

## FAMILY MEDICINE – CARDIOLOGY EDUCATIONAL GOALS AND OBJECTIVES

A one-month rotation in cardiology is required at the PGY-3 level. This rotation is supervised by cardiology faculty in the Department of Medicine. This rotation usually does not directly involve other types of residents. Residents are expected to closely follow all assigned patients, including initially evaluating new consults. Decision making is with direct consultation of the attending cardiologist. Educational objectives include other educational experiences in cardiology conferences and didactic program, during the 3 year program.

**Knowledge: The Family Medicine resident will develop knowledge of:**

<b>Competency</b>	<b>Description</b>
Medical Knowledge	Normal anatomy and physiology of the cardiovascular system
Medical Knowledge and Patient Care	Principles of cardiac history taking and physical examination
Medical Knowledge and Patient Care	Recognition and differentiation of normal and abnormal heart sounds
Medical Knowledge and Patient Care	Indications for and limitations of noninvasive testing (EKG, CXR, stress testing, etc.)
	Indications and limitations of invasive procedures:
Medical Knowledge	<ul style="list-style-type: none"> <li>• Cardiac catheterization</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Internal monitoring devices</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Electrophysiology studies</li> </ul>
Medical Knowledge	Indications for cardiac surgery
Medical Knowledge	Indications for pacemaker/implantable defibrillation placement
Medical Knowledge	Pathophysiology, diagnosis, and management of Cardiovascular problems including:
Medical Knowledge	<ul style="list-style-type: none"> <li>• Coronary artery disease, including myocardial infarction, stable and unstable angina and prevention</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Arrhythmia, including atrial fibrillation, atrial flutter, PSVT, WPW, ventricular tachycardia, and sudden Cardiac death</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Congestive heart failure</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Thromboembolic disease</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Congenital heart disease</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Cardiomyopathies</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Valvular heart disease</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Pericardial disease</li> </ul>
Medical Knowledge	Cardiac rehabilitation
Medical Knowledge	Cardiovascular pharmacology, including indications, Toxicity, and drug interactions

**Skills: The Family Medicine resident will acquire and demonstrate skills in cardiology as follows:**

<b>Competency</b>	<b>Description</b>
Patient Care	Take a medical history and conduct a complete physical exam
Patient Care, Interpersonal And Communication Skills, and Systems-Based Practice	Interpret electrocardiograms and apply to the clinical situation
Patient Care	Chest x-ray interpretation
Patient Care	Obtain and interpret appropriate laboratory tests
Patient Care	Conduct basic and advanced cardiopulmonary resuscitation
Patient Care	Manage anticoagulant therapy
Patient Care	Prescribe appropriate pharmacologic agents for cardiac disorders
Patient Care and Interpersonal and Communication Skills	Patient education in risk factor reduction

## **COMMUNITY MEDICINE GOALS AND OBJECTIVES**

**Preceptors:**

Tony Emison, M.D.  
John Guidi, M.D.  
Bethany Lawrence, M.D.  
Jackie Taylor, M.D.

Faculty coordinator: Erika Creech, M.D.

**Location of Rotations:**

Jackson Madison County Health Department  
804 N. Parkway  
Jackson, Tennessee 386305

Cerebral Palsy Center  
32 Garland Drive  
Jackson, Tennessee 38305

West Tennessee Speech and Hearing Center  
65 Ridgecrest Road  
Jackson, Tennessee 38305

Senior Services  
708 West Forest Ave  
Jackson, Tennessee 38301

Hospice of West Tennessee  
Health  
1804 Highway 45-Bypass  
Jackson, Tennessee

West Tenn. Regional Public  
295 Summar Drive  
Jackson, Tennessee 38301

Star Center  
1119 Old Humboldt Road  
Jackson, Tennessee 38305

Health and Healing  
681 Skyline Drive  
Jackson, Tennessee 38301

Occupational Medicine Services  
708 West Forest Avenue  
Jackson TN 38301

## **Family Medicine – Community Medicine Educational Goals and Objective**

As the physician of first contact for patients in their rural communities, the family physician is not only called on to episodic, acute and chronic care; but also to utilize those community health resources and to apply public health techniques to the health care problems in the individual, the family, and the community. That family physician, as the community health expert, has a strong “need to know” about various services that are available or the need to develop various services that are necessary, but not yet in existence. Finally, the family physician needs to be skilled in the development and delivery of programs aimed at improving health care status in

the community as well as intervening in situations at risk before development of personal or community health problems.

With this in mind, the Community Medicine rotation is viewed as an integral part of the Family Medicine Residency Program. During patient care activities in all three residency years, the resident has extensive involvement and contact with various community agencies available in the West Tennessee area. The Community Medicine rotation is intended as the “quick-step” with on- site experiential and observational activity aimed at developing a family medicine clinical specialist with knowledge and skills necessary to the provision of quality patient community care.

The general goals of the Family Medicine Residency Program in Community Medicine are:

<b>Competency</b>	<b>Description</b>
Medical Knowledge	Provision of traditional Public Health service
Medical Knowledge	Development and provision of preventive health service
Medical Knowledge	Utilization of various community services agencies
Medical Knowledge	Health risk assessment at the patient’s home
Medical Knowledge	Health education and disease prevention strategies
Medical Knowledge	Health care disparity and the local community’s effort to address it

The skills expected to be accomplished during the rotation are:

<b>Competency</b>	<b>Description</b>
Patient Care, Interpersonal and Communication Skills, and System-Based Practice Professionalism	Will be oriented by the Jackson Madison County Health Department personnel in the Department of Vital Statistic, Health Promotion, Adolescent Pregnancy, WIC/Nutrition and Child Health, and Travel Medicine
Patient Care, System Based Practice	Participate in TB Control at the Regional Health Department
Medical Knowledge	Work with the Environmental Health Officer in surveying environmental health problems in the Madison County area
Patient Care, Interpersonal and Communication Skills	Participate in the STD Clinics to learn the sign and symptoms of sexually transmitted disease and the appropriate currently recommended therapy and Public Health strategies for eliminating transmission
Patient Care, Interpersonal and Communication Skills	Participate in the HIV Clinic to learn the signs and symptoms of disease and the appropriate currently recommended therapy
Patient Care, Interpersonal and	Participate in home assessments on family medicine

Communication Skills, System Based Practice	patients seen in our group practice.
Medical Knowledge, Professionalism	Spend one-half day at the West Tennessee Speech and Hearing Center evaluating the role of the speech therapist in the audiologic evaluation in the care of children with speech and hearing problems
Medical Knowledge, Professionalism	Spend one-half day at the Cerebral Palsy Center assessing the services available and the proper means of consultations and referral.
Patient Care, System Based Practice	Spend one full day with hospice personnel for morning reports of hospice patients and then go into the field to visit hospice patients for evaluation and assessment with nurse.
Medical Knowledge, Professionalism	Spend one half day with the Senior Service Center developing an understanding of the service available.
Patient Care, System Based Practice	Spend one half day with the occupational medicine clinic developing an understanding of the services available.
Interpersonal and Communication Skills	Spend three half days of the rotation working with the health educators at the Jackson Madison County Health Department.
Interpersonal and Communication Skills	Participate in health education protocols delivered to patients seen by the health education office at the health department.
Interpersonal and Communication Skills, Patient Care	Develop health education experience and observe health education at the HIV, STD, and TB control clinic.

The cognitive objective for the community medicine rotation includes

<b>Competency</b>	<b>Description</b>
Medical Knowledge	Familiarity with basic public health measure
Patient Care, Professionalism	Understanding of basic public health services as they apply to private patients.
Patient Care, Professionalism	Understanding and indications for referral to the various community agencies.
System Based Practice, Patient Care	Understanding of West Tennessee's approach to dealing with health care disparity.

### **Summary of Resident Experience in Community Medicine**

The Community Medicine Rotation is a two-week rotation in the PGY I year. During this time, the resident spends four half-days at the Family Medicine Center seeing clinical patients, and six half-days per week at various agencies in the community. These agencies include Occupational Medicine Services, Jackson Madison County Health Department, Southwest Regional Health Department, West Tennessee Speech and Hearing, Cerebral Palsy Center, West Tennessee Hospice Center, and West Tennessee Senior Services Center. In addition, a longitudinal experience the entire 3 years at the Health and Healing Clinic as well as a home visit

experience during the PGY III year are part of the Community Medicine rotation. This rotation is in a set schedule and coordinated by our rotations administrative assistant.

**Evaluation**

The process of education must be a dynamic interrelated one. This process includes the formulation of educational goals and objectives, (“What we want to teach?”), the process of teaching and evaluation which enables us to assure that what we have sought has been done and accomplished in an appropriate fashion. At the end of the rotational experience, it is expected that the precepting clinical specialist and the resident physician will sit down and mutually discuss their evaluation relevant to the rotation and the teaching therein. These evaluations are viewed in a positive, formative manner toward improving not only the resident as a physician, but insuring the success of this training. Feedback will be requested by the Director of the Program to formally document a satisfactory clinical rotation. Formalized evaluation for selected rotations in the form of pre and post testing is being considered.

Revised 11/3/06

**FAMILY MEDICINE – EMERGENCY MEDICINE  
EDUCATIONAL GOALS AND OBJECTIVES**

The overall educational goal for the emergency medicine component in the Family Medicine Residency will be that the residents gain competence in managing a variety of emergency care situations and that they gain competence in utilizing the consultant process peculiar to the Emergency Department. Educational objectives for this experience will include other educational experiences in emergency medicine including conferences, and didactic programs during the 3 year program.

