Suranaree University of Technology

Family Medicine Residency Curriculum

Assistant Professor Ryan Andrew Loyd

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Suranaree University of Technology
Family Medicine Residency
Adult Inpatient Medicine Curriculum

Post Graduate Year (PGY)-1

Rotation Overview:

Management of hospitalized patients is an essential part of the knowledge and practice base of a family medicine physician. The inpatient **Family Medicine Service** at (insert Primary Inpatient Training Site) is a four week block rotation that provides residents and students an exposure to most common problems of hospitalized adult patients. It provides an opportunity for residents to refine their skills in physical examination, selection and interpretation of diagnostic tests, and therapeutic prescribing during the initial and follow-up management of a variety of common diseases as well as complex and uncommon medical problems. PGY1 residents learn under the supervision of their upper level PGY2&3 residents, their attending family medicine faculty physicians, as well as the various specialty consultants to their patients.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) **Medical Knowledge**

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment, and common complications of common disease processes of hospitalized adults. This must include all diseases of the patients assigned to the resident as well as the following:

1. Acute coronary syndrome/Acute Myocardial Infarction/Chest pain rule out MI
2. Altered Mental Status/Delirium
3. Atrial Fibrillation (And Other Cardiac Arrhythmias)
4. Cardiopulmonary arrest
5. Cerebrovascular accident (Ischemic and Hemorrhagic)
6. COPD
7. Diabetes Melitis (Type 1 and 2)
8. Diabetic Hyperglycemic Hyperosmolar Syndrome (HHS)
9. Diabetic Ketoacidosis
10. GI Bleed
11. Hyper/Hypokalemia
12. Hyper/Hyponatremia
13. Hypertensive Urgency/Emergency
14. Pneumonia
15. Pulmonary Effusion
16. Renal Failure (Acute and Chronic)

17. Shock
18. SIRS, Sepsis, Septic Shock
19. Syncope
20. Urinary Tract Infection/Pyelonephritis
21. Venous Thromboembolic Disease (DVT and PE)

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities. The resident must research and present an evidence based, educational presentation at least once during the rotation for one of the morning reports.

2) Patient Care

The resident must demonstrate ability to perform and document a written *(and dictated?)* comprehensive history and physical exam upon each assigned patient admission to the hospital, and a written directed history and physical exam during daily rounding on assigned patients and in response to changes in clinical status during the hospitalization. The resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. The resident must demonstrate ability to manage patient flow from admission in the ED to discharge. The resident must be able to write *(dictate?)* a brief but thorough summary of the patient's hospital care at the time of discharge from the hospital. In addition to management of their patients' primary medical problems the resident must address preventative medicine (i.e. flu and pneumonia vaccination) and counseling (smoking cessation, etc) as appropriate.

The resident must demonstrate proficiency in the following procedures (as available):

1. Central Venous Line Placement
2. EKG interpretation
3. Chest X-ray Interpretation (including evaluation of ET tube/CVL/feeding tube placement)

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes on the patients under his or her care.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, other physicians in the ED and inpatient settings, as well as community physicians for follow up as an outpatient. The resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, rehab, or nursing home.

6) Professionalism

The resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of a competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willingness acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Morning Report

All residents and medical students on the Family Medicine Service must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Each PGY1 resident on the Family Medicine Service is expected to prepare and give at least one presentation for morning report during the four week block.

Morning Work Rounds

As soon as morning report and check out of new admissions is completed the Family Medicine Service team will, at the discretion of the faculty attending, either a) briefly review and update the team members ("run the list") regarding the patients on service and then physically round and see each patient with the faculty attending, or b) review the patients while rounding with the faculty attending to provide direct supervised patient care.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled.

Family Medicine Center Clinic

Residents will continue to attend their patients as scheduled in the Family Medicine Center.

Individual Responsibilities - PGY1:

- Assigned 5 to 10 patients per day
- Normally only responsible for one patient in the intensive care/critical care unit per day
- Round on each assigned patient and write a progress note to be left on the chart prior to morning report
- Assist the upper level resident in supervising and teaching medical students on the service
- Be able to give a brief verbal update on each assigned patient to the FM Service team and attending physician at morning checkout and/or work rounds, and at evening checkout with the night team/resident.
- Be present at 5:30 PM for evening checkout with the night team/resident.
- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of PGY1 residents is by direct observation by their supervising faculty attending physicians and upper level residents and is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The faculty attending should discuss the resident's summative evaluation in person near the end of the block rotation.

PGY1 residents must also anonymously evaluate their upper level residents via the provided evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Adult Inpatient Medicine Curriculum

Post Graduate Year (PGY)-2

Rotation Description:

Management of hospitalized patients is an essential part of the knowledge and practice base of a family medicine physician. The inpatient **Family Medicine Service** at (insert Primary Inpatient Training Site) is a four week block rotation that provides residents and students an exposure to most common problems of hospitalized adult patients. It provides an opportunity for residents to refine their skills in physical examination, selection and interpretation of diagnostic tests, and therapeutic prescribing during the initial and follow-up management of a variety of common diseases as well as complex and uncommon medical problems. PGY2 residents learn under the supervision of their attending family medicine faculty physicians, as well as various specialty consultants to their patients. They are also responsible for supervising and teaching the PGY1 residents under them.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment, and common complications of common disease processes of hospitalized adults. This must include all diseases of the patients assigned to the resident as well as the following:

1. Acetaminophen Toxicity/Overdose
2. Acute/Chronic Hepatitis and Cirrhosis
3. ARDS
4. Acute Respiratory Failure
5. Asthma
6. Cholecystitis/Ascending Cholangitis
7. Congestive Heart Failure
8. Dehydration/Volume Depletion
9. Diverticulitis
10. Drug Overdose
11. Gastroenteritis/Colitis (C. *difficile* psuedomembranous colitis)
12. Hyper/Hypothyroidism (Thyroid Storm, Myxedema Coma)
13. Lung Cancer
14. Meningitis/Encephalitis
15. Mesenteric Ischemia/Bowel Infarction
16. Migraine (Classic, Atypical, Complex, Intractable)

17. Pancreatitis
18. Peptic Ulcer Disease
19. Pulmonary Edema
20. Pulmonary Hypertension/ Cor Pulmonale
21. Spontaneous Bacterial Peritonitis

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities. The resident must oversee the PGY1 residents' preparation of their evidence based, educational presentations for morning report.

2) Patient Care

The resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon each assigned patient admission to the hospital, and a written directed history and physical exam during daily rounding on assigned patients and in response to changes in clinical status during the hospitalization. The resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data and supervise PGY1 residents as they do the same. The resident must demonstrate ability to supervise and teach PGY1 residents as they manage patient flow from admission in the ED to discharge. The resident must be able to write *(dictate?)* a brief but thorough summary of the patient's hospital care at the time of discharge from the hospital. In addition to management of their patients' primary medical problems the resident must address preventative medicine (i.e. flu and pneumonia vaccination) and counseling (smoking cessation, etc) as appropriate.

The resident must demonstrate proficiency in the following procedures (as available):

1. ACLS
2. Arterial Blood Gas Collection/ Arterial Line Placement
3. Basic Ventilator Initiation/ Management
4. Enteral and Paraenteral Feeding

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes on the patients under his or her care.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. They must also effectively evaluate the PGY-1 residents' performance and provide constructive feedback in a non-threatening, encouraging manner. The resident must also demonstrate and teach the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate and teach the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, other physicians in the ED and inpatient settings, as well as community physicians for follow up as outpatient. The resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, rehab, or nursing home.

6) Professionalism

Resident must demonstrate and model for PGY1 residents:

1. Respect for patients, families, colleagues, and ancillary hospital staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of a competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willingness acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Morning Report

All residents and medical students on the Family Medicine Service must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Each PGY1 resident on the Family Medicine Service is expected to prepare and give at least one presentation for morning report during the four week block and the PGY2 resident is expected to oversee and assist the PGY1 residents in accomplishing this.

Morning Work Rounds

As soon as morning report and check out of the new admissions is completed the Family Medicine Service team will, at the discretion of the faculty attending, either a) briefly review and update the team members ("run the list") regarding the patients on service and then physically round and see each patient with the faculty attending, or b) review the patients while rounding with the faculty attending to provide direct supervised patient care. The PGY2 resident is expected to, at the discretion of the faculty attending, direct rounds to assure they are smooth and efficient and assist in teaching the PGY1 residents.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled.

Family Medicine Center Clinic

Residents will continue to attend their patients as scheduled in the Family Medicine Center.

Individual Responsibilities – PGY2:

- Assign 5 to 10 patients to each PGY1 resident per day, including only one ICU patient each.
- Personally round on any excess ICU or floor patients and write a progress note on each to be left on the chart prior to morning report.
- Round on all PGY1 residents' ICU and other complex patients to assist them with questions and make sure significant mistakes are caught and corrected before morning rounds with the attending.
- Assist the attending physician in supervising and teaching medical students on the service
- Be able to give a brief verbal update on all ICU/critical patients on the service as well as each assigned patient to the FM Service team and attending physician at morning checkout and/or work rounds, and at evening checkout with the night team/resident. The PGY2 resident should have a general grasp of the condition of and plan for all patients on the service, regardless of which resident they are assigned to.

- Be present at 5:30 PM for evening checkout with the night team/resident.
- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of them or any of the PGY1 residents going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of PGY2 residents is by direct observation by their supervising faculty attending physicians and is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The faculty attending should discuss the resident's summative evaluation in person near the end of the block rotation.

