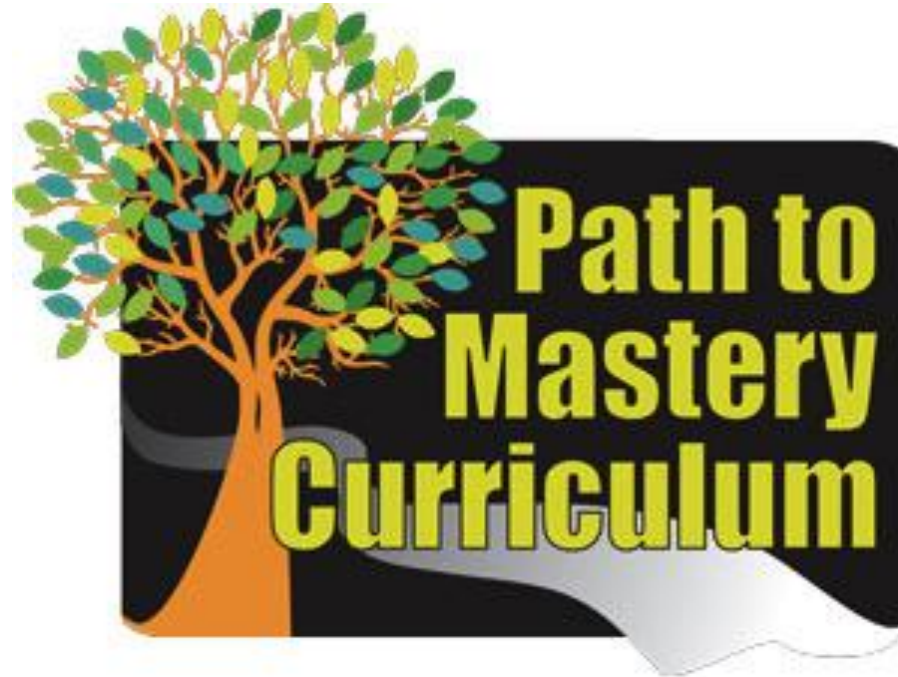


# American College of Osteopathic Internists



Executive Summary

2013-2014

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Version 1.0  
May 2013

### **ACOI Education Mission Statement**

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

## **Section I – Introduction**

### **A. Overview**

This executive summary is intended to provide interested individuals with information about 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:

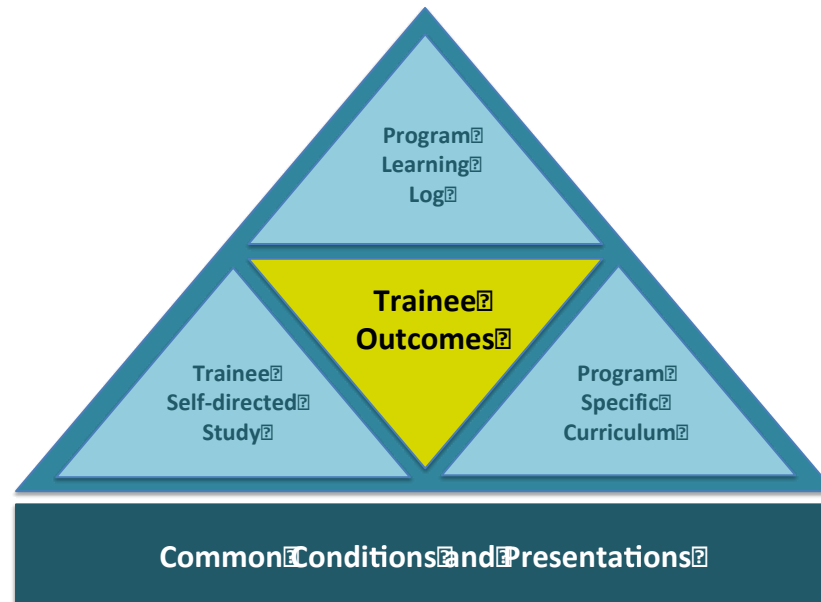
- Category 1    Osteopathic Principles and Practice
- Category 2    Ethical Practice of Medicine
- Category 3    Medical Practice and Procedures
- Category 4    Information Management and Scholarly Activity
- Category 5    Cultural Awareness and Minority Health
- Category 6    Business of Healthcare

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

A detailed description of each component is found in the 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. All ACOI educators are a critical part of the review process. We will be looking for feedback and best practice contributions.

This new curriculum creates ample opportunity for the ACOI 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 final testing phase will occur during the 2013-2014 academic year, followed by full implementation of the new curriculum on July 1, 2014.

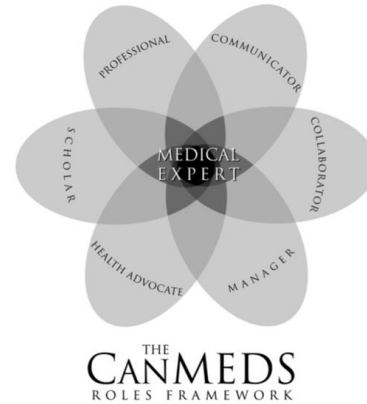
The ACOI Path to Mastery Curriculum offers an opportunity to create a lesson plan for trainers and a meaningful learning plan for trainees across *all internal medicine residency programs*. The design lends itself to developing trainee portfolios in which accomplishments can be documented as they are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

<b>ACUTE CONDITIONS/PRESENTATIONS</b>	<b>CHRONIC CONDITIONS/PRESENTATIONS</b>	<b>NON-SPECIFIC CONDITIONS/PRESENTATIONS</b>
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 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.)

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- 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 <u>OR</u>	Practice-based Learning 3	1-6
38b. The resident will complete a research project and submit a scientific paper for publication <u>OR</u>	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 prescription medication is necessary If treatment is declined because of cultural values and/or religious beliefs, <b>OR</b>	Communication & Interpersonal Skills 1 Professionalism 3	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, <b>OR</b>	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, <b>OR</b>	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	5

	Patient Care 3	
 73a. The resident will support a professional organization's education planning <b>OR</b>	Professionalism 1 Communication & Interpersonal Skills 2	5
 73b. The resident will support a professional organization's advocacy efforts <b>OR</b>	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

Version 1.0  
May 2013