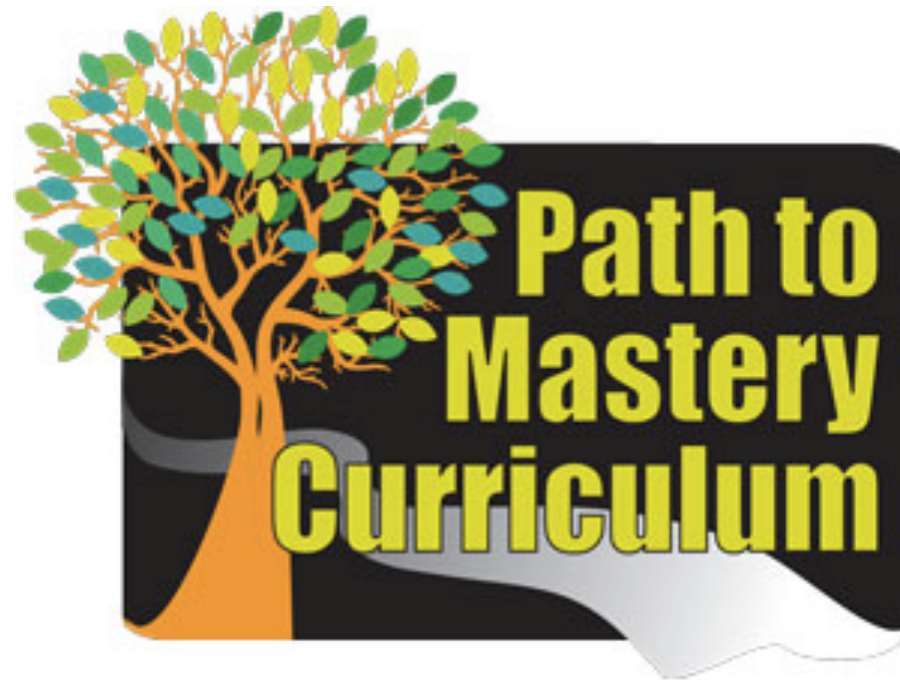


American College of Osteopathic Internists



Program Director Manual
2013-2014

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ACOI Education Mission Statement (2013, pending ACOI Board approval)

Dedicated to providing a spectrum of education that empowers members to provide high quality, high value care in their communities

Instructions

Please familiarize yourself with the contents of the entire manual.

Two of the AOA *Basic Standards for Residency Training in Internal Medicine* address The Path to Mastery Curriculum.

4.8 The program's learning activities must incorporate the outcomes defined by the active elements of The Path To Mastery Curriculum.

- Whenever possible, avoid creating additional work for you and your faculty
 - Review your existing learning activities to determine if they help you to meet the outcomes
 - A separate learning activity is not necessary for each outcome
 - Learning activities can be combined to address more than one outcome
- You will be required to demonstrate the learning activities related to each outcome during the inspection process
 - Inspectors will randomly select a minimum of one outcome from each outcome category
 - You will be asked for documentation of the learning activities addressing each outcome
 - 80% of the randomly selected outcomes must have documentation for the standard to be met

4.9 The program must demonstrate that its trainees are achieving the outcomes defined by the active elements of The Path To Mastery Curriculum.

- There are seventy-eight (78) outcomes to be achieved **by each of your trainees** over the course of their three-year residency
- You will be required to demonstrate how trainees are achieving the outcomes during the inspection process
 - Inspectors will randomly select a minimum of one outcome from each outcome category
 - You will be asked for documentation to show how they have been met by trainees
 - 80% of the randomly selected outcomes must have documentation for the standard to be met

We suggest that individual outcomes be assigned to specific faculty members based upon alignment with their professional interests or areas of expertise. Dividing teaching and evaluation among faculty members may help to reduce redundancy (except where needed) and improve the quality of feedback and evaluation by reducing variability.

Semi-annual meetings are required for all trainees. Checkpoints indicate when an outcome should be met. The table below shows how **Checkpoints** relate to **semi-annual meetings**.

Checkpoint 1	1 st Semi-annual meeting	Middle of OGME1
Checkpoint 2	2 nd Semi-annual meeting	End of OGME1
Checkpoint 3	3 rd Semi-annual meeting	Middle of OGME2
Checkpoint 4	4 th Semi-annual meeting	End of OGME2
Checkpoint 5	5 th Semi-annual meeting	Middle of OGME3
Checkpoint 6	6 th Semi-annual meeting	End of OGME3

All of the outcomes should be achieved by the mid-point of the 3rd OGME year, but no later than the end of the 3rd OGME year.

The final six months should focus on refinement of entrustable professional activities (EPAs) in a semi-autonomous, practice ‘look-alike’ environment.

Section I – Introduction

A. Overview

This manual is intended to provide osteopathic internal medicine residency program directors with the information required to implement The ACOI Path to Mastery Curriculum.

The ACOI Path to Mastery Curriculum has been organized around the original seven AOA core competencies. It reflects, however, specific areas (outcome categories) of osteopathic medicine felt to be important to physician success for at least 10 years into the future (and likely beyond). These outcome categories are:

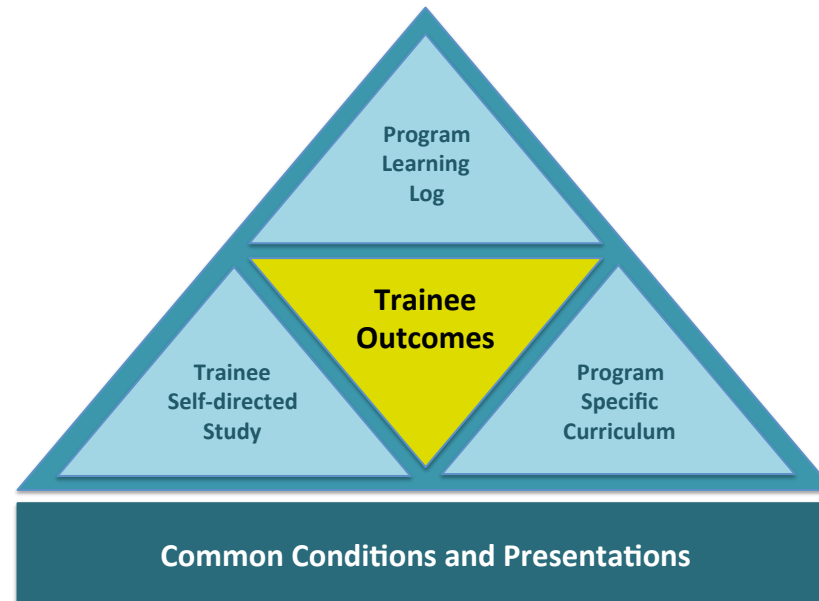
- Category 1 Osteopathic Principles and Practice
- Category 2 Ethical Practice of Medicine
- Category 3 Medical Practice and Procedures
- Category 4 Information Management and Scholarly Activity
- Category 5 Cultural Awareness and Minority Health
- Category 6 Business of Healthcare

The ACOI Path to Mastery Curriculum is comprised of four major components built upon a foundation formed by the most common conditions and presentations evaluated and treated by general internists. The four major components are:

- Trainee Outcomes
- Program Learning Log
- Trainee Self-directed Study
- Program Specific Curriculum

Each component is described in this program director manual.

The ACOI Path to Mastery Curriculum Components



The ACOI Path to Mastery Curriculum is a living document. This means it must be reviewed and updated on a regular basis. You are a critical part of the review process. We will be looking for your feedback and best practice contributions.

This new curriculum creates ample opportunity for us to contribute to the literature on medical education research. It is important we demonstrate an impact arising from implementation of the outcomes.

B. History

Beginning in the fall of 2007, Task Force and Committee members of the American College of Osteopathic Internists (ACOI) were asked to identify knowledge, skills, and behaviors of importance to the practicing internist now and 10 years into the future. We relied heavily upon a balanced mixture of teaching and non-teaching internists from across a spectrum of practice experience to accomplish this work. The knowledge, skills, and behaviors were codified and expressed as measurable outcomes within a new competency-based internal medicine curriculum. The result is an outcome-derived, checkpoint-driven curriculum intended to deliver a training experience that will prepare our trainees for current and future practice environments.

The ACOI Path to Mastery curriculum provides centralized expectations for all general internal medicine residents. The curriculum does not describe how each outcome is to be achieved. Instead, each training program is allowed to use its local resources creatively to assure residents are taught and assessed in a manner that allows them to meet the expectations of the curriculum. This model has the potential to allow for intra-program and inter-program (regional, state, national, etc.) comparisons of performance by internal medicine residents. A three-year phased deployment of The ACOI Path to Mastery Curriculum ends on June 30, 2013.

The ACOI Path to Mastery Curriculum offers an opportunity to create a lesson plan for trainers and a meaningful learning plan for trainees across ***all internal medicine residency programs***. The design lends itself to developing trainee portfolios in which accomplishments can be documented as they are achieved.

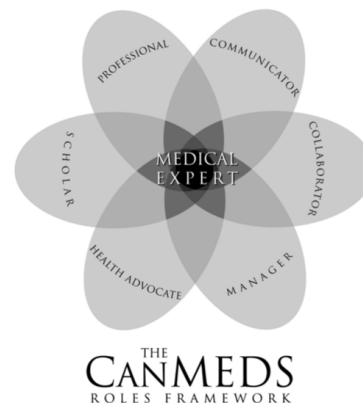
- **Expectations** are set by providing defined outcomes as a roadmap for the trainee to follow while progressing through each OGME year.
- **Resources** (knowledge, skill, attitude, etc.) necessary to achieve the outcomes are provided using any number of defined learning activities. These can be anecdotal (self-directed learning) or highly structured (simulation experience).
- **Feedback** is provided through performance evaluations occurring at regular intervals, intended to build upon previous experiences. Evaluations are made easier by the presence of the checkpoints. A trainee achieving an outcome by the

desired checkpoint has performed 'as expected' (at the mid-point on a 3 or 5 point Likert scale). Using 'as expected' as a reference, early performance of the outcome suggests the trainee is performing 'above expectations,' while late performance of the outcome suggests the trainee is 'below expectations.'

- **Consequences** exist in a competency-based training system for not meeting expectations, typically a failure to progress. Early performance of desired outcomes, however, may (eventually) lead to accelerated completion of the training program.

In addition, the curriculum:

- Provides a structured, but flexible operating framework for all ACOI internal medicine training programs
- Provides recommended outcomes for all trainees participating in ACOI-sponsored internal medicine training programs
- Provides recommended checkpoints associated with each outcome for all trainees participating in ACOI-sponsored internal medicine training programs
- Provides options for meeting the AOA requirement to teach and assess the seven domains of physician competency
- Supports production of the desired product upon program completion-the *osteopathic* medical expert (in reference to the CanMEDS medical expert model)



Areas for further development include:

- Creating specific methods for monitoring overall outcomes, including subjective and objectives measures; this is an opportunity for the ACOI and the osteopathic profession as a whole
- Creating a process for ongoing management and refinement of residency training based upon measured outcomes and feedback; outcomes will need to evolve over time as predoctoral training or public need changes

C. Logos and Icons

This is the ACOI Path to Mastery Curriculum logo:



The logo will also serve as an icon appearing throughout the program director manual, on the ACOI website, and in other documents associated with The ACOI Path to Mastery Curriculum. When used as an icon it informs the reader that more information is available on a specific topic. If you are using the webpage designed by the ACOI to support the Path to Mastery Curriculum, the icon is a link. Clicking on it will take you directly to related materials.

The other important icon identifies Path to Mastery Curriculum materials that are a key part of the ACOI Phoenix Physician concept.



If you are using the webpage designed by the ACOI to support the Path to Mastery Curriculum, the icon is a link. Clicking on it will take you directly to related materials.

D. Description of Components

1. Common Conditions and Presentations

A limited number of disease states contribute significantly to the cost of healthcare delivery in the United States. Not infrequently these conditions and presentations are less than optimally managed by treating physicians (with consideration to patient adherence and compliance).

Focusing the training experience upon frequently seen conditions and presentations provides us with the greatest opportunity to develop systematic approaches to diagnosis and management, potentially improving outcomes and reducing cost of care. With these goals in mind (systematic approaches, better outcomes, and reduced cost of care), the Path to Mastery Curriculum emphasizes the most common conditions and presentations managed by practicing internists.

An effort must be made to ensure our graduates perform at the highest level of understanding possible for these conditions. This includes shifting key details learned by ‘experience’ to the classroom, skills lab, or bedside. Such key details are often important to understanding goals of treatment, particularly at follow-up visits (endpoints of care).

These common conditions and presentations are the foundation of the entire Path to Mastery Curriculum. They are embedded in several of the outcomes and require trainees to demonstrate some level of knowledge, skill, or behavior associated with their diagnosis and management.

There are a number of educational tactics known to impact physician practice behavior. These include academic detailing (short focused presentations), incorporation of reminders, identification of enticements (both positive and negative), and regular audit of performance with feedback. Such tactics should become a part of every training program’s operational plan. Repetitive use of advanced learning activities, such as team-based problem solving, concept mapping, orders of learning and decision-making, and AmpliFire, provide opportunities to develop in-depth understanding of the common conditions and presentations.

2. Outcome Categories

The six outcome categories group the trainee outcomes into themes. The outcomes have been selected through a multi-layered vetting process and represent a specific knowledge, skill, or behavior critical to determining competency. The trainee outcomes are intended to assess specific knowledge, skill, or behavior, whereas the key expectations listed below are general goals intended to provide trainers and trainees with direction for structured and self-directed learning.

Category 1-Osteopathic Principles and Practice

This category is intended to address: 1) the importance of the osteopathic paradigm of practice; 2) the importance of structure-function relationships; and 3) integration of OMT into patient care focused upon the most common conditions and presentations managed by an internist.

Key Expectations

1. The resident must embrace a practice philosophy that emphasizes the role of mind-body-spirit in patient care
2. The resident must maintain an ongoing review of osteopathic literature applicable to the practice of internal medicine
3. The resident must demonstrate application of osteopathic principles during academic exercises
4. The resident must understand the origin of somatic dysfunction
5. The resident must be familiar with manipulative treatments that can be used in the practice of internal medicine
6. The resident must be familiar with methods of inpatient structural examination
7. The resident must be capable of creating an inpatient OMT plan
8. The resident must be capable of treating the hospitalized patient with OMT
9. The resident must understand inpatient OPP/OMT documentation and coding requirements
10. The resident must be familiar with methods of outpatient structural examination
11. The resident must be capable of creating an outpatient OMT plan
12. The resident must be capable of treating the ambulatory patient with OMT
13. The resident must understand outpatient OPP/OMT documentation and coding requirements

Category 2-Ethical Practice of Medicine

This category is intended to address the ethical issues of 1) autonomy, 2) justice, 3) non-maleficence, and 4) beneficence.