PGY2 residents must also anonymously evaluate their lower level residents via the provided evaluation form, and their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Adult Inpatient Medicine Curriculum

Post Graduate Year (PGY)-3

Rotation Description:

Management of hospitalized patients is an essential part of the knowledge and practice base of a family medicine physician. The inpatient **Family Medicine Service** at (insert Primary Inpatient Training Site) is a four week block rotation that provides residents and students an exposure to most common problems of hospitalized adult patients. It provides an opportunity for residents to refine their skills in physical examination, selection and interpretation of diagnostic tests, and therapeutic prescribing during the initial and follow-up management of a variety of common diseases as well as complex and uncommon medical problems. PGY3 residents learn under the supervision of their attending family medicine faculty physicians, as well as various specialty consultants to their patients. They are also responsible for supervising and teaching the PGY1 residents under them.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment, and common complications of common disease processes of hospitalized adults. This must include all diseases of the patients assigned to the resident as well as the following:

1. Abscess
2. Adrenal Insufficiency/Failure
3. Alcohol Intoxication/Withdrawal
4. Anemia (Iron Deficient, Hemorrhagic, Megaloblastic, Aplastic)
5. Bowel Obstruction
6. Cellulitis
7. Colon Cancer
8. Diabetes Insipidus
9. Endocarditis
10. HIV/AIDS
11. Inflammatory Bowel Disease
12. Lyme Disease
13. Metastatic Cancer
14. Osteomyelitis
15. Pericarditis
16. Peripheral Vascular Disease

17. Preoperative Cardiac Clearance
18. Rhabdomyolysis
19. Rickettsial Infection
20. Septic Arthritis
21. Temporal Arteritis
22. Thermal Injury

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities. The resident must oversee the PGY1 residents' preparation of their evidence based, educational presentations for morning report.

2) Patient Care

The resident must demonstrate ability to perform and document a written *(and dictated?)* comprehensive history and physical exam upon each assigned patient admission to the hospital, and a written directed history and physical exam during daily rounding on assigned patients and in response to changes in clinical status during the hospitalization. The resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data and supervise PGY1 residents as they do the same. The resident must demonstrate ability to supervise and teach PGY1 residents as they manage patient flow from admission in the ED to discharge. The resident must be able to write *(dictate?)* a brief but thorough summary of the patient's hospital care at the time of discharge from the hospital. In addition to management of their patients' primary medical problems the resident must address preventative medicine (i.e. flu and pneumonia vaccination) and counseling (smoking cessation, etc) as appropriate.

The resident must demonstrate proficiency in the following procedures (as available):

1. Paracentesis
2. Thoracentesis
3. Lumbar Puncture

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes on the patients under his or her care.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. They must also effectively evaluate the PGY-1 residents' performance and provide constructive feedback in a non-threatening, encouraging manner. The resident must also demonstrate and teach the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate and teach the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, other physicians in the ED and inpatient settings, as well as community physicians for follow up as outpatient. The resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, rehab, or nursing home.

6) Professionalism

Resident must demonstrate and model for PGY1 residents:

1. Respect for patients, families, colleagues, and ancillary hospital staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of a competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Morning Report

All residents and medical students on the Family Medicine Service must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Each PGY1 resident on the Family Medicine Service is expected to prepare and give at least one presentation for morning report during the four week block and the PGY2 resident is expected to oversee and assist the PGY1 residents in accomplishing this.

Morning Work Rounds

As soon as morning report and check out of the new admissions is completed the Family Medicine Service team will, at the discretion of the faculty attending, either a) briefly review and update the team members ("run the list") regarding the patients on service and then physically round and see each patient with the faculty attending, or b) review the patients while rounding with the faculty attending to provide direct supervised patient care. The PGY2 resident is expected to, at the discretion of the faculty attending, direct rounds to assure they are smooth and efficient and assist in teaching the PGY1 residents.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled.

Family Medicine Center Clinic

Residents will continue to attend their patients as scheduled in the Family Medicine Center.

Individual Responsibilities – PGY3:

- Assign 5 to 10 patients to each PGY1 resident per day, including only one ICU patient each.
- Personally round on any excess ICU or floor patients and write a progress note on each to be left on the chart prior to morning report.
- Round on all PGY1 residents' ICU and other complex patients to assist them with questions and make sure significant mistakes are caught and corrected before morning rounds with the attending.
- Assist the attending physician in supervising and teaching medical students on the service
- Be able to give a brief verbal update on all ICU/critical patients on the service as well as each assigned patient to the FM Service team and attending physician at morning checkout and/or work rounds, and at evening checkout with the night team/resident. The PGY2 resident should have a general grasp of the condition of and plan for all patients on the service, regardless of which resident they are assigned to.

- Be present at 5:30 PM for evening checkout with the night team/resident.
- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of them or any of the PGY1 residents going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of PGY1 residents is by direct observation by their supervising faculty attending physicians and upper level residents and is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The faculty attending should discuss the resident's summative evaluation in person near the end of the block rotation.

PGY3 residents must also anonymously evaluate their lower level residents via the provided evaluation form, and their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Cardiology Curriculum

Rotation Overview:

Cardiovascular disease affects a large portion of the patients cared for by family physicians and inflicts significant morbidity and mortality as the number 2 cause of death in Thailand. The family physician must be proficient in caring for cardiovascular disease both in the acute, inpatient, and outpatient settings. Cardiology is taught in a longitudinal manner over the course of the residency in multiple venues including the outpatient continuity clinic, the emergency room, and the inpatient services. This is supplemented with a concentrated four week block rotation during the resident's 2nd or 3rd year with a local cardiologist.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment (both acute and chronic), and common complications of common cardiovascular disease processes. This must include all cardiovascular diseases seen in the resident's patients in venues listed below under Patient Care as well as the following:

1. Cardiomyopathies
    i. Dilated
    ii. Restrictive
    iii. Hypertrophic
    iv. Postpartum
    v. Psychogenic (Takotsubo Cardiomyopathy)
2. Coronary Artery Disease
    i. Stable/Unstable Angina
    ii. Acute Coronary Syndrome
    iii. Acute Myocardial Infarction (with possible complications)
        1. Cardiogenic shock
        2. Malignant Dysrhythmias
        3. Papillary muscle dysfunction/rupture
        4. Ventricular rupture
        5. Heart wall aneurysm
    iv. Cardiac arrest
3. Congenital Heart Disease

    i. Common left to right shunts (acyanotic)
    ii. Common right to left shunts (cyanotic)
    iii. Common obstructive problems
4. Congestive Heart Failure
    i. Systolic and diastolic dysfunction
    ii. Cor pulmonale
5. Drug-related Effects (Overdoses, Amphetamines, Cocaine, Steroids, etc.)
6. Dysrhythmias
    i. Tachyarrhythmias
        1. Supraventricular
        2. Ventricular
        3. Reentrant
    ii. Bradyarrhythmias
    iii. Ectopy
7. Endocarditis/Myocarditis
    i. Viral
    ii. Bacterial
    iii. Immunomediated
        1. Kawasaki's disease
8. Heart Blocks (1st, 2nd, 3rd degree AV node blocks)
9. Heart Murmurs (differentiate innocent and worrisome)
10. Hypertension
    i. Essential
    ii. Secondary
    iii. Pulmonary
11. Hypertensive Urgency/Emergency
12. Marfan syndrome (Aneurysm/Valvular Disease)
13. Myxoma
14. Pericarditis/Pericardial Disease
15. Peripheral Vascular Disease
    i. Carotid Stenosis
    ii. Arteriosclerosis obliterans
    iii. Aortic Aneurysm (dissecting)
16. Preoperative Cardiac Clearance
    i. Calculating Cardiac Risk
    ii. Preoperative and Postoperative Management
17. Syncope
    i. Cardiac
    ii. Neurocardiogenic
    iii. Orthostatic
18. Valvular heart disease
    i. Rheumatic

ii. Congenital
iii. Degenerative (Aortic stenosis)
iv. Mitrial Valve Prolapse
v. Antibiotic Prophylaxis

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) Patient Care

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused cardiovascular history and physical exam, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. During inpatient rotations the resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon cardiovascular patient admission to the hospital, and a written directed history and physical exam during daily rounding on cardiovascular patients and in response to changes in clinical status during the hospitalization. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. Resident must demonstrate ability to manage cardiovascular patient flow from admission in the ED to discharge. Resident must be able to write a brief but thorough summary of the cardiovascular patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his patients especially concerning measures to prevent cardiovascular disease (i.e. HTN and hypercholesterolemia screening, tobacco cessation counseling, weight loss, and proper exercise).