**Emergency Medicine Knowledge – The Family Practice resident will develop knowledge of:**

<b>Competency</b>	<b>Description</b>
	Immediate management of an appropriate consultation for various Emergency and urgent care situations including:
Medical Knowledge and Patient Care	Cardiac arrest
Medical Knowledge and Patient Care	Inhalation of foreign body
Medical Knowledge and Patient Care	Acute respiratory distress
Medical Knowledge and Patient Care	Cardiac arrhythmia
Medical Knowledge and Patient Care	Acute pain of chest or abdomen
Medical Knowledge and Patient Care	Acute hemorrhage and shock
Medical Knowledge and Patient Care	Multiple trauma

Patient Care	
Medical Knowledge and Patient Care	Disaster triage (multiple patients)
Medical Knowledge and Patient Care	Acute psychiatric and emotional distress
Medical Knowledge and Patient Care	Poisoning of varying severity and causes
Medical Knowledge and Patient Care	Minor and major burns
Medical Knowledge and Patient Care	Lacerations
Medical Knowledge and Patient Care	Seizure disorders
Medical Knowledge and Patient Care	Acute eye diseases and injuries
Medical Knowledge and Patient Care	Acute conditions of the ear, nose and throat

**Emergency Medicine Knowledge – The Family Practice resident will develop knowledge of  
(Continued):**

<b>Competency</b>	<b>Description</b>
Medical Knowledge and Patient Care	Acute metabolic disorders
Medical Knowledge and Patient Care	Coma
Medical Knowledge and Patient Care	Legal-ethical aspects of emergency care including:
Medical Knowledge and Patient Care	Patient consent required (informed, competent patient, minor)
Medical Knowledge and Patient Care	Confidentiality
Medical Knowledge and Patient Care	Criminal evidence preservation
Medical Knowledge and Patient Care	Liability and malpractice relative to
Medical Knowledge and Patient Care	Physician-patient relationship (blood alcohol testing, privileged communications and termination of patient care responsibility)
Medical Knowledge and Patient Care	Physician duty to treat patients needing emergency care
Medical Knowledge and Patient Care	Good Samaritan status
Medical Knowledge and Patient Care	Medical records and forms for emergency care (design, inspection, retention)
Medical Knowledge and Systems-Based Practice	Pharmaceutical laws relative to controlled substances, drug abuse, and FDA regulatory activity
Medical Knowledge and Patient Care	Psychiatric commitment (criteria and procedure)

	Reportable conditions (criteria and procedure):
Medical Knowledge and Patient Care	Child abuse
Medical Knowledge and Patient Care	Criminal or sexual assault
Medical Knowledge and Patient Care	Death on arrival or in the Emergency Department
Medical Knowledge and Patient Care	Communicable disease

**Emergency Medicine Knowledge – The Family Practice resident will develop knowledge of  
(Continued):**

<b>Competency</b>	<b>Description</b>
Patient Care, Professionalism, and Systems-Based Practice	Consideration in decision not to resuscitate
Patient Care and Systems-Based Practice	Principles of Universal precautions in a high risk environment

**Emergency Medicine Skills – The Family Medicine resident will acquire and demonstrate the following:**

Perform various emergency and urgent care procedures including

<b>Competency</b>	<b>Description</b>
Patient Care	Organized cardiopulmonary resuscitation
Patient Care	Cardiac electroconvulsion
Patient Care	Cardiac massage (closed)
Patient Care	Heimlich maneuver
Patient Care	Cricothyrotomy/tracheotomy
Patient Care	Closed chest thoracotomy
Patient Care	Endotracheal and nasotracheal intubation
Patient Care	Emergency management of trauma to head, spinal cord, chest, or abdomen
Patient Care	Sequential management of multiple trauma injuries
Patient Care	Treatment of first and second degree burns and minor third degree burns
Patient Care	Assessment and treatment for poisoning
Patient Care and Systems-Based Practice	Evaluation and emergency management of acute psychiatric crises and emotional problems including mental status assessment, suicide evaluation, and psychiatric commitment
Patient Care	Central venous catheterization
Patient Care	Cut-down procedure
Patient Care	Administration of local anesthetic

Patient Care	Suturing of lacerations
Patient Care	Splinting and casting of an extremity
Patient Care	Interpretation of EKG and lab data
Patient Care	Interpretation of basic x-ray films of trauma and non-trauma patients
Patient Care	Removal of foreign body
Patient Care	Bladder catheterization/irrigation
Patient Care	Pain management
Patient Care	Appropriate use of physical restraints

**Emergency Medicine Skills – The Family Medicine resident will acquire and demonstrate the following:**

Perform various emergency and urgent care procedures including (Continued):

<b>Competency</b>	<b>Description</b>
Patient Care	Oxygen therapy
Patient Care	Incision and drainage of lesion
Patient Care	Surgical debridement of wounds
Patient Care	Nasal packing and cautery
Patient Care	Nail trephination/removal
Patient Care, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice	Appropriate management of emergency situations in which violence is involved, i.e., battered spouse, child abuse, criminal assault, and sexual assault
Patient Care and Interpersonal and Communication Skills, Professionalism	Appropriate management of acute grief reaction situations including DOA, sudden infant death (SID), and terminal patients
Patient Care, Interpersonal and Communication Skills, and Professionalism	Appropriate management of communication with family, news media, etc., in regard to patient information
Patient Care	Management of emergency childbirth

The Emergency Department physicians have agreed to supervise and teach the Family Medicine residents during the emergency medicine rotation. Residents will be exposed to a wide variety of emergency care situations (e.g. acute pain, respiratory distress, hemorrhage, and trauma) as well as non-acute conditions encountered in the Emergency Department setting.

## ENT Goals and Objectives

Overall goal/purpose:

To expose Family Medicine residents to frequent conditions that effect functioning of the ears, nose and throat and associated symptoms which may present for primary evaluation. An understanding of how a specialist deals with these conditions will allow for the resident to better develop initial plans for evaluation, treatment and follow-up of these conditions. Also, the resident will gain a better appreciation for distinguishing between those conditions which require immediate consultation and those that do not.

Specific Goals:

To become familiar with the presenting complaints, appropriate diagnostic evaluation, treatment protocols and underlying pathology of the following conditions:

1. Otitis media
  - a. Indications for use of ventilation tubes
2. Otitis externa
3. Cerumen impaction (ceruminosis)
4. Tinnitus
5. Hearing loss
6. Vertigo
7. Facial Palsy
8. Rhinitis
9. Sinusitis
10. Epistaxis
  - a. Cautery
  - b. Packing
    - i. Anterior
    - ii. Posterior
11. Pharyngitis
12. Paratonsillar abscess
13. Indications for tonsillectomy/Adenoidectomy
14. Hoarseness
15. TMJ dysfunction
16. Dysphagia
17. Salivary gland enlargement

18. Croup
19. Epiglottitis
20. Masses/neoplasia
  - a. Oropharynx
  - b. Nasopharynx
  - c. Neck
  - d. Risk factors for malignancy
21. Indications for tracheostomy
22. Obstructive Sleep apnea
23. Carotidynia
24. Stomatitis
25. hernangina
26. Oral manifestations of HIV
27. TM perforation

**Private Family Medicine  
Goals and Objectives for the University of Tennessee  
Family Medicine Residency Program  
Jackson, Tennessee**

The specialty of family medicine encompasses the care of a wide variety of patients. A family physician cares for a pediatric population and a geriatric population and everything in between. This type of practice requires a multidisciplinary approach involving the use of medical, surgical, rehabilitative and psychological tools in the care of patients. It is intended that this rotation will focus on the care of the primary care patient in a private practice setting, particularly in those aspects of care, which are unique to a private practice setting. It is hoped that this rotation will assist the resident in evaluation of prospective practice sites.

**Rotation Description**

The private family medicine rotation is a required rotation and consists of a one-month block rotation. The residents usually complete this rotation during their second year of residency. During this time, the residents are not required to have continuity clinics. They are also not expected to attend required conferences and lectures. This gives the residents the freedom to spend the majority of their time with their family medicine preceptor. It also allows them the freedom to leave the immediate area and work in a more distant community. Hopefully this community is a place where the resident is considering practicing medicine on completion of their residency.

**Preceptors**

Dr. David Bryan  
Jackson Clinic North  
2859 Highway 45 Bypass  
Jackson, TN 38305

Dr. Eric Muir  
Jackson Clinic North  
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Jackson, TN 38305

Dr. David Garey  
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2859 Highway 45 Bypass  
Jackson, TN 38305

Dr. Andy Coy  
Jackson Clinic North  
2859 Highway 45 Bypass  
Jackson, TN 38305

Dr. Amanda Reiter  
Jackson Clinic – Huntingdon  
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Huntingdon, TN 38344  
Dr. David Larsen  
Northside Medical Clinic

Dr. Mike Wallace  
Family Physicians of Memphis  
7685 Winchester Rd.  
Memphis, TN 38125  
Dr. Patrick Andre  
Milan Medical Clinic

31 Hughes Dr.  
Jackson, TN 38305

6041 Telecom Drive  
Milan, TN 38358

Dr. Tim Hayden  
Northside Medical Clinic  
31 Hughes Dr.  
Jackson, TN 38305

Dr. Jerry Wilson  
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6041 Telecom Drive  
Milan, TN 38358

Dr. Walter Fletcher  
Family Physicians of Lexington  
250 Boswell St.  
Lexington, TN 38351

Dr. Michael McAdoo  
Milan Medical Center  
6041 Telecom Drive  
Milan, TN 38358

Dr. Charles White Sr.  
Family Physicians of Lexington  
250 Boswell St.  
Lexington, TN 38351

Dr. Charles White Jr.  
Family Physicians of Lexington  
250 Boswell St.  
Lexington, TN 38351

Dr. Scott Sadler  
Family Physicians of Lexington  
250 Boswell St..  
Lexington, TN 38351

Dr. Benny Houston  
Jackson Clinic-Humboldt  
3568 Chere Carol Drive  
Humboldt, TN 38343

Dr. Reggie Henderson  
Family Physicians of Lexington  
250 Boswell St.  
Lexington, TN 38351

Dr. Keith Kirby  
Jackson Clinic -Humboldt  
3568 Chere Carol Drive  
Humboldt, TN 38343

Dr. Bernard Dietz  
701 Medical Park Drive  
Humboldt, TN 38343

### **General Goals and Objectives**

1. To become aware of the differences between practicing medicine in a private setting and an academic setting.
2. To become aware of the physician's role in the community.
3. To become aware of appropriate triage and outside referral patterns in the private practice setting.
4. To become aware of the financial aspects of the private practice.

### **Specific Behavioral Objectives**

1. To develop and demonstrate appropriate historical data collection and appropriate physical diagnostic skills to deal with patients in private Family Medicine practice.

2. To demonstrate efficiency in skill techniques for those procedures used in the private ambulatory care setting.
3. To be able to appropriately manage medical and surgical problems in the private primary care practice.
4. To demonstrate the ability to appropriately stabilizing and transfer those patients who are in need of tertiary care.
5. To demonstrate appropriate professional activity in the consultation and referral of patient in need have specialized services.
6. To demonstrate an understanding of continuity of care when patients are referred for specialized care.

### **Specific Skills**

1. Stabilization of patients for transport.
2. Treatment of those disease processes, both medical and surgical that can be appropriate managed by a family practice physician.
3. Proficiency in the use of office laboratory.
4. Management of appropriate consultation and referral processes when necessary maintaining some continuity of care.

### **Implementation**

1. All residents are expected to complete a community medicine rotation, which will involve a one-month experience with a physician from the approved list of the Department of Family Medicine.
2. The resident may elect to spend an additional month on family medicine as part of his off-site rotations during the third year.
3. The family medicine residents:
  1. Shall have a professional liability insurance (by the University).
  2. Shall not be allowed to take a vacation while working with the clinician teacher on rural medicines experience.
4. The placement of resident physicians at specific sites shall be done on first come/first serve basis as determined by the Program Director.
5. The Director shall have responsibility for scheduling, working out housing arrangements with the community, maintaining communication with the rural teaching sites, and evaluating the experience along with the resident physician and the faculty member.
6. The community faculty:
  1. Shall arrange adequate living accommodations for the residents and their family with the community.
  2. Shall be present at all times that the resident is on-site in the community
  3. Shall be an active teaching member in the Department of Family Medicine and hold a University appointment for the Department of Family Medicine.