Key Expectations

1. The resident must understand patient rights
2. The resident must understand the patient/physician relationship, confidentiality and HIPPA rules
3. The resident must understand a physician's role in society, social media and telecommunications
4. The resident must understand informed consent
5. The resident must understand medical durable power of attorney (MDPOA) and code status
6. The resident must understand patient/surrogate options to withhold/withdraw care
7. The resident must understand approaches for breaking bad news
8. The resident must understand the concept of medical futility
9. The resident must understand the effects of resource allocation in healthcare
10. The resident must understand principles of patient safety, risk management and promotion of organizational/professional values
11. The resident must understand the importance of reporting errors
12. The resident must understand appropriate relationships with healthcare-related industry
13. The resident must understand his/her duty regarding physician impairment and inappropriate physician behavior

Category 3-Medical Practices and Procedures

This category is intended to address the common acute, chronic, and non-specific conditions and presentations treated by practicing internists.

The following have been selected as the common conditions and presentations for the medical practices and procedures curriculum:

ACUTE CONDITIONS/PRESENTATIONS	CHRONIC CONDITIONS/PRESENTATIONS	NON-SPECIFIC CONDITIONS/PRESENTATIONS
Shortness of breath Chest pain Abdominal pain Mental status change Acid-base disorder Electrolyte abnormalities Oliguria Dysrhythmia Hypotension Sepsis	Heart failure Hyperlipidemia Hypertension COPD Asthma Diabetes mellitus type II Anxiety/depression Osteoporosis Headache GERD Low back pain Chronic kidney disease Chronic liver disease	Fever Fatigue Weight loss Anorexia Delirium/stupor Pain/myalgia Lymphadenopathy

Programming associated with these conditions and presentations is intended to provide trainees with an opportunity to develop a systematic approach to problem-solving and patient care.

Formats for developing and promoting systematic approaches to problem-solving and patient care will be provided. The format most appropriate for your available resources should be utilized. In several places the Path to Mastery Curriculum references the conditions and presentations listed above.

Formal presentations by residents related to these common conditions and presentations might be used to meet the requirement for option 3 of scholarly activity projects defined in the information management and scholarly activity module.

Key Expectations

1. The resident must understand the most common acute, chronic and non-specific conditions and presentations

Category 4-Information Management and Scholarly Activity

This category is intended to address: 1) management of the medical literature; 2) understanding of medical research; and 3) completion of scholarly projects.

Key Expectations

1. The trainee must possess an understanding of medical literature
2. The trainee must possess an understanding of basic biostatistics
3. The trainee must possess an understanding of evidence-based medicine (EBM)
4. The trainee must possess an understanding of how medical research is conducted
5. The trainee must be familiar with forms of physician scholarly activity

Category 5-Cultural Awareness and Minority Health

This category is intended to address: 1) healthcare disparity; 2) cultural needs and impact; 3) effective communication; and 4) common assumptions and misunderstandings.

Key Expectations

1. The resident must understand common issues impacting health care services
2. The resident must become aware of common language barriers
3. The resident must understand physician bias and stereotyping while developing mutual respect and tolerance of cultural differences
4. The resident must understand major differences between common types of health care coverage
5. The resident must participate in the care of uninsured or underinsured patients
6. The resident must understand major illnesses, injuries and/or mortality associated with at least one economically disadvantaged or medically underserved groups
7. The resident must possess knowledge and understanding of the community he/she serves

8. The resident must possess an awareness of cultural needs within his/her practice
9. The resident must be aware of the potential impact of spirituality and religious beliefs upon a patient's medical decision making, including non-traditional medical healers



Category 6-Business of Healthcare

This category is intended to address: 1) access and coordination of care; 2) compensation and contracting; 3) business operations; 4) health law; 5) medical leadership; 6) healthcare information management; 7) health management; and 8) health system evolution. Much of this module reflects key components of the ACOI Phoenix Physician concept.

Key Expectations

1. The resident must understand the need for enhanced access to care
2. The resident must understand care coordination for patients with special needs
3. The resident must understand the impact of third-party rules upon the delivery of patient care
4. The resident must understand basic components of third-party contracting
5. The resident must understand basic components of an employment contract
6. The resident must understand value-based models of reimbursement/compensation
7. The resident must understand practice choices and types (including for-profit and not-for-profit) and associated models of compensation
8. The resident must understand the personnel needs of a medical practice, including the importance of his/her professional development
9. The resident must understand practice economics, including the importance of billing and collection policies, the importance of accounts receivable management and the ability to analyze a financial statement
10. The resident must understand core elements of health law and regulation, including administrative law, antitrust, Stark I & II, bioethics, HIPAA, fraud and abuse, EMTALA and the False Claims Act
11. The resident must understand basic medical-legal interactions

12. The resident must understand liability associated with a medical practice
13. The resident must understand basic health policy
14. The resident must understand the need to provide service to and advocate for his/her professional community
15. The resident must understand balanced leadership
16. The resident must understand team building and team management concepts
17. The resident must understand the concepts of team-based care and/or office resource utilization
18. The resident must understand methods for effectively integrating e-technology into practice
19. The resident must understand commonly encountered health, wellness and delivery of care issues
20. The resident must understand ways to develop or access healthcare information/databases to improve patient outcomes
21. The resident must have an understanding of models for delivering healthcare
22. The resident must understand emerging models of care and implications for maintaining a successful practice in the future
23. The resident must understand the need to develop personal and institutional practices that advance quality care and patient safety

3. Trainee Self-directed Study

Each trainee must understand that the development of competency requires extensive self-study. Successfully meeting the outcomes is a key step in defining competency, but it is not the only step in meeting competency. Assessment of medical knowledge will be undertaken during the board certification process. This requires focused reading and review. Trainees are expected regularly to read the background and foreground information associated with their specialty. Guidance should be provided to the trainees to optimize this process whenever possible.

4. Program Learning Log

A document has been developed identifying core topics within the field of internal medicine. These topics overlap to some extent with the common conditions and presentations, but it is much more expansive, recognizing that the practice of medicine is not limited to a few conditions alone.

The learning [log](#) is found in Section 3, Supporting Documents.

The Program Learning Log provides an opportunity to document how often and in what format a core topic is addressed. Such information may or may not be important for studying relationships between trainee (and program) performance on inservice and board examinations.

5. Program Specific Curriculum

The Path to Mastery Curriculum is not intended to limit a program's education efforts. All programs retain the right and ability to develop their own curriculum that exceeds the requirements of the Path to Mastery Curriculum (in fact, this is encouraged). The program-specific curriculum should help to refine the overall training experience in a way that is unique to the local environment and resources.

Section 2 – Measuring Success

A. Desired Outcomes of The Path to Mastery Curriculum

1. General Outcomes

- a. All ACOI Internal medicine residency programs will provide learning activities that are intended to help trainees meet the outcomes defined by the Path to Mastery Curriculum
- b. Development of a systematic approach to managing the most common conditions and presentations seen by the specialty will result in application of similar approaches to less common conditions and presentations

2. Osteopathic Principles and Practice Outcomes (Category 1)

- a. Internal medicine training programs will have an increased number of mentors and teachers emphasizing osteopathic principles and practice
- b. Trainees will have an increased sense of osteopathic identity and distinctiveness
- c. Trainees will have an increase in their level of comfort when using OMT as part of patient care
- d. Trainees will realize an increase in their application of OMT as part of patient care

3. Ethical Practice of Medicine (Category 2)

- a. Internal medicine training programs will avoid the publicity or negative outcomes associated with use of social media by physicians
- b. Internal medicine training programs will become active participants in the development of a culture of quality and safety within their institutions
- c. Trainees will have an increase in their sense of comfort when dealing with end-of-life or care limitation issues
- d. Trainees will realize an increase in their application of principles of patient safety during routine patient care

4. Medical Practice and Procedures Outcomes (Category 3)

- a. Application of the learning log will increase program RISE score results and first-time board pass rate
- b. Application of an outcome-based curriculum will change resident perception of their ability to prevent and/or manage the common disease presentations defined by the Path to Mastery Curriculum

5. Information Management and Scholarly Activity Outcomes (Category 4)

- a. Internal medicine training programs will have an increase in the number of posters or papers completed to meet scholarly activity requirements
- b. Trainees will have an increase in their comfort level with managing the medical literature
- c. Trainees will have an increase in their comfort level for understanding the practice of evidence-based medicine
- d. Trainees will realize an increase in their use of evidence-based medicine principles during routine patient care

6. Cultural Awareness and Minority Health Outcomes (Category 5)

- a. Internal medicine training programs will increase their engagement with disadvantaged groups in their community
- b. Trainees will realize an increase in their comfort level for dealing with diversity
- c. Trainees will realize an improvement in their ability to communicate with individuals who's primary language is one other than their own

7. Business of Healthcare (Category 6)



- a. Internal medicine training programs will become leaders of inter-professional team development within their institutions
- b. Internal medicine training programs will realize an increase in graduate engagement with professional organizations (medical staff, specialty college, etc.)

- c. Trainees will realize an increase in their comfort level for understanding business practices
- d. Trainees will realize an increase in their use of learned leadership skills
- e. Trainees will demonstrate greater use of performance improvement efforts during patient care as compared to established practitioners

B. Desired Trainee Outcomes by Category

1. Osteopathic Principles and Practice (Category 1)

Outcomes	AOA Competency Element(s) Met	Checkpoint
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Osteopathic Principles & Practice Medical Knowledge 1 and 2 Patient Care 3 Professionalism 1	1-6
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Osteopathic Principles & Practice Practice-based Learning 1	1-6
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	Osteopathic Principles & Practice Communication & Interpersonal Skills 2	1-6
4. The resident will describe the physiology of the viscerosomatic reflex and other dysfunctions associated with the common conditions and presentations	Osteopathic Principles & Practice Medical Knowledge 1 and 2	2
5. The resident will appraise the role of sympathetic, parasympathetic, lymphatic, vascular and musculoskeletal components in the most common conditions and presentations	Osteopathic Principles & Practice Medical Knowledge 1 and 2	2
6. The resident will demonstrate forms of OMT applicable to patients with the common conditions and presentations	Osteopathic Principles & Practice Patient Care 2 Medical Knowledge 1 and 2	2
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles & Practice Patient Care 1, 2, and 3 Systems-based Practice 1 Medical Knowledge 1 and 2	2-6
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care	Osteopathic Principles & Practice Patient Care 1, 2, and 3 Systems-based Practice 1 Medical Knowledge 1 and 2	2-6

(3) Complete OM treatment		
(4) Document and code for the OMT encounters		

2. Ethical Practice of Medicine (Category 2)

Outcomes	AOA Competency Element(s) Met	Checkpoint
9. The resident will identify HIPAA regulations associated with confidentiality	Professionalism 1 Communication & Interpersonal Skills 1	1
10. The resident will differentiate between appropriate and inappropriate information sharing when using social media or other technology	Professionalism 1 and 2 Communication and Interpersonal Skills 1 Practice-based Learning 3	1
11. The resident will identify components of the patient bill of rights	Professionalism 1	1
12. The resident will describe MDPOA and code status and how they are determined	Professionalism 2 Communication & Interpersonal Skills 2	2
13. The resident will discuss MDPOA and code status with a patient or patient family	Professionalism 2 Communication & Interpersonal Skills 2	2
14. The resident will demonstrate ability to obtain informed consent from a patient or their surrogate	Communication & Interpersonal Skills 2 Patient Care 1 and 2	2
15. The resident will discuss physician professional duty and manageable behavior in reference to creating a culture of safety (adapted from the language of The Just Culture)	Professionalism 1 and 2	2
16. The resident will describe the impact of an approved formulary when making a therapeutic decision	Professionalism 3 Systems-based Practice 2	3
17. The resident will discuss appropriate relationships with healthcare-related industries	Professionalism 2 Systems-based Practice 1 and 2	3
18. The resident will review a case involving withdrawal/withholding of care as part of their professional decision making	Professionalism 2 Communication & Interpersonal Skills 1	4
19. The resident will conduct a family meeting for breaking bad news	Communication & Interpersonal Skills 2 Patient Care 1	4
20. The resident will lead a family meeting and discuss end of life issues	Professionalism 1 and 2 Communication & Interpersonal Skills 1 and 2	4
21. The resident will describe AOA, state medical board or hospital policy on handling the impaired physician and the ethically challenged physician (sexual inappropriateness, misrepresentation, etc.)	Professionalism 2 Communication & Interpersonal Skills 1	5
22. The resident will prepare and lead a discussion outlining measures to prevent errors (medication, procedure, decision making, etc.)	Professionalism 1, 2, and 3 Systems-based Practice 2	5

3. Medical Practice and Procedures (Category 3)

Outcomes	AOA Competency Element(s) Met	Checkpoint
23. The resident will identify symptoms associated with the most common conditions and presentations and describe at-risk populations	Medical Knowledge 1	2
24. The resident will describe the natural history of the most common conditions and presentations and the expected course of illness/complaint	Medical Knowledge 1	2
25. The resident will discuss screening or other diagnostic procedures associated with the most common conditions and presentations	Medical Knowledge 1	2
26. The resident will apply the right screening or diagnostic procedure at the right time for the most common conditions and presentations	Medical Knowledge 1 and 2 Patient Care 3	4
27. The resident will appraise desired endpoints and outcomes for the most common conditions and presentations	Medical Knowledge 1 and 2	4
28. The resident will manage therapeutic guidelines, adapting them (to the clinical situation) for the most common conditions and presentations	Medical Knowledge 1 and 2 Patient Care 3	4

4. Information Management and Scholarly Activity (Category 4)

Outcomes	AOA Competency Element(s) Met	Checkpoint
29. The resident will describe components of the EBM process and how each impacts medical decision making	Practice-based Learning 1 and 2	1
30. The resident will formulate a PICO type question and perform a search of the medical literature to answer it	Practice-based Learning 1 and 3	1
31. The resident will describe each of the following: case study, case series, cohort study, randomized-controlled trial, meta-analysis and systematic review	Practice-based Learning 3	2
32. The resident will describe authorship and the difference between peer-reviewed, non-peer reviewed, self-published and fee-for-publication journals	Practice-based Learning 3	2
33. The resident will identify and describe forms of bias associated with medical literature	Practice-based Learning 3	2
34. The resident will calculate sensitivity, specificity, positive predictive value, negative predictive value and numbers needed to treat, harm, and kill	Practice-based Learning 3	2






35. The resident will successfully complete the NIH or hospital-specific CITI human subjects training course	Practice-based Learning 3	3
36. The resident will describe biomedical and behavioral research including goals and methods	Practice-based Learning 3	4
37. The resident will describe the function and importance of an IRB	Practice-based Learning 3	4
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months OR	Practice-based Learning 3	1-6
38b. The resident will complete a research project and submit a scientific paper for publication OR	Practice-based Learning 3	5
38c. The resident will complete a research project and present a poster at a national or other recognized scientific meeting	Practice-based Learning 3	5