The resident must become familiar with the indications for ordering or consulting to obtain:

1. EKG
2. Chest radiography/CT examination
3. Cardiac Stress Testing (exercise and chemical)
4. Echocardiography
5. Telemetry monitoring
6. Vascular Doppler/Ultrasound
7. MRI/MRA
8. Cardiac catheterization/angiography/stenting
9. Peripheral Vascular Angiography/Stenting
10. CABG
11. Central Venous and Peripheral Arterial Monitors
12. Electrophysiologic studies/ablation
13. Pacemaker insertion/investigation
14. Implantable cardioverter-defibrillator

The resident must demonstrate proficiency in the following procedures (as available):

1. EKG interpretation- along with clinical learning opportunities the resident is expected to obtain a copy of Dubin's *Rapid Interpretation of EKGs, Sixth Edition* and read through the entirety of it during residency. This should preferably be done during the PGY1 year.
2. Exercise Stress Test
3. Chest X-ray interpretation of cardiac disease
4. Vascular Doppler and Ultrasound examination (for interested residents)

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, cardiac rehabilitation, or nursing home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Cardiology Block Rotation

The resident will be scheduled to follow and learn from a community cardiology group. This will include seeing patients in the cardiologist's office, as well as when available and not in conflict with the resident's continuity clinic observing any hospital procedures performed by the cardiologists such as cardiac and arterial catheterization/angiography, angioplasty and stent placement, stress testing, and ECHO.

Morning Report

All residents on their cardiology block rotation must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Cardiovascular cases seen on the inpatient medicine and obstetrics teams are routinely included in the presentations.

Morning Work Rounds

See inpatient medicine and obstetrics curriculums for responsibilities when on these rotations. Cardiovascular patients are seen along with other internal medicine patients when on these services.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Cardiology topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes patients with cardiovascular diseases.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising cardiology attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The cardiology attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Cardiology residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Dermatology Curriculum

Rotation Overview:

Diseases of the skin are common problems treated by the family physician. The family physician must be proficient in caring for skin diseases in the acute, inpatient, and outpatient settings in both adult and pediatric patients. Dermatology is taught in a longitudinal manner over the course of the residency in multiple venues including the outpatient continuity clinic, the emergency room, and the inpatient services. This is supplemented with a 4-week rotation with a local dermatologist during the resident's 2nd year.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment (both acute and chronic), and common complications of common skin diseases. This must include all skin diseases seen in the resident's patients in venues listed below under Patient Care as well as the following:

1. Classification and terminology of skin disorders
2. Diagnosis of common dermatologic disorders based on history, topography, and morphology
3. Acne
4. Actinic keratosis
5. Alopecia and hair disorders
6. Bacterial skin infections
7. Bites and stings
8. Infestations (lice, scabies, bedbugs, schistosome cercarial dermatitis, myiasis)
9. Contact dermatitis
10. Cutaneous viral infections and exanthems
11. Eczema and atoptic dermatitis
12. Fungal skin infections
13. Hyperpigmentation and hypopigmentation
14. Lichen planus and bullous/vesicular diseases
15. Nail disorders
16. Nevi
17. Rosacea
18. Skin ulcers and pressure sores
19. Rashes from sexually transmitted infections
20. Seborrheic dermatitis

21. Psoriasis
22. Urticaria and drug eruptions
23. Skin manifestations of systemic diseases
24. Skin cancers (melanoma, squamous cell carcinoma, basal cell carcinoma, Kaposi sarcoma)

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) Patient Care

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused dermatologic history and physical exam, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. Though mostly seen in the outpatient setting, during inpatient rotations the resident must demonstrate the ability to perform and document a written comprehensive history and physical exam upon dermatologic patient admission to the hospital, and a written directed history and physical exam during daily rounding on dermatology patients and in response to changes in clinical status during the hospitalization. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. Resident must demonstrate ability to manage dermatologic patient flow from admission in the ED to discharge. Resident must be able to write a brief but thorough summary of the dermatologic patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his patients especially concerning measures to prevent dermatologic diseases (e.g. sun screen use, regular preventative skin exams).

The resident must demonstrate proficiency in the following procedures (as available):

1. Biopsy of skin lesions
    a. Punch biopsy
    b. Shave biopsy
    c. Excisional biopsy
2. Scraping and microscopic examination
3. Dermoscopy
4. Intradermal injection: anesthesia and steroids
5. Destruction of lesions
    a. Cryosurgery
    b. Electrodesiccation
    c. Curettage
6. Skin closure techniques
    a. Steri-strips and skin glues
    b. Simple interrupted
    c. Simple continuous
    d. Vertical and horizontal mattress
    e. Layered closures
    f. Subcuticular suturing

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, cardiac rehabilitation, or nursing home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even life saving medical treatment

5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital/clinic staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Dermatology Rotation

The resident with be scheduled to follow and learn from a community dermatology physician or group. This will include seeing patients in the dermatologist's office, as well as the resident's continuity clinic. The resident may when available and not in conflict with the resident's continuity clinic observe any surgical procedures performed by the dermatologis such as Moh's surgery, hair transplantation, etc.

Morning Report

All residents on the dermatology rotation must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Dermatology cases seen on the inpatient medicine and obstetrics teams may be included in the presentations.

Morning Work Rounds

See inpatient medicine and obstetrics curriculums for responsibilities when on these rotations. Dermatology patients are seen along with other internal medicine patients when on these services.

Noon and Wednesday Afternoon Didactics

All residents except the resident assigned to in-hospital coverage are expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. ENT topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes patients with dermatologic diseases.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising dermatology attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The dermatology attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Dermatology residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Emergency Medicine Rotation

Rotation Overview:

Management of patients in the urgent care and emergency department setting is an essential part of the knowledge and practice base of a family medicine physician. The Emergency Medicine Rotation is composed of two 4-week block rotations during the 1st and 2nd years of training. It provides an opportunity for residents to refine their skills in history taking, physical examination, triage based on severity of disease, selection and interpretation of appropriate rapid diagnostic tests, therapeutic prescribing, and determination of appropriate disposition of patients in the emergency room. Residents learn under the supervision of their attending emergency and family medicine faculty physicians, as well as the various specialty consultants to their patients.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment, and common complications of common disease processes encountered in the emergency department. This must include all diseases of the patients assigned to the resident as well as the following:

1. Trauma
    a. Primary and Secondary assessment of the traumatically injured patient
    b. Blunt trauma
    c. Penetrating trauma
    d. Treatment of trauma by site:
        i. Head and neck
        ii. Spine and spinal cord
        iii. Facial
        iv. Soft tissue
        v. Chest
        vi. Abdomen
        vii. Extremities
        viii. Genital and urinary
2. Psychiatric emergencies
    a. Mood disorders
    b. Homicidal ideation
    c. Acute mania
    d. Anxiety and panic attacks
    e. Hysterical conversion

f. Addictive disorders (overdose syndromes, drug-seeking behaviors)
g. Delirium and altered mental status
h. Management of the combative patient
i. Acute alcohol withdrawal

3. Environmental disorders
    a. Burns
    b. Electrocution/ Lightning injuries
    c. Heat and cold injuries
    d. Bites and stings
    e. Poisonous plants
    f. Hypersensitivity reactions and anaphylaxis
4. Obstetric and gynecological emergencies
    a. Sexual assault and rape
    b. Acute pelvic pain
    c. Ectopic pregnancy
    d. Threatened or spontaneous abortion
    e. Precipitous delivery
    f. Pre-eclampsia and eclampsia
    g. Vaginal bleeding
    h. Emergency contraception
5. Victims of violence
    a. Child abuse
    b. Partner/Spousal abuse
    c. Elder abuse
6. Recognition and management of acute life threatening conditions in the following organ systems:
    a. Acute neurologic disorders
        i. Altered level of consciousness and coma
        ii. Acute cerebrovascular accidents (CVA)
            1. Hemorrhagic
            2. Embolic
            3. Transient Ischemic Attack (TIA)
        iii. Meningitis and encephalitis
        iv. Seizures
        v. Acute Headache
        vi. Acute spinal cord compression
        vii. Closed head injury (concussion, contusion)
    b. Acute respiratory disorders
        i. ARDS
        ii. Pulmonary embolism
        iii. Pulmonary infections
        iv. Pneumothorax
        v. Exacerbations of asthma and COPD
    c. Acute Cardiovascular Disorders

i. Acute chest pain
ii. Cardiac arrest
iii. Life-threatening dysrhythmias
iv. Acute coronary syndrome
v. Heart failure
vi. Thoracic and abdominal aortic aneurysm dissection and rupture
vii. Thrombolytic therapy
viii. Hypertensive urgencies and emergencies
ix. Acute vascular obstruction

d. Acute endocrine disorders
   i. Diabetic ketoacidosis and hyperosmolar non-ketotic state
   ii. Thyroid storm
   iii. Myxedema coma
   iv. Acute adrenal insufficiency

e. Acute gastrointestinal disorders
   i. Acute gastrointestinal bleeding
   ii. Acute abdomen
   iii. Acute cholecystitis
   iv. Acute appendicitis
   v. Acute pancreatitis
   vi. Acute diverticulitis
   vii. Acute bowel obstruction
   viii. Ischemic bowel disease

f. Acute genitourinary system disorders
   i. Sexually transmitted infections
   ii. Acute testicular pain
   iii. Renal colic and nephrolithiasis
   iv. Acute pyelonephritis
   v. Acute urinary retention
   vi. Priaprism

g. Acute musculoskeletal disorders
   i. Fractures
   ii. Acute joint dislocation
   iii. Acute joint sprains and strains
   iv. Compartment syndromes

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities.

2) Patient Care

The resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon each assigned patient arrival to the Emergency room. The resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. The resident must demonstrate ability to manage patient flow from triage in the ED to discharge

or hospital admission. In addition to management of their patients' primary medical problems the resident must address preventative medicine (i.e. flu and pneumonia vaccination) and counseling (smoking cessation, etc) as appropriate.