4. Director and the Department Chairman in the development of teaching skills in family medicine education.
7. The University of Tennessee Department of Family Medicine:
  1. Will select the physicians for an approval list of preceptors from those names of people who already hold clinical faculty appointments in the Department Faculty will be selected on the basis of:
    - a. Previous teaching experience.
    - b. Demonstrated interest and skill in teaching as determined by the Department Directors.
    - c. Membership (preferably fellowship) in the Academy of Family Physicians.
    - d. Membership in local medical societies.
    - e. Adequate hospital staff privileges and actives.
    - f. Adequate office and hospital facilities.
  2. Will provide the rotation's objectives and vehicles for evaluation of it.
  3. Will be responsible for the salary of the resident.

### **Evaluation**

The process of education must be a dynamic interrelated one. This process includes the formulation of educational goals and objectives, ("What we want to teach."); the process of teaching and evaluation, which enables us to assure that what we have sought, has been done and accomplished in an appropriate fashion. At the end of the rotation experience, it is expected that the precepting clinician specialist and the resident physician will sit down and mutually discuss their evaluations relevant to the rotation and the teaching therein. These evaluations are view as a positive formative matter toward improving not only the resident as a physician, but also the rotation as an educational experience. The cooperation of all involved can do nothing but insure success of the training. Additionally, feedback will be requested by the director of the program to formally document a satisfactory clinician rotation.

### **Required / Recommended Reading**

- (1) Current American Family Physician.
- (2) Board Review Book, such as Saunders.
- (3) Current articles on interesting patients encountered during experience.

Revised 5/22/2006  
ETP/tkh

## **FAMILY MEDICINE – GASTROENTEROLOGY EDUCATIONAL GOALS AND OBJECTIVES**

Family Medicine residents are exposed to gastroenterology through scheduled lectures during noon conference and through one-on-one teaching with the Family Medicine faculty during the course of caring for gastrointestinal conditions in patients within the residency panel. Residents also provide care for patients in the hospital who have gastrointestinal problems. Our residency program admits unassigned medicine patients from our emergency room and these patients have a variety of problems including problems dealing with the GI system. Finally, residents can also choose to do an elective with a local gastroenterologist to receive further training in the care of patient with gastrointestinal problems.

Objectives are as follows:

**Knowledge: The Family Medicine resident will develop knowledge of:**

Competency	Description
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Medical Knowledge	Normal anatomy and physiology of the gastrointestinal system
Medical Knowledge	Principles of history taking and physical examination pertinent to the gastrointestinal system
Medical Knowledge	Indications for and limitations of each type of diagnostic testing of the gastrointestinal system
Medical Knowledge	Indications for surgical intervention
Medical Knowledge	Parenteral and enteral nutrition
Medical Knowledge	Pathophysiology, diagnosis, and management of abnormalities of the gastrointestinal tract including:
Medical Knowledge	Infectious enteric diseases
Medical Knowledge	Abnormalities of the esophagus
Medical Knowledge	Inflammatory bowel disease
Medical Knowledge	Peptic ulcer disease
Medical Knowledge	Abnormalities in motility (ie., dumping syndrome, IBS, gastroparesis)
Medical Knowledge	Anal and rectal abnormalities (fistula, fissure, perianal abscess, hemorrhoids, etc.)
Medical Knowledge	Diseases of the liver
Medical Knowledge	Diseases of the biliary tract
Medical Knowledge	Malabsorption syndromes
Medical Knowledge	Pancreatitis
Medical Knowledge	Malignancy of the GI tract

## **FAMILY MEDICINE – GASTROENTEROLOGY EDUCATIONAL GOALS AND OBJECTIVES – Continued**

**Skills:** The Family Medicine resident may acquire and demonstrate the following skills during their gastroenterology elective. However, residents should acquire and demonstrate the majority of these skills in a longitudinal fashion throughout their residency training, even if they choose not to do an elective in gastroenterology:

<b>Competency</b>	<b>Description</b>
Patient Care and Interpersonal and Communication Skills	Take a history and perform a physical examination
Patient Care	Perform a paracentesis
Patient Care	Perform anoscopy
Patient Care	Perform a proctosigmoidoscopy
Patient Care and Systems-Based Practice	Evaluate laboratory resting results

Patient Care and Systems-Based Practice	Evaluate findings of radiographic, ultrasonic, and radionucleotide imaging procedures
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## **FAMILY MEDICINE – GYNECOLOGY EDUCATIONAL GOALS AND OBJECTIVES**

**Preceptors:** Mark A. Branch, D.O.  
University of Tennessee Family Practice Center  
294 Summar Drive  
Jackson, TN 38301  
731 423-1932

John Soll, M.D.  
Woman's Clinic  
244 Coatland Drive  
Jackson, TN 38301  
731 422-4642

**Location of Rotation:** University of Tennessee Family Practice Center, Jackson, TN  
Woman's Clinic, Jackson, TN  
Jackson Madison County General Hospital, Jackson, TN

**Family Practice Clinic Times:**

UT family Practice Clinic : An average of 2 clinic weekly.

Colposcopy Clinic: Two weekly clinics.

Clinic with the preceptor: The resident will be present at each of the preceptor’s clinics the number of these clinics will vary from 3to5 clinics per week. They also have surgery and call at hospital with preceptor all day.

**Rotation Description:** Pgy-2 residents will be assigned to the gynecology rotation for one month. Throughout this rotation the resident continues with morning and noon conferences, rounds, night call for the Family Medicine Service, an average of two family medicine continuity clinics. Three or four times per week the resident will attend a clinic with gynecology preceptor in which patients scheduled to be seen by the preceptor are evaluated and treated by both resident and the preceptor. One day per week the resident will attend a colposcopy clinic.

**Goal:** To provide instruction and clinical experiences and practice that will enable the family practice resident to manage female reproductive health surveillance and maintenance, and gynecological problems.

**Introduction:**

The overall goal for family medicine education in gynecology is for residents to achieve competence in managing gynecological encounters as appropriate for the family physician for them to achieve competence in recognition gynecological problems which require in-depth investigation and management and appropriate referral. Educational objectives for the family medicine residents in this area include:

Knowledge: The family medicine residents should have knowledge of:

Medical Knowledge	Normal growth and development of the reproductive system and urinary tract in both the adult and pediatric female.
Medical Knowledge, Patient Care, and Interpersonal and Communication Skills	Principles of history taking and examination of the reproductive system in both the pediatric and adult female
Medical Knowledge	Physiology of menstruation
Medical Knowledge and Patient Care	Diagnosis and management of abnormal uterine bleeding
Medical Knowledge and Patient Care	Diagnosis and management of pediatric gynecologic problems
Medical Knowledge and Patient Care	Diagnosis and management of infections of the female reproductive tract
Medical Knowledge and Patient Care	Sexual assault case management
Medical Knowledge and Patient Care	Pelvic tissue injury management
Medical Knowledge and Patient	Diagnosis and management of benign and

Care	malignant neoplasms of the female reproductive tract
Medical Knowledge	Menopause physiology and geriatric gynecology
Medical Knowledge and Patient Care	Management of abnormal cervical cytology
Medical Knowledge and Patient Care	Diagnosis and management associated with acute pelvic pain
Medical Knowledge	Contraceptive techniques and their contraindications
Medical Knowledge, Patient Care, Interpersonal and Communication Skills, and Systems-Based Practice	Indicators of fertility problems, appropriate counsel and referral
Medical Knowledge and Patient Care	Indications for D&C, laparoscopy, and other common surgical procedures
Medical Knowledge and Patient Care	Appropriate mammography use
Medical Knowledge and Patient Care	They will be able to recognize complete Gynecology problems and become competent in the work-up, management and appropriate referral.
Patient Care and Interpersonal and Communication Skills	Comfortably interviewing a patient in relation to reasons for the office visit
Patient Care	Performing pelvic exam and accurately interpreting findings
Patient Care and Interpersonal and Communication Skills	Breast examination and teaching self-examination techniques to patients
Patient Care	Obtaining vaginal and cervical cytology
Patient Care and Systems-Based Practice	Scheduling and referring abnormal cervical cytology and indications for Colposcopy
Patient Care and Systems-Based Practice	Work-up of abnormal cervix cytology, indication for Colposcopy, conization and appropriate referral
Patient Care	Evaluation of Wet Prep
Patient Care	Performing and interpreting an Endometrial biopsy
Patient Care and Interpersonal and Communication Skills	Prescribing and counseling as to appropriate contraceptives
Patient Care	Inserting and removing an IUD
Patient Care	Insertion and removal of subdermal contraceptive implants
Patient Care and Interpersonal and Communication Skills	Counseling as to options relative to an unwanted pregnancy

Patient Care	Assist on common gynecological surgeries
Patient Care	Treatment of benign lesions of the vulva and vagina

## FAMILY MEDICINE - HEMATOLOGY/ONCOLOGY EDUCATIONAL GOALS AND OBJECTIVES

Family Medicine residents are exposed to hematology and oncology through scheduled lectures during noon conference and through one-on-one teaching with the Family Medicine faculty during the course of caring for patients within their residency panel with hematological or oncological problems. Residents also provide care for patients in the hospital who have these problems. Our residency program admits unassigned medicine patients from our emergency room and these patients have a variety of problems including problems related to the areas of hematology and oncology. Finally, residents can also choose to do an elective with a local hematologist/oncologist to receive further training in this area.

### Knowledge: The Family Medicine resident will develop knowledge of:

Competency	Description
Medical Knowledge	Recognition of patients with acute and chronic hematologic disorders and hematologic malignancies
Medical Knowledge	Pathogenesis, diagnostic approach, and treatment of anemia
Medical Knowledge	Disorders of thrombosis and hemostasis
Medical Knowledge	Chronic myeloproliferative syndromes
Medical Knowledge	Blood banking/transfusion medicine
Medical Knowledge	Current recommendations for screening for malignancy in the general population
Medical Knowledge	Recognition of patients with various malignancies, such as lung cancer, colon cancer, breast cancer, etc.
Patient Care and	Develop the communication skills needed to: Inform the patient of his/her condition in terms the

Interpersonal and Communication Skills	patient can understand Discuss the patient's diagnosis with the patient and their family. Empathize with the patient and his or her family.
Patient Care and Systems Based Practice	Recognize when consultation with a specialist is required to assist in the care of the patient.
Patient Care and Systems Based Practice	Learn to perform basic work-up on patients with hematological or oncological problems prior to consultation.

## **FAMILY MEDICINE-ICU/CRITICAL CARE EDUCATIONAL GOALS AND OBJECTIVES**

During the 2nd year all residents complete a one month ICU rotation with the Pulmonary/Critical Care Medicine Certified Clinical Family Medicine Faculty at Jackson Madison General Hospital. Additional critical care experience is obtained during the 2 month In-House II Family Medicine Rotation with board certified Internal Medicine Family Medicine Faculty. (See In-House II Family Medicine rotation goals and objectives.) All residents complete BLS and ACLS as part of orientation prior to starting hospital rotations, where they are responsible for providing coverage for all hospital resuscitation.