5. Cultural Awareness and Minority Health (Category 5)







Outcomes	AOA Competency Element(s) Met	Checkpoint
39. The resident will identify methods for the provision of care to the economically disadvantaged	Systems-based Practice 1 and 2	2
40. The resident will identify healthcare needs of the community in which they work after interacting with local leaders (faith-based leaders, civic groups, etc.)	Systems-based Practice 1 and 2	2
41. The resident will recognize patient and/or family comprehension of basic health information and provide means for such patients to overcome potential communication barriers	Communication & Interpersonal Skills 1 and 2	2
42. The resident will communicate with a patient and/or family of limited language ability at a level appropriate for the patient	Communication & Interpersonal Skills 1 and 2 Professionalism 3	2
43. The resident will recognize his or her own bias or stereotypes directed against people of different cultures	Professionalism 3 Communication & Interpersonal Skills 1 and 2	2
44. The resident will explain differences between Medicare, Medicaid, and private insurance as they apply to the economically disadvantaged patient	Systems-based Practice 1 and 2	3
45. The resident will demonstrate their ability to interview patients of different cultures	Communication & Interpersonal Skills 1 Professionalism 3	3
46. The resident will describe common beliefs of religious groups or denominations that may impact his or her ability to prescribe or treat using standard therapies	Communication & Interpersonal Skills 1 and 2 Professionalism 3	4
47. The resident will demonstrate that he or she is able to properly respond if a patient declines treatment because of cultural values and/or religious beliefs	Communication & Interpersonal Skills 1 Professionalism 3	4
48a. The resident will explain to a patient reasons why a	Communication & Interpersonal Skills 1	5

prescription medication is necessary If treatment is declined because of cultural values and/or religious beliefs, OR	Professionalism 3	
48b. The resident will explain to a patient major side effects associated with prescribed medications if treatment is declined because of cultural values and/or religious beliefs, OR	Communication & Interpersonal Skills 1	5
48c. The resident will explain to a patient consequences of not taking the medication prescribed/poor adherence if treatment is declined because of cultural values and/or religious beliefs, OR	Communication & Interpersonal Skills 1	5
49. The resident will educate a patient about food groups in their culture that may affect their disease state	Communication & Interpersonal Skills 1 Professionalism 3	5

6. Business of Healthcare (Category 6)


Outcomes	AOA Competency Element(s) Met	Checkpoint
 50. The resident will develop effective treatment plans compatible with a patient's values, preferences, resources, and needs	Patient Care 1 and 2	3
 51. The resident will demonstrate an ability to link patients with community resources	Systems-based Practice 2 Patient Care 1	3
 52. The resident will demonstrate an ability to track and support patients when services are obtained outside the practice	Systems-based Practice 2 Patient Care 1	3
 53. The resident will demonstrate an ability to appraise care coordination, identifying barriers when present	Systems-based Practice 2 Patient Care 1	3
54. The resident will demonstrate an ability to communicate test results and care plans	Communication & Interpersonal Skills 1 and 2	3
55. The resident will describe characteristics of the most common internal medicine practice options	Systems-based Practice 1	3
 56. The resident will demonstrate an ability to navigate third party expectations and their effects upon clinical decision making	Systems-based Practice 1 Patient Care 3	3
57. The resident will analyze a contract offered by a third-party payer	Systems-based Practice 1 Patient Care 3	4

58. The resident will describe physician compensation by CMS	Systems-based Practice 1	4
59. The resident will analyze an employment contract	Systems-based Practice 1	4
 60. The resident will describe key elements of value-based reimbursement/purchasing	Systems-based Practice 1	5
 61. The resident will apply information technology and electronic health records in all phases of patient care	Practice-Based Learning 1 and 3	1
62. The resident will recognize non-malpractice, at-risk situations in a medical practice	Systems-based Practice 1	2
 63. The resident will discuss office resource management	Systems-based Practice 1	5
64. The resident will demonstrate an ability to interpret a monthly or annual practice financial statement	Systems-based Practice 1	5
65. The resident will recognize core elements of health law and regulation	Systems-based Practice 1 Professionalism 2	2
66. The resident will analyze a case for violation of health law or regulation	Systems-based Practice 1 Professionalism 2	2
67. The resident will discuss preparation for and the conduct of a deposition	Systems-based Practice 1 Professionalism 2	4
 68. The resident will lead a discussion group on a pre-approved health policy topic	Systems-based Practice 1 Professionalism 2	4
 69. The resident will apply balanced leadership principles while serving as the leader of a patient care team	Systems-based Practice 1 Professionalism 2 Communication & Interpersonal Skills 2 Patient Care 3	5
 70. The resident will apply principles of team-based care in the ambulatory setting, while functioning as a participant in a patient care team	Professionalism 2 Communication & Interpersonal Skills 2 Systems-based 1 Patient Care 3	5
 71. The resident will develop and conduct a team building activity with fellow residents and other healthcare practitioners	Systems-based Practice 1 Professionalism 2 Communication & Interpersonal Skills 2 Patient Care 3	5
 72. The resident will conduct an interdisciplinary team meeting	Systems-based Practice 1 Professionalism 2 Communication & Interpersonal Skills 2 Patient Care 3	5

 73a. The resident will support a professional organization's education planning <u>OR</u>	Professionalism 1 Communication & Interpersonal Skills 2	5
 73b. The resident will support a professional organization's advocacy efforts <u>OR</u>	Professionalism 1 Communication & Interpersonal Skills 2	5
 73c. The resident will support a professional organization's governance	Professionalism 1 Communication & Interpersonal Skills 2	5
 74. The resident will complete a comparative effectiveness module on the AHRQ website (or an equivalent)	Systems-based Practice 1 Practice-based Learning 2	2
 75. The resident will participate in a reporting program intended to improve practice performance (such as the AOA Clinical Assessment Program)	Systems-based Practice 1 Practice-based Learning 2	4-6
 76. The resident will describe goals of the Medical Home model	Systems-based Practice 1	4
77. The resident will apply principles of quality improvement to medical practice	Systems-based Practice 1 Professionalism 2 Practice-based Learning 2	2-6
78. The resident will apply principles of patient safety to medical practice	Systems-based Practice 1 and 2 Professionalism 2	2-6

C. Desired Trainee Outcomes by Checkpoint


Checkpoint 1

Outcomes	Category
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Osteopathic Principles and Practice
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Osteopathic Principles and Practice
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	Osteopathic Principles and Practice
9. The resident will identify HIPAA regulations associated with confidentiality	Ethical Practice of Medicine
10. The resident will differentiate between appropriate and inappropriate information sharing when using social media or other technology	Ethical Practice of Medicine
11. The resident will identify components of the patient bill of rights	Ethical Practice of Medicine
29. The resident will describe components of the EBM process and how each impacts medical decision making	Information Management and Scholarly Activity
30. The resident will formulate a PICO type question and perform a search of the medical literature to answer it	Information Management and Scholarly Activity
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	Information Management and Scholarly Activity
	Business of Healthcare
61. The resident will apply information technology and electronic health records in all phases of patient care	


Checkpoint 2





Outcomes	Category
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Osteopathic Principles and Practice
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Osteopathic Principles and Practice
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	Osteopathic Principles and Practice
4. The resident will describe the physiology of the viscerosomatic reflex and other dysfunctions associated with the common conditions and presentations	Osteopathic Principles and Practice
5. The resident will appraise the role of sympathetic, parasympathetic, lymphatic, vascular and musculoskeletal components in the most common conditions and presentations	Osteopathic Principles and Practice
6. The resident will demonstrate forms of OMT applicable to patients with the common conditions and presentations	Osteopathic Principles and Practice
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalize	Osteopathic Principles and Practice

patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
12. The resident will describe MDPOA and code status and how they are determined	Ethical Practice of Medicine
13. The resident will discuss MDPOA and code status with a patient/family	Ethical Practice of Medicine
14. The resident will demonstrate ability to obtain informed consent from a patient or their surrogate	Ethical Practice of Medicine
15. The resident will discuss physician professional duty and manageable behavior in reference to creating a culture of safety	Ethical Practice of Medicine
23. The resident will identify symptoms associated with the most common conditions and presentations and describe at-risk populations	Medical Practice and Procedures
24. The resident will describe the natural history of the most common conditions and presentations and the expected course of illness/complaint	Medical Practice and Procedures
25. The resident will discuss screening or other diagnostic procedures associated with the most common conditions and presentations	Medical Practice and Procedures
31. The resident will describe each of the following: case study, case series, cohort study, randomized-controlled trial, meta-analysis and systematic review	Information Management and Scholarly Activity
32. The resident will describe authorship and the difference between peer-reviewed, non-peer reviewed, self-published and fee-for-publication journals	Information Management and Scholarly Activity
33. The resident will identify and describe forms of bias associated with medical literature	Information Management and Scholarly Activity
34. The resident will calculate sensitivity, specificity, positive predictive value, negative predictive value and numbers needed to treat/harm/kill	Information Management and Scholarly Activity
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months <u>OR</u>	Information Management and Scholarly Activity
39. The resident will identify methods for the provision of care to the economically disadvantaged	Cultural Awareness and Minority Health
40. The resident will identify healthcare needs of the community in which they work after interacting with local leaders (faith-based leaders, civic groups, etc.)	Cultural Awareness and Minority Health
41. The resident will recognize patient and/or family comprehension of basic health information and provide means for such patients to overcome potential communication barriers	Cultural Awareness and Minority Health
42. The resident will communicate with a patient and/or family of limited language ability at a level appropriate for the patient	Cultural Awareness and Minority Health
43. The resident will recognize his or her own bias or stereotypes directed against people of different cultures	Cultural Awareness and Minority Health
62. The resident will recognize non-malpractice, at-risk situations in a medical practice	Business of Healthcare
65. The resident will recognize core elements of health law and regulation	Business of Healthcare
66. The resident will analyze a case for violation of health law or regulation	Business of Healthcare

	Business of Healthcare
74. The resident will complete a comparative effectiveness module on the AHRQ website (or an equivalent)	
77. The resident will apply principles of quality improvement to medical practice	Business of Healthcare
78. The resident will apply principles of patient safety to medical practice	Business of Healthcare




Checkpoint 3

Outcomes	Category
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Osteopathic Principles and Practice
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Osteopathic Principles and Practice
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	Osteopathic Principles and Practice
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
16. The resident will describe the impact of an approved formulary when making a therapeutic decision	Ethical Practice of Medicine
17. The resident will discuss appropriate relationships with healthcare-related industries	Ethical Practice of Medicine
35. The resident will successfully complete the NIH or hospital-specific CITI human subjects training course	Information Management and Scholarly Activity
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	Information Management and Scholarly Activity
44. The resident will explain differences between Medicare, Medicaid, and private insurance as they apply to the economically disadvantaged patient	Cultural Awareness and Minority Health
45. The resident will demonstrate their ability to interview patients of different cultures	Cultural Awareness and Minority Health
	Business of Healthcare
50. The resident will develop effective treatment plans compatible with a patient's values, preferences, resources, and needs	

 51. The resident will demonstrate an ability to link patients with community resources	Business of Healthcare
 52. The resident will demonstrate an ability to track and support patients when services are obtained outside the practice	Business of Healthcare
 53. The resident will demonstrate an ability to appraise care coordination, identifying barriers when present	Business of Healthcare
54. The resident will demonstrate an ability to communicate test results and care plans	Business of Healthcare
55. The resident will describe characteristics of the most common internal medicine practice options	Business of Healthcare
 56. The resident will demonstrate an ability to navigate third party expectations and their effects upon clinical decision making	Business of Healthcare
77. The resident will apply principles of quality improvement to medical practice	Business of Healthcare
78. The resident will apply principles of patient safety to medical practice	Business of Healthcare





Checkpoint 4






Outcomes	Category
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Osteopathic Principles and Practice
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Osteopathic Principles and Practice
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	Osteopathic Principles and Practice
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
18. The resident will review a case involving withdrawal/withholding of care as part of their professional decision making	Ethical Practice of Medicine
19. The resident will conduct a family meeting for breaking bad news	Ethical Practice of Medicine

20. The resident will lead a family meeting and discuss end of life issues	Ethical Practice of Medicine
26. The resident will apply the right screening or diagnostic procedure at the right time for the most common conditions and presentations	Medical Practice and Procedures
27. The resident will appraise desired endpoints and outcomes for the most common conditions and presentations	Medical Practice and Procedures
28. The resident will manage therapeutic guidelines, adapting them (to the clinical situation) for the most common conditions and presentations	Medical Practice and Procedures
36. The resident will describe biomedical and behavioral research including goals and methods	Practice-based Learning 3
37. The resident will describe the function and importance of an IRB	Practice-based Learning 3
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	Information Management and Scholarly Activity
46. The resident will describe common beliefs of religious groups/ denominations that may impact his/her ability to prescribe or treat using standard therapies	Cultural Awareness and Minority Health
47. The resident will demonstrate that he/she is able to properly respond if a patient declines treatment because of cultural values and/or religious beliefs	Cultural Awareness and Minority Health
57. The resident will analyze a contract offered by a third-party payer	Business of Healthcare
58. The resident will describe physician compensation by CMS	Business of Healthcare
59. The resident will analyze an employment contract	Business of Healthcare
67. The resident will discuss preparation for and the conduct of a deposition	Business of Healthcare
 68. The resident will lead a discussion group on a pre-approved health policy topic	Business of Healthcare
 75. The resident will participate in a reporting program intended to improve practice performance (such as the AOA Clinical Assessment Program)	Business of Healthcare
 76. The resident will describe goals of the Medical Home model	Business of Healthcare

Checkpoint 5


Outcomes	Category
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Osteopathic Principles and Practice
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Osteopathic Principles and Practice
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	Osteopathic Principles and Practice