The resident must demonstrate proficiency in the following procedures (as available):

1. Advanced Cardiac Life Support
2. Heimlich Maneuver
3. Bag-mask ventilation
4. Oral endotracheal intubation in children and adults
5. Laryngeal Mask Airway placement and use
6. Esophageal obturator airway placement and use
7. Needle thoracentesis and tube thoracostomy
8. Initiation of mechanical ventilation
9. Cricothyroidotomy
10. Topical and Local anesthesia
11. Regional and digital nerve blocks
12. Procedural sedation and analgesia
13. Arterial catheter insertion and blood gas sampling
14. Control of epistaxis by anterior and posterior packing
15. Peritoneal tap and lavage
16. Lumbar puncture
17. Nasogastric intubation
18. Spinal immobilization and traction techniques
19. Initial management of traumatic amputation
20. Repair of skin lacerations
21. Management of wounds
22. Removal of foreign bodies in skin and body orifices

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes on the patients under his or her care.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. Specifically the resident must be aware of the system for pre-hospital emergency care and stabilization of the patient by the Emergency Medical System (EMS) and the specific communication systems and protocols in place for this system. Working in the system of the Emergency department must include communication and collaboration with nursing staff, social workers, case managers, therapists, and other physicians in the ED as well as community physicians for follow up as an outpatient. The resident must specifically demonstrate the ability to prioritize and triage patients on presentation and the foresight to begin discharge planning from the beginning of the patient encounter so as to expedite discharge from the ED to the appropriate location be it home or inpatient admission.

6) Professionalism

The resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of a competent patients' rights to refuse even life-saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willingness acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Emergency Medicine Block Rotations

The resident will be scheduled for 4-5 12-hour shifts each week of the block rotation in the Emergency Room. These are typically to be day shifts to maximize patient numbers and to free up the resident for night call availability. Shifts will not be scheduled on Wednesday so that the resident may attend didactics.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled.

Family Medicine Center Clinic

Residents will continue to attend their patients as scheduled in the Family Medicine Center.

Individual Responsibilities:

- Assigned at least 1 patient at all times that the resident is responsible for until discharge, and more as the attending physician sees the resident is able to care for more.
- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising faculty attending physicians and is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The faculty attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Suranaree University of Technology
Family Medicine Residency
ENT Curriculum

Rotation Overview:

Ear/Nose/Throat (ENT) diseases are common problems treated by the family physician. The family physician must be proficient in caring for ENT diseases in the acute, inpatient, and outpatient settings in both adult and pediatric patients. ENT is taught in a longitudinal manner over the course of the residency in multiple venues including the outpatient continuity clinic, the emergency room, and the inpatient services. This is supplemented with two weeks with a local ENT physician during a combination ENT/Ophthalmology/Urology four week block rotation during the resident's 2nd year.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment (both acute and chronic), and common complications of common ENT disease processes. This must include all ENT diseases seen in the resident's patients in venues listed below under Patient Care as well as the following:

1. Acute pharyngitis/tonsillitis
2. Allergic rhinitis/sinusitis
3. Chronic cough
4. Cholesteatoma
5. Dental Abscess
6. Epistaxis
7. Eustachian tube dysfunction
8. Hearing loss
9. Cellulitis/Fascitis of the Head/Neck
    i. (Ludwig's Angina)
10. Cervical Lymphadenitis
11. Laryngitis
12. Otitis Media/Externa
13. Parotitis
14. Periodontitis
15. URI/Bronchitis
16. Vertigo
    i. Benign Positional Vertigo
    ii. Meneire's disease

iii. Viral Labyrinthitis

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) Patient Care

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused ENT history and physical exam, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. Though mostly seen in the outpatient setting, during inpatient rotations the resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon ENT patient admission to the hospital, and a written directed history and physical exam during daily rounding on ENT patients and in response to changes in clinical status during the hospitalization. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. Resident must demonstrate ability to manage ENT patient flow from admission in the ED to discharge. Resident must be able to write a brief but thorough summary of the ENT patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his patients especially concerning measures to prevent ENT disease (i.e. Influenza and Pneumococcal vaccination as well as smoking cessation counseling).

The resident must become familiar with the indications for ordering or consulting to obtain:

1. Adenoidectomy/Tonsillectomy
2. Formal Audiology
3. Nasolaryngoscopy
4. Tympanostomy tube placement

The resident must demonstrate proficiency in the following procedures (as available):

1. Cerumen removal with curette/irrigation
2. Foreign body removal from ear/nose/throat
3. Nasal packing for epistaxis
4. Office hearing screening
5. Periodontal Abscess Drainage
6. Thyroid Ultrasound and FNA (for interested residents)

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic

decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, cardiac rehabilitation, or nursing home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner

11. Dress and act in a manner that shows respect for the patients, hospital/clinic staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

ENT Rotation

The resident with be scheduled to follow and learn from a community ENT group. This will include seeing patients in the ENT's office for 2 weeks of the rotation. The resident may when available and not in conflict with the resident's continuity clinic observe any hospital/surgical procedures performed by the ENT physician such as tympanostomy tube placement, adenoidectomy/tonsillectomy, and sinus surgery.

Morning Report

All residents must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. ENT cases seen on the inpatient medicine and obstetrics teams may be included in the presentations.

Morning Work Rounds

See inpatient medicine and obstetrics curriculums for responsibilities when on these rotations. ENT patients are seen along with other internal medicine patients when on these services.

Noon and Wednesday Afternoon Didactics

All residents the resident assigned to in-hospital coverage are expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. ENT topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes patients with ENT diseases.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising ENT attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The ENT attending should discuss the resident's summative evaluation in person near the end of the block rotation.

ENT residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
General Surgery Curriculum

Rotation Overview:

Care of the Surgical Patient is an important aspect of Family Medicine. Although family physicians do not usually perform major non-obstetrical surgery, they often are called on to assist during major surgery. In addition the family physician plays an integral part in the referral of proper patients for surgery, preoperative clearance of patients for surgery, preoperative optimization of treatment of chronic medical problems, as well as assistance with postoperative inpatient and outpatient care. Family physicians also perform many superficial surgical procedures in the outpatient and inpatient setting. General Surgery is taught primarily in two 4-week block rotations scheduled during the 1st and 3rd year with a community general surgeon. The resident will attend clinic with the attending surgeon as well as assist in surgeries and other procedures such as endoscopy as available. The resident will also get experience with preoperative clearance and medical management of surgical patients during the inpatient medicine rotations.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as well as the six competencies of the Royal College of Family Physicians of Thailand (RCFPT). These have significant overlap and as such the 6 Thai competencies are overlaid on the ACGME competencies as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, and appropriate patient selection for common medical conditions that require surgery. This must include all such knowledge and conditions relative to patients cared for by the resident in the venues listed below under Patient Care as well as the following:

1. Basic Surgical Anatomy
2. Anesthesia
    a. Premedication
    b. Agents and Routes of administration
    c. Resuscitation methods
3. Recognition of Surgical Emergencies
    a. Respiratory
        i. Airway obstruction
        ii. Chest trauma
            1. Flail chest
            2. Hemothorax
            3. Pneumothorax

b. Circulation
    1. Hypovolemia
        a. Gastrointestinal bleeding
        b. Traumatic blood loss
c. Acute Abdomen
    i. Perforated viscus
    ii. Intestinal obstruction
    iii. Incarcerated hernia
    iv. Mesenteric ischemia
    v. Appendicitis
    vi. Diverticulitis
d. Soft Tissue
    i. Necrotizing soft tissue infections
    ii. Burns
e. Trauma
    i. Advanced Trauma Life Support

4. Common Surgical Problems- be familiar with the indications and technique
    a. Appendectomy
    b. Cholecystectomy
    c. Herniorrhaphy
    d. Colectomy
    e. Hemorrhoidectomy- surgical and banding
    f. Breast surgery- lumpectomy, mastectomy
    g. Arterial bypass
    h. Varicose vein procedures
    i. Thyroidectomy and thyroid nodules
    j. Parathyroidectomy
    k. Surgical treatment of wounds
        i. Penetrating wounds
        ii. Avulsion, crush, or shear injury wounds
        iii. Bite wounds
    l. Recognition and treatment of venous stasis ulcers, arterial ulcers, and neuropathic ulcers
    m. Grading and treatment of decubitus ulcers
5. Preoperative Assessment
    a. Recognition of appropriate surgical candidates
    b. Surgical risk assessment
    c. Comorbid diseases
    d. Antibiotic prophylaxis
    e. Patient preparation (bowel, medication, schedule, etc.)
6. Intraoperative care
    a. Basic principles of aseptic and sterile technique
    b. Patient monitoring
    c. Fluid management

d. Blood requirements
e. Temperature control

7. Postoperative care
    a. Routine
        i. Wound care
        ii. Patient mobilization
        iii. Nutrition management
        iv. Pain management
        v. Suctions and drains
    b. Common complications
        i. Fever workup and management
        ii. Wound dehiscence
        iii. Urinary retention
        iv. Hemorrhage
        v. Pneumonia
        vi. Atelectasis
        vii. Fluid overload
        viii. Transfusion reaction
        ix. Thrombophlebitis
        x. Pulmonary embolism
        xi. Oliguria
        xii. Ileus
        xiii. Infection
        xiv. Shock
8. Outpatient surgery
        i. Patient selection
        ii. Procedural sedation and analgesia
        iii. Postoperative observation principles
        iv. Follow-up care
9. Common outpatient surgical conditions
    a. Lumps, bumps, and abscesses
    b. Simple lacerations
    c. Superficial burns
    d. Common methods of anesthesia

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) **Patient Care**

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused history and physical exam in the surgical patient, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. During inpatient rotations the resident must demonstrate ability to perform and document a written

comprehensive history and physical exam upon the surgical patient admission to the hospital or day surgery, and a written directed history and physical exam during daily rounding both pre and postop. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data and perform a proper surgical risk evaluation to determine appropriateness of surgery. Resident must demonstrate ability coordinate ambulatory, inpatient, and institutional care across health care providers, institutions, and agencies. Resident must be able to write a brief but thorough summary of the post-surgical patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his patients especially concerning measures to prevent postoperative complications (i.e. proper rehab/physical therapy).