Preceptors: Dr. William Mariencheck  
Dr. Robert Gilroy  
Jackson Clinic  
616 W. Forest Ave.  
Jackson, TN 38301

Dr. Edmund T. Palmer  
U.T. Family Medicine Residency  
294 Summar Dr.  
Jackson, TN 38301

<b>Competency</b>	<b>Description</b>
Medical Knowledge and Interpersonal and Communication Skills	Current standards of care for critically ill patients
Medical Knowledge and Interpersonal and Communication Skills	Mechanical ventilation and respiratory care
Medical Knowledge, Patient Care, Interpersonal and Communication Skills, and Systems-Based Practice	"Systems oriented" approach to patient management
Medical Knowledge, Patient Care, and Interpersonal and Communication Skills	Management of common electrolyte abnormalities
Medical Knowledge, Patient Care, Interpersonal and Communication Skills, and Professionalism	Ethical issues and decision making in the ICU

Medical Knowledge and Interpersonal and Communication Skills	Physician-family communication skills
Medical Knowledge and Patient Care	Parental nutrition

Skills: The Family Medicine resident will become competent with:

Competency	Description
Patient Care	Institutional and monitoring of mechanical ventilation
Patient Care	Insertion of central lines
Patient Care	Tracheal intubation
Patient Care	Emergency chest tube insertion
Patient Care	ACLS / BLS

## FAMILY MEDICINE - INFECTIOUS DISEASES EDUCATIONAL GOALS AND OBJECTIVES

The goal of the infectious diseases component of the program is to provide the resident with a broad fund of knowledge about the causes and treatment of infectious illness. Didactic lectures by both the Family Medicine and infectious disease faculty are incorporated into the noon conference schedule. Residents are responsible for caring for those patients with infectious processes within the FPC panels and those encountered during their Family Medicine inpatient rotations. Residents can also choose to do an elective month with a local infectious disease specialist for further training in this area.

Objectives include:

### **Knowledge and Skills: The Family Medicine resident will:**

<b>Competency</b>	<b>Description</b>
Medical Knowledge and Patient Care	Understand the role of history taking and physical examination in the diagnosis of infectious illnesses
Medical Knowledge and Patient Care	Understand the indications for and interpret the following:
Medical Knowledge and Patient Care	Culture and sensitivity results of sputum, blood urine, wounds
Medical Knowledge and Patient Care	Serology studies (viral titers, syphilis, HIV, Lyme disease)
Medical Knowledge, Patient Care	Perform and interpret gram stains of various clinical specimens
Medical Knowledge and Patient Care	Understand the spectrum of activity, pharmacokinetics, and dosing for major members of the following classes of antibiotics:
	Penicillins
	Cephalosporins
	Carbapenems
	Aminoglycosides
	Quinolones
	Macrolides
	Tetracyclines
	Antifungals
	Antivirals

**FAMILY MEDICINE - INFECTIOUS DISEASES  
EDUCATIONAL GOALS AND OBJECTIVES - Continued**

Key clinical syndromes with which the residents must become familiar are:

<b>Competency</b>	<b>Description</b>
Medical Knowledge	Pneumonia
Medical Knowledge	Urinary tract infections
Medical Knowledge	Intra-abdominal infections
Medical Knowledge	Skin/soft tissue infections
Medical Knowledge	Sinusitis, Otitis
Medical Knowledge	Tuberculosis
Medical Knowledge	HIV infection
Medical Knowledge	Meningitis
Medical Knowledge	Endocarditis
Medical Knowledge	Sepsis
Medical Knowledge	Sexually transmitted disease

**INHOUSE MEDICINE I ROTATION**

## **(INTERNAL MEDICINE) GOALS AND OBJECTIVES**

The Internal Medicine portion of the program is not restricted to those areas specifically designated as Internal Medicine but the experience of the residents is obtained throughout their residency. Specifically, the Internal Medicine experience should provide the resident with opportunities to acquire the knowledge and skills related to the diagnosis and management of non-surgical diseases of adults. These experiences should enhance the residents understanding the patho-physiology of non-surgical diseases and the application of modern non-surgical diagnostic and therapeutic techniques. The resident should develop a disciplined approach to the practice of medicine.

**Preceptors:** Dr. Edmund T. Palmer, Jr. M.D. (and In-house UTFP Faculty weekly)  
UT Family Medicine Residency Program  
294 Summar Drive  
Jackson, TN 38301

Place of Rotation: Jackson-Madison County General Hospital  
UT Family Practice Clinic

UT Family Practice Clinic Times: (In-house Medicine 1: Friday p.m.)

**ROTATION DESCRIPTION:** This residency program uses an inpatient family practice service which is utilized to fulfill 4.5 months of internal medicine core requirement. In each of the three years, the resident is assigned to the in-house team for 1.5 months. This rotation is under the direct supervision of a full-time faculty physician who is board-certified in internal medicine and the other board-certified family practice physicians. The resident on these rotations has complete knowledge of each patient's history and physical, working diagnosis, and plan of treatment. The resident rounds on each of these patients twice daily and is current on patients' progress at all times. During this time, resident may also have individual patients in the hospital for which he/she has primary responsibility.

**The resident physician assigned to the first year rotation is primarily responsible for the care of his/her own patients. The resident physician is the primary care physician, and this is the first responsibility. Other responsibilities include:**

1. Knowing about other patients in the hospital and taking first call if any problems arise during the day.
2. Attending turnover rounds.
3. Responding to any CPR calls.
4. Making death pronouncements on any patients for which they are called.
5. Assuming care of patients admitted to OB residents (they are allowed only one Medicare patient during their OB rotation.
6. Admitting any Family Practice patients during the day when their primary physician is not available. (It is the responsibility of the admitting physician to

- notify the primary physician and provide patient care until it is assumed by the primary physician)
7. Admitting and assuming care of any unassigned patients that present before 4:30p.m.
  8. The maximum number of patients for which the In-house I residents is responsible is 6 (six).

**Residents who are on In-house I, II/ICU, III (super senior) will be at the hospital each day from 7:30 and remain in the hospital until just after 5:00 turnover. Except during those times they are schedules in clinic at UTFPC.**

### **GOALS AND OBJECTIVES FOR INTERNAL MEDICINE:**

**The goals and objectives of this whole educational internal medicine experience for all three years of residency at UT Family Medicine Residency Program is that;**

The resident should be able to demonstrate appropriate concepts, skills, and attitudes in all areas of general internal medicine. The resident should be able to perform a complete physical exam, arrive at a logical differential diagnosis of patients' problems, order appropriate tests, correctly identify those patients requiring hospitalization, coordinate hospital and ambulatory care and follow-up patient with acute and chronic medical problems, including referral and consultation when needed. The resident should possess the skills to do a proper history and physical: interpret EKG's and recognize anomalies of rate, rhythm, and myocardial infarction; interpret routine x-rays', perform collection of body fluids, perform ACLS, perform paracentesis and thoracentesis, insert chest tubes and central and arterial lines, emergency cardioversion, understand the monitoring of cardiac pacemakers, Swan-Ganz catheters, and intraortic balloon pump, properly use flexible fiberoptic sigmoidoscope, and perform lumbar punctures.

### **According to RAP Criteria for Excellence:**

**Internal Medicine:** Internal Medicine experience must provide the resident with the opportunity to acquire the knowledge and skills related to the diagnosis and management of non-surgical diseases of adults. The experience should be utilized to enhance the resident's understanding of the pathophysiologic of non-surgical diagnosis and therapeutic techniques and to develop a disciplined, scientific approach to the practice of medicine.

The organization of the curriculum in internal medicine in large part will be dependent upon the organization of the delivery of patient services in the teaching environment. The experience must include both inpatient and outpatient experiences and progress from general to specific areas of content.

Faculty should include family physicians, general internists, and sub specialists. The total duration of internal medicine training should be 8-12 months, including structured experiences in cardiology and critical care units (ICU/CCU), as well as education in endocrinology, pulmonary diseases, hematology and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology. There it

exists; a family practice inpatient service may be utilized to fulfill a portion of the requirement.

**According to Program Requirements for Residency Education in Family Practice effective July 1, 1997**

**Adult Medicine:** The experience must provide the resident with the opportunity to acquire the knowledge and skills necessary for the diagnosis, treatment, and management of non-surgical diseases of adults. This experience should enhance the resident's understanding of the patho physiologic basis for non-surgical diagnostic and therapeutic techniques, and promote development of a disciplined; scientific approach to the practice of adult medicine. Faculty must include family physicians and may include internists or other specialists.

**There must be a minimum of 8 months of experience in adult medicine. At least 5 months should occur in the inpatient setting, on either a family practice or an internal medicine service. In all cases, experiences should progress from general to specific content areas, with graduated resident responsibilities and supervision.**

This training must include a separate defined critical care experience of at least one month's duration, or its equivalent, and a structured clinical experience in cardiology. The curriculum must also provide instruction in endocrinology, pulmonary diseases, hematology and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology through lectures, rotations, or interactions with consultants.

There must be education in the prevention and detection of diseases in women. Instruction on women should also cover social issues of concern to women, including domestic violence, rape, sexual abuse, and the changing role of women in our society. Residents should have the opportunity to develop an understanding of the effect of the community on women's health care, including the epidemiology of infant mortality and prevention of teenage pregnancy. Residents must have the opportunity to learn about the mental health issues of women, including problems that are seen predominantly in women, such as eating disorders and the sequel of sexual abuse.

8/06

**INHOUSE MEDICINE II / ICU ROTATION  
(INTERNAL MEDICINE)  
GOALS AND OBJECTIVES**

The Internal Medicine portion of the program is not restricted to those areas specifically designated as Internal, Medicine but the experience of the residents is obtained throughout their residency. Specifically, the Internal Medicine experience should provide the resident with opportunities to acquire the knowledge and skills related to the diagnosis and management of non-surgical diseases of adults. These experiences should enhance the residents understanding the pathophysiologic of non-surgical diseases and the application of modern non-surgical diagnostic and therapeutic techniques. The resident should develop a disciplined approach to the practice of medicine.

**Preceptors:** Dr. Edmund T. Palmer, Jr. M.D. (and In-house UTFP Faculty weekly)  
UT Family Medicine Residency Program  
294 Summar Drive  
Jackson, TN 38301

Place of Rotation: Jackson-Madison County General Hospital  
UT Family Practice Clinic

UT Family Practice Clinic Times: (In-house Medicine II: Monday & Wednesday p.m.)

**ROTATION DESCRIPTION:** This residency program uses an inpatient family practice service which is utilized to fulfill 4.5 months of internal medicine core requirement. In each of the three years, the resident is assigned to the in-house team for 1.5 months. This rotation is under the direct supervision of a full-time faculty physician who is board-certified in internal medicine and the other board-certified family practice physicians. The resident on these rotations has complete knowledge of each patient's history and physical, working diagnosis, and plan of treatment. The resident rounds on each of these patients twice daily and is current on patients' progress at all times. During this time, resident may also have individual patients in the hospital for which he/she has primary responsibility.