7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
21. The resident will describe AOA, state medical board or hospital policy on handling the impaired physician and the ethically challenged physician (sexual inappropriateness, misrepresentation, etc.)	Ethical Practice of Medicine
22. The resident will prepare and lead a discussion outlining measures to prevent errors (medication, procedure, decision making, etc.)	Ethical Practice of Medicine
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months OR	Information Management and Scholarly Activity
38b. The resident will complete a research project and submit a scientific paper for publication OR	Information Management and Scholarly Activity
38c. The resident will complete a research project and present a poster at a national or other recognized scientific meeting	Information Management and Scholarly Activity
48a. The resident will explain to a patient reasons why a prescription medication is necessary if treatment is declined because of cultural values and/or religious beliefs, OR	Cultural Awareness and Minority Health
48b. The resident will explain to a patient major side effects associated with prescribed medications if treatment is declined because of cultural values and/or religious beliefs, OR	Cultural Awareness and Minority Health
48c. The resident will explain to a patient consequences of not taking the medication prescribed/poor adherence if treatment is declined because of cultural values and/or religious beliefs, OR	Cultural Awareness and Minority Health
49. The resident will educate a patient about food groups in their culture that may affect their disease state	Cultural Awareness and Minority Health
 60. The resident will describe key elements of value-based reimbursement/purchasing	Business of Healthcare
 63. The resident will discuss office resource management	Business of Healthcare
64. The resident will demonstrate an ability to interpret a monthly or annual practice financial statement	Business of Healthcare
 69. The resident will apply balanced leadership principles while serving as the leader of a patient care team	Business of Healthcare
 70. The resident will apply principles of team-based care in the ambulatory setting, while functioning as a participant in a patient care team	Business of Healthcare

 71. The resident will develop and conduct a team building activity with fellow residents and other healthcare practitioners	Business of Healthcare
 72. The resident will conduct an interdisciplinary team meeting	Business of Healthcare
 73a. The resident will support a professional organization's education planning OR	Business of Healthcare
 73b. The resident will support a professional organization's advocacy efforts OR	Business of Healthcare
 73c. The resident will support a professional organization's governance	Business of Healthcare

Checkpoint 6

Outcomes	Category
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Osteopathic Principles and Practice
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Osteopathic Principles and Practice
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	Osteopathic Principles and Practice
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	Osteopathic Principles and Practice
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	Information Management and Scholarly Activity
77. The resident will apply principles of quality improvement to medical practice	Business of Healthcare

78. The resident will apply principles of patient safety to medical practice	Business of Healthcare
 75. The resident will participate in a reporting program intended to improve practice performance (such as the AOA Clinical Assessment Program)	Business of Healthcare

Section 3 – Supporting Documents

A. Teaching Tools

Category 1 – Osteopathic Principles and Practice

Outcomes	Teaching Options
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Annual review of the osteopathic paradigm of practice An Osteopathic Approach to Diagnosis and Treatment Chapter 1, pp 3-6.
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Develop a dedicated OPP Journal Club offered on a semi-annual basis Integrate OPP into existing Journal Club or Book Club format on a monthly basis
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	The program director should present and set expectations using the osteopathic paradigm of practice as a reference during program orientation each year Checklist preferred elements should be reviewed with train
4. The resident will describe the physiology of the viscerosomatic reflex and other dysfunctions associated with the common conditions and presentations	An Osteopathic Approach to Diagnosis and Treatment Chapter 1, pp. 6-19. Reading from Foundations for Osteopathic Medicine or Somatic Dysfunction in Osteopathic Family Medicine Other assigned/ recommended reading by program director Program lectures
5. The resident will appraise the role of sympathetic, parasympathetic, lymphatic, vascular and musculoskeletal components in the most common conditions and presentations	Recommended reading from: An Osteopathic Approach to Diagnosis and Treatment Foundations for Osteopathic Medicine or Somatic Dysfunction in Osteopathic Family Medicine Other assigned/ recommended reading by program director Program lectures
6. The resident will demonstrate forms of OMT applicable to patients with the common conditions and presentations	An Osteopathic Approach to Diagnosis and Treatment Chapter 5, pp 81-86. Reading from Foundations for Osteopathic Medicine or Somatic Dysfunction in Osteopathic Family Medicine Other assigned/ recommended reading by program director Program lectures
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: <ul style="list-style-type: none"> (5) Complete an accurate structural examination on patients with different diagnoses (6) Document their OMT plan of care (7) Complete OM treatment (8) Document and code for the OMT encounters 	Program/OPTI labs

8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (5) Complete an accurate structural examination on patients with different diagnoses (6) Document their OMT plan of care (7) Complete OM treatment (8) Document and code for the OMT encounters	Program/OPTI labs
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Osteopathic Pledge of Commitment

<http://www.acoi.org/MasteryCurriculum/PledgeofCommitment.pdf>

Category 2 – Ethical Practice of Medicine

Outcomes	Teaching Options
9. The resident will identify HIPAA regulations associated with confidentiality	HIPPA officer presentation/Program specific learning activity Self-directed study/ Ethics modules Recommended reading
10. The resident will differentiate between appropriate and inappropriate information sharing when using social media or other technology	Program specific learning activity Model behavior Review of hospital policies Recommended reading
11. The resident will identify components of the patient bill of rights	Program specific learning activity
12. The resident will describe MDPOA and code status and how they are determined	Program specific learning activity Self-directed study/ Ethics modules Recommended reading
13. The resident will discuss MDPOA and code status with a patient/family	Program specific learning activity Self-directed study/ Ethics modules Recommended reading
14. The resident will demonstrate ability to obtain informed consent from a patient or their surrogate	Program specific learning activity Self-directed study/ Ethics modules Recommended reading
15. The resident will discuss physician professional duty and manageable behavior in reference to creating a culture of safety	Program specific learning activity (adapted from the language of The Just Culture) Self-directed study/ Ethics modules Recommended reading
16. The resident will describe the impact of an approved formulary when making a therapeutic decision	Program specific learning activity Ethics committee participation Self-directed study/ Ethics modules
17. The resident will discuss appropriate relationships with healthcare-related industries	Program specific learning activity Self-directed study/ Ethics modules Recommended Reading Modeling

18. The resident will review a case involving withdrawal/withholding of care as part of their professional decision making	Program specific learning activity Self-directed study/ Ethics modules Recommended reading Journal Club
19. The resident will conduct a family meeting for breaking bad news	Program specific learning activity Self-directed study/ Ethics modules Recommended reading
20. The resident will lead a family meeting and discuss end of life issues	Program specific learning activity Self-directed study/ Ethics modules Recommended reading
21. The resident will describe AOA, state medical board or hospital policy on handling the impaired physician and the ethically challenged physician (sexual inappropriateness, misrepresentation, etc.)	Program specific learning activity Self-directed study/ Ethics modules Recommended reading
22. The resident will prepare and lead a discussion outlining measures to prevent errors (medication, procedure, decision making, etc.)	Program specific learning activity Self-directed study/Ethics modules Recommended reading

Category 3 – Medical Practice and Procedures

Outcomes	Teaching Options
23. The resident will identify symptoms associated with the most common conditions and presentations and describe at-risk populations	Self-directed reading Planned MK learning activities
24. The resident will describe the natural history of the most common conditions and presentations and the expected course of illness/complaint	Self-directed reading Planned MK learning activities
25. The resident will discuss screening or other diagnostic procedures associated with the most common conditions and presentations	Self-directed reading Planned learning activities including skills labs
26. The resident will apply the right screening or diagnostic procedure at the right time for the most common conditions and presentations	Self-directed reading Planned learning activities including skills labs
27. The resident will appraise desired endpoints and outcomes for the most common conditions and presentations	Self-directed reading Planned learning activities including skills labs
28. The resident will manage therapeutic guidelines, adapting them (to the clinical situation) for the most common conditions and presentations	Self-directed reading Planned learning activities including skills labs

American College of Osteopathic Internists Program Learning Log for The Path to Mastery Curriculum

The following is the required content for a cyclic three-year medical knowledge curriculum intended to provide trainees with exposure to the diversity of conditions typically encountered by a practicing general internist.

This presentation program can be delivered through any number of learning activities (see below) used alone or in combination. The format most appropriate for your available resources should be utilized.

There is no required sequence. While the number of topics (156) lends itself to a weekly learning activity, this is not an expectation.

Confirmation must be made available during the inspection process that each topic has been presented at least once to all trainees during the previous three years. However, the topics may be presented more frequently if program resources permit. Additional topics may be added if desired. The accompanying document can serve as a learning log template for your program.

Format Key for Learning Activities

1	=	Faculty lecture/presentation
2	=	Resident lecture/presentation (Faculty facilitated/moderated¹)
3	=	Resident lecture/presentation
4	=	Case-based, faculty-led discussion group ²
5	=	Case-based, resident-led discussion group ²
6	=	Problem-based, faculty-led discussion group ²
7	=	Problem-based, resident-led discussion group ²
8	=	Other (please indicate the format of the learning activity used)

¹Intended to meet the requirement for option 3 of scholarly activity projects if evaluation and feedback are provided

²In addition to the classroom, these formats may include topics discussed during rounds or in the office as part of the goals and

objectives associated with monthly rotations

ALLERGY AND IMMUNOLOGY	Format	Date
Allergic rhinitis/sinusitis		
Anaphylaxis		
Contact & atopic dermatitis		
Drug allergies		
Food allergies		
Urticaria and angioedema		
CARDIOLOGY	Format	Date
Atrial arrhythmias		
Ventricular arrhythmias		
Conduction abnormalities		
Congenital heart disease		
Acute congestive heart failure		
Chronic congestive heart failure		
Coronary artery disease		

Acute coronary syndrome		
STEMI		
Myocardial disease		
Pericardial disease		
Preoperative evaluation		
Vascular disease		
Valvular heart disease		
DERMATOLOGY	Format	Date
Common dermatologic conditions seen by the general internist-Overview		
Common dermatologic conditions seen by the general internist-Signs of systemic disease		
Common dermatologic conditions seen by the general internist-Vascular, allergic and infectious conditions		
Common dermatologic conditions seen by the general internist-Other		
ENDOCRINOLOGY	Format	Date
Hypercortisolism/virilization & hirsutism		
Adrenal insufficiency		
Osteoporosis/osteopenia		

Diabetes mellitus I		
Diabetes mellitus II		
Diabetic ketoacidosis		
Complications of diabetes mellitus		
Hypoglycemia		
Obesity		
Hypercalcemia		
Hypocalcemia		
Hyperparathyroidism		
Hyperthyroidism		
Hypothyroidism		
GASTROENTEROLOGY	Format	Date
Acute abdomen		
Ascites		
Acute biliary disease		
Biliary obstruction		
Bowel obstruction		
Primary biliary cirrhosis/primary sclerosing cholangitis		

Evaluation and management of gastrointestinal bleeding		
Gastroesophageal reflux disease		
Viral hepatitis		
Inflammatory bowel disease		
Diverticular disease		
Irritable bowel syndrome		
Malabsorption		
Other motility disorders		
Mesenteric vascular disease		
Pancreatitis		
Peptic ulcer disease		
Peritoneal disease		
HEMATOLOGY	Format	Date
Hemochromatosis		
Hypercoaguable state		
Disseminated intravascular coagulation		
Acute hemorrhagic disorders		
Abnormal coagulation		

Platelet disorders		
Myeloproliferative disorders		
Secondary polycythemia		
Anemia		
Hemoglobinopathy		
INFECTIOUS DISEASES	Format	Date
Central nervous system infections		
Endocarditis		
Fever of unknown origin		
Fungal infections		
Gastrointestinal infections		
Infectious diarrhea/C. difficile diarrhea		
Genitourinary infections		
Vector-borne infections		
Upper respiratory infections		
Lower respiratory infections		
Osteomyelitis		
Septic arthritis		

Sepsis/multiple organ failure		
Tuberculosis		
Viral infections		
Influenza		
HIV part I, epidemiology and prevention		
HIV part II, complications		
HIV part III, management principles		
NEPHROLOGY	Format	Date
Acid-base disorders		
Acute renal failure		
Chronic renal failure/conservative management		
Fluid and electrolyte disorders		
Acute glomerulonephritis		
Nephrotic syndrome		
Chronic hypertension		
Hypertensive crisis		
Secondary hypertension		

Diabetic nephropathy		
Nephrolithiasis		
Urologic disorders		
Prostate disease		
Male and female sexual dysfunction		
NEUROLOGY	Format	Date
Vertigo		
Cerebrovascular disease/CNS hemorrhage		
Dementia and delirium		
Epilepsy		
Status epilepticus		
Syncope		
Stupor and coma		
Headache		
Multiple sclerosis		
Neuromuscular diseases (other)		
Parkinson's disease		

Peripheral neuropathy		
Sleep disorders		
ONCOLOGY	Format	Date
End-of-Life care		
Breast cancer		
Gastrointestinal cancer		
Genitourinary cancer		
Head and neck cancer		
Hematologic malignancies		
Management of pain and nausea/emesis		
Nutrition in malignancy		
Oncologic emergencies		
Lung cancer		
OPHTHALMOLOGY	Format	Date
Common ophthalmologic problems seen by the general internist		
OTOLARYNGOLOGY	Format	Date
Common otolaryngologic problems seen by the general internist		
PSYCHIATRY	Format	Date

Adjustment disorders		
Anxiety disorders		
Depressive disorders		
Psychosis		
PULMONOLOGY	Format	Date
Airway management		
Ventilator management		
Acute lung injury/adult respiratory distress syndrome		
Asthma		
Chronic obstructive lung disease		
Empyema and lung abscess		
Interstitial lung disease		
Solitary pulmonary nodule		
Occupational lung disease		
Disease of the pleura/pneumothorax		
Smoking cessation		
Pulmonary hypertension		
Pulmonary vasculitis/pulmonary hemorrhage syndromes		

RHEUMATOLOGY	Format	Date
Crystal-induced synovitis		
Degenerative joint disease		
Fibromyalgia		
Polymyositis/dermatomyositis		
Occupational or Sports related overuse syndromes/bursitis & tendonitis		
Regional pain syndromes Neck, back, upper extremity, lower extremity		
Rheumatoid arthritis		
Scleroderma		
Seronegative spondyloarthritis		
Systemic lupus erythematosus		
Vasculitis		
MISCELLANEOUS	Format	Date
Consultative medicine		
Post-operative pain		
Altitude illness		
Hyperthermia/hypothermia		

The three blank documents that appear on the following pages can be used to teach the common conditions and presentations.

The first two blank documents can be used to teach orders of problem solving and decision-making. An example of a completed exercise follows the blank documents.

The third blank document can be used to teach concept mapping, a technique intended to teach relationships. Trainees should be able to enter a common condition or presentation in the central node, and then begin to identify important points about topics in each of the surrounding nodes. Multiple layers of learning (nodes) can be included to increase depth of understanding. Trainees should then be asked to connect and explain the relationships between any two points of the map. This last step is repeated over and over to intensify the learning experience.