The resident must demonstrate proficiency in the following procedures (as available, some are also addressed in the Inpatient medicine and Emergency medicine blocks):

1. Procedures:
    a. Paracentesis
    b. Nasogastric lavage
    c. Peritoneal lavage
    d. FAST ultrasound exam
    e. Thoracentesis
    f. Bladder aspiration
    g. Central venous access and catheter placement
    h. Venous cutdown
    i. Arterial puncture and catheterization
    j. Fine needle aspiration and biopsy technique
    k. Cricothyroidotomy
    l. Needle thoracostomy
    m. Pericardiocentesis
    n. Chest tube
    o. Esophagogastroduodenoscopy (diagnostic and therapeutic)
    p. Colonoscopy
    q. Endoscopic biopsy, injection, cautery, and banding (as available)
2. Intraoperative skills
    a. Preparation and draping
    b. First assist with major surgery
    c. Basic use of surgical instruments
    d. Incision and dissection
    e. Exposure and retraction
    f. Hemostasis
    g. Estimation of blood loss
    h. Fluid replacement
    i. Wound closure- suture, staples, and adhesives
3. Postoperative care
    a. Suture removal
    b. Dressing changes
    c. Drain removal

4. Minor surgical techniques
    a. Local anesthesia
    b. Simple excision
    c. Incision and drainage of cysts and abscesses
    d. Aspiration
    e. Foreign body removal
    f. Vasectomy
    g. Cauterization and electrodesiccation
    h. Skin biopsy
    i. Wound debridement
    j. Enucleation and excision of thrombosed external hemorrhoid

3) **Interpersonal and Communication Skills**

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) **Practice-Based Learning and Improvement**

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) **Systems-Based Practice**

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident

must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, cardiac rehabilitation, or nursing home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

General Surgery Block Rotations

The resident will be scheduled to follow and learn from a community surgery physician or group. This will include seeing patients in the surgeon's office, seeing and writing H&P and daily progress notes on hospitalized patients, 1st assisting with surgical procedures, and observing and performing endoscopic and other inpatient and outpatient procedures as available.

Morning Report

All residents on their surgery block rotation must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Surgical cases seen on the inpatient medicine team are routinely included in the presentations.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Surgery topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes patients with surgical diseases.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising general surgery attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The general surgery attending should discuss the resident's summative evaluation in person near the end of the block rotation.

General surgery residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Geriatrics Curriculum

Rotation Overview:

Older adults are a growing percentage of the Thai population and the majority of outpatient visits, ER visits, and inpatient medicine encounters with family medicine physicians are now with older adults. Older adults also present unique challenges both in the different ways that aged bodies deal with drugs and disease as well as the fact that most older adults suffer from multiple concurrent diseases. The family physician must be proficient in caring for older adults both in the acute, inpatient, and outpatient settings. Geriatrics is taught in a longitudinal manner over the course of the residency in multiple venues including the outpatient continuity clinic, the emergency room, and the inpatient services. This is supplemented with a concentrated four week block rotation during the resident's 3rd year.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment (both acute and chronic), and common complications of common disease processes in older adults. This must include all diseases of older adults seen in the resident's patients in venues listed below under Patient Care as well as the following:

1. Understand the normal physiologic changes due to aging
    a. Diminished homeostatic abilities
    b. Altered metabolism and effect of drugs
    c. Changes in various organs
2. Normal psychological, social, and environmental changes of aging
    a. Retirement
    b. Bereavement
    c. Relocation
    d. Ill health
    e. Changes in family relationships
3. Atypical presentations and management of specific diseases in elderly patients
    a. Hearing and vision loss
    b. Pneumonia and other respiratory infections
    c. Hypertension
    d. Congestive heart failure
    e. Myocardial infarction
    f. Cerebrovascular accident

g. Temporal arteritis
h. Postural hypotension
i. Caries and periodontal disease, tooth loss and denture care
j. Oropharyngeal cancers
k. Malnutrition
l. Constipation and fecal impaction
m. Incontinence of urine
n. Urinary tract infection
o. Sexual dysfunction
p. Degenerative joint disease
q. Fractures
r. Contractures
s. Osteopenia/ Osteoporosis
t. Falls
u. Decubitus and pressure ulcers
v. Delirium
w. Dementia
x. Altered mental status
y. Gait disorders
z. Sleep disorders
aa. Depression
bb. Malnutrition/ Failure to thrive
cc. Terminal care
dd. Cutaneous neoplasms
ee. Senile purpura

4. Polypharmacy
5. Iatrogenic illness
6. Immobilization and its consequences
7. Over-dependency
8. Inappropriate institutionalization
9. Non-recognitions of treatable illness
10. Over-treatment
11. Inappropriate use of technology
12. Unsupported family
13. Geriatric screening and assessment for health maintenance
14. Services available to elderly people to help promote an independent lifestyle
15. Elder abuse and neglect

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) Patient Care

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused history and physical exam on the older patient, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. During inpatient rotations the resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon older patient admission to the hospital, and a written directed history and physical exam during daily rounding on older patients and in response to changes in clinical status during the hospitalization. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. Resident must demonstrate ability to manage older patient flow from admission in the ED to discharge. Resident must be able to write a brief but thorough summary of the older patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his older patients especially concerning measures to prevent disease (i.e. pneumococcal and influenza vaccination, tobacco cessation counseling, weight loss, and proper exercise).

The resident must demonstrate proficiency in the following procedures (as available):

1. Geriatric assessment using standardized methods
2. Screening exams for: mental status, depression, and functional status

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, cardiac rehabilitation, or nursing home. With older patients it is especially important to use a team approach to gathering resources to help care for the patient's and the caretakers' needs.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Geriatrics Block Rotation

The resident will be scheduled to follow and learn from a community geriatrician. This will include seeing patients in the geriatrics clinic which will include specific teaching on doing geriatrics assessment, as well as making home visits to older patients in the community.

Morning Report

All residents on their geriatrics block rotation must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Geriatric cases seen on the inpatient medicine team are routinely included in the presentations.

Morning Work Rounds

See inpatient medicine curriculum for responsibilities when on these rotations. Geriatrics patients are seen along with other internal medicine patients when on these services.

Noon and Wednesday Afternoon Didactics

All residents except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Cardiology topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes geriatric patients.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising geriatrics attending physician is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The geriatrics attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Geriatrics residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Gynecology Curriculum

Rotation Overview:

Women make up fifty percent of the patients cared for by family physicians and have unique health care needs that the family physician must address. The gynecology rotation will provide residents with experience in outpatient, inpatient, and surgical care specific to women. This is taught is taught in a 4-week block rotation scheduled during the 1st year with a community gynecologist as well as through the continuity clinic at the Family Medicine Center throughout all 3 years of residency. The resident will attend clinic with the attending gynecologist as well as assist in surgeries and other procedures such as suction D&C, colposcopy and endometrial biopsy as available. The resident will also get experience with medical management of gynecologic problems in their hospitalized patients during the inpatient medicine rotations as well as during the Emergency Medicine rotations.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, and appropriate patient selection for common gynecologic conditions. This must include all such knowledge and conditions relative to patients cared for by the resident in the venues listed below under Patient Care as well as the following:

1. Menstruation
    a. Physiology of puberty, menarche, and menstrual cycles
    b. Abnormal menstruation
        i. Amenorrhea: Primary and Secondary
        ii. Anovulatory bleeding
        iii. Dysfunctional uterine bleeding
        iv. Dysmenorrhea and menorrhagia (including with severe blood loss)
    c. Premenstrual dysmorphic disorder and premenstrual syndrome
2. Family Planning
    a. Preconception counseling
    b. Permanent contraception
    c. Reversible contraception
        i. Oral
        ii. Injectable
        iii. Patches
        iv. Implants
        v. Natural family planning

vi. Barrier methods
vii. Intrauterine devices
viii. Post-coital (emergency) contraception

3. Early pregnancy loss
    a. Diagnosis
    b. Expectant vs. medication vs. aspiration management
4. Infections of the genital tract
    a. Vaginitis and vulvitis
    b. Cervicitis and pelvic inflammatory disease
    c. Tubo-ovarian abscess
5. Diseases of the reproductive tract
    a. Benign and malignant neoplasms of the external and internal genitalia
    b. HPV disease- prevention, screening and treatment recommendations
    c. Endometriosis
    d. Identification and evaluation of pelvic masses of women of different ages
    e. Fibroids
    f. Endometrial hyperplasia
    g. Endometrial carcinoma
    h. Adenomyosarcoma
    i. Pelvic pain: acute and chronic
    j. Ovarian torsion
    k. Female sexual dysfunction
        i. Problems of libido
        ii. Dyspareunia
        iii. Anorgasmia
    l. Accidental and intentional genital trauma
6. Breast disease
    a. Mastodynia
    b. Galactorrhea and nipple discharge
    c. Fibroadenoma
    d. Fibrocystic breast disease
    e. Screening, diagnosis, referral for malignant breast cancer
7. Urogynecology
    a. UTI: uncomplicated, complicated, recurrent
    b. Incontinence
    c. Interstitial cystitis
8. Gynecology in older women
    a. Menopause
    b. Premature menopause
    c. Pelvic floor dysfunction

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) Patient Care

In the inpatient or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused gynecologic history and physical exam in the female patient, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. During inpatient rotations the resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon the gynecologic patient admission to the hospital and a written directed history and physical exam during daily rounding. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. Resident must demonstrate ability to manage patient flow from the ED to discharge. The resident must be able to write a brief but thorough summary of the gynecologic patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his patients especially concerning measures relevant specifically to women (e.g. contraception, screening for cervical and breast cancer, prevention of osteoporosis).

