

Standard Curriculum for Continuity Ambulatory Component of Osteopathic Internal Medicine Residency Training

I. Goals and Objectives

A. To develop skills in continuity of care in the ambulatory setting.

Objective 1: Patient assignment to individual residents for initial and follow-up care.

Objective 2: Development of appropriate long-term patient rapport.

Objective 3: Provision of applicable patient education, including health promotion and disease prevention.

Objective 4: Performance of supervised procedural skills to include electrocardiogram (ECG) interpretation, exercise stress testing, sigmoidoscopy, bimanual pelvic examination, and others as determined appropriate by the program director.

B. To provide management opportunities in ambulatory services pertaining to chronic care patients.

Objective 1: Integration of applicable community and medical support services such as social service, family planning and genetic counseling, hospice care, stress management, addiction services, and others.

Objective 2: Appropriate utilization of in-patient services in management of chronic and acute problems.

C. To instill understanding of cost-effective and efficient utilization of ambulatory services.

Objective 1: Understand cost-benefit ratio of high load diagnostic procedures, and subsequent proper utilization. (MRI, CT, endoscopy, arteriography, including cardiac catheterization, nuclear imaging, ultrasonography, etc.).

Objective 2: Become familiar with necessary pre-certification and utilization procedures associated with third-party-payer plans and health maintenance organizations.

Objective 3: Understand the cost-effectiveness of pharmaceuticals.

D. To apply osteopathic principles and practices in the ambulatory setting.

Objective 1: Perform manipulative therapy, where appropriate, in the ambulatory setting.

Objective 2: Demonstrate holistic care in planning, testing, therapy, and prevention.

E. To provide a basis for longitudinal clinical research in outpatient medicine.

Objective 1: Maintain an appropriate data bank for patient evaluation as a tool for research.

Objective 2: Provide adequate time and support services to generate research protocols in the ambulatory population.

Objective 3: Demonstrate the ability to recruit patients for study.

F. To develop adequate psychosocial relational and diagnostic skills.

Objective 1: With direction and/or training from the appropriate internists or psychiatrists, the resident will perform interviews directed at defining the role of emotional, cognitive or social stress in the patient's disease or chief complaint.

Objective 2: Demonstrate the ability to recognize aberrant psychiatric adaptation to the patient's problem.

II. Content

A. Patient population.

1. Volume should be adequate to provide each resident with an individual caseload for follow-up. Emergent or urgent care provided on a one-time basis is not sufficient.
2. Patient population must be broad in scope, including adolescents and all adult age groups.
3. A broad spectrum of disease states must be present in the base population, representing all or most of the subspecialty sections of internal medicine, i.e., cardiology, endocrinology, gastroenterology, hematology, infectious disease, nephrology, neurology, oncology, pulmonology, rheumatology, allergy, and geriatrics.

B. Specific clinical problems.

The resident should demonstrate the ability to properly and efficiently evaluate, diagnose, and establish treatment plans to include ongoing follow-up for all of the following chief complaints/problems in the ambulatory setting:

1. Chest pain, acute or chronic
2. Dyspnea with orthopnea and evidence of heart disease
3. Dyspnea on exertion with evidence of pulmonary disease
4. Hypertension
5. Palpitations with or without syncope
6. Diabetes mellitus and its complications
7. Hypothyroid states
8. Chronic steroid dependency
9. Abdominal pain/dyspepsia

10. Dysphagia
11. Chronic or acute diarrhea or abdominal cramps
12. Jaundice, with or without pain
13. Gastrointestinal bleeding
14. Chronic malnutrition
15. Eating disorders
16. Chronic anemia, evaluation and therapy
17. Chronic or recurrent infections
18. Fever of unknown origin
19. Infection in the high-risk population
20. AIDS screening and referral or chronic management, as appropriate
21. Chronic renal insufficiency
22. Proteinuria
23. Chronic peritoneal or hemo dialysis
24. Uremia
25. Hematuria, with or without pain
26. Stroke rehabilitation
27. Peripheral weakness or dysesthesia
28. Loss of memory, orientation, or cognitive ability
29. Headache
30. Tremors
31. Gait disturbances
32. Seizure or syncope
33. Screening and follow-up for carcinomas of the head and neck, breast, lung, gastrointestinal tract, central nervous system, urogenital tract, or skin
34. Wheezing, with or without cough
35. Hemoptysis
36. Sleep disorders or chronic hypersomnolence
37. Joint pains, acute and chronic
38. Systemic lupus, or its variations
39. Recurrent rashes
40. Environmentally related symptoms or disease
41. Low back pain
42. Routine examinations
43. Fatigue
44. Psychosocial disorders
45. Disease prevention/health maintenance

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