**Residents who are on In-house I, II/ICU will be at the hospital each day just prior to morning report and remain in the hospital until just after 5:00 turnover except during those times they are schedules in clinic at UTFPC.**

The second year resident on In-house family Medicine is responsible for writing senior notes on patients admitted during the day to the first year in-house medicine. Since it is expected this during this rotation, skills are required for managing critically ill patients in the hospital setting be developed, this resident physician is responsible for seeing patients admitted to intensive care areas.

This is done in coordination with the third year resident, attending faculty, and other residents caring for particular patients and involves picking up additional responsibilities for management of some of the patients admitted to the intensive care areas. This resident will additionally assist the third year resident in making rounds on patients in the hospital. Should there be an excessive number of patients for the in-house I resident, additional patients may be assigned to the In-house II/ ICU resident at the resident's discretion.

#### **Goals and Objectives for Internal Medicine:**

**The goals and objectives of this whole educational internal medicine experience for all three years of residency at UT Family Medicine Residency Program is that:**

The resident should be able to demonstrate appropriate concepts, skills, and attitudes in all areas of general internal medicine. The resident should be able to perform a complete physical exam, arrive at a logical differential diagnosis of patients' problems, order

appropriate tests, correctly identify those patients requiring hospitalization, coordinate hospital and ambulatory care and follow-up patient with acute and chronic medical problems, including referral and consultation when needed. The resident should possess the skills to do a proper history and physical: interpret EKG's and recognize anomalies of rate, rhythm, and myocardial infarction; interpret routine x-rays', perform collection of body fluids, perform ACLS, perform paracentesis and thoracentesis, insert chest tubes and central and arterial lines, emergency cardioversion, understand the monitoring of cardiac pacemakers, Swan-Ganz catheters, and intraaortic balloon pump, properly use flexible fiberoptic sigmoidoscope, and perform lumbar punctures.

### **Internal Medicine Requirements According to RAP Criteria for Excellence:**

**Internal Medicine:** internal medicine experience must provide the resident with the opportunity to acquire the knowledge and skills related to the diagnosis and management of non-surgical diseases of adults.

The experience should be utilized to enhance the resident's understanding of the pathophysiology of non-surgical diagnosis and therapeutic techniques and to develop a disciplined, scientific approach to the practice of medicine.

The organization of the curriculum in internal medicine in large part will be dependent upon the organization of the delivery of patient services in the teaching environment. The experience must include both inpatient and outpatient experiences and progress from general to specific areas of content. Faculty should include family physicians, general internists, and sub specialists. The total duration of internal medicine training should be 8-12 months, including structured experiences in cardiology and critical care units (ICU/CCU), as well as education in endocrinology, pulmonary diseases, hematology and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology. Where it exists; a family practice inpatient service may be utilized to fulfill a portion of the requirement.

### **Internal Medicine Requirements According to Program Requirements for residency Education in Family Practice effective July 1, 1997:**

**Adult Medicine:** The experience must provide the resident with the opportunity to acquire the knowledge and skills necessary for the diagnosis, treatment, and management of non-surgical diseases of adults. This experience should enhance the resident's understanding of the pathophysiologic basis for non-surgical diagnostic and therapeutic techniques, and promote development of a disciplined, scientific approach to the practice of adult medicine. Faculty must include family physicians and may include internists or other specialists.

**There must be a minimum of 8 months of experience in adult medicine. At least 5 months should occur in the inpatient setting, on either a family practice or an internal medicine service. In all cases, experiences should progress from general to specific content areas, with graduated resident responsibilities and supervision.**

This training must include a separate defined critical care experience of at least one month's duration, or its equivalent, and a structured clinical experience in cardiology. The curriculum must also provide instruction in endocrinology, pulmonary diseases, hematology and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology through lectures, rotations, or interactions with consultants.

There must be education in the prevention and detection of diseases in women. Instruction on women should also cover social issues of concern to women, including domestic violence, rape, sexual abuse, and the changing role of women in our society.

Residents should have the opportunity to develop an understanding of the effect of the community on women's health care, including the epidemiology of infant mortality and prevention of teenage pregnancy. Residents must have the opportunity to learn about the mental health issues of women, including problems that are seen predominantly in women, such as eating disorders and the sequelae of sexual abuse.

**Preceptor's Evaluation of the Resident:**

After each rotation, the preceptor receives a form to evaluate the resident. These are returned to the Faculty Advisor assigned to the Rotation: i.e., Dr. Palmer is Faculty Advisor for Private Internal Medicine, In-house Medicine I, In-house Medicine II, and In-house Medicine III (Super Senior). The evaluation is then kept in the permanent file of each resident. These may be viewed only in the presence of the faculty advisor and the resident physician.

8/06

**INHOUSE MEDICINE III/ SUPER SENIOR ROTATION  
(INTERNAL MEDICINE)  
GOALS AND OBJECTIVES**

**INTRODUCTION:**

The Internal Medicine portion of the program is not restricted to those areas specifically designated as Internal Medicine but the experience of the residents is obtained throughout their residency. Specifically, the Internal Medicine experience should provide the resident with opportunities to acquire the knowledge and skills related to the diagnosis and management of non-surgical diseases of adults. These experiences should enhance the residents understanding the pathophysiology of non-surgical diseases and the application of modern non-surgical diagnostic and therapeutic techniques. The resident should develop a disciplined approach to the practice of medicine.

**Preceptors:** Dr. Edmund T. Palmer, Jr. M.D. (and In-house UTFP Faculty weekly)  
UT Family Medicine Residency Program  
294 Summar Drive  
Jackson, TN 38301

Place of Rotation: Jackson-Madison County General Hospital

## UT Family Practice Clinic

UT Family Practice Clinic Times: (In-house Medicine III: Tuesday & Thursday p.m.)

**ROTATION DESCRIPTION:** This residency program uses an inpatient family practice service which is utilized to fulfill 4.5 months of internal medicine core requirement. In each of the three years, the resident is assigned to the in-house team for 1.5 months. This rotation is under the direct supervision of a full-time faculty physician who is board-certified in internal medicine and the other board-certified family practice physicians. The resident on these rotations has complete knowledge of each patient's history and physical, working diagnosis, and plan of treatment. The resident rounds on each of these patients twice daily and is current on patients' progress at all times. During this time, resident may also have individual patients in the hospital for which he/she has primary responsibility.

**Residents who are on In-house I, II,III will be at the hospital each day and remain in the hospital until just after 5:00 turnover except during those times they are schedules in clinic at UTFPC.**

**The third year resident** on In-house Family Medicine is responsible for seeing the turnover rounds take place in an expeditious and professional manner and that all problems or potential problems are communicated to the residents who will be in the hospital for the following 12-24 hours. Any Family Practice consults will be seen by the In-house III (super senior) resident unless the patient already has another resident as primary physician. The In-house III is to act as a junior faculty and is responsible for reviewing all of the charts of patients admitted to the Family Practice Service on a daily basis. This resident should read about any interesting problems and place articles on the chart dealing with these problems. These articles can be obtained through the Education Department at Jackson Madison County General Hospital. In the event the size of the service precludes the reviewing of all charts during a given day, some of these may be delegated to the second year In-house Medicine II resident. The In-house III is responsible (super senior) is responsible for providing backup to the resident in the Emergency Room, Inpatient Pediatrics, and OB services.

### **Goals and Objectives for Internal Medicine:**

**The goals and objectives of this whole educational internal medicine experience for all three years of residency at UT Family Medicine Residency Program is that:**

The resident should be able to demonstrate appropriate concepts, skills, and attitudes in all areas of general internal medicine. The resident should be able to perform a complete physical exam, arrive at a logical differential diagnosis of patients' problems, order appropriate tests, correctly identify those patients requiring hospitalization, coordinate hospital and ambulatory care and follow-up patient with acute and chronic medical problems, including referral and consultation when needed. The resident should possess the skills to do a proper history and physical: interpret EKG's and recognize anomalies of rate, rhythm, and myocardial infarction; interpret routine x-rays', perform collection of body

fluids, perform ACLS, perform paracentesis and thoracentesis, insert chest tubes and central and arterial lines, emergency cardioversion, understand the monitoring of cardiac pacemakers, Swan-Ganz catheters, and intraortic balloon pump, properly use flexible fiberoptic sigmoidoscope, and perform lumbar punctures.

### **Internal Medicine Requirements According to RAP Criteria for Excellence:**

**Internal Medicine:** internal medicine experience must provide the resident with the opportunity to acquire the knowledge and skills related to the diagnosis and management of non-surgical diseases of adults.

The experience should be utilized to enhance the resident's understanding of the pathophysiology of non-surgical diagnosis and therapeutic techniques and to develop a disciplined, scientific approach to the practice of medicine.

The organization of the curriculum in internal medicine in large part will be dependent upon the organization of the delivery of patient services in the teaching environment. The experience must include both inpatient and outpatient experiences and progress from general to specific areas of content. Faculty should include family physicians, general internists, and sub specialists. The total duration of internal medicine training should be 8-12 months, including structured experiences in cardiology and critical care units (ICU/CCU), as well as education in endocrinology, pulmonary diseases, hematology and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology. Where it exists; a family practice inpatient service may be utilized to fulfill a portion of the requirement.

### **Internal Medicine Requirements According to Program Requirements for residency Education in Family Practice effective July 1, 1997:**

**Adult Medicine:** The experience must provide the resident with the opportunity to acquire the knowledge and skills necessary for the diagnosis, treatment, and management of non-surgical diseases of adults. This experience should enhance the resident's understanding of the pathophysiologic basis for non-surgical diagnostic and therapeutic techniques, and promote development of a disciplined, scientific approach to the practice of adult medicine. Faculty must include family physicians and may include internists or other specialists.

**There must be a minimum of 8 months of experience in adult medicine. At least 5 months should occur in the inpatient setting, on either a family practice or an internal medicine service. In all cases, experiences should progress from general to specific content areas, with graduated resident responsibilities and supervision.**

This training must include a separate defined critical care experience of at least one month's duration, or its equivalent, and a structured clinical experience in cardiology. The curriculum must also provide instruction in endocrinology, pulmonary diseases, hematology

and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology through lectures, rotations, or interactions with consultants.

There must be education in the prevention and detection of diseases in women. Instruction on women should also cover social issues of concern to women, including domestic violence, rape, sexual abuse, and the changing role of women in our society. Residents should have the opportunity to develop an understanding of the effect of the community on women's health care, including the epidemiology of infant mortality and prevention of teenage pregnancy. Residents must have the opportunity to learn about the mental health issues of women, including problems that are seen predominantly in women, such as eating disorders and the sequelae of sexual abuse.