The resident must demonstrate proficiency in the following procedures (as available, some are also addressed in the Obstetrics rotations as well as the outpatient continuity clinic):

1. IUD insertion and removal
2. Diaphragm fitting
3. Implantation and removal of implantable contraceptives
4. Vaginal wet prep collection and microscopy
5. Pap smear collection
6. HPV test and culture collection
7. Breast cyst aspiration
8. Endometrial biopsy, aspiration and curettage
9. Colposcopy with biopsy and endocervical curettage
10. Polypectomy
11. Cervical cryosurgery
12. Paracervical nerve block
13. Loop electrosurgical excision procedures
14. Culdocentesis
15. Bartholin cyst drainage
16. Uterine dilation and curettage (suction and sharp) for incomplete 1st trimester abortion
17. Bilateral tubal ligation (during C-section or postpartum)
18. 1st assist hysterectomy (abdominal and vaginal)

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of

the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, cardiac rehabilitation, or nursing home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner

11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Gynecology Block Rotation

The resident will be scheduled to follow and learn from a community gynecology physician or group. This will include seeing patients in the gynecologist's office, seeing and writing H&P and daily progress notes on hospitalized patients, 1st assisting with surgical procedures, and observing and performing suction D&C, colposcopy, endometrial biopsy and other inpatient and outpatient procedures as available.

Morning Report

All residents on their gynecology block rotation must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Gynecology cases seen on the inpatient medicine team are routinely included in the presentations.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage are expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Gynecology topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes patients with gynecologic diseases.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising gynecology attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the

integrated SUT FM Residency evaluation form. The gynecology attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Gynecology residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Obstetrics Curriculum

Post Graduate Year (PGY)-1

Rotation Overview:

The care of pregnant women and assistance with delivery remain an important part of the practice of the family physician, especially in more rural locations. In fact, given the strain routine referral of deliveries from the rural areas has put on the tertiary medical centers of the larger cities, it is vital that well trained family physicians do their part to care for pregnant women in the primary and secondary medical centers located throughout Thailand. The family physician must be proficient in caring for the pregnant patient and her unborn child including preconception counseling, prenatal care, labor and delivery, and postpartum care for mother and baby. Obstetrics is taught both longitudinally over the course of the residency through the resident caring for their own continuity patients in their clinic, as well as with focused 4 week obstetric rotations on the **Obstetrics Service** at (insert obstetrics training site) during all three years of residency. PGY1 residents learn under the supervision of their upper level PGY2&3 residents, their attending family medicine faculty physicians, as well as the various specialty consultants to their patients.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment, and common complications of pregnancy. This is to include preconception counseling, prenatal care for normal and complicated pregnancies, management of labor and delivery, and postpartum care of both mother and baby. This must include all obstetrics complications seen in the resident's continuity and assigned patients in venues listed below under Patient Care as well as the following:

1. Pre-conceptual counseling and planning:
    i. Nutrition
    ii. Exercise
    iii. Contraception
    iv. Prevention of birth defects
    v. Assessment of immunization status
    vi. Preconception genetic screening
    vii. Occupational and environmental hazard assessment
2. Assessment of gestational age
3. Spotting/bleeding early and late in pregnancy

4. Pelvic pain
5. Hyperemesis gravidarum
6. Musculoskeletal changes and discomfort
7. Life cycle and family dynamic stresses
8. Risk factor screening and assessment in pregnancy
9. Tobacco cessation counseling
10. Alcohol and drug abuse counseling
11. STD risk factors and counseling
12. Prenatal nutrition and exercise counseling
13. 1st trimester pregnancy loss
14. Prenatal screening for:
    i. Gestational Diabetes
    ii. STDs
    iii. Bacterial vaginosis
    iv. GBS
    v. Asymptomatic bacteriuria
    vi. Iron deficiency anemia
15. Pregnancy complicated by:
    i. Asthma
    ii. Pyelonephritis and renal calculi
    iii. Cholelitiasis and acute cholecystitis
16. Normal Labor and Delivery
    i. Prodromal labor and three stages of labor
    ii. Normal course of 3rd stage of labor
    iii. Counsel concerning breast feeding
17. Labor and Delivery Complications
    i. Fetal malposition and malpresentation
    ii. Labor dystocia
    iii. Post-term pregnancy
    iv. Premature and prolonged rupture of membranes
    v. Preterm premature rupture of membranes
    vi. Meconium stained fluid
    vii. Placental abruption
18. Post-Partum Complications
    i. Delayed postpartum hemorrhage
    ii. Postpartum fever and endometritis
    iii. Spinal Headache

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) Patient Care

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused initial obstetrical history and physical exam as well as appropriate interval prenatal checkups, screen for and identify complications of pregnancy, and institute an appropriate diagnostic workup, therapeutic plan, and birth plan. During inpatient labor and delivery rotations the resident must demonstrate the ability to assess patients in the obstetrical ER for evidence of active labor or other obstetrical complications that require admission to the hospital. The resident must be able to perform and document a written comprehensive obstetrical history and physical exam on patients that are admitted to the hospital. The resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. Resident must demonstrate ability to manage obstetrical patient flow from obstetrical triage, to admission to Labor and Delivery, to postpartum after delivery, then back to home when mother and baby are ready for discharge. The resident must be able to write a brief but thorough summary of the obstetrical patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his patients especially concerning measures appropriate to the postpartum patient and her baby (i.e. birth control and family planning, continuation of prenatal vitamins, benefits of breast feeding, smoking cessation, preconception counseling prior to repeat pregnancy, screening for postpartum depression, proper follow up care).

The resident must demonstrate proficiency in the following procedures (as available):

1. Manual Pelvimetry
2. Digital Cervical Exam
3. Leopold's maneuvers
4. Non-stress test
5. EFM
6. AROM
7. Fetal Scalp electrode placement
8. Intrauterine pressure catheter
9. Induction of labor
10. Pudendal and local block anesthesia
11. Episiotomy
12. SVD
13. Active management of 3rd stage of labor

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic

decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, typically home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even lifesaving medical treatment for herself, while remembering the fact that with pregnancy there are two lives that must be protected.
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner

11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Morning Report

All residents and medical students on the Obstetrics Service must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions and deliveries to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent deliveries. Each PGY1 resident on the Obstetrics Service is expected to prepare and give at least one presentation for morning report during the four week block.

Morning Work Rounds

As soon as morning report and check out of new admissions and deliveries is completed the Obstetrics Service team will, at the discretion of the faculty attending, either a) briefly review and update the team members ("run the list") regarding the patients on service and then physically round and see each patient with the faculty attending, or b) review the patients while rounding with the faculty attending to provide direct supervised patient care. Rounds may include active assessments of patients presenting to Labor and Delivery for evaluation for labor, and rounds may be temporarily suspended to allow for any emergent deliveries or procedures in the morning.

Noon and Wednesday Afternoon Didactics

All residents on the Obstetrics Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Obstetrics topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their prenatal patients in the continuity clinic at the Family Medicine Center.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising Family Medicine and Obstetrics attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The Obstetrics Service attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Suranaree University of Technology
Family Medicine Residency
Obstetrics Curriculum

Post Graduate Year (PGY)-2/3

Rotation Overview:

The care of pregnant women and assistance with delivery remain an important part of the practice of the family physician, especially in more rural locations. In fact, given the strain routine referral of deliveries from the rural areas has put on the tertiary medical centers of the larger cities, it is vital that well trained family physicians do their part to care for pregnant women in the primary and secondary medical centers located throughout Thailand. The family physician must be proficient in caring for the pregnant patient and her unborn child including preconception counseling, prenatal care, labor and delivery, and postpartum care for mother and baby. Obstetrics is taught both longitudinally over the course of the residency through the resident caring for their own continuity patients in their clinic, as well as with focused 4 week obstetric rotations on the **Obstetrics Service** at (insert obstetrics training site) during all three years of residency. PGY2/3 residents learn under the supervision of their attending family medicine faculty physicians, as well as the various specialty consultants to their patients. They are also responsible for supervising and teaching the PGY1 residents under them.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment, and common complications of pregnancy. This is to include preconception counseling, prenatal care for normal and complicated pregnancies, management of labor and delivery, and postpartum care of both mother and baby. This must include all obstetrics complications seen in the resident's continuity and assigned patients in venues listed below under Patient Care as well as the following:

1. Placental abruption
2. Trauma in pregnancy
3. Blood factor isoimmunization
4. PIH, preeclampsia, eclampsia
5. HELLP syndrome
6. Acute fatty liver of pregnancy
7. Fetal demise
8. Pregnancy complicated by:
    i. Asthma
    ii. Pyelonephritis and renal calculi

iii. Cholelitiasis and acute cholecystitis
iv. Preexisting HTN and Diabetes
v. Thromboembolic disease
vi. Dilated cardiomyopathy

9. Labor and Delivery Complications
   i. Amniotic fluid embolism
   ii. DIC
   iii. Shoulder dystocia
   iv. Stillbirth
   v. Neonatal resuscitation
   vi. Retained placenta
   vii. Postpartum hemorrhage
10. Post-Partum Complications
   i. Thromboembolic disease
   ii. Postpartum depression
   iii. Postpartum intimate relationships, family dynamics, abuse

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation. The resident must oversee the PGY1 residents' preparation of their evidence based, educational presentations for morning report.

