQ-9) and Depression Inventory
• CAGE questionnaire
• ASCVD Risk Calculator
• FRAX (WHO Fracture Risk Assessment Tool)
• Montreal Cognitive Assessment (MoCA)

V. Residents will be aware of USPTF guidelines for health maintenance and be able to counsel patients on the following issues pertaining to health care maintenance:
• Cancer screening
• Contraception and safe sex
• Exercise and prevention of cardiovascular disease
• Metabolic screening
• Nutrition and weight loss
• Smoking cessation
• Sexual health, including LGBTQ issues
• Substance abuse
• Vaccination

VI. Residents will understand indications for ordering and interpretation of results from laboratory and imaging studies relevant to the diagnosis and treatment of common outpatient diagnoses.

Practice-Based Learning and Improvement
I. Residents should be able to access current clinical practice guidelines from USPTF, AAFP, ADA, JNC, NCEP and other sources to apply evidence-based strategies to patient care.
II. R2s should develop skills in evaluating studies in published literature addressing topics such as access to care, literacy, obesity, and other issues pertaining to community health, through Journal Club and independent study.
III. All residents should learn to take advantage of the resources within the community, working with agencies, employers, other professionals, and community volunteers to extend a full spectrum of care to patients. R3s should become adept at coordination of care in settings requiring multiple resources.
IV. All residents should respond with positive changes to feedback from members of the health care team.

Interpersonal and Communication Skills
I. R1s must demonstrate organized and articulate electronic and verbal communication skills that build rapport with patients and families, convey information to other professionals, and provide timely documentation in the chart.
II. R2s must also develop interpersonal skills that facilitate collaboration with patients, educate patients, and where appropriate, promote behavioral change.
III. R3s should cultivate relationships with key personnel in allied health professions and within the community to create a network for the provision of future patient care.

Professionalism
I. Residents must demonstrate a commitment to carrying out professional responsibilities.

II. All residents should be able to educate patients and their families in a manner respectful of gender, cultural, religious, economic, and educational differences on choices regarding their care.

III. R2s should be able to use time efficiently in the clinic to see patients and chart information.

IV. R3s should be able to provide constructive criticism and feedback to more junior members of the team.

Systems-Based Practice

I. R1s must have a basic understanding of available resources beyond physician care that affect the quality of total care provided, and that use of those resources costs both the patient and the system.

II. R2s must be able to discuss alternative care strategies, taking into account the social, economic, and psychological factors that affect patient health and use of resources.

III. R3s should understand the impact of insurance status on patient access to resources and facilitate the use of case workers, counseling services, and other community resources to maximize care.

Teaching Methods

I. For hands on experiences, residents will provide supervised patient care in the clinic and at scheduled sites

   • Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.
   • As residents become more proficient, they will interact independently with patients and present cases to faculty.
     • For R1s, initial emphasis will be on diagnosis and basic management.
     • For more senior residents, focus will be on medical decision-making, and residents will work with supervising physicians to finalize a care plan.

II. For didactic experiences, residents may be required to do preparatory work or group exercises to emphasize take-home points.

III. Conferences

   • Daily noon conference and morning report
   • Half-day didactic sessions twice per month
   • Journal club

IV. Independent study

   • Reading as recommended by Attending physician and as pertinent to the selected rotation experiences
   • Residents should choose a lay press book on a contemporary medical topic and write a short summary of what they learned and how it will affect their practice.
The book may be a novel, a work of nonfiction, for example on health care policy, or a work of fiction. Some examples include *My Own Country*, *Fast-Food Nation*, *Omnivore's Dilemma*, *Food Inc.*, *How Doctors Think*, and *Prozac Nation*. Additional suggestions include:

- *Salt, Sugar Fat: How the Food Giants Hooked Us* by Michael Moss (science researcher and writer - helps to understand key factors fueling the obesity epidemic; provides a perspective on how patients are manipulated into ruining their health).
- *The Second Brain* by Michael Gershon, MD (for understanding nervous disorders of the stomach and intestine).
- *Fat Chance* by Robert H. Lustig, MD (pediatric endocrinologist from Stanford - on sugar, processed food, obesity and disease)
- *Mindless Eating: Why We Eat More Than We Think* by Brian Wansink, PH.D (research from food labs that show how people are influenced by environment, food manufactures and other stimuli to eat mindlessly)
- *Intuitive Eating* by Evelyn Tribole, MS, RD and Elyse Resch, MS, RD (non-dieting approach to eating; prevention of disordered eating)

- Online educational resources
  - Research and Quality [www.guideline.gov](http://www.guideline.gov)
  - Up To Date
  - Clinical Key

**Evaluation**

1. Case logs
2. 360 Evaluation – sent to site preceptors
3. Attending written evaluation of resident at the end of the month, based on observations and chart review

**Procedure**

1. Residents should contact their program director early in the year to start making arrangements for selected experiences and again the week prior to confirm start time, arrangements, location, and schedule. Residents should notify their program director promptly if they cannot attend their site visit or clinic.
2. Residents should spend their time at the arranged clinical site with the exception of required conferences.
   - Nightly reading/study should be based on patients seen during the day.
3. Call and weekend responsibilities will be determined by the preceptors of the rotations selected by the residents.
   - Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.
4. Residents have morning report, noon conferences, and Family Medicine didactics and should be excused in a timely fashion to attend.