

Mayo Clinic Scottsdale Family Medicine Residency Program Scottsdale, Arizona

Longitudinal Outpatient Competencies: R2 Year

Listed are the skills that second year residents are to master while seeing patients at Mayo Clinic Scottsdale Family Practice Residency Program during their second year.

Skill Description of Competencies

1. INTERPERSONAL SKILLS

IS1 - Primacy of Patient Needs - The resident will conduct an encounter that recognizes the primacy of patients needs and treats the patient as an appropriately equal healthcare partner.

- a. Introduce oneself correctly and acknowledge the presence of those in the room with proper courtesy.
- b. Arrange the seating so that all necessary parties can engage in appropriate conversation.
- c. If it is necessary for a patient to undress, allow them to do so in privacy and provide appropriate coverings for comfort and modesty.
- d. Respond non-judgmentally to patient explanations and requests during the interview and examination.
- e. Utilize the patient's perspective in the overall game plan of the visit.
- f. At the conclusion of the visit, provide appropriate closing remarks and provide appropriate clues for closure.

IS2 - Values of Family Medicine - The resident will conduct an interview in a manner consistent with the values of family medicine utilizing appropriate verbal and non-verbal skills.

- a. Respond non-judgmentally to patient explanations and requests during the interview and examination.
- b. Ask open-ended questions to resolve diffuse issues or to explore new areas.
- c. Ask close-ended questions to focus in on details.
- d. Summarize at relevant moments during the interview.
- e. Offer explanations for asking certain types of questions if they are unusual or uncomfortable.
- f. Explain reasons, method, and consequences of unusual or uncomfortable examination/laboratory procedures.
- g. Maintain eye contact during the interview.
- h. If it is necessary to write during the interview, do so in a way that does not interrupt the flow of the conversation.
- i. Conduct the patient care encounter in a confidential environment, i.e., with the door closed, with extraneous records set aside, with the proper individuals in the room.
- j. Request that appropriate chaperones be present if indicated.
- k. Use language that is appropriate for the patient's age, education, and socio-cultural background.

2. CLINICAL ACUMEN

CA7 - Implementation of Plan - The resident will be able to implement the negotiated management plan.

- a. Provide appropriate patient education, reassurance, and instructions to the patient.
- b. Write prescriptions as indicated specifying date, drug, dosage, quantity, and instructions for use.
- c. Write orders for laboratory testing or radiological testing as indicated.
- d. Perform those procedures that aid in the management of the problem via:
 - obtaining informed consent
 - using appropriate technique if indicated.
- e. Contract for discussing psychosocial issues as part of an integrated management plan.
- f. Provide instruction for referrals
- g. Provide instruction for follow-up

CA8 - Additional/Sensitive Issues - The resident will inquire into and discuss sensitive issues that may impact on the execution of the negotiated management plan.

- a. Prior to closing the visit, ask the patient if there are any other concerns they might have, either relevant to the presenting problem or of another nature.
- b. Assess the importance of these other issues by asking open-ended and close-ended questions.
- c. Decide whether or not these issues need attention today or whether they can be deferred.
- d. If, as is likely, the issue is to be deferred, negotiate a suitable time and place for addressing the problem.

Under Unusual Circumstances:

- e. If necessary, make adjustments to the schedule that will allow for dealing with these issues by:
 - notifying the patient that extra time is necessary and that other patients will need to be seen as well
 - Notifying the nurse, front desk staff and any other office personnel who may be affected by this decision
 - notifying other patients that the schedule may be changed if it will be affecting them.

CA9 - Medical/Ancillary Referrals - The resident will, if indicated, assist the patient in arranging for appropriate medical and ancillary referrals which seek to resolve specific issues in the diagnostic or management arena.

- a. Present to the patient a rationale for utilizing others in the care plan.
- b. Ask the patient if they have any preferences concerning the specific consultant/paramedical specialist.
- c. Check whether or not the patient belongs to an HMO and present the alternatives available through their health plan.
- d. Provide instructions to the patient concerning how to:
 - whether you, the patient or someone else will initiate the referral process
 - make an appointment if necessary
 - gather the information they will need to bring with them to the referral
 - insure that a record of the referral returns to the office.
- e. Arrange for follow-up once the consultation is completed or if any management issues arise during the course of the consultation for which you will need to be aware or involved.
- f. Write a consultation note that clarifies the consultation or referral question.
- g. Speak to the consultant directly if this will facilitate the consultation process.

3. ORGANIZATIONAL SKILLS

OS1 - Health Maintenance - The resident will incorporate the principles and practice of Health maintenance into each patient care encounter where appropriate.

- a. Decide whether or not the current visit is an appropriate opportunity for discussing health maintenance issues based on:
 - the nature of the visit
 - time allowable
 - a review of the patient's health maintenance needs (chart, discussion).

- b. Select appropriate health maintenance issues for discussion based on the patients:
 - sex
 - age
 - risk factors
 - life-style habits.
- c. Ask the patient if they are interested in discussing/pursuing these selected issues.
- d. Clarify the issues for the patient by asking their thoughts, responding to their questions and providing advice based on currently accepted guidelines.
- e. Develop a prioritized plan of action for addressing the negotiated health maintenance concerns.

OS2 - Longitudinal Care Issues - The resident will review the biopsychosocial problem list at each visit and attend to appropriate longitudinal care issues.

- a. Either before or during the visit, review the patient's chronic/temporary problem list and medication list and select items for discussion based on:
 - the nature of the visit
 - time allowable
 - importance of the chronic problem
 - standard of care for managing the problem.
- b. Ask open-ended questions that will allow the patient to discuss the current status of the problem and any issues they may have related to the problem.
- c. Assess the adequacy of control of the problem by focusing in on the details using close-ended questions.
- d. Perform any focused physical examination/laboratory tests that are indicated at this visit.
- e. Provide feedback to the patient on their control of the problem (positive and negative).
- f. Arrange for specific follow-up for the problem as determined by current standard of care.

OS3 - Time Efficient/Professionalism - The resident will conduct the visit in a time efficient and professional manner.

- a. Arrive on time.
- b. Start on time.
- c. Review, several times during the half-day, your patient schedule for revisions and your message box for telephone calls and prescription renewals.
- d. Attempt to stay as close to the scheduled appointments as possible.
- e. Complete each visit in the time allowed.
- f. If an unexpected delay occurs, plan ahead for how this delay may be handled (e.g., which patients may need less than scheduled time, who should advise incoming patients that they may be delayed, which patients may need to be re-scheduled, etc.)
- g. Dress in accordance to standards for the office and the profession.
- h. Treat others in the office with courtesy and respect (see section 1.).

OS6 - Problem/Medication List Update - The resident will update the biopsychosocial problem list and the medication list at each visit.

- a. Review the list of chronic problems and include any problems not yet identified or chart as resolved any problems no longer active.
- b. Review the medication list to ensure that all medications (prescriptions and OTC) are accounted for and at the dosing schedule currently followed by the patient.