08/06

## FAMILY MEDICINE – NEUROLOGY EDUCATIONAL GOALS AND OBJECTIVES

An inpatient/outpatient neurology block rotation is required at the PGY I level. This rotation provides the resident with the opportunity to work one-on-one with a subspecialty attending, with the goal of obtaining competence in the diagnosis and management of commonly occurring neurological disorders as well a patient stabilization in neurological emergencies. Neurology topics are incorporated into the noon conference schedule, and residents gain additional experience with neurological disorders while on the internal medicine an Family Medicine services and from outpatient encounters in the Family Practice Center. Educational objectives include:

**Knowledge and skills: The Family Medicine resident will gain basic understanding of:**

Medical Knowledge	Normal anatomy and physiology, including localization of neurological disease through anatomic principles
Medical Knowledge	Normal growth and development of the nervous system
Medical Knowledge	Common heritable diseases of the nervous system
Medical Knowledge	Multiple sclerosis
Medical Knowledge	Stroke/TIA
Medical Knowledge	Dementia/pseudodementia
Medical Knowledge	Effect of toxins on the CNS
Medical Knowledge	Alterations in consciousness (including coma and brain death)
Medical Knowledge	Dizziness/vertigo
Medical Knowledge	Epilepsy
Medical Knowledge	Headaches
Medical Knowledge	Infectious disorders, including meningitis, encephalitis, etc.
Medical Knowledge	Movement disorders
Medical Knowledge	Mental retardation
Medical Knowledge	Sleep disorders
Medical Knowledge	Chronic pain syndromes
Medical Knowledge	Peripheral neuropathies
Medical Knowledge	Closed head injury
Medical Knowledge	Principles of rehabilitation
Medical Knowledge	Increased intercranial pressure
Medical Knowledge and System Based Practice	Indications for laboratory/radiological investigation

**Neurological skills: The Family Medicine resident will develop and demonstrate the following skills:**

Competency	Description
Patient Care and	

Interpersonal and Communication Skills	Taking a thorough history and performing a complete neurological exam
Patient Care and Interpersonal and Communication Skills	Localization of anatomic lesions based on physical findings
Patient Care and Interpersonal and Communication Skills	Lumbar puncture
Patient Care and Interpersonal and Communication Skills	Evaluation of mental status

## **FAMILY MEDICINE – OBSTETRICS EDUCATIONAL GOALS AND OBJECTIVES**

The goal for family medicine education in obstetrics will be that residents achieve competence in managing routine obstetrical encounters. That they become proficient in the recognition, management and appropriate triage of problem obstetrical patients.

At the completion of the three-year program, the residents will be competent in providing high quality obstetrical care; both the management of antepartum visits, labor, and delivery.

Educational objectives for the family medicine residents in this are will include:

Knowledge: The family medicine resident will develop knowledge of:

Medical Knowledge and Patient Care	The role of the primary care provider in preparing the family for the new child (preconception and prenatal counseling)
Medical Knowledge	The physiology and psychology of pregnancy
Medical Knowledge, Patient Care, and Systems-Based Practice	Pregnancy risk assessment systems and their implementation
Medical Knowledge and Patient Care	Common problems in each trimester of pregnancy
Medical Knowledge, Patient Care, and Systems-Based Practice	Perinatal regional planning and referral systems
Medical Knowledge, Patient Care, and Systems-Based Practice	Indications and diagnosis for C-Section
Medical Knowledge, Patient Care, and Systems-Based Practice	Diagnosis and management of Laboring patient
Medical Knowledge, Patient Care, and Systems-Based Practice	Diagnosis and management of Intra-amniotic infection
Medical Knowledge and Patient Care	Diagnosis and management of postpartum hemorrhage
Medical Knowledge, Patient Care, and Interpersonal and Communications Skills	Counseling women regarding breast feeding
Medical Knowledge and Patient Care	Drug use during pregnancy and lactation (legal and illegal)
Medical Knowledge and Patient Care	Management of postpartum patient
Medical Knowledge and Patient Care	Management of postpartum surgical patient
Patient Care and Interpersonal and Communication Skills	Establishing rapport with the obstetrical patient and her family
Patient Care, Interpersonal and Communication Skills, and Systems-Based Practice	Prenatal screening.
Medical Knowledge and Patient Care	Clinical Pelvimetry and pregnancy dating criteria
Medical Knowledge and Patient Care	Utilizing risk assessment protocols in antipartum fetal survialance
Medical Knowledge and Patient Care	Assessing normal growth and position of fetus
Medical Knowledge and Patient Care	Evaluating fetal maturity and fetoplacental adequacy
Medical Knowledge and Patient Care	Diagnosis and management of diabetes in

	pregnancy
Medical Knowledge and Patient Care	Diagnosis and management of pre-term labor
Medical Knowledge and Patient Care	Diagnosis and management of preeclampsia in pregnancy
Medical Knowledge and Patient Care	Diagnosis and management of asthma in pregnancy
Medical Knowledge and Patient Care	Diagnosis and management of urinary tract infections
Medical Knowledge and Patient Care	Active management of labor, oxytocin, use of fetal scalp electrode, IUPC
Medical Knowledge and Patient Care	Interpreting fetal monitoring
Medical Knowledge and Patient Care	Use of obstetrical anesthesia
Medical Knowledge and Patient Care	Spontaneous cephalic deliveries and vacuum assisted vaginal deliveries
Medical Knowledge and Patient Care	Resuscitating infant and providing basic newborn care
Medical Knowledge and Patient Care	Use of local anesthetics in obstetrics
Medical Knowledge and Patient Care	Diagnosis, management and repair of perineal lacerations including fourth degree extensions
Medical Knowledge and Patient Care	Diagnosis and management of retained placenta
Medical Knowledge and Patient Care	Performing exploration of vagina, cervix, and uterus
Medical Knowledge and Patient Care	Diagnosis, management and appropriate patient selection for induction of labor
Medical Knowledge and Patient Care	Diagnosis and management of postpartum Endometritis
Medical Knowledge and Patient Care	Diagnosis and management of postpartum Hypertensive disorders
Medical Knowledge and Patient Care	Diagnosis and management of mastitis

11/16/revised

## Ophthalmology Rotation Syllabus

Overall goal/purpose:

To expose Family Medicine residents to frequent conditions that effect functioning of the eye and associated symptoms that may present for primary evaluation. An understanding of how a specialist deals with these conditions will allow for the resident to better develop initial plans for evaluation, treatment and follow-up of these conditions. Also, the resident will gain a better appreciation for distinguishing between those conditions which require immediate consultation and those that do not.

The American Academy of Family Practice web site has published guidelines with specific recommendations for residents. The following list is taken from the AAFP website. A more thorough list of specific goals can be obtained at the following web site.

<http://www.aafp.org/online/en/home/aboutus/specialty/rap/eduguide/eyecond.html>

Also, the following text has been recommended for reading by Dr's Bateman and Sullivan who typically serve as the primary instructors during this rotation.

Bradford, Cynthia. Basic Ophthalmology for Medical Students and Primary Care Residents. American Academy of Ophthalmology. 1999.

Specific Goals:

To become familiar with the presenting complaints, appropriate diagnostic evaluation, treatment protocols and underlying pathology of the following conditions:

1. Refractive errors
  1. Nearsightedness (myopia)
  2. Farsightedness (hyperopia)

3. Presbyopia
2. Skin and adnexal disorders
  1. Infections
    1. Hordeolum
    2. Preseptal cellulitis
    3. Orbital cellulitis
    4. Dacryocystitis
  2. Inflammation
    1. Graves' disease
    2. Chalazion
  3. Eyelid disorders
    1. Entropion and extropion
    2. Ptosis
  4. Benign tumors
    1. Milia
    2. Papilloma
    3. Keratoacanthoma
    4. Nevus
    5. Xanthelasma
    6. Dermoid
  5. Malignant tumors
    1. Basal cell carcinoma
    2. Squamous cell carcinoma
    3. Lymphoma
    4. Malignant melanoma
    5. Retinoblastoma
3. Conjunctival disorders
  1. Conjunctivitis
    1. Viral conjunctivitis
    2. Herpes simplex conjunctivitis
    3. Herpes zoster conjunctivitis and keratitis
    4. Bacterial conjunctivitis
    5. Allergic conjunctivitis
  2. Conjunctival nevus
    1. Pterygium
    2. Pinguecula
  3. Conjunctival tumors
4. Corneal diseases
  1. Superficial trauma/infections
    1. Corneal abrasion
    2. Keratitis
    3. Corneal ulcers
  2. Dry eye and associated diseases
5. Iritis
  1. Unequal pupils
  2. Afferent pupillary defect

3. Adie's pupil
4. Horner's syndrome
6. Cataracts
7. Glaucoma
8. Retinal disease
  1. Associated with visual loss
    1. Central retinal vein occlusion
    2. Branch retinal vein occlusion
    3. Central retinal artery occlusion
    4. Retinal detachment and vitreous hemorrhage
  2. Associated with medical conditions
    1. Hypertension
    2. Diabetes mellitus
  3. Macular degeneration
  4. Age-related changes
9. Optic nerve disorder
10. External muscular disorders
  1. Cranial nerve palsies
11. Trauma
  1. Blunt
  2. Penetrating
2. Appropriate indications for special procedures in ophthalmology and ophthalmoradiology
  1. Fluorescein angiography
  2. Ocular ultrasound
  3. Visual field testing
  4. Magnetic resonance imaging/Computed tomography of the eye
3. Implications of recommendation for refractive eye surgery
4. Prevention of eye injury and vision loss

## **Orthopedics Rotation Goals and Objectives**

### **Overall goal/purpose:**

To expose Family Medicine residents to frequent conditions that effect functioning of the musculoskeletal system and associated symptoms that may present for primary evaluation. An understanding of how a specialist deals with these conditions will allow for the resident to better develop initial plans for evaluation, treatment and follow-up of these conditions. Also, the resident will gain a better appreciation for distinguishing between those conditions which require immediate consultation and those that do not.

The American Academy of Family Practice web site has published guidelines with specific recommendations for residents. The following list is taken from the AAFP website. A more thorough list of specific goals can be obtained at the following web site.

<http://www.aafp.org/online/en/home/aboutus/specialty/rap/eduguide/musculoskeletal.htm>

Also, the following texts have been recommended by Dr. Warmbrod who serves as one of the major instructors during this rotation.