2) Patient Care

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused initial obstetrical history and physical exam as well as appropriate interval prenatal checkups, screen for and identify complications of pregnancy, and institute an appropriate diagnostic workup, therapeutic plan, and birth plan. During inpatient labor and delivery rotations the resident must demonstrate the ability to assess patients in the obstetrical ER for evidence of active labor or other obstetrical complications that require admission to the hospital. The resident must be able to perform and document a written comprehensive obstetrical history and physical exam on patients that are admitted to the hospital. The resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data and supervise PGY1 residents as they do the same. Resident must demonstrate ability to supervise and teach PGY1 residents as they manage obstetrical patient flow from obstetrical triage, to admission to Labor and Delivery, to postpartum after delivery, then back to home when mother and baby are ready for discharge. The resident must be able to write a brief but thorough summary of the obstetrical patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his patients especially concerning measures appropriate to the postpartum patient and her baby (i.e. birth control and family planning, continuation of prenatal vitamins, benefits of breast feeding, smoking cessation, preconception counseling prior to repeat pregnancy, screening for postpartum depression, proper follow up care).

The resident must become familiar with the indications for ordering or consulting to obtain:

1. EKG
2. Chest radiography/CT examination
3. Cardiac Stress Testing (exercise and chemical)
4. Echocardiography
5. Telemetry monitoring
6. Vascular Doppler/Ultrasound
7. MRI/MRA
8. Cardiac catheterization/angiography/stenting
9. Peripheral Vascular Angiography/Stenting
10. CABG
11. Central Venous and Peripheral Arterial Monitors
12. Electrophysiologic studies/ablation
13. Pacemaker insertion/investigation
14. Implantable cardioverter-defibrillator

The resident must demonstrate proficiency in the following procedures (as available):

1. EKG interpretation- along with clinical learning opportunities the resident is expected to obtain a copy of Dubin's *Rapid Interpretation of EKGs, Sixth Edition* and read through the entirety of it during residency. This should preferably be done during the PGY1 year.
2. Exercise Stress Test
3. Chest X-ray interpretation of cardiac disease
4. Vascular Doppler and Ultrasound examination (for interested residents)

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. They must also effectively evaluate the PGY-1 residents' performance and provide constructive feedback in a non-threatening, encouraging manner. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate and teach the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, typically home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even lifesaving medical treatment for herself, while remembering the fact that with pregnancy there are two lives that must be protected.
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Morning Report

All residents and medical students on the Obstetrics Service must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions and deliveries to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent deliveries. Each PGY1 resident on the Obstetrics Service is expected to prepare and give at least one presentation for morning report during the four week block and the PGY2 resident is expected to oversee and assist the PGY1 residents in accomplishing this.

Morning Work Rounds

As soon as morning report and check out of new admissions and deliveries is completed the Obstetrics Service team will, at the discretion of the faculty attending, either a) briefly review and update the team members ("run the list") regarding the patients on service and then physically round and see each patient with the faculty attending, or b) review the patients while rounding with the faculty attending to provide direct supervised patient care. Rounds may include active assessments of patients presenting to Labor and Delivery for evaluation for labor, and rounds may be temporarily suspended to allow for any emergent deliveries or procedures in the morning. The PGY2 resident is expected to, at the discretion of the faculty attending, direct rounds to assure they are smooth and efficient and assist in teaching the PGY1 residents.

Noon and Wednesday Afternoon Didactics

All residents on the Obstetrics Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Obstetrics topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their prenatal patients in the continuity clinic at the Family Medicine Center.

Individual Responsibilities – PGY2:

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising Family Medicine and Obstetrics attending physicians is documented according to the six ACGME competencies and six competencies of

the RCFPT via the integrated SUT FM Residency evaluation form. The Obstetrics Service attending should discuss the resident's summative evaluation in person near the end of the block rotation.

PGY2 residents must also anonymously evaluate their lower level residents via the provided evaluation form, and their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Ophthalmology Curriculum

Rotation Overview:

Ophthalmologic diseases are common problems treated by the family physician. The family physician must be proficient in caring for ophthalmologic diseases in the acute, inpatient, and outpatient settings in both adult and pediatric patients. Ophthalmology is taught in a longitudinal manner over the course of the residency in multiple venues including the outpatient continuity clinic, the emergency room, and the inpatient services. This is supplemented with one week with a local ophthalmology physician during a combination ENT/Ophthalmology/Urology four week block rotation during the resident's 2nd year.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the anatomy, pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment (both acute and chronic), and common complications of common urologic disease processes. This must include all urologic diseases seen in the resident's patients in venues listed below under Patient Care as well as the following:

1. Refractive errors
    a. Myopia
    b. Hyperopia
    c. Presbyopia
    d. Astigmatism
2. Hordeolum
3. Preseptal cellulitis
4. Orbital cellulitis
5. Dacryocystitis
6. Grave's disease
7. Chalazion
8. Entropion and ectropion
9. Ptosis
10. Blepharitis
11. Benign tumors
    a. Milia
    b. Papilloma
    c. Keratoacanthoma
    d. Nevus

    e. Dermoid
    f. Xanthelasma
12. Malignant tumors
    a. Basal cell carcinoma
    b. Squamous cell carcinoma
    c. Lymphoma
    d. Malignant melanoma
    e. Retinoblastoma
13. Conjunctivitis and keratitis
    a. Viral
    b. Herpes simplex
    c. Herpes zoster
    d. Bacterial
    e. Allergic
    f. Chemical/Contact
14. Pterygium
15. Pinguecula
16. Corneal abrasion
17. Corneal ulcers
18. Dry eyes
19. Iritis
    a. Unequal pupils
    b. Afferent pupillary defect
    c. Adie syndrome
    d. Horner syndrome
20. Cataracts
21. Glaucoma
    a. Acute-angle closure
    b. Open-angle closure
22. Central retinal vein or artery occlusion
23. Retinal detachment
24. Vitreous hemorrhage
25. Macular degeneration
26. Diabetes and Hypertension effects on eyes
27. Cranial nerve palsies
28. Trauma- Blunt and Penetrating

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) Patient Care

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused ophthalmologic history and physical exam in both men and women, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. Though mostly seen in the outpatient setting, during inpatient rotations the resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon ophthalmologic patient admission to the hospital, and a written directed history and physical exam during daily rounding on ophthalmologic patients and in response to changes in clinical status during the hospitalization. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. Resident must demonstrate ability to manage ophthalmologic patient flow from admission in the ED to discharge. Resident must be able to write a brief but thorough summary of the ophthalmologic patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine and education with his patients especially concerning risk factors and preventative measures for ophthalmologic disease (i.e. smoking cessation, control of hypertension and diabetes, UV blocking sunglasses when outdoors).

The resident must become familiar with the indications for ordering or consulting to obtain:

1. Ocular ultrasound
2. Visual field testing
3. MRI and CT of the eye
4. Fluorescein angiography

The resident must demonstrate proficiency in the following procedures (as available):

1. Fluorescein staining
2. Tonometry
3. Slit-lamp examination
4. Foreign body removal from cornea and conjunctiva
5. Hordeolum incision and drainage
6. Chalazion removal

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, cardiac rehabilitation, or nursing home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital/clinic staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Ophthalmology Rotation

The resident with be scheduled to follow and learn from a community ophthalmology physician or group. This will include seeing patients in the ophthalmologist's office for 1 week of the rotation. The resident may when available and not in conflict with the resident's continuity clinic observe any hospital/surgical procedures performed by the ophthalmology physician such as cataract surgery and Lasik laser eye surgery.

Morning Report

All residents must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Ophthalmologic cases seen on the inpatient medicine and obstetrics teams may be included in the presentations.

Morning Work Rounds

See inpatient medicine and obstetrics curriculums for responsibilities when on these rotations. Ophthalmologic patients are seen along with other internal medicine patients when on these services.

