Welcome Statement from the Program Director

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Welcome to our website. The American College of Physicians in 2006 stated that "medical education and training will need to change to better prepare young physicians for practice under the advanced medical home model". We have taken this concept and created a new and innovative Primary Care Residency Track in the Patient-centered Medical Home model that we hope meets this objective. Trainees in our program will spend a significant portion of their time in the outpatient setting. Our block electives and small group sessions are designed to provide a broad primary care training experience. These specially designed processes provide our resident-physicians with the tools needed to provide comprehensive outpatient care. There are two additional options available for our trainees, a Global Health Track and an Integrative Medicine Track. A milestones approach to each trainee's evaluative process has been adopted to provide for a formative and transparent process of development during the duration of the three year training period.

Mission Statement

The Patient-centered Medical Home model focuses the process of health care on the needs of the patient as the priority above all else. Our goal is in adherence to this principle within our training program in order to prepare our resident-physicians well for a successful future in Primary Care.

Educational Purpose and Goals

The three-year Primary Care Track educational program is an innovative, residency program focused on training residents in the **Patient-Centered Medical Home (PCMH)** practice model and is a separate track from the traditional categorical program at Danbury Hospital. The new competency-based milestones curriculum aims to prepare future practitioners for a career in primary care. The curriculum is developed in collaboration with faculty from Yale University. Residents will have experience working with diverse patient populations through rotations in community-based health systems and private practices that are serving as PCMHs. Emphasis is placed on providing residents with a larger portion of their training in the ambulatory care setting. Each year progressively more time is spent on elective **block rotations** in Geriatrics, Neurology, Women's Health, Primary Care Orthopedics, Psychiatry, Dermatology, ENT, Palliative Care, Ophthalmology and the Patient-centered Medical Home. During the PGY-3 year a total of 7 continuous blocks are devoted to the Medical home in its entirety. A total of 9 specially designed **training modules** (Medical Genetics, Preventive Medicine and Public Health, Serving the Underserved, Behavioral Medicine, Medical Home, Geriatrics, Women's Health,

Musculoskeletal, Primary Care Research, and Resident Self-Directed Quality Improvement Projects) and **lectures** covering various primary care topics will be utilized. In addition the trainees in this track will join their Categorical counterparts through participate in the typical inpatient services and electives. An **Integrative Medicine Track** option is available to those trainees through our association with the University of Arizona. A **Global Health Track** option is also available allowing for rotations in various settings around the world including Haiti, the Dominican Republic, Vietnam, Honduras and Kenya.

The Patient Centered Medical Home:

The ACP 2006 monograph recommends that: "medical education and training will need to change to better prepare young physicians for practice under the advanced medical home model".

PCMH objective	Program Specifics to Achieve Objectives
Personal physician - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous, and comprehensive care.	Each resident is teamed with one preceptor familiar with the patient panel. This ensures continuity for the patient and attending while providing a good framework for the trainee.
Physician-directed medical practice – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.	The Attending leads a team of residents to ensure continuity, urgent care and timely hospital following up.
Whole person orientation- the personal physician is responsible for providing for all of the patient's healthcare needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and all end-of-life care.	Residents are responsible for setting up consultative services, providing home care options and visiting their patients in the hospital. Preventive services are an integral part of the outpatient curriculum.
Care is coordinated and/or integrated across all elements of the complex healthcare system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner **Quality and safety are hallmarks of the**	The program is set up to involve trainees directly in all aspects of patient care allowing them to develop an appreciation for the entire health care system. Cultural competency and literacy and important topics addressed in the program.

medical home: • Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient's family. • Evidence-based medicine and clinical decision-support tools guide decision-making. • Physicians in the practice accept accountability for continuous quality improvement though voluntary engagement in performance measurement and improvement. • Patients actively participate in decision-making and feedback is sought to ensure patients expectations are being met. • Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication. • Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient-centered services consistent with the medical home model.	Trainees are responsible for collecting data and assessing outcomes of their patient panel. This is a core medical home component. A continuous environment of quality improvement activities are incorporated in the training program. Patient surveys are obtained. Attendings and residents share test results through the EMR system (currently we use Healthlink). This gives the trainee an opportunity to be involved in patient care between clinic visits. Trainees learn what the specific qualifications are for NCQA recognition
Enhanced access to care is available through systems such as open scheduling, and expanded hours, and email access	The patient care schedules provide for timely visits to ensure that patients are seen by their PCP or urgently by a member of the team if the PCP is not available.
Payment appropriately recognizes the added value provided to patients who have a PCMH.	Residents are not directly involved in this process.

Primary Care residents provide continuity care at two medical home locations, the Seifert and Ford Family Community Health Center and the Greater Danbury Community Health Center.

Residents also rotate through private practice medical home sites. All locations provide the residents with a diverse mix of ages, socioeconomic and ethnic backgrounds, chronic and acute illnesses; this allows the residents to gain experience in diagnosing, evaluating and managing a wide variety of illness and health promotion issues in the longitudinal care setting.

Expectations:

- Attendance / Punctuality. Call the Chief Medical Resident ASAP to report acute illness or personal / family emergency requiring absence
- Professional behavior at all times with staff, peers, consultants, patients and families
- Attendance at required conferences
- Completion of all required program components including; the Johns Hopkins web-based curriculum, University of Arizona Integrative Medicine modules, participation in individual Quality Improvement (QI) projects, completion of a research curriculum, and completion of all required milestone activities (all detailed below)

Methods of Evaluation:

- Supervising clinic physicians will evaluate residents electronically via New Innovations twice yearly. These evaluations should be discussed in person with the resident. There should be regular formative feedback from supervising attendings regarding performance.
- Residents will evaluate supervising attending faculty electronically via New Innovations twice per year.
- Housestaff log procedures performed via New Innovations.
- Attendings, or other supervising physicians, documents satisfactory performance through the electronic procedure logger.
- Clinic staff will evaluate residents twice yearly in New Innovations.
- Documented completion of required Hopkins web-based modules. Failure to complete will result in reduced evaluation in professionalism and medical knowledge
- Documented completion of required Integrative Medicine Modules, if applicable

Schedule (please note that a block is defined as a 4 week rotation and that the following schedule is a general guideline subject to ACGME/ABIM requirements and availability)

Year of Training	**Inpatient Blocks**	**Blocks**	**Training Modules**
PGY 1	Floors (6) Night float (1) CCU(1) ICU(.5)	Orthopedics Behavioral Medicine Neurology Women's Health Medical Home	-Musculoskeletal -Behavioral Medicine -Women's Health

PGY 2	Floors (3) ICU (1.5) CCU (0.5) Night float(1)	Medical Home (2) Dermatology ENT PM&R Ophthalmology Electives (2)	-Medical Home -Geriatrics -Preventive Medicine
PGY 3	Floors (1) CCU (1) ICU (1.5)	Medical Home (7) ER (1) Geriatrics	-Serving the Underserved -Medical Genetics -Primary Care Research

Primary Care Track Program Milestones Evaluation Process

Introduction

We have created a set of developmental milestones for you to use as a roadmap for your three year tenure here in our program. These have been developed to provide you with a transparent pathway to success as a primary care physician and will be the basis for your evaluations. These are essential in meeting an ACGME mandate as well as for your own personal benefit as you develop your skills as a primary care physician trainee. Try not to think of yourself as a PGY level trainee but as a physician in training along a continuum. **Professionalism** serves as the building block on which all other competencies rest. A resident must treat all patients with dignity and respect. This means dressing and behaving appropriately and maintaining appropriate relationships with patients and staff. We expect you to be honest and to exhibit integrity and humility. These qualities that will serve you well and provide the basis for a successful career in primary care. We expect each trainee to take ownership of their patient panel.

Goals and Objectives

Residents begin their training as a learner and progress through various stages of development to become competent in their ability to care for patients independently as a doctor. Beyond basic competency a physician becomes proficient and ultimately acquires expertise in patient care. We expect that you will achieve certain landmarks by the end of your training which are termed Essential **Professional Activities (EPAs**). Several of these relate to the principles of the Patient-centered home curriculum we have developed for you. A detailed list of these follows below:

- Manage the care of patients in a general medicine continuity clinic
- Manage the care of patients on general internal medicine inpatient ward
- Manage the care of patients in the critical care unit
- Provide general internal medicine consultation to nonmedical specialties
- Behave professionally and honestly
- Provide preoperative assessment and preoperative care
- Manage transitions of care
- Lead interprofessional care teams