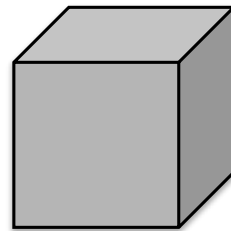
Developing a Patient-centered, Systems Approach to Health and Illness

Understanding Disease Development and Continuation

Condition or Presentation:

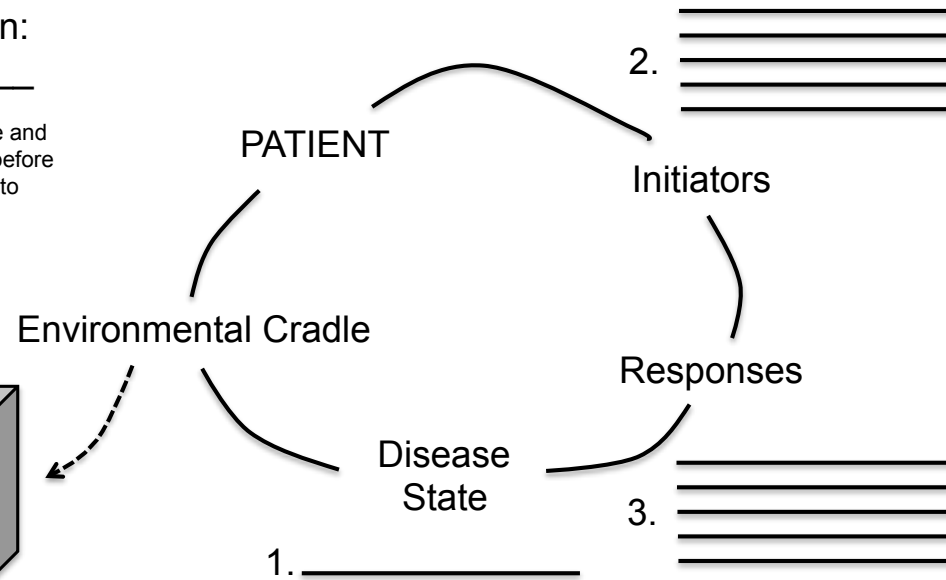
Create a Differential Diagnosis for Acute and
Non-specific Conditions/Presentations before
starting and then select a disease state to
address:

1. _____
2. _____
3. _____
4. _____
5. _____



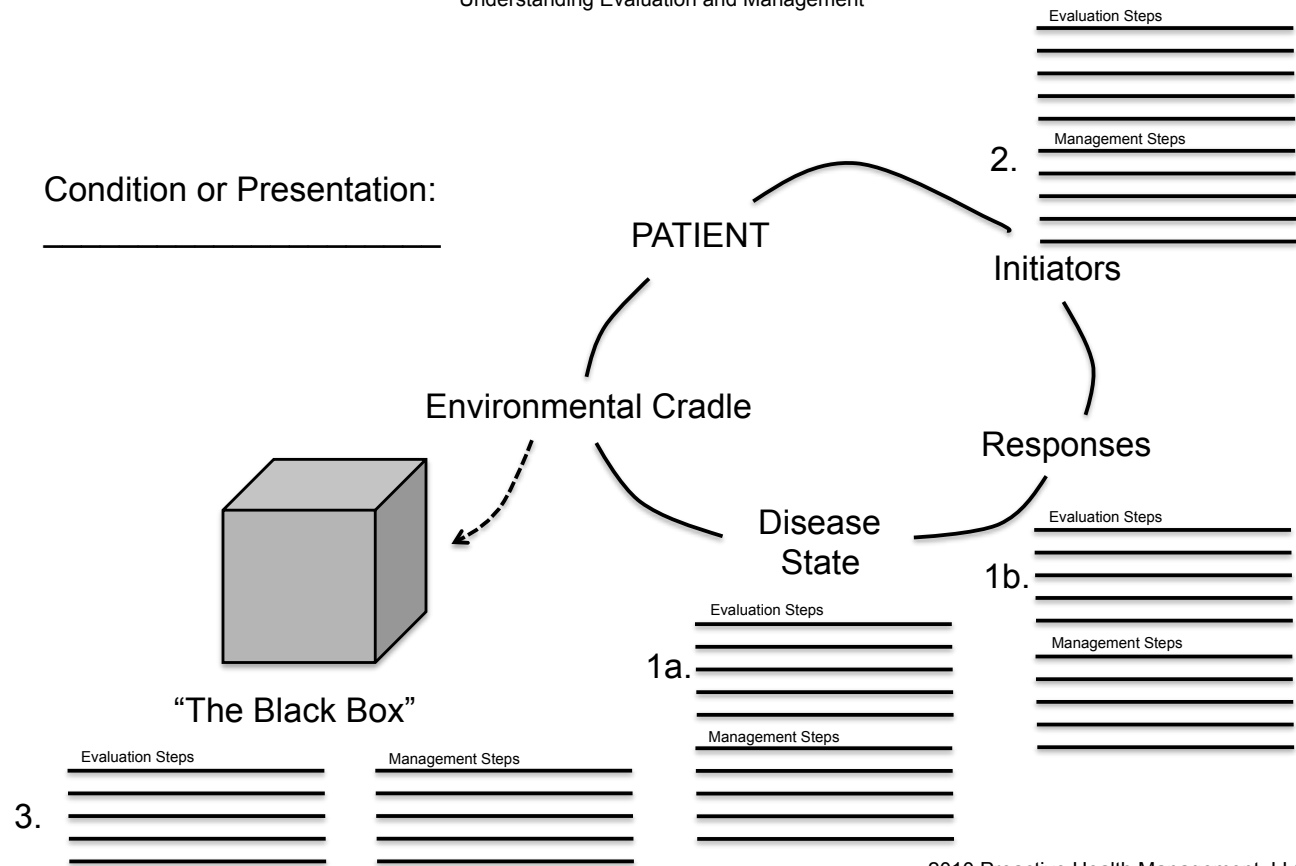
“The Black Box”

4. _____



Developing a Patient-centered, Systems Approach to Health and Illness

Understanding Evaluation and Management



Developing a Patient-centered, Systems Approach to Health and Illness

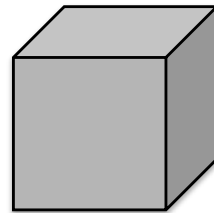
Understanding Disease Development and Continuation

Condition or Presentation:

Shortness of breath (acute)

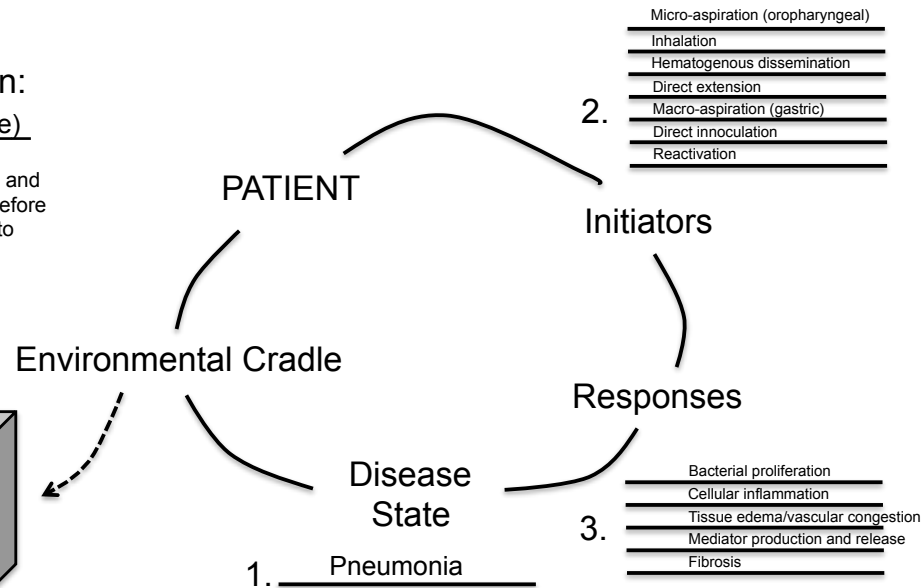
Create a Differential Diagnosis for Acute and Non-specific Conditions/Presentations before starting and then select a disease state to address:

1. Pneumonia
2. CHF/pulmonary edema
3. COPD exacerbation
4. PE
5. Pneumothorax



“The Black Box”

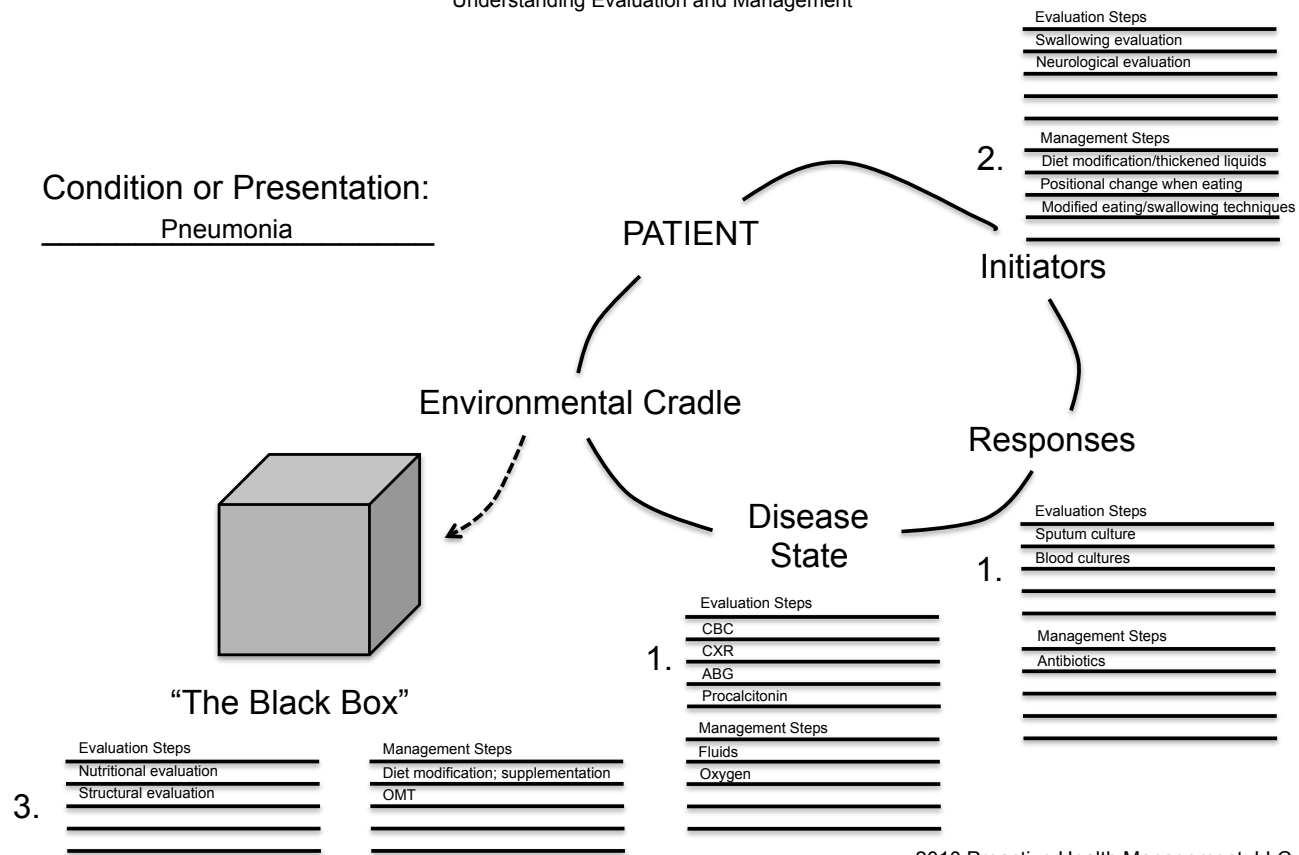
4. Nutritional state
- Immune system function
- Genetics
- Structure-function abnormalities
- Body habitus



2010 Proactive Health Management, LLC.

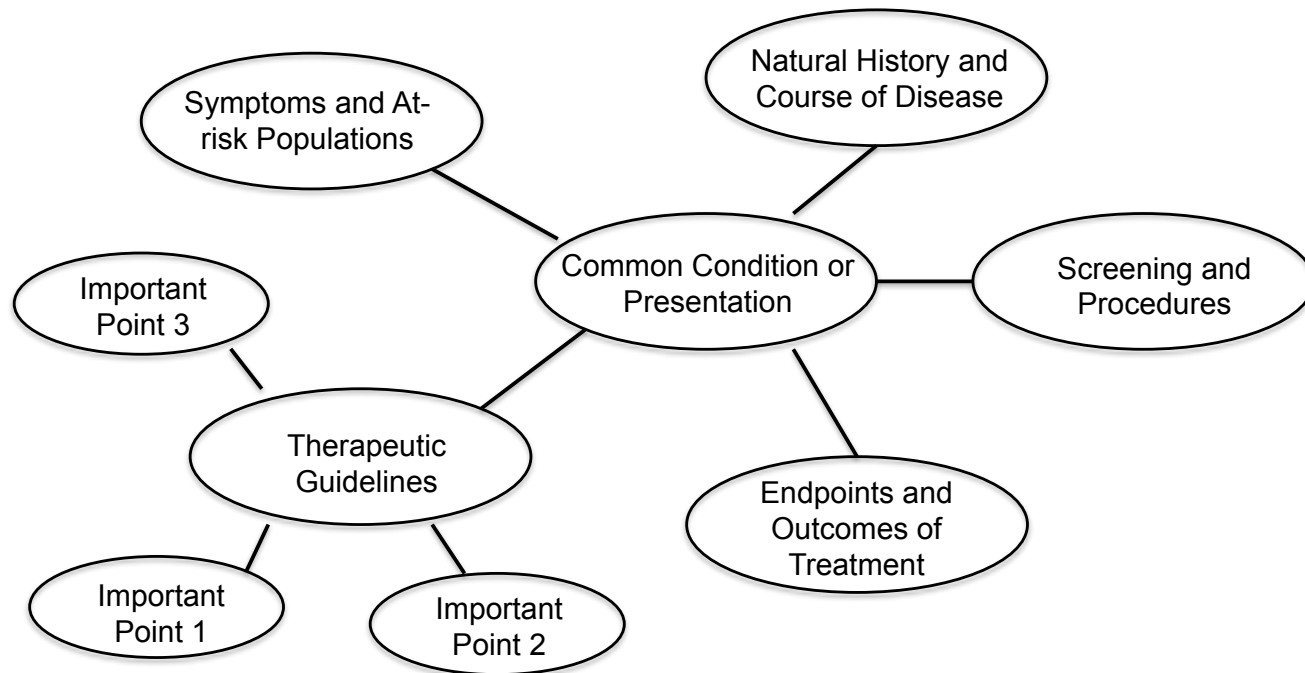
Developing a Patient-centered, Systems Approach to Health and Illness