Noon and Wednesday Afternoon Didactics

All residents the resident assigned to in-hospital coverage are expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Ophthalmologic topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes patients with ophthalmologic diseases.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising ophthalmology attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The ophthalmology attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Ophthalmology residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Orthopedics and Sports Medicine Curriculum

Rotation Overview:

Musculoskeletal complaints are the second most common reason for seeking medical attention at a physician's office or Emergency room. Treatment of musculoskeletal and sports related diseases is a vital aspect of the job of a family medicine physician. Whether in the clinic, urgent care, emergency room, or as the team physician on the side lines of a sporting event the family physician must be knowledgeable about the care of the common and important diseases they will encounter of the musculoskeletal system. Orthopedics and Sports Medicine is taught primarily in two 4-week block rotations scheduled during the 1st and 2nd year with a community orthopedic surgeon. The resident will attend clinic with the orthopedic surgeon as well as assist in surgeries and other procedures such as joint reduction, casting, splinting, and injections as available. Time will also be scheduled in the SUT sports medicine clinic as well as shadowing physicians during local sporting events. The resident will also get experience with emergency management of orthopedic injuries during their Emergency Medicine rotations.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, and appropriate patient selection for common musculoskeletal and sports related problems. This must include all such knowledge and conditions relative to patients cared for by the resident in the venues listed below under Patient Care as well as the following:

General Orthopedic Problems:

1. Joint pain, swelling, and erythema
2. Muscular pain, swelling, and injury
3. Musculoskeletal trauma
4. Fractures
5. Dislocations
6. Tendinopathy
7. Tendon rupture (partial and complete)
8. Costochondritis
9. Labral and meniscal tears
10. Synovial cysts
11. Osteoarthritis and crystalline-induced arthritis (e.g. gout, pseudogout)
12. Foot conditions

    a. Hallux valgus
    b. Plantar fasciitis
    c. Metatarsalgia
    d. Morton neuroma
13. Nerve injuries
14. Bone and joint deformities
15. Bone and joint infections, osteomyelitis, septic joint
16. Metabolic bone disease
17. Musculoskeletal congenital anomalies
18. Musculoskeletal birth injuries
19. Compartment syndrome
20. Avascular necrosis
21. Osteoporosis
22. Overuse syndromes
23. Back pain syndromes
24. Rheumatologic disorders

Sports Medicine Specific Problems:

1. Injury prevention
    a. Discouraging use of improper techniques
    b. Proper equipment, fit, and maintenance
    c. Taping, strapping, and bracing techniques
2. Conditioning and training techniques, principles of aerobic and resistance training
3. Appropriate exercise prescription for:
    a. Healthy persons of all ages and sex
    b. Patients with chronic illnesses such as diabetes and asthma
    c. Pregnant women
    d. Physically or mentally challenged athletes
    e. Patients with cardiovascular conditions, especially hypertrophic cardiomyopathy
4. Appropriate on-field assessment and transport of acutely injured athletes, including:
    a. Suspected cervical spine injury
    b. Suspected concussion
    c. Severe fractures and dislocations
    d. Return to play decision-making
5. Rehabilitation
    a. Physical Therapy
        i. Cold, heat
        ii. Ultrasound and phonophoresis
        iii. Exercises
        iv. Electrical stimulation and iontophoresis
    b. Occupational therapy
    c. Complementary modalities (e.g. osteopathic manipulative therapy [OMT], massage, acupuncture)
    d. Psychosocial aspects of trauma

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) **Patient Care**

In the game sideline, acute/emergency or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused history and physical exam in the musculoskeletal patient, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. During inpatient rotations the resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon the orthopedic patient admission to the hospital or day surgery, and a written directed history and physical exam during daily rounding both pre and postop. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data and perform a proper surgical risk evaluation to determine appropriateness of orthopedic surgery. Resident must demonstrate ability to coordinate ambulatory, inpatient, and institutional care across health care providers, institutions, and agencies. Resident must be able to write a brief but thorough summary of the post-orthopedic surgery patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine with his patients especially concerning measures to prevent postoperative complications (i.e. proper rehab/physical therapy), as well as prevent injury in the healthy athlete.

The resident must demonstrate proficiency in the following procedures (as available, some are also addressed in the Inpatient medicine, general surgery, and emergency medicine blocks):

Procedures:

1. Joint aspiration (arthrocentesis)
2. Joint injection
3. Injections for bursitis and tendinopathy
4. Splints (upper and lower extremity)
5. Plaster and fiberglass casting
    a. Short leg
    b. Short and long arm
    c. Thumb spica
6. Dislocation reduction
    a. Simple anterior shoulder
    b. Radial head
    c. Simple posterior shoulder
    d. Phalanges
    e. Metacarpal/wrist
    f. Patella
    g. Mandible

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, and athletic trainers as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, inpatient rehabilitation, or nursing home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information

4. Understanding of competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Orthopedics and Sports Medicine Block Rotations

The resident will be scheduled to follow and learn from a community orthopedics physician or group. This will include seeing patients in the orthopedist's office, seeing and writing H&P and daily progress notes on hospitalized patients, 1st assisting with surgical procedures, and observing and performing joint reduction, splinting, casting, joint injections and other inpatient and outpatient procedures as available. Several days each block will also be scheduled in the SUT sports medicine clinic as well as experiences with a team physician at a sporting event as opportunities arise.

Morning Report

All residents on their orthopedics block rotation must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Orthopedic cases seen on the inpatient medicine team are routinely included in the presentations.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Orthopedic and sports medicine topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes patients with orthopedic and sports medicine diseases.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising orthopedic attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The orthopedic attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Orthopedic residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Continuity Pediatrics Curriculum
(Inpatient, Newborn, Outpatient)

Rotation Overview:

A vital aspect of family medicine in providing comprehensive and continuous care for entire communities is the care of the youth of the community. The well trained Family Physician must be competent to care children starting in the first few minutes of life all the way through adolescence and beyond into adulthood. Pediatrics is taught both in a dedicated PGY1 inpatient rotation as well as longitudinally throughout the residency program in the outpatient clinic, the ER rotations, as well as during the Obstetrics rotations which include care of the newborn. The inpatient pediatrics service is a 4 week rotation that provides an opportunity for residents to refine their skills in physical examination, selection and interpretation of diagnostic tests, and therapeutic prescribing during the initial and follow-up management of a variety of common diseases as well as complex and uncommon medical problems in hospitalized pediatric patients. PGY1 residents learn under the supervision of their upper level PGY2&3 residents, their attending family medicine faculty physicians, as well as the various specialty consultants to their patients.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment, and common complications of common disease processes of hospitalized children on the inpatient rotation, neonates during the obstetrics rotation, and ambulatory children in the clinic. This must include all diseases of the patients assigned to the resident in all venues as well as the following:

Neonatal/Infant (during Obstetrics Rotation)

1. Risk Factors for each gestational age
2. Transition to extra uterine environment
3. Newborn metabolic screening
4. Diagnosis and appropriate management in the newborn:
    a. Meconium-stained amniotic fluid
    b. Perinatal asphyxia
    c. Respiratory distress
    d. Cyanosis
    e. Apnea

f. Neonatal seizures
g. Neonatal Hypoglycemia
h. Evaluation of possible sepsis
i. Developmental dysplasia of the hip
j. Birth related injuries
k. Neonatal abstinence syndrome
l. Anemia
m. Rh factor and blood type incompatibility
n. Polycythemia
o. Jaundice
p. Maternal infections

Well newborn and child (in outpatient continuity clinic)

1. Proper schedule and content for examinations until adolescence
2. Proper immunization schedule
3. Anticipatory guidance
    a. Circumcision
    b. Colic
    c. Proper feeding options
    d. Developmental stages and milestones
    e. Developmental screening
    f. Effective parenting
    g. School readiness
    h. Sleep problems
    i. Media/TV exposure
4. Adolescent screening for sexual activity, risk taking behavior, depression
5. Sexual development and Tanner staging
6. Screening and preventative management:
    a. Child abuse
    b. Anemia
    c. Lead poisoning
    d. Fluoride for teeth health
    e. Hypertension
    f. Vision
    g. Injury prevention
        i. Motorized vehicles
        ii. Drowning
        iii. Poisoning
        iv. Firearms
        v. Burns and fire safety

Physical growth

1. Feeding strategies
2. Normal Growth

3. Proper food requirements
4. Failure to thrive- recognition and management

Sudden Infant Death Syndrome (SIDS)

Psychological disorders- recognize and manage:

1. Feeding, voiding, and defecation problems
2. Sleep disorders
3. Obsessive compulsive disorder
4. Mood disorders
5. ADHD disorders
6. Conduct disorders
7. Psychotic disorders

Developmental disabilities:

1. Developmental delay
2. Learning disorders
3. Autism spectrum

Social and ethical issues

1. Adoption
2. Divorce, separation, death
3. Family violence, drug and alcohol abuse
4. Child abuse
5. Nontraditional families

Medical Problems of infants and children:

1. Allergic
    a. Anaphylaxis
2. Inflammatory rheumatologic diseases
    a. Juvenile idiopathic arthritis
    b. Vasculitis syndromes
    c. Kawasaki disease
    d. Henoch-Schonlein purpura
    e. Rheumatic fever
3. Renal and urologic
    a. Glomerulonephritis
    b. Hematuria and proteinuria
    c. UTI- simple and complex, pyelonephritis
    d. Vesicoureteral reflux
    e. Hypospadias and other external GU malformations
    f. Enuresis
    g. Undescended testis

h. Hydrocele
i. Phimosis and foreskin adhesions

4. Endocrine/metabolic
    a. Thyroid disorders
    b. Diabetes mellitus, type 1 and type 2
    c. Premature or delayed puberty, thelarche, menarche
5. Neurologic problems
    a. Seizures disorders- febrile and epilepsy
    b. Headache
    c. Syncope
    d. Cerebral palsy
    e. Tics and movement disorders
    f. Altered mental status
6. Common skin problems
    a. Atopic dermