

Mayo Clinic Scottsdale Family Medicine Residency
Longitudinal Outpatient Competencies: R1 Year

Skill Description of Competencies

1. Interpersonal Skills

IS3 - Fostering helpful doctor-patient relationship

The resident will conduct an interview that fosters an adequate and helpful doctor-patient relationship.

- a. Incorporate appropriate and sincere “small-talk” into the interview at convenient moments.
- b. Respond sympathetically to sensitive issues in the interview.
- c. Acknowledge relative past events that have occurred during patient care encounters.
- d. If this is a first interview, gather information about the patient’s systems (work, home, etc.) and provide information about your role in the office.
- e. Provide an opportunity for patients to discuss feelings that may be underlying the visit (e.g. fear, anger, sadness, anxiety).

2. Clinical Acumen

CA1 - Reason for visit

The resident will identify the purpose(s) of the visit

- a. Review the nurse’s note and scheduling comments for the current visit prior to seeing the patient or soon after entering the exam room.
- b. Review the past notes and problem list that may be relevant to the current visit and to gain familiarity with patient’s past medical history.
- c. Review laboratory/radiology data that may be relevant to the patient’s visit.
- d. Generate hypotheses that may be relevant to the patient’s visit.
- e. Ask open-ended questions that allow the patient to explain the problem from their perspective.
- f. Ask close-ended questions to focus in on the details or on an alternative hypothesis that may explain the reason for the visit.

3. Clinical Acumen

CA2 - Developing appropriate biopsychosocial hypothesis

The resident will arrive at an appropriate biopsychosocial hypothesis that applies to the presenting problem.

- a. Mentally generate a list of hypotheses that seek to clarify the meaning of the patient’s visit to the office, taking into account the following parameters:
 - the patient’s demographic data: objective (e.g. age), subjective (factors specific to the patient’s socio-cultural environment)
 - the patient’s response to open-ended and close-ended questions
 - knowledge of the patient’s past experience with similar problems
 - knowledge of the patient’s interaction with the health care system in the past
 - knowledge of your own biases towards the patient/the patient’s family/the disease process

4. Clinical acumen

CA3 - Evaluation of problems

The resident will evaluate the presenting problem using a focused investigation that will influence management decisions for this visit.

- a. Ask close-ended questions which pertain to the review of medical symptoms appropriate to the generated hypothesis.
- b. Ask close-ended questions that pertain to the systems issues relevant to the generated hypothesis.
- c. Eliminate or solidify alternative hypotheses by expanding on the review of medical or family/social systems as necessary and relevant.
- d. Perform only those parts of the physical examination which will provide data that either supports or refutes the hypotheses generated for the presenting problem.
- e. Perform only those diagnostic studies that will:
 - either support or refute the hypotheses generated for the presenting problem or
 - contribute to the decision-making process with respect to treatment alternatives.

5. Clinical Acumen

CA4 - Prioritizing problems

The resident will appropriately prioritize the probable and potential diagnoses to insure that attention is given to the most likely serious and most readily treatable options.

- a. From gathered data, refine the initial list of biopsychosocial hypotheses so that the following remain:
 - the most likely explanation(s) for the visit to the office (from both the patient's and the provider's perspective)
 - the most serious problem(s) that could account for the visit to the office
 - those options for which treatment is available
- b. Assign a priority to each hypothesis remaining on the list that reflects the order in which the hypotheses should be addressed.

6. Clinical acumen

CA5 - Presenting the diagnosis to the patient

The resident will present a provisional and working diagnosis to the patient

- a. Tell the patient/family/caregiver your assessment of the problem
- b. Ask if the information that has been presented is clear; if not, ask which sections require clarification.
- c. Explain, without jargon, the biopsychosocial information that needs clarification.
- d. Ask the patient for their response to this information.
- e. Ask the patient to paraphrase the information presented.

7. Clinical acumen

CA6 - Developing comprehensive action plans

The resident will develop a plan of action that attends to salient medical, ethical, spiritual, psychosocial, family, cultural and socioeconomic issues.

- a. Inquire into those treatment options that the patient has tried or is interested in trying.
- b. Suggest an approach to managing the problem that takes into account:
 - prioritized problem list,
 - standard-of-care for managing the problem,
 - relevant family/social/cultural/spiritual/economic concerns,
 - patient's requests,
 - other problems already being addressed, and
 - medications already being taken
- c. Ask patient if they have questions or concerns with the negotiated plan.
- d. Clarify and discuss with the patient those issues that need clarification or are matters of disagreement.
- e. Negotiate a final plan that is acceptable to provider, patient, and family/caregivers.
- f. Incorporate appropriate patient education into the discussion (may include use of materials)

8. Clinical acumen

CA10 - Arranging for adequate follow-up

The resident will arrange for follow-up of the current problem which fits the guidelines of current standard of care and/or attends to the special needs of the patient.

- a. Explain to patient what follow-up plans are necessary for further management of the problem (i.e., follow-up visit, follow-up testing, obtaining lab results, etc.).
- b. Ask the patient for their response to your request for follow-up.
- c. Clarify and discuss with the patient those issues that need clarification or are matters of disagreement.
- d. Negotiate a follow-up plan that is acceptable to all parties.
- e. Provide the patient with instructions for arranging follow-up plans.
- f. Indicate explicit follow-up instructions in the Order Summary screen of the Epic electronic record and print an After Visit Summary for the schedulers.
- g. If patient misses follow-up appointments, consider contacting patient by telephone, Med-Voice or mail and attempt to assess the reason for the patient's actions.
- h. Re-negotiate follow-up plans that are acceptable to all parties.
- i. If a follow-up appointment is deemed especially critical and the patient misses the appointment and cannot be reached, send a certified letter to the patient's address stressing the importance of complying with your request.

9. Organizational Skills

OS5 - Document the visit in the medical record

The resident will completely document the patient care encounter in the medical record in a concise and legible manner following a problem-oriented format and using SOAP notation.

- a. Document each patient care encounter (visit, phone call) using a problem-oriented format with SOAP notation.
- b. Dictate or type the note in a concise and organized manner.
- c. Include only information from the informants in the subjective section.
- d. Include only information from examination, laboratory, and diagnostics in the objective section.
- e. Include a provisional (and differential diagnosis, if appropriate) for each problem in the assessment section.
- f. Include a plan of management from each problem in the plan section.
- g. Indicate your name and the name of your Preceptor at the end of the note.
- h. Meet organizational expectations for medical records completion.

10. Business Practice

BP1 - Bill the patient appropriately

The resident will bill the patient fairly and appropriately for services rendered, referring those who need financial assistance to appropriate business office personnel.

- a. Look for data in the record (found in the scheduling notes or the encounter header) that identifies an HMO patient so that appropriate issues relevant to those patients can be addressed.
- b. Prior to ordering investigations and prescribing therapeutics, inquire into any financial issues that may impact on the patient's ability to complete the prescription.
- c. At the completion of the visit, enter the diagnoses that have been addressed during this visit into the appropriate area of the Order Summary screen.
- d. At the completion of the visit, enter orders for any supplies used or diagnostic tests performed during the visit.
- d. As a part of the visit documentation, indicate the proper visit fee corresponding to the service rendered, including appropriate modifiers.
- e. If a patient expresses a concern regarding payment, provide a sympathetic response and request, via instructions to the schedulers, an appointment with the patient financial services advisor to address this concern.