Understanding Evaluation and Management



2010 Proactive Health Management, LLC.

Concept Mapping



Category 4 – Information Management and Scholarly Activity

Outcomes	Teaching Options
29. The resident will describe components of the EBM process and how each impacts medical decision making	Structured Journal Club Program/OPTI learning activity Reading from Evidence-Based Medicine: How to Practice and Teach EBM (3 rd Edition)
30. The resident will formulate a PICO type question and perform a search of the medical literature to answer it	
31. The resident will describe each of the following: case study, case series, cohort study, randomized-controlled trial, meta-analysis and systematic review	Structured Journal Club Program/OPTI learning activity Support Materials: Articles on Understanding the Medical Literature Types of Reporting and Bias Definitions
32. The resident will describe authorship and the difference between peer-reviewed, non-peer reviewed, self-published and fee-for-publication journals	
33. The resident will identify and describe forms of bias associated with medical literature	
34. The resident will calculate sensitivity, specificity, positive predictive value, negative predictive value and numbers needed to treat/harm/kill	Program/OPTI learning activity Reading from Evidence-Based Medicine: How to Practice and Teach EBM (3 rd Edition)
35. The resident will successfully complete the NIH or hospital-specific CITI human subjects training course	Program/OPTI learning activity Support Materials: HHS Institutional Review Board Guidebook Chapter 3-Basic IRB Review Chapter 5-Biomedical and Behavioral Research CITI Training Course (on-line)
36. The resident will describe biomedical and behavioral research including goals and methods	
37. The resident will describe the function and importance of an IRB	
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months OR	Training program orientation to professional level presentations
38b. The resident will complete a research project and submit a scientific paper for publication OR	Program/OPTI lecture
38c. The resident will complete a research project and present a poster at a national or other recognized scientific meeting	Program/OPTI lecture

Understanding the Medical Literature, Bias, and the Institutional Review Board

<http://www.acoi.org/MasteryCurriculum/SASupportDocuments09-2012.pdf>





Category 5 – Cultural Awareness and Minority Health

Outcomes	Teaching Options
39. The resident will identify methods for the provision of care to the economically disadvantaged	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading








	Discussion group
40. The resident will identify healthcare needs of the community in which they work after interacting with local leaders (faith-based leaders, civic groups, etc.)	Introductory lecture given by the preceptor or a community advocate Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
41. The resident will recognize patient and/or family comprehension of basic health information and provide means for such patients to overcome potential communication barriers	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
42. The resident will communicate with a patient and/or family of limited language ability at a level appropriate for the patient	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
43. The resident will recognize his or her own bias or stereotypes directed against people of different cultures	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
44. The resident will explain differences between Medicare, Medicaid, and private insurance as they apply to the economically disadvantaged patient	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
45. The resident will demonstrate their ability to interview patients of different cultures	Resident review of Think Cultural Health www.thinkculturalhealth.hhs.gov/ Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
46. The resident will describe common beliefs of religious groups/ denominations that may impact his/her ability to prescribe or treat using standard therapies	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
47. The resident will demonstrate that he/she is able to properly respond if a patient declines treatment because of cultural values and/or religious beliefs	Application of the LEARN Model Planned biopsychosocial learning activities- Lecture Workshop

	Self study modules or reading Discussion group
48a. The resident will explain to a patient reasons why a prescription medication is necessary if treatment is declined because of cultural values and/or religious beliefs, OR	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
48b. The resident will explain to a patient major side effects associated with prescribed medications if treatment is declined because of cultural values and/or religious beliefs, OR	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
48c. The resident will explain to a patient consequences of not taking the medication prescribed/poor adherence if treatment is declined because of cultural values and/or religious beliefs, OR	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group
49. The resident will educate a patient about food groups in their culture that may affect their disease state	Planned biopsychosocial learning activities- Lecture Workshop Self study modules or reading Discussion group

Category 6 – Business of Healthcare

Outcomes	Teaching Options
 50. The resident will develop effective treatment plans compatible with a patient's values, preferences, resources, and needs	Program specific learning activity Self-directed study/ modules Recommended Reading Modeling
 51. The resident will demonstrate an ability to link patients with community resources	Program specific learning activity Self-directed study/ modules Recommended Reading Modeling
 52. The resident will demonstrate an ability to track and support patients when services are obtained outside the practice	Program specific learning activity Self-directed study/ modules Recommended Reading Modeling
 53. The resident will demonstrate an ability to appraise care coordination, identifying barriers when present	Program specific learning activity Self-directed study/ modules Recommended Reading Modeling

54. The resident will demonstrate an ability to communicate test results and care plans	Program specific learning activity Self-directed study/ modules Recommended Reading Modeling
55. The resident will describe characteristics of the most common internal medicine practice options	Program specific learning activity Self-directed study/ modules Recommended Reading
 56. The resident will demonstrate an ability to navigate third party expectations and their effects upon clinical decision making	Program specific learning activity Self-directed study/ modules Recommended Reading
57. The resident will analyze a contract offered by a third-party payer	Program specific learning activity Self-directed study/ modules Recommended Reading
58. The resident will describe physician compensation by CMS	Program specific learning activity Self-directed study/ modules Recommended Reading
59. The resident will analyze an employment contract	Program specific learning activity Self-directed study/ modules Recommended Reading
 60. The resident will describe key elements of value-based reimbursement/purchasing	Program specific learning activity Self-directed study/ modules Recommended Reading
 61. The resident will apply information technology and electronic health records in all phases of patient care	Program specific learning activity Self-directed study/ modules Recommended Reading
62. The resident will recognize non-malpractice, at-risk situations in a medical practice	Program specific learning activity Self-directed study/ modules Recommended Reading
 63. The resident will discuss office resource management	Program specific learning activity Self-directed study/ modules Recommended Reading
64. The resident will demonstrate an ability to interpret a monthly or annual practice financial statement	Program specific learning activity Self-directed study/ modules Recommended Reading
65. The resident will recognize core elements of health law and regulation	Program specific learning activity Self-directed study/ modules Recommended Reading
66. The resident will analyze a case for violation of health law or regulation	Program specific learning activity Self-directed study/ modules Recommended Reading
67. The resident will discuss preparation for and the conduct of a deposition	Program specific learning activity Self-directed study/ modules

	Recommended Reading
 68. The resident will lead a discussion group on a pre-approved health policy topic	Program specific health policy learning activities
 69. The resident will apply balanced leadership principles while serving as the leader of a patient care team	Program specific learning activities on balanced leadership (adapted from Goleman's Balanced Leadership)
 70. The resident will apply principles of team-based care in the ambulatory setting, while functioning as a participant in a patient care team	Program specific learning activity Self-directed study
 71. The resident will develop and conduct a team building activity with fellow residents and other healthcare practitioners	Self-directed study Modeling Program specific learning activities
 72. The resident will conduct an interdisciplinary team meeting	Self-directed study Modeling Program specific learning activities
 73a. The resident will support a professional organization's education planning <u>OR</u>	N/A
 73b. The resident will support a professional organization's advocacy efforts <u>OR</u>	N/A
 73c. The resident will support a professional organization's governance	N/A
 74. The resident will complete a comparative effectiveness module on the AHRQ website (or an equivalent)	Program review of AHRQ website contents Self-directed study of AHRQ website contents Program specific learning activities
 75. The resident will participate in a reporting program intended to improve practice performance (such as the AOA Clinical Assessment Program)	Program specific learning activity Self-directed study Review of AOA CAP program
 76. The resident will describe goals of the Medical Home model	Program specific learning activity Self-directed study
77. The resident will apply principles of quality improvement to medical practice	Complete a quality or safety training program Complete of program advancing organizational values Program specific learning activity Self-directed study
78. The resident will apply principles of patient safety to medical practice	Complete a quality or safety training program Complete of program advancing organizational values Program specific learning activity Self-directed study

Version 1.0
May 2013

B. Assessment Tools

Category 1 – Osteopathic Principles and Practice

Outcomes	Measurement Options
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	Annual review and signed affirmation of the Osteopathic Pledge of Commitment on file Annual review of 5 randomly selected records by the program director (inpatient or outpatient) includes reference to the following in resident constructed notes: 1. Structure-function relationships (4 of 5) 2. Patient psychosocial needs (4 of 5) 3. Use of OMT (1 of 5)
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	Portfolio with article/ chapter referenced or included Journal Club records Book Club records Discussion Group records
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	OPP Feedback Form Checklist items on the form represent the elements described by the osteopathic paradigm of practice You may use this checklist or add these elements to your own evaluation forms
4. The resident will describe the physiology of the visceros-somatic reflex and other dysfunctions associated with the common conditions and presentations	ACOI OMM Quiz It is suggested this be completed as a group learning activity, scored by peers and reviewed by the faculty
5. The resident will appraise the role of sympathetic, parasympathetic, lymphatic, vascular and musculoskeletal components in the most common conditions and presentations	ACOI OMM Quiz It is suggested this be completed as a group learning activity, scored by peers and reviewed by the faculty
6. The resident will demonstrate forms of OMT applicable to patients with the common conditions and presentations	ACOI OMM Quiz It is suggested this be completed as a group learning activity, scored by peers and reviewed by the faculty
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalize patients: (9) Complete an accurate structural examination on patients with different diagnoses (10) Document their OMT plan of care (11) Complete OM treatment (12) Document and code for the OMT encounters	Chart documentation with faculty review/ confirmation Observed demonstration by faculty
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (9) Complete an accurate structural examination on patients with different diagnoses	Chart documentation with faculty review/ confirmation Observed demonstration by faculty

(10) Document their OMT plan of care (11) Complete OM treatment (12) Document and code for the OMT encounters	
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Osteopathic Principles and Practice Feedback Form

<http://www.acoi.org/MasteryCurriculum/OPPFeedbackFormV1.109-2012.pdf>

Osteopathic Principles and Practice Quiz

<http://www.acoi.org/MasteryCurriculum/OPPQuizV1.109-2012.pdf>

Category 2 – Ethical Practice of Medicine

Outcomes	Measurement Options
9. The resident will identify HIPAA regulations associated with confidentiality	Inservice examination questions
10. The resident will differentiate between appropriate and inappropriate information sharing when using social media or other technology	Inservice examinations questions Ethics case review by program
11. The resident will identify components of the patient bill of rights	Inservice examination questions Monthly evaluations Ethics case presentation with faculty feedback
12. The resident will describe MDPOA and code status and how they are determined	Direct observation by faculty Monthly evaluations
13. The resident will discuss MDPOA and code status with a patient/family	Direct observation by faculty Monthly evaluations
14. The resident will demonstrate ability to obtain informed consent from a patient or their surrogate	Direct observation by faculty
15. The resident will discuss physician professional duty and manageable behavior in reference to creating a culture of safety	Resident presentation Participation in a program/small group discussion Quarterly evaluations
16. The resident will describe the impact of an approved formulary when making a therapeutic decision	Resident presentation on resource allocation
17. The resident will discuss appropriate relationships with healthcare-related industries	Resident presentation Participation in a program/small group discussion Direct observation by faculty Monthly evaluations
18. The resident will review a case involving withdrawal/withholding of care as part of their professional decision making	Chart review with faculty member Resident case presentation
19. The resident will conduct a family meeting for breaking bad news	Direct observation by faculty Monthly evaluations

	OSCE
20. The resident will lead a family meeting and discuss end of life issues	Direct observation by faculty Monthly evaluations OSCE
21. The resident will describe AOA, state medical board or hospital policy on handling the impaired physician and the ethically challenged physician (sexual inappropriateness, misrepresentation, etc.)	Direct observation by faculty Resident case presentation Quarterly evaluation by program director Participation in a program/small group discussion
22. The resident will prepare and lead a discussion outlining measures to prevent errors (medication, procedure, decision making, etc.)	Direct observation by faculty Monthly evaluations Inservice examination questions Participation in a program/small group discussion

Category 3 – Medical Practice and Procedures

Outcomes	Measurement Options
23. The resident will identify symptoms associated with the most common conditions and presentations and describe at-risk populations	Evaluations In-training examination (TBD-special questions or module for individual progress reporting) Internal testing Observation during a program activity/ discussion
24. The resident will describe the natural history of the most common conditions and presentations and the expected course of illness/complaint	Evaluations In-training examination (TBD-special questions or module for individual progress reporting) Internal testing Observation during a program activity/ discussion
25. The resident will discuss screening or other diagnostic procedures associated with the most common conditions and presentations	Evaluations In-training examination (TBD-special questions or module for individual progress reporting) Internal testing Observation during a program activity/ discussion
26. The resident will apply the right screening or diagnostic procedure at the right time for the most common conditions and presentations	Evaluations In-training examination (TBD-special questions or module for individual progress reporting) Internal testing Observation during a program activity/ discussion
27. The resident will appraise desired endpoints and outcomes for the most common conditions and presentations	Evaluations In-training examination (TBD-special questions or module for individual progress reporting) Internal testing Observation during a program activity/ discussion
28. The resident will manage therapeutic guidelines, adapting them (to the clinical situation) for the most common conditions and presentations	Evaluations In-training examination (TBD-special questions or module for individual progress reporting) Internal testing Observation during a program activity/ discussion

Category 4 – Information Management and Scholarly Activity

Outcomes	Measurement Options
29. The resident will describe components of the EBM process and how each impacts medical decision making	Evaluation Form A Multiple assessment opportunities (journal club, presentations, quarterly evaluations, etc.) You may use this checklist or add these elements to your own evaluation forms
30. The resident will formulate a PICO type question and perform a search of the medical literature to answer it	
31. The resident will describe each of the following: case study, case series, cohort study, randomized-controlled trial, meta-analysis and systematic review	Scholarly Activity Quiz It is suggested this be completed as a group learning activity, scored by peers and reviewed by the faculty
32. The resident will describe authorship and the difference between peer-reviewed, non-peer reviewed, self-published and fee-for-publication journals	
33. The resident will identify and describe forms of bias associated with medical literature	
34. The resident will calculate sensitivity, specificity, positive predictive value, negative predictive value and numbers needed to treat/harm/kill	Evaluation Form A Scholarly Activity Quiz
35. The resident will successfully complete the NIH or hospital-specific CITI human subjects training course	Group discussion with subjective assessment by faculty on preparation and understanding of the material Completion of CITI RCR Training Course
36. The resident will describe biomedical and behavioral research including goals and methods	
37. The resident will describe the function and importance of an IRB	
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months OR	Scholarly Activity Evaluation Form (B) Multiple assessment opportunities exist (journal club, lectures/presentations, etc) You may use this checklist or add these elements to your own evaluation forms
38b. The resident will complete a research project and submit a scientific paper for publication OR	Completed/presented
38c. The resident will complete a research project and present a poster at a national or other recognized scientific meeting	Completed/presented

Scholarly Activity Feedback Form

<http://www.acoi.org/MasteryCurriculum/SAFeedbackFormV1.109-2012.pdf>

Professional Presentation Feedback Form

<http://www.acoi.org/MasteryCurriculum/SAPresentationFeedbackForm09-2012.pdf>

Scholarly Activity Quiz






<http://www.acoi.org/MasteryCurriculum/ScholarlyActivityQuizV1.003-2011.pdf>



Category 5 – Cultural Awareness and Minority Health





Outcomes	Measurement Options
39. The resident will identify methods for the provision of care to the economically disadvantaged	Ambulatory clinic evaluation Written evaluations
40. The resident will identify healthcare needs of the community in which they work after interacting with local leaders (faith-based leaders, civic groups, etc.)	Community health lecture to be delivered by the resident on an identified community healthcare need and evaluated by the audience/attendees Written evaluations Participation in group learning activity
41. The resident will recognize patient and/or family comprehension of basic health information and provide means for such patients to overcome potential communication barriers	During a planned encounter, the resident will demonstrate use of tools or methods designed to improve communication Ambulatory clinic evaluation
42. The resident will communicate with a patient and/or family of limited language ability at a level appropriate for the patient	During a planned encounter, the resident will demonstrate use of tools or methods designed to improve communication Ambulatory clinic evaluation
43. The resident will recognize his or her own bias or stereotypes directed against people of different cultures	Ambulatory clinic evaluation Written evaluations Portfolio with self-reflection Survey before and after undertaking a discussion on minority health, addressing how their own culture may influence their perspective on health and disease
44. The resident will explain differences between Medicare, Medicaid, and private insurance as they apply to the economically disadvantaged patient	Select and discuss the health care coverage that best suits an economically disadvantaged patient during a case presentation or chart review
45. The resident will demonstrate their ability to interview patients of different cultures	Written evaluations OSCE Planned patient encounters
46. The resident will describe common beliefs of religious groups/ denominations that may impact his/her ability to prescribe or treat using standard therapies	Written evaluations OSCE Planned patient encounters
47. The resident will demonstrate that he/she is able to properly respond if a patient declines treatment because of cultural values and/or religious beliefs	Written evaluations OSCE Planned patient encounters
48a. The resident will explain to a patient reasons why a prescription medication is necessary if treatment is declined because of cultural values and/or religious beliefs, <u>OR</u>	Preceptor assessment to address (2) of these objectives during a planned or unplanned encounter
48b. The resident will explain to a patient major side effects associated with prescribed medications if treatment is declined because of cultural values and/or religious beliefs, <u>OR</u>	Preceptor assessment to address one these objectives during a planned or unplanned encounter
48c. The resident will explain to a patient consequences of not taking the medication prescribed/poor adherence if treatment is declined because of cultural values and/or religious beliefs,	Preceptor assessment to address one of these objectives during a planned or unplanned encounter

OR	
49. The resident will educate a patient about food groups in their culture that may affect their disease state	Preceptor assessment to address this objective during a planned or unplanned encounter

Category 6 – Business of Healthcare

Outcomes	Measurement Options
 50. The resident will develop effective treatment plans compatible with a patient's values, preferences, resources, and needs	Ambulatory evaluations Monthly evaluations Patient evaluations of resident Direct observation by faculty Resident presentation
 51. The resident will demonstrate an ability to link patients with community resources	Ambulatory evaluations Monthly evaluations Patient evaluations of resident Direct observation by faculty Resident presentation
 52. The resident will demonstrate an ability to track and support patients when services are obtained outside the practice	Ambulatory evaluations Monthly evaluations Patient evaluations of resident Direct observation by faculty Resident presentation
 53. The resident will demonstrate an ability to appraise care coordination, identifying barriers when present	Ambulatory evaluations Monthly evaluations Patient evaluations of resident Direct observation by faculty Resident presentation
54. The resident will demonstrate an ability to communicate test results and care plans	Ambulatory evaluations Monthly evaluations Patient evaluations of resident Direct observation by faculty Resident presentation
55. The resident will describe characteristics of the most common internal medicine practice options	Direct observation by faculty Participation in a program/small group discussion Resident presentation
 56. The resident will demonstrate an ability to navigate third party expectations and their effects upon clinical decision making	Inpatient chart review with faculty Outpatient chart review with faculty Monthly evaluations Resident presentation
57. The resident will analyze a contract offered by a third-party payer	Direct observation by faculty Participation in a program/small group discussion Resident presentation

58. The resident will describe physician compensation by CMS	Direct observation by faculty Participation in a program/small group discussion Resident presentation
59. The resident will analyze an employment contract	Direct observation by faculty Participation in a program/small group discussion Resident presentation
 60. The resident will describe key elements of value-based reimbursement/purchasing	Direct observation by faculty Participation in a program/small group discussion Resident presentation
 61. The resident will apply information technology and electronic health records in all phases of patient care	Direct observation by faculty Monthly evaluations Chart review
62. The resident will recognize non-malpractice, at-risk situations in a medical practice	Inservice examination question
 63. The resident will discuss office resource management	Participation in a program/small group discussion Direct observation by faculty Resident case presentation
64. The resident will demonstrate an ability to interpret a monthly or annual practice financial statement	Direct observation by faculty Participation in a program/small group discussion Inservice examination question
65. The resident will recognize core elements of health law and regulation	Inservice examination question
66. The resident will analyze a case for violation of health law or regulation	Inservice examination question
67. The resident will discuss preparation for and the conduct of a deposition	Participation in a program/small group discussion
 68. The resident will lead a discussion group on a pre-approved health policy topic	Feedback from program director and colleagues following a group discussion
 69. The resident will apply balanced leadership principles while serving as the leader of a patient care team	Feedback from program director and team members
 70. The resident will apply principles of team-based care in the ambulatory setting, while functioning as a participant in a patient care team	Program director or faculty observation Monthly evaluation Quarterly evaluation In-service examination
 71. The resident will develop and conduct a team building activity with fellow residents and other healthcare practitioners	Feedback from program director and colleagues following new trainee orientation Feedback from program director and team members
 72. The resident will conduct an interdisciplinary team meeting	Feedback from program director and colleagues following new trainee orientation Feedback from program director and team members
 73a. The resident will support a professional organization's education planning OR	Evidence of participation
 73b. The resident will support a professional organization's advocacy efforts OR	Evidence of participation


 73c. The resident will support a professional organization's governance	Evidence of participation
 74. The resident will complete a comparative effectiveness module on the AHRQ website (or an equivalent)	Certificate of completion
 75. The resident will participate in a reporting program intended to improve practice performance (such as the AOA Clinical Assessment Program)	Written performance improvement plan *This activity may be completed as a group
 76. The resident will describe goals of the Medical Home model	Program director or faculty observation Monthly evaluation Quarterly evaluation In-service examination
77. The resident will apply principles of quality improvement to medical practice	Program director or faculty observation Monthly evaluation Quarterly evaluation In-service examination
78. The resident will apply principles of patient safety to medical practice	Program director or faculty observation Monthly evaluation Quarterly evaluation In-service examination

Semi-annual Evaluation by Checkpoint

Trainers and trainees can use this document to prepare for each semi-annual evaluation. The outcomes should be given to the trainees during orientation and at the beginning of each year so they are aware of expectations in advance. The trainees should come prepared to demonstrate they have completed each outcome by the required checkpoint. Evidence of completion can be gathered in a resident portfolio and presented for review. The program director should review the evidence for completion of the outcome and rate the trainee on his or her performance of the outcome based upon the rating scale provided.

Checkpoint 1


Outcomes	Evidence	Rating	Comments
	1 Resident produced evidence for meeting the outcome 2 Faculty provided evidence of trainee meeting the outcome 3 Program director provided evidence of the trainee meeting the outcome 4 Other evidence provided	1 Outcome not met 2 Working to meet outcome, but requires further development 3 Outcome met as expected 4 Outcome met in advance of the checkpoint 5 Outcome met in advance of the checkpoint and requirement exceeded	
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	1 2 3 4	1 2 3 4 5	
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	1 2 3 4	1 2 3 4 5	
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	1 2 3 4	1 2 3 4 5	
9. The resident will identify HIPAA regulations associated with confidentiality	1 2 3 4	1 2 3 4 5	
10. The resident will differentiate between appropriate and inappropriate information sharing when using social media or other technology	1 2 3 4	1 2 3 4 5	

11. The resident will identify components of the patient bill of rights	1 2 3 4	1 2 3 4 5	
29. The resident will describe components of the EBM process and how each impacts medical decision making	1 2 3 4	1 2 3 4 5	
30. The resident will formulate a PICO type question and perform a search of the medical literature to answer it	1 2 3 4	1 2 3 4 5	
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	1 2 3 4	1 2 3 4 5	
 61. The resident will apply information technology and electronic health records in all phases of patient care	1 2 3 4	1 2 3 4 5	

Checkpoint 2

Outcomes	Evidence	Rating	Comments
	1 Resident produced evidence for meeting the outcome 2 Faculty provided evidence of trainee meeting the outcome 3 Program director provided evidence of the trainee meeting the outcome 4 Other evidence provided	1 Outcome not met 2 Working to meet outcome, but requires further development 3 Outcome met as expected 4 Outcome met in advance of the checkpoint 5 Outcome met in advance of the checkpoint and requirement exceeded	
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	1 2 3 4	1 2 3 4 5	
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	1 2 3 4	1 2 3 4 5	
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	1 2 3 4	1 2 3 4 5	
4. The resident will describe the physiology of the viscerosomatic reflex and other dysfunctions associated with the common conditions and presentations	1 2 3 4	1 2 3 4 5	
5. The resident will appraise the role of sympathetic, parasympathetic, lymphatic, vascular and musculoskeletal	1 2 3 4	1 2 3 4 5	






components in the most common conditions and presentations			
6. The resident will demonstrate forms of OMT applicable to patients with the common conditions and presentations	1 2 3 4	1 2 3 4 5	
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	1 2 3 4	1 2 3 4 5	
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	1 2 3 4	1 2 3 4 5	
12. The resident will describe MDPOA and code status and how they are determined	1 2 3 4	1 2 3 4 5	
13. The resident will discuss MDPOA and code status with a patient/family	1 2 3 4	1 2 3 4 5	
14. The resident will demonstrate ability to obtain informed consent from a patient or their surrogate	1 2 3 4	1 2 3 4 5	
15. The resident will discuss physician professional duty and manageable behavior in reference to creating a culture of safety (adapted from the language of The Just Culture)	1 2 3 4	1 2 3 4 5	
23. The resident will identify symptoms associated with the most common conditions and presentations and describe at-risk populations	1 2 3 4	1 2 3 4 5	
24. The resident will describe the natural history of the most common conditions and presentations and the expected course of illness/complaint	1 2 3 4	1 2 3 4 5	
25. The resident will discuss screening or other diagnostic procedures associated with the most common conditions and presentations	1 2 3 4	1 2 3 4 5	
31. The resident will describe each of the following: case study, case series, cohort study, randomized-controlled trial, meta-analysis and systematic review	1 2 3 4	1 2 3 4 5	
32. The resident will describe authorship and the difference between peer-reviewed, non-peer reviewed, self-published and fee-for-publication journals	1 2 3 4	1 2 3 4 5	

33. The resident will identify and describe forms of bias associated with medical literature	1 2 3 4	1 2 3 4 5	
34. The resident will calculate sensitivity, specificity, positive predictive value, negative predictive value and numbers needed to treat/harm/kill	1 2 3 4	1 2 3 4 5	
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	1 2 3 4	1 2 3 4 5	
39. The resident will identify methods for the provision of care to the economically disadvantaged	1 2 3 4	1 2 3 4 5	
40. The resident will identify healthcare needs of the community in which they work after interacting with local leaders (faith-based leaders, civic groups, etc.)	1 2 3 4	1 2 3 4 5	
41. The resident will recognize patient and/or family comprehension of basic health information and provide means for such patients to overcome potential communication barriers	1 2 3 4	1 2 3 4 5	
42. The resident will communicate with a patient and/or family of limited language ability at a level appropriate for the patient	1 2 3 4	1 2 3 4 5	
43. The resident will recognize his or her own bias or stereotypes directed against people of different cultures	1 2 3 4	1 2 3 4 5	
62. The resident will recognize non-malpractice, at-risk situations in a medical practice	1 2 3 4	1 2 3 4 5	
65. The resident will recognize core elements of health law and regulation	1 2 3 4	1 2 3 4 5	
66. The resident will analyze a case for violation of health law or regulation	1 2 3 4	1 2 3 4 5	
 74. The resident will complete a comparative effectiveness module on the AHRQ website (or an equivalent)	1 2 3 4	1 2 3 4 5	
77. The resident will apply principles of quality improvement to medical practice	1 2 3 4	1 2 3 4 5	
78. The resident will apply principles of patient safety to medical practice	1 2 3 4	1 2 3 4 5	

Checkpoint 3



Outcomes	Evidence	Rating	Comments
	1 Resident produced evidence for meeting the outcome	1 Outcome not met 2 Working to meet outcome, but	


	2 Faculty provided evidence of trainee meeting the outcome 3 Program director provided evidence of the trainee meeting the outcome 4 Other evidence provided	requires further development 3 Outcome met as expected 4 Outcome met in advance of the checkpoint 5 Outcome met in advance of the checkpoint and requirement exceeded	
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	1 2 3 4	1 2 3 4 5	
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	1 2 3 4	1 2 3 4 5	
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	1 2 3 4	1 2 3 4 5	
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	1 2 3 4	1 2 3 4 5	
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	1 2 3 4	1 2 3 4 5	
16. The resident will describe the impact of an approved formulary when making a therapeutic decision	1 2 3 4	1 2 3 4 5	

17. The resident will discuss appropriate relationships with healthcare-related industries	1 2 3 4	1 2 3 4 5	
35. The resident will successfully complete the NIH or hospital-specific CITI human subjects training course	1 2 3 4	1 2 3 4 5	
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	1 2 3 4	1 2 3 4 5	
44. The resident will explain differences between Medicare, Medicaid, and private insurance as they apply to the economically disadvantaged patient	1 2 3 4	1 2 3 4 5	
45. The resident will demonstrate their ability to interview patients of different cultures	1 2 3 4	1 2 3 4 5	
 50. The resident will develop effective treatment plans compatible with a patient's values, preferences, resources, and needs	1 2 3 4	1 2 3 4 5	
 51. The resident will demonstrate an ability to link patients with community resources	1 2 3 4	1 2 3 4 5	
 52. The resident will demonstrate an ability to track and support patients when services are obtained outside the practice	1 2 3 4	1 2 3 4 5	
 53. The resident will demonstrate an ability to appraise care coordination, identifying barriers when present	1 2 3 4	1 2 3 4 5	
54. The resident will demonstrate an ability to communicate test results and care plans	1 2 3 4	1 2 3 4 5	
55. The resident will describe characteristics of the most common internal medicine practice options	1 2 3 4	1 2 3 4 5	
 56. The resident will demonstrate an ability to navigate third party expectations and their effects upon clinical decision making	1 2 3 4	1 2 3 4 5	
77. The resident will apply principles of quality improvement to medical practice	1 2 3 4	1 2 3 4 5	
78. The resident will apply principles of patient safety to medical practice	1 2 3 4	1 2 3 4 5	

Checkpoint 4




Outcomes	Evidence	Rating	Comments
	1 Resident produced evidence for meeting the outcome 2 Faculty provided evidence of trainee meeting the outcome 3 Program director provided evidence of the trainee meeting the outcome 4 Other evidence provided	1 Outcome not met 2 Working to meet outcome, but requires further development 3 Outcome met as expected 4 Outcome met in advance of the checkpoint 5 Outcome met in advance of the checkpoint and requirement exceeded	
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	1 2 3 4	1 2 3 4 5	
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	1 2 3 4	1 2 3 4 5	
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	1 2 3 4	1 2 3 4 5	
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	1 2 3 4	1 2 3 4 5	
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	1 2 3 4	1 2 3 4 5	
18. The resident will review a case involving	1 2 3 4	1 2 3 4 5	







withdrawal/withholding of care as part of their professional decision making			
19. The resident will conduct a family meeting for breaking bad news	1 2 3 4	1 2 3 4 5	
20. The resident will lead a family meeting and discuss end of life issues	1 2 3 4	1 2 3 4 5	
26. The resident will apply the right screening or diagnostic procedure at the right time for the most common conditions and presentations	1 2 3 4	1 2 3 4 5	
27. The resident will appraise desired endpoints and outcomes for the most common conditions and presentations	1 2 3 4	1 2 3 4 5	
28. The resident will manage therapeutic guidelines, adapting them (to the clinical situation) for the most common conditions and presentations	1 2 3 4	1 2 3 4 5	
36. The resident will describe biomedical and behavioral research including goals and methods	1 2 3 4	1 2 3 4 5	
37. The resident will describe the function and importance of an IRB	1 2 3 4	1 2 3 4 5	
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	1 2 3 4	1 2 3 4 5	
46. The resident will describe common beliefs of religious groups/ denominations that may impact his/her ability to prescribe or treat using standard therapies	1 2 3 4	1 2 3 4 5	
47. The resident will demonstrate that he/she is able to properly respond if a patient declines treatment because of cultural values and/or religious beliefs	1 2 3 4	1 2 3 4 5	
57. The resident will analyze a contract offered by a third-party payer	1 2 3 4	1 2 3 4 5	
58. The resident will describe physician compensation by CMS	1 2 3 4	1 2 3 4 5	
59. The resident will analyze an employment contract	1 2 3 4	1 2 3 4 5	
67. The resident will discuss preparation for and the conduct of a deposition	1 2 3 4	1 2 3 4 5	
 68. The resident will lead a discussion group on a pre-approved health policy topic	1 2 3 4	1 2 3 4 5	
 75. The resident will participate in a reporting program intended to improve practice performance (such as the AOA Clinical Assessment Program)	1 2 3 4	1 2 3 4 5	

 <p>76. The resident will describe goals of the Medical Home model</p>	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>	
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Checkpoint 5


Outcomes	Evidence	Rating	Comments
	<p>1 Resident produced evidence for meeting the outcome</p> <p>2 Faculty provided evidence of trainee meeting the outcome</p> <p>3 Program director provided evidence of the trainee meeting the outcome</p> <p>4 Other evidence provided</p>	<p>1 Outcome not met</p> <p>2 Working to meet outcome, but requires further development</p> <p>3 Outcome met as expected</p> <p>4 Outcome met in advance of the checkpoint</p> <p>5 Outcome met in advance of the checkpoint and requirement exceeded</p>	
1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>	
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>	
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>	
<p>7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalize patients:</p> <p>(1) Complete an accurate structural examination on patients with different diagnoses</p> <p>(2) Document their OMT plan of care</p> <p>(3) Complete OM treatment</p> <p>(4) Document and code for the OMT encounters</p>	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>	
<p>8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients:</p> <p>(1) Complete an accurate structural examination on patients with different diagnoses</p> <p>(2) Document their OMT plan of care</p>	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>	

(3) Complete OM treatment (4) Document and code for the OMT encounters			
21. The resident will describe AOA, state medical board or hospital policy on handling the impaired physician and the ethically challenged physician (sexual inappropriateness, misrepresentation, etc.)	1 2 3 4	1 2 3 4 5	
22. The resident will prepare and lead a discussion outlining measures to prevent errors (medication, procedure, decision making, etc.)	1 2 3 4	1 2 3 4 5	
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months OR	1 2 3 4	1 2 3 4 5	
38b. The resident will complete a research project and submit a scientific paper for publication OR	1 2 3 4	1 2 3 4 5	
38c. The resident will complete a research project and present a poster at a national or other recognized scientific meeting	1 2 3 4	1 2 3 4 5	
48a. The resident will explain to a patient reasons why a prescription medication is necessary If treatment is declined because of cultural values and/or religious beliefs, OR	1 2 3 4	1 2 3 4 5	
48b. The resident will explain to a patient major side effects associated with prescribed medications if treatment is declined because of cultural values and/or religious beliefs, OR	1 2 3 4	1 2 3 4 5	
48c. The resident will explain to a patient consequences of not taking the medication prescribed/poor adherence if treatment is declined because of cultural values and/or religious beliefs, OR	1 2 3 4	1 2 3 4 5	
49. The resident will educate a patient about food groups in their culture that may affect their disease state	1 2 3 4	1 2 3 4 5	
 60. The resident will describe key elements of value-based reimbursement/purchasing	1 2 3 4	1 2 3 4 5	
 63. The resident will discuss office resource management	1 2 3 4	1 2 3 4 5	
64. The resident will demonstrate an ability to interpret a monthly or annual practice financial statement	1 2 3 4	1 2 3 4 5	
 69. The resident will apply balanced leadership principles while serving as the leader of a patient care team (adapted from Goleman's Balanced Leadership)	1 2 3 4	1 2 3 4 5	

 70. The resident will apply principles of team-based care in the ambulatory setting, while functioning as a participant in a patient care team	1 2 3 4	1 2 3 4 5	
 71. The resident will develop and conduct a team building activity with fellow residents and other healthcare practitioners	1 2 3 4	1 2 3 4 5	
 72. The resident will conduct an interdisciplinary team meeting	1 2 3 4	1 2 3 4 5	
 73a. The resident will support a professional organization's education planning OR	1 2 3 4	1 2 3 4 5	
 73b. The resident will support a professional organization's advocacy efforts OR	1 2 3 4	1 2 3 4 5	
 73c. The resident will support a professional organization's governance	1 2 3 4	1 2 3 4 5	

Checkpoint 6

Outcomes	Evidence	Rating	Comments
	1 Resident produced evidence for meeting the outcome 2 Faculty provided evidence of trainee meeting the outcome 3 Program director provided evidence of the trainee meeting the outcome 4 Other evidence provided	1 Outcome not met 2 Working to meet outcome, but requires further development 3 Outcome met as expected 4 Outcome met in advance of the checkpoint 5 Outcome met in advance of the checkpoint and requirement exceeded	

1. The resident will demonstrate inclusion of the osteopathic paradigm (alternatively the four osteopathic tenets) when caring for each patient he or she is entrusted	1 2 3 4	1 2 3 4 5	
2. The resident will review and appraise osteopathic literature applicable to the practice of internal medicine at least twice-annually (journal article, textbook chapter, etc.)	1 2 3 4	1 2 3 4 5	
3. The resident will apply the osteopathic paradigm of practice (alternatively the four osteopathic tenets) when leading all academic exercises	1 2 3 4	1 2 3 4 5	
7. Using the most common conditions and presentations, the resident will meet all of the following when caring for hospitalized patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	1 2 3 4	1 2 3 4 5	
8. Using the most common conditions and presentations, the resident will meet all of the following when caring for ambulatory patients: (1) Complete an accurate structural examination on patients with different diagnoses (2) Document their OMT plan of care (3) Complete OM treatment (4) Document and code for the OMT encounters	1 2 3 4	1 2 3 4 5	
38a. The resident will develop and deliver a formal, evidence-based professional level presentation every six months	1 2 3 4	1 2 3 4 5	
77. The resident will apply principles of quality improvement to medical practice	1 2 3 4	1 2 3 4 5	
78. The resident will apply principles of patient safety to medical practice	1 2 3 4	1 2 3 4 5	
 75. The resident will participate in a reporting program intended to improve practice performance (such as the AOA Clinical Assessment Program)	1 2 3 4	1 2 3 4 5	

Section 4 - Miscellaneous

A. Sharing Best Practices

We encourage our program directors to share the unique ways they have developed to teach and assess the outcomes of The Path to Mastery Curriculum. Please contact Jo Ann Mitchell, DO at jo.mitchell@mcclaren.org to discuss your ideas. Best practices can be posted to the website and/or presented at the annual ACOI Trainer's Congress.

All programs will be (randomly) assigned ownership of a single outcome at the 2013 Trainer's Congress. During the 2013-2014 academic year, the program is asked to develop a specific tactic for teaching and assessing the assigned outcome. The ACOI will provide exhibit space at the 2014 Trainer's Congress to display your work for your colleagues. You may choose any format, including such methods as an education poster, a summary document, a video, or a fixed display.

Your work will be used to populate or expand the teaching and assessment methods found in the current program director manual.

We are hopeful this effort will create a sense of shared responsibility for the success of The ACOI Path to Mastery Curriculum.

B. The Future

As noted earlier in the introduction, The ACOI Path to Mastery Curriculum is a living document. The outcomes, teaching tools and assessment tools will need ongoing reviews and updates in order to remain relevant and to become increasingly effective. The curriculum belongs to everyone. Working together we are far more likely to meet the external demands for GME accountability, those demands being: (1) to produce the competent physician of tomorrow; and (2) to utilize public funds allocated to GME more effectively.

C. Frequently Asked Questions

1. How is The Path to Mastery Curriculum applied in dually accredited programs?

This has been a common question since we started to develop the new curriculum. It is quite likely that dually accredited programs are already doing many of the things necessary to meet the published outcomes. You will need to examine your existing curriculum (ACGME milestones) to determine overlap. These will be easy to address in terms of teaching and assessing to meet the ACOI curriculum requirements. Outcomes that are different will require some additional work in order to meet them by the time of your inspection. This will be particularly true of the OPP outcomes. We suggest you work with your ACGME counterparts to determine if any of the non-overlapping outcomes are of benefit to them as well. Additional ways to address this challenge may result from AOA-ACGME unification efforts or further study by the ACOI. Your feedback and ideas are welcomed.

2. Do I have to use the outcomes in my program?

Yes. The *Basic Standards for Residency Training in Internal Medicine* require each program to demonstrate they are teaching and assessing in support of the outcomes identified as part of The Path to Mastery Curriculum.

3. I have a great method for teaching [insert specific outcome]. Do I have to use someone else's method?

No. Each program is permitted to develop teaching methods that best utilize local resources. Collaboration and sharing of best practices between programs is highly recommended.

4. What happens if I don't follow The Path to Mastery Curriculum?

At least two standards will be marked as 'unmet' on your next inspection. A repeat citation can result in program probation or closure. In addition, a focused site inspection could be mandated if annual reports submitted by the program reflect the curriculum is not being used.

5. How am I supposed to teach the common conditions and presentations?

There is no specific way to teach the common conditions and presentations. Several suggestions have been made at the annual ACOI Trainer's Congress over the past few years. Many of these are found under teaching tools in this document or on the ACOI Path to Mastery Curriculum website. It is recommended the common conditions and presentations become a recurrent part of every training program. Regular incorporation into morning report, mortality review, grand rounds and other classroom activities will help to hard-wire the understanding and management of these disease states. Team-based learning activities (particularly those using cases) and concept mapping are excellent ways to help trainees develop an in-depth understand of the common conditions and presentations. Such activities should be linked to actual patient care to be most effective.

6. My program is doing fine and my graduates get good jobs and fellowships. Why do we have to change what we are already doing?

The Path to Mastery Curriculum emphasizes new or newer knowledge and skills (clinical and non-clinical) required of practicing internal medicine physicians to be successful in an ever more challenging healthcare delivery environment. In fact, the curriculum indirectly establishes change as an outcome. The customer base (hospitals and physician groups) looking to employ our graduates has publicly articulated their frustration with the lack of preparation for practice noted among residents at the time of program completion. The customer frequently expends additional resources transitioning the new graduate into practice. Trainees in possession of desired and needed skills will remain highly competitive and sought after in the future.

7. How do I know what outcomes should be assessed at each checkpoint (semi-annual evaluation)?

A list of outcomes by checkpoint has been provided in this document for your use. The same list will appear on the ACOI webpage dedicated to the Path to Mastery curriculum.

8. How do the trainees know what is required of them?

We suggest you share the outcomes with the trainees during the orientation process and at the beginning of each training year. The document labeled 'semi-annual evaluation by checkpoint' is an excellent resource for the trainees, as it lists the outcomes by checkpoint and reminds the trainee to provide evidence of outcome completion at the time of the evaluation. Trainees may choose to use the rating scale to self assess in advance.

9. Do I have to assess every outcome at each checkpoint?

Yes, including those that are repeated throughout training.

10. How will the ACOI know we are teaching and evaluating these outcomes?

The ACOI will monitor incorporation of the outcomes in your program through annual reports, inservice examination results, and program inspections.

11. What if my program can't meet an outcome?

Although we rolled out the new curriculum over a three-year period and each rollout included a one year pilot period to integrate the curriculum into your program, the ACOI understands it may be hard for programs to immediately meet all of the outcomes. We suggest you work with your OPTI and collaborate with other internal medicine programs in order to find ways to meet all of the outcomes. There are no 'byses' since all of the outcomes are believed to be important to establishing competence.

12. There is no evidence that OMM is of benefit to patients. Why do we have to incorporate it into patient care?

OPP/OMM represent a core competency of osteopathic medicine and an opportunity to demonstrate evidence of both osteopathic distinctiveness and positive impact upon patient care. There is extensive evidence in the world's literature of the impact of OMM upon patient care, particularly its impact upon patient satisfaction and hospital length of stay.

13. What is the best way to make sure the trainees are meaningfully evaluated against the outcomes?

The ACOI recommends the individual outcomes be assigned to faculty members demonstrating an interest or passion for the outcome or its category. By assigning the right outcome to the right person the chance of obtaining a meaningful evaluation is increased.

14. Why do some of the basic standards appear to conflict with the outcomes of the Path to Mastery curriculum?

We are revising the basic standards to match the expectations of the new curriculum. If a conflict is perceived, the outcome takes precedence. An example of this is the requirement for scholarly activity. Category 4 defines the outcomes for Information Management and Scholarly Activity. The Category 4 outcomes clearly state expectations for scholarly work by your trainees.