- Lead family meetings
- Assure patient safety
- Improve the quality of personal and system-level care
- Engage in lifelong learning
- Provide patient advocacy

Evaluative Tools &Techniques

- ***Direct observation*** of patient care by your preceptor
- ***Mini-CEX activity***, quarterly
- ***Daily Chart reviews***
- Feedback from your patients, nursing and yourself
- Conference participation
- Completion of scheduled modules
- Standardized testing (for ex; inservice exam)

How Milestone Objectives are Met:

- Supervised Direct Patient Care Activities - residents are supervised directly by their assigned Attending. We use the validated mini-CEX tool to assess patient care on both inpatient and outpatient services.
    - PGY-1; 6 miniCEX
    - PGY-2: 4 miniCEX
    - PGY-3: 4 miniCEX
- Learning Modules - each resident will complete the on-line Johns Hopkins Internet Learning Center (JHILC) modules assigned for the longitudinal ambulatory lecture series. There are 10-12 per year, 30-36 per 3 year cycle
- Inservice Exam-done on a yearly basis, to gauge a resident's medical knowledge with comparison to his/her peers. This exercise is meant to be formative. If deficiencies are noted the learner is referred to our online program we have developed to enhance medical knowledge.
- Multisource Feedback-each residents performance will be assessed by the nursing staff, case managers, fellow residents, chief residents, patients and a self-assessment with reflective feedback. Each resident will be responsible for 5 patient care evaluations in the outpatient setting per 6 months
- Chart Stimulated Recall – over the course of their first two years in residency the residents will participate in chart stimulated recall sessions. During their ambulatory rotations the residents will participate in a Chart Stimulated Recall session with one of the Chief Medical Residents. During these sessions, a resident's clinic notes will be reviewed, with the resident, and they will receive feedback on ways to improve their note and help them with efficiency in the outpatient setting.

- Quality Improvement Projects - every resident will participate in clinic quality improvement projects. This exercise will involve a biannual review of your patient panel (chronic disease management) and a follow up data-based action plan.
- E&M Coding - further knowledge about E&M coding, the resident will work with the clinical preceptor to enter E&M codes for patient visits
- Supervised performance of ambulatory procedures

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Professionalism- Developmental Milestones	**Time Frame**	***Evaluation Strategies**
Adhere to basic ethical Principles		
A. Document and report clinical information truthfully	1 month	Multisource feedback
B. Accept personal errors and honestly acknowledge them	6 months	
Demonstrate compassion and respect to patients		
A. Demonstrate empathy and compassion to all patients	1 month	Multisource feedback
B. Demonstrate a commitment to relieve pain and suffering	3 months	
C. Provide support (physical, psychological, social and spiritual) for dying patients and their families	24 months	
D. Provide leadership for a team that respects patient dignity and autonomy	24 months	
Provide timely, constructive feedback to colleagues		
A. Communicate constructive feedback to other members of health care team	12 months	Multisource feedback Mentored self-reflection Direct observation

Maintain accessibility		
A. Respond promptly and appropriately to clinical responsibility including but not limited to calls and pages	1 month	Multisource feedback
B. Carry out timely interactions with colleagues, patients and their designated caregivers	6 months	
Demonstrate personal accountability		
A. Dress and behave appropriately	1 month	Multisource feedback Direct Observation
B. Maintain appropriate professional relationship with patients families and staff	1 month	
C. Ensure prompt completion of clinical, administrative, and curricular tasks	6 months	
D. Recognize and address personal, psychological, and physical limitations that may affect professional performance	12 months	
E. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately	12 months	
F. Serve as a professional role model for more junior colleagues (e.g., medical students, interns)	30 months	
G. Recognize the need to assist colleagues in the provision of duties	30 months	
Respect the dignity, culture, beliefs, values, and opinions of the patient		
A. Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age, or socioeconomic status	1 month	Multisource feedback Direct observation
B. Recognize and manage conflict when patient values differ from their own	30 months	
Confidentiality		
A. Maintain patient confidentiality	1 month	Multisource feedback Chart audits
Recognize and address disparities in health care		

A. Recognize that disparities exist in health care among populations and that they may impact care of the patient	6 months	Multisource feedback Direct observation Mentored self-reflection

Patient Care- Developmental Milestones	**Time Frame**	***Evaluation strategies**
History Acquisition		
A. Acquire an accurate and relevant history in an efficient manner	3 months	Direct Observation
B. Obtain historical subtleties that inform and prioritize the differential diagnosis	18 months	
C. Role model gathering information for junior members of the health care team	30 months	
Performing a physical examination		
A. Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions. Identify pertinent abnormalities using common maneuvers	3 months	Direct Observation Simulation
B. Demonstrate and teach how to elicit important physical findings for junior members of the health care team	18 months	
Clinical reasoning		
A. Synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem	6 months	Char- simulated recall Direct observation
B. Develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common inpatient and ambulatory conditions.		

C. Modify differential diagnosis and care plan based on clinical course and data as appropriate	24 months	
D. Recognize disease presentations that deviate from common patterns and that require complex decision makings	36 months	
Diagnostic tests		
A. Make appropriate clinical decision based on the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function test, urinalysis and other body fluids	12 months	Chart-stimulated recall Standardized test (CEX)
B. Make appropriate clinical decision based on the results of more advanced diagnostic tests	18 months	
Patient Management		
A. Recognize situations with a need for urgent or emergent medical care, including life-threatening conditions	6 months	Chart-simulated recall Multisource feedback Direct Observation
B. Recognize when to seek additional guidance	6 months	
C. Provide appropriate preventive care and teach patient regarding self-care	6 months	
D. With supervision, manage patients with common clinical disorders seen in the practice of inpatient and ambulatory general internal medicine	12 months	
E. Initiate management and stabilize patients with emergent medical conditions	12 months	
F. Manage patients with conditions that require intensive care	36 months	

G. Independently manage patients with broad spectrum of clinical disorders seen in the practice of general internal medicine	36 months	
H. Customize care in the context of the patient's preference and overall health	36 months	
Consultative care		
A. Provide specific, responsive consultation to other services	24 months	Simulation Chart-simulated recall Multisource feedback Direct observation
B. Provide internal medicine consultation for patients with more complex clinical problems requiring detailed risk assessment	36 months	

Medical Knowledge- Developmental Milestones	**Time frame**	***Evaluation strategies**
Knowledge of core content		
A. Understand the relevant pathophysiology and basic science for common medical conditions	6 months	Direct Observation Chart audits Chart-stimulated recall Standardized test
B. Demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization	12 months	
C. Demonstrate sufficient knowledge to evaluate common ambulatory conditions	18 months	
D. Demonstrate sufficient knowledge to provide preventive care	18 months	
E. Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive care	24 months	

F. Understand the relevant pathophysiology and basic science for uncommon or complex medical conditions	36 months	
Diagnostic tests		
A. Understand indication for an basic interpretation of common diagnostic testing, including but not limited to routine blood chemistry	12 months	Chart- stimulated recall
B. Understand indication for and has basic skills in interpreting more advanced diagnostic test	18 months	
C. Understand prior probability and test performance characteristics	18 months	

Practice Based Learning and Improvement/ Strategies Developmental Milestone	**Time Frame**	*** Evaluation**
Improve the quality of care for a panel of patients		
A. Appreciate the responsibility to asses and improve care collectively for a panel of patients	12 months	Standardized test Quality improvement project
B. Perform or review audit of a panel of patients using standardized disease-specific, and evidence based criteria	24 months	
C. Identify areas in resident's own practice and local system that can be changed to improve affect of the process an outcomes of care	24 months	
Acquires the best evidence		
A. Access medical information resources to answer clinical questions and support decision making	12 months	Chart-simulated recall
B. Effectively and efficiently search NLM database for original clinical research articles	12 months	
C. Effectively and efficiently search evidence based summary medical	24 months	

information resources		
D. Appraise the quality of medical information resources and select among them based on the characteristic of the clinical question	36 months	
Appraises the evidence for validity and usefulness		
A. With assistance, appraise study design, conduct, and statistical analysis in the clinical research papers	12 months	Research rotation
B. With assistance, appraise clinical guidelines	24 months	
C. Independently appraise study design, conduct and statistical analysis in clinical research papers	36 months	
D. Independently, appraise clinical guideline recommendations for bias and cost-benefit considerations	36 months	
Applies the evidence to decision-making for individual patients		
A. Communicate risks and benefits of alternatives to patients		
B. Integrate clinical evidence, clinical context, and patient preferences into decision making	36 months	
Improves via feedback		
A. Responds welcomingly and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers patients, and their advocates	12 months	Multisource feedback Self evaluation forms with action plans
B. Actively seek feedback from all members of the health care team	18 months	
C. Reflect on feedback in developing plan for improvement	24 months	
Participates in the education of all members of the health care team		

A. Actively participate in teaching conferences	6 months	Direct observation Peer surveys
B. Integrate teaching, feedback, and evaluation with supervision of interns' and students' patient care	24 months	
C. Take a leadership role in the education of all members of the health care team	36 months	

Interpersonal and Communication Skills/ Strategies Developmental Milestones	**Time Frame**	***Evaluation**
Communicate effectively		
A. Provide timely and comprehensive verbal and written communication to patients/ advocates	12 months	Multisource feedback Patient surveys Direct observation Mentored self-reflection
B. Engage patients/advocates in shared decision making for difficult ambiguous, or controversial scenarios	24 months	
C. Appropriately counsel patients about the risks and benefits of test an procedure, highlighting cost awareness and resource allocation	36 months	
D. Role model effective communication skills in challenging situations	36 months	
Intercultural sensitivity		
A. Effectively use an interpreter to engage patients in the clinical setting, including patient education	3 months	Multisource feedback Direct observation Mentored self-reflection
B. Demonstrate sensitivity to differences in patients including but not limited to race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs	12 months	
C. Actively seek to understand patient differences and views and reflects this in respectful communication and shared decision-making with patient and the healthcare team	30 months	

Transition of care		
A. Effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of care	12 months	Multisource feedback Direct observation Patient Survey
Consultation		
A. Request consultative services in an effective manner	6 months	Multisource feedback Chart audit
B. Clearly communicate the role of consultant to the patient, in support of the primary care relationship	12 months	
12 Communicate consultative recommendations to the referring team in an effective manner	36 months	
Health records		
A. Provide legible, accurate, complete, and timely written communication that is congruent with medical standards	6 months	Chart audit
B. Ensure succinct, relevant, and patient-specific written communication.	24 months	

Systems-Based practice/ Developmental Milestones **Time Frame** ***Evaluation Strategies**

Works effectively within multiple health delivery systems		
A. Understands unique roles and services provided by local health care delivery systems	12 months	Multisource feedback Chart-stimulated recall Direct observation
B. Manage and coordinate care and care transitions across multiple delivery systems, including	24 months	

ambulatory, subacute, acute, rehabilitation and skilled nursing		
Work effectively within an interprofessional team		
A. Appreciate roles of a variety of health care providers, including but not limited to consultations, therapist, nurses, home care workers, pharmacist and social workers.	6 months	Multisource feedback Chart-stimulated recall Direct observation
B. Demonstrate how to manage the team by using the skills and coordinating the activities of interprofessional team members.	36 months	
Recognizes system error and advocates for system improvement		
A. Recognize health system forces that increase the risk for error including barriers to optimal patient care	12 months	Multisource feedback Quality Improvement project
B. Identify, reflect on, and learn from crucial incidents such as near misses and preventable medical errors	12 months	
C. Dialogue with care team members to identify risk for and prevention of medical error	24 months	
D. Demonstrate ability to understand and engage in a system-level quality improvement intervention	36 months	
Identifies forces that impact the cost of health care and advocates for cost- effective care		
A. Reflect awareness of common socioeconomic barriers that impact patient care.	12 months	Direct observation Chart-stimulated recall
B. Understand how cost-benefit analysis is applied to patient care (i.e., via principles of screening test and the development of clinical guidelines)	12 months	

Practices cost-effective care		
A. Identify costs for common diagnostic or therapeutic test.	6 months	Chart-stimulated recall
B. Minimize unnecessary care including test, procedure, therapies, and ambulatory or hospital encounters	6 months	
C. Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and	18 months	

Thank you!

The items on this survey were taken directly/modified from this reference:

Green Michael L. MD, MSc, Aagaard, Eva, M., MD, Cavezagie, Kelly J., Chick Davoren A., MD, Holmboe, Eric, MD., Gregory,MD, Smith Cynthia D., MD., Lobst, William, MD., Charting the Road to Competence: Developmental Milestones for Internal Medicine Residency Training. Journal of Graduate Medical Education, Sep 2009, pages 5-20