Greene, Walter. Essentials of Musculoskeletal Care. American Academy of Orthopaedic Surgeons/American Academy of Pediatrics. 2003

Simon, Robert and Steven Koenigsnecht. Emergency Orthopedics: The Extremities. McGraw Hill. 2001

### **Specific Goals:**

To become familiar with the presenting complaints, appropriate diagnostic evaluation, treatment protocols and underlying pathology of the following conditions:

1. Joint pain, swelling and erythema
2. Muscular pain, swelling and injury
3. Musculoskeletal trauma
4. Fractures
5. Dislocations
6. Tendon injuries
7. Nerve injuries
8. Bone and joint deformities

9. Bone and joint infections
10. Metabolic bone diseases
11. Musculoskeletal congenital anomalies
12. Musculoskeletal birth injuries
13. Compartment syndrome
14. Avascular necrosis
15. Osteoporosis
16. Overuse syndromes

#### Pediatric problems

17. Hip dislocation
18. Congenital hip dysplasia
19. Legg Calvé-Perthes disease
20. Osgood-Schlatters disease
21. Slipped capitofemoral epiphysis
22. “Clubfoot” (talipes)
23. Intoeing (metatarsus adductus, tibial torsion, femoral anteversion)
24. “Bow leg” (genu varum) and “knock knee” (genu valgum)
25. Epiphyseal injuries in children according to the Salter-Harris classification
26. Transient synovitis
27. Child abuse

## EDUCATIONAL GOALS AND OBJECTIVES

The overall goal of the pediatrics portion of the educational experience is for the individual resident to achieve competence in diagnosing and treating common pediatric conditions and recognition of conditions that require referral. Specific objectives are as follows:

During the four months block experience in pediatrics, residents are able to see and participate in many facets of pediatric medical care including the newborn nursery, the neonatal intensive care unit, pediatric ICU, and generalized inpatient pediatrics. The pediatric outpatient experience will include the care of acute illness and well childcare, as well as follow-up of children who have been discharged from the hospital. Other educational experiences in pediatrics include:

- Providing medical care for children in the Family Practice Center
- Availability of on-going consultation from pediatric staff members
- Elective rotations during the third year
- Regular conferences and didactic lectures during the three-year program

**Basic Knowledge: The family medicine resident will develop an understanding of:**

Competency	Description
	Norms in growth and development and principles of assessing
Medical Knowledge	<ul style="list-style-type: none"> <li>• Physical and motor development</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Psychosocial development</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Language development</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Adaptive behavior</li> </ul>
Medical Knowledge and Systems-Based Practice	Family systems and other factors influencing growth and development of the child
Medical Knowledge	Interrelationship of physical, social and emotional problems
Medical Knowledge	Common allergic and immune diseases of childhood
Medical Knowledge	Common communicable diseases of children
Medical Knowledge	Asthma
Medical Knowledge	Recognition of endocrine abnormalities
Medical Knowledge	Neurologic disease in children
Medical Knowledge	Immunizations
Medical Knowledge	Orthopedic abnormalities in children
Medical Knowledge	Management of the handicapped child
Medical Knowledge	Recognition and management of common behavioral and psychiatric conditions in childhood
Medical Knowledge	Pharmacology and fluid management in the child
Medical Knowledge	Health education concepts
Medical Knowledge	Recognition and management of common disorders in the neonate
Medical Knowledge	HIV in the pediatric population
Medical Knowledge	Common dermatologic disorders

**Skills: The family medicine resident will demonstrate basic skills in:**

Competency	Description
	Immediate care of the newborn

Patient Care	<ul style="list-style-type: none"> <li>• Apgar scoring</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Nasopharyngeal suction</li> </ul>
Medical Knowledge and Patient Care	<ul style="list-style-type: none"> <li>• Early identification of the infant in distress</li> </ul>
Medical Knowledge and Patient Care	<ul style="list-style-type: none"> <li>• Indications and methods of oxygen administration</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Endotracheal intubation</li> </ul>
Medical Knowledge and Patient Care	<ul style="list-style-type: none"> <li>• Principles of stabilization and transfer of the high risk neonate</li> </ul>
	Routine neonatal care
Medical Knowledge, Patient Care and Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>• History and physical examination</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Management of nutritional issues</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Tube feeding</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Starting an IV drip</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Circumcision</li> </ul>
	Care of infants and children
Patient Care	<ul style="list-style-type: none"> <li>• Cardiopulmonary resuscitation</li> </ul>
Medical Knowledge and Patient Care	<ul style="list-style-type: none"> <li>• History and physical examination, including assessment of growth and development</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Fluid and electrolyte management</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Venous and arterial blood sampling</li> </ul>
Patient Care	<ul style="list-style-type: none"> <li>• Lumbar puncture</li> </ul>
Patient Care and Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>• Parental education</li> </ul>

**Basic knowledge in adolescent health: The Family Medicine resident will develop a basic knowledge of:**

<b>Competency</b>	<b>Description</b>
Medical Knowledge	Normal anatomy and physiology of puberty
Medical Knowledge	Tasks and stages of adolescence
	Psychological growth and development during puberty:
Medical Knowledge	<ul style="list-style-type: none"> <li>• Body image issues</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Sexuality</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Mood/behavior disorders</li> </ul>
Medical Knowledge and Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>• Family/parental relationships</li> </ul>
Medical Knowledge	Adolescent athletics
	Variations in growth and development:
Medical Knowledge	<ul style="list-style-type: none"> <li>• Short/tall stature</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Precocious/delayed puberty</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Menstrual irregularities</li> </ul>
Medical Knowledge	Violence
Medical Knowledge	Malignancies
Medical Knowledge and	Substance abuse

Systems-Based Practice	
Medical Knowledge	Infectious disease common in adolescents

**Skills in Adolescent Health Care: The Family Medicine resident will acquire and demonstrate skills as follows:**

<b>Competency</b>	<b>Description</b>
Patient Care and Interpersonal and Communication Skills	History and physical examination of the adolescent
Patient Care, Professionalism, and Systems-Based Practice	Show appropriate understanding of confidentiality and legal rights
Patient Care, Interpersonal and Communication Skills, and Systems-Based Practice	Dealing with adolescents in the context of their family and community
Patient Care, Interpersonal and Communication Skills, and Professionalism	Age appropriate preventive assessment and counseling

## **Family Medicine – Radiology Educational Goals and Objective**

**Preceptors:**

Dr. James Ellis, Jr.	Dr. Hunter Welles	Dr. Allen Schlamp
Dr. Kevin Sentell	Dr. Tim Crossett	Dr. Matt Graham
Dr. Shawn Isaeff	Dr. Robert Wissman	Dr. John Crocker
Dr. Naraseea Howard	Dr. Steve Feick	Dr. Jay Crowther
Dr. Brock McDaniel	Dr. Gregory Bruno	Dr. Daniel Fullmer
Dr. Tony Ghodadra	Dr. Dennis Hulm	Dr. Pamela Jamieson

Faculty Coordinator: Dr. Erika Creech

**Places of Rotation:**

Jackson Madison County General Hospital  
708 West Forrest Avenue  
Jackson TN 38301

University of Tennessee Family Practice Center  
294 Summar Drive  
Jackson TN 38301

The specialty of radiology encompasses diagnostic imaging as well as therapeutic intervention. This two week rotation in the PGY I year serves as a jump-start for learning the capabilities of a hospital radiology department and learning to appropriately apply radiology to the primary care practice. In addition, the resident will develop proficiency in interpreting routine x-rays, with plain film topics heavily stressed in the teaching files at UT Family Practice Center and with the board certified radiologist at the Jackson Madison County General Hospital.

Recognizing the importance of radiology in the practice of medicine, there are several longitudinal experiences and other rotations in place at the Jackson residency that should be mentioned. Longitudinally, the resident has immediate faculty involvement on the interpretation of all x-rays taken at the UTFPC at the point of care. Radiology topics that are covered in depth on other rotations include the early dating scan with bedside ultrasound and opportunities for proficiency in limited OB ultrasound (crown:rump length) on the GYN rotation, and office radiology with safety and business aspects on the MFPU rotation. Many clinical rotations have large radiology components such as orthopedics, in-house medicine, emergency medicine, and obstetrics. The cognitive and behavioral objectives for the radiology rotation, are comprehensive, and should thus be viewed as skills that develop throughout the residency experience.

The general goals of the UT Jackson Family Medicine Program Radiology rotation are as follows:

<b>Competency</b>	<b>Description</b>
Patient Care, Medical Knowledge, System Based Practice	Develop knowledge of radiology exams and therapeutic procedures and their indications, limitations, proper sequence for ordering available exams based on the clinical picture, and complications.
Medical Knowledge	Develop skills in the interpretations of various x-rays
Medical Knowledge	Demonstrate improved ability to interpret a radiology report
Patient Care	Demonstrate improved understanding of patient selection, patient preparation, and need to protect patients from excess radiation exposure

Patient Care	Develop improved ability to recognize and treat complications of radiologic procedures
System Based Knowledge, Patient Care	Develop knowledge of the costs of various radiologic exams
Medical Knowledge	Develop proficiency in interpreting commonly ordered x-rays such as chest, skull, spine abdomen and extremities
Patient Care, System Based Practice	Develop an understanding of the safety considerations, business and legal aspects involved in office radiology
Patient Care	Proper selection of a diagnostic test
Interpersonal	Proper consultation for interventional radiology
Medical Knowledge	Skill in interpreting commonly ordered radiographs such as the PA an lateral chest, AP chest, KUB, flat and upright abdomen, spine, skull and sinus, and extremities

### **Implementation**

The radiology rotation is a two week rotation during the PGY 1 year. During this time the residents are paired with a board certified radiologist at JMCGH. In addition, one day is spent with our American College of Radiology teaching file, which is available for self study at all times for all residents in training. Further implementation of the goals will be achieved in the other rotational experiences, in the clinic experience and in the conferences.

### **Evaluation**

The process of education must be a dynamic, interrelated one. This process includes the formulation of educational goals and objectives, the process of teaching, and the evaluation which enables us to assure that what we have sought has been done and accomplished.

At the end of the rotational experience, evaluations completed by the residents and precepting clinical specialist will be viewed in a positive, formative manner, improving the resident as a physician, as well as improving the training. A computer based pre and post test for selected rotations is also being considered for implementation at the time of the writing of this update.

## FAMILY MEDICINE – RHEUMATOLOGY EDUCATIONAL GOALS AND OBJECTIVES

Family Medicine residents are exposed to rheumatology through scheduled lectures during noon conference and through one-on-one teaching with the Family Medicine faculty during the course of caring for rheumatologic conditions in patients within the residency panel. Residents also provide care for patients in the hospital who have rheumatologic problems. Our residency program admits unassigned medicine patients from our emergency room and these patients have a variety of problems including rheumatologic problems. Finally, residents can also choose to do an elective with a local rheumatologist to receive further training in this area.

### **Knowledge and skills: The Family Medicine resident will:**

<b>Competency</b>	<b>Description</b>
Medical Knowledge	Recognize and distinguish major rheumatology syndromes
Patient Care	Perform physical examination of the musculoskeletal system at a level appropriate for family medicine physicians
	Understand the fundamentals of treatment of common rheumatologic disorders including
Medical Knowledge	metabolic bone disease
Medical Knowledge	rheumatoid arthritis
Medical Knowledge	osteoarthritis

Medical Knowledge	crystal induced arthritis
Medical Knowledge	connective tissue diseases
Medical Knowledge	spondyloarthropathies
Medical Knowledge	Understand concepts of joint aspiration and injection, as well as synovial fluid analysis

## FAMILY MEDICINE – SPORTS MEDICINE EDUCATIONAL GOALS AND OBJECTIVES

The sports medicine rotation is a 100 hour experience gained by one block rotation and other longitudinal experiences. Other educational experiences in sports medicine include conferences; and didactic programs during the 3 year program. The sports medicine rotation will include the total care of the athlete including performance of pre-participation sports physicals, assessment of common injuries, knowledge of treatment and rehabilitation.

**Basic Knowledge – The Family Medicine Resident must develop basic knowledge in the following areas:**

<b>Competency</b>	<b>Description</b>
Medical Knowledge and Systems-Based Practice	Role of exercise in health promotion
Medical Knowledge	Pre-participation evaluations
Medical Knowledge and Systems-Based Practice	Injury prevention (equipment, taping techniques, coaching Techniques, environment)
Medical Knowledge and Systems-Based Practice	Conditioning and training techniques
Medical Knowledge and Systems-Based Practice	Exercise prescription
Patient Care and Interpersonal and Communication Skills	Role of family physician as a team physician (including on-site supervision)
Medical Knowledge and Patient Care	Assessment and care of acutely injured athlete
Medical Knowledge and Patient Care	Medical management of the athlete, including sports specific injuries
Medical Knowledge and	Rehabilitation of ill and injured athletes

Patient Care	
Medical Knowledge and Patient Care	Exercise as a treatment
Medical Knowledge and Systems-Based Practice	Medical equipment and supplies
Medical Knowledge, Interpersonal and Communication Skills, and Systems-Based Practice	Medical decision-making (interaction with the athlete, coach, parents, and consultants)

**Skills – The Family Medicine Resident must develop skills and demonstrate the following:**

<b>Competency</b>	<b>Description</b>
Patient Care	Perform history and physical
Patient Care	Promote preventive techniques including physical training and safety
Patient Care and Systems-Based Practice	Manage athletic event
Medical Knowledge and Patient Care	Assess and care for acutely injured
Medical Knowledge and Patient Care	Assess and care for the ill athlete
Medical Knowledge and Patient Care	Assess and care for specific sports injuries
Medical Knowledge, Patient Care, and Systems-Based Practice	Rehabilitation
Medical Knowledge and Patient Care	Prescribe appropriate exercises based on pre-participation evaluation
Patient Care and Systems-Based Practice	Use medical equipment and supplies such as taping and strapping techniques

## **FAMILY MEDICINE SURGERY EDUCATIONAL GOALS AND OBJECTIVES**

The overall goal for the educational experience provided in the areas of general surgery, trauma surgery, office orthopedic surgery and sports medicine, office ENT surgery, office urology, and office ophthalmology will be that residents acquire fundamental knowledge and technical proficiency in the surgical procedures commonly performed by family physicians in the Southeast--particularly more rural areas that they understand the principles of surgical management of disease; and that they gain competence in recognizing diagnosing, and appropriately referring patients with surgical problems.

### **General Surgery**

At the PGY 1 level each resident will be required to spend two one-month blocks on a general surgery rotation. Family medicine residents will be assigned to an attending surgery faculty member throughout the rotation. The only time residents will not be working with the surgery attending would be for one or two half-day sessions in the Family Practice Center each week or during their attendance at required conferences.

The purpose of the general surgery experience for family medicine residents is they gain an understanding of the evaluation of general surgery cases and the special pre-operative and post-operative care they require, with a particular emphasis on minor same day or outpatient surgery.

Resident will assist in the operating room whenever possible. Resident will also assist in various surgery outpatient clinics with the surgery attending to gain experience in that setting.

The educational objectives for the General Surgery Rotation include:

### **General Surgery and Related Subspecialty Knowledge**

**The family medicine resident will develop knowledge of:**

<b>Competency</b>	<b>Description</b>
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Medical Knowledge	History and physical assessment relative to surgical intervention
Medical Knowledge	Criteria for surgical consultation and intervention
Medical Knowledge, Professionalism, and Systems-Based Practice	Ethical considerations relative to surgical intervention (quality and quantity of life, alleviation of pain, informed consent, etc.)
Medical Knowledge	Principles of sterile techniques and the use of basic surgical instruments
Medical Knowledge	Wound physiology and the healing process

Competency	Description
	Pre-operative evaluation and shared-care management of:
Medical Knowledge	• Fluid and electrolyte balance
Medical Knowledge	• Pre-medications and assessment of risk
Medical Knowledge	• Assessment of pre-operative disease status or precautionary considerations (e.g. diabetes, heart disease, blood dyscrasias, birth control agents, psychological problems, etc.)
Medical Knowledge	• Anticipated blood requirements for surgery
Medical Knowledge	• Bowel preparation for surgery
Medical Knowledge	• Nutritional status and requirements
Medical Knowledge	Shared-care post-operative management including
Medical Knowledge	• Electrolyte, acid base and fluid balance
Medical Knowledge	• Appropriate use of antibiotics
Medical Knowledge	• Appropriate use of analgesics
Medical Knowledge	• Wound care
Medical Knowledge	• Nutritional requirements
Medical Knowledge	• Physical activity
Medical Knowledge	• Bowel and kidney functions
Medical Knowledge	• Suctions and drains
	Shared-care evaluations and management of post-operative complications including
Medical Knowledge	• Behavioral abnormalities
Medical Knowledge	• Fever
Medical Knowledge	• Pneumonia
Medical Knowledge	• Respiratory insufficiency or atelectasis
Medical Knowledge	• Pulmonary embolism
Medical Knowledge	• Wound dehiscence or infection
Medical Knowledge	• Ileus

Medical Knowledge	• Transfusion reaction
Medical Knowledge	• Hemorrhage and shock
Medical Knowledge	• Thrombophlebitis
Medical Knowledge	• Nutritional compromise
Medical Knowledge	• Urinary retention and oliguria
Medical Knowledge	• Urinary tract infection

**General Surgery and Related Skills -- The family medicine resident may acquire and demonstrate the following skills during their surgery rotation. However residents should acquire and demonstrate the majority of these skills in a longitudinal fashion throughout their residency training:**

<b>Competency</b>	<b>Description</b>
Patient Care	Demonstrate competence in principles in sterile techniques
Medical Knowledge, Patient Care, and Systems-Based Practice	Evaluate patients for surgical intervention and appropriately refer
Patient Care	Demonstrate capability in assisting with a broad spectrum of general surgical procedures
	Demonstrate proficiency in certain surgical skills a family practitioner may be called upon to perform including
Patient Care	• Incision and drainage of a lesion
Patient Care	• Performing a tissue biopsy
Patient Care	• Suturing an incision or laceration
Patient Care	• Excising uncomplicated superficial skin lesions and cysts
Patient Care	• Removing a superficial foreign body
Patient Care	• Performing emergency care such as cutdowns, tracheostomy, and hemostatis procedures
Patient Care	• Performing a paracentesis, thoracentesis, diagnostic peritoneal lavage, chest tube placement and subclavian vein catheterization
Patient Care	• Treating first and second degree and minor third degree burns
Patient Care	Demonstrate capability in managing follow-up care for surgical procedures

## **Trauma Rotation Elective Goals and Objectives**

Overall goal/purpose:

To expose Family Medicine residents to frequent conditions that are seen in emergency settings for which a trauma surgeon's expertise is required. A better understanding of how a trauma surgeon evaluates, stabilizes and treats a variety of conditions will better prepare the resident to function in the role of an emergency room physician.

Participation in a certified ATLS (Advanced Trauma Life Support) by the American College of Surgeons is recommended for all residents who are interested in functioning as an emergency room physician as well as those who chose to take the Trauma elective.

The American Academy of Family Practice web site has published guidelines with specific recommendations for residents. The following list is taken from the AAFP website. A more thorough list of specific goals can be obtained at the following web site.

<http://www.aafp.org/online/en/home/aboutus/specialty/rap/eduguide/urgentcare.html>

Also, recommended readings for this elective include the following.

Tintinalli, Judith et al. Emergency Medicine: A comprehensive study guide.  
American College of Emergency Physicians. 1999

Section Twenty: Trauma  
Topics 243 - 258 pages 1609 – 1739

Specific Goals:

To become familiar with the presenting complaints, appropriate diagnostic evaluation, treatment protocols and underlying pathology of the following conditions:

- A. Principles of Care
  - 1. Pre-hospital emergency care
    - a. Emergency medical systems
    - b. Communication systems and protocols
  - 2. Prioritization and triage

3. Resuscitation and stabilization
  4. Reassessment and monitoring
  5. Consultation
  6. Disposition
- B. Assessment and management of
1. Trauma
    - a. Primary and secondary assessment
    - b. By mechanism of injury
      - i. Blunt trauma (e.g. heart, lung, intra-abdominal organ rupture)
      - ii. Penetrating trauma (gunshot, stab wounds)
  2. By site of injury
    - a. Head and neck
    - b. Spine and spinal cord
    - c. Facial
    - d. Soft tissue (lacerations, avulsions, contusions)
    - e. Chest
    - f. Abdomen
    - g. Extremities
    - h. Genital/urinary

## EDUCATIONAL GOALS AND OBJECTIVES

The overall goal for the educational experience provided in the areas of general surgery, trauma surgery, office orthopedic surgery and sports medicine, office ENT surgery, office urology, and office ophthalmology will be that residents acquire fundamental knowledge and technical proficiency in the surgical procedures commonly performed by family physicians in the Southeast--particularly more rural areas that they understand the principles of surgical management of disease; and that they gain competence in recognizing diagnosing, and appropriately referring patients with surgical problems.

During the third year family medicine residents will be assigned to a two-week block rotation in urology. They will be assigned a urology faculty member who has agreed to work with the family medicine residents. Although this will be primarily an outpatient rotation following patients pre- and post-operatively in the faculty member's office (at least three days each week), the resident will observe and assist the urologist in the operating room whenever possible to gain a better understanding of urological problems.

Also, through ongoing care of families in the UT Family Practice Center, residents by the end of training will have achieved an increased level of surgical competence in regard to the assessment of patients for surgical intervention, the performance of minor surgery procedures in this ambulatory setting, and scheduled lectures addressing topics in this field.

### Urology

#### **Basic Knowledge and Skills in Urology**

<b>Competency</b>	<b>Description</b>
Medical Knowledge and Patient Care	Diagnose and treat common urological problems which do not necessitate treatment by a subspecialist (prostatitis, urethritis, cystitis, pyelonephritis, epididymitis, enuresis, incontinence and unobstructed renal calculi)
Medical Knowledge, Patient Care, and Systems-Based Practice	Stabilize and refer (when appropriate) to a subspecialist urological problems (acute urinary retention, unresponsive incontinence, impotence, complicated nephrolithiasis, testicular torsion, urethral stricture, carcinoma of the bladder, kidney, or prostate, etc.)
Medical Knowledge and Patient Care	Perform a urological examination (including rectal exam of the prostate)
Medical Knowledge and Patient Care	Understand urologic procedures--especially those which might be performed commonly by a family practitioner in rural areas (Foley catheter insertion, suprapubic bladder aspiration, prostatics massage, circumcision of the newborn, vasectomy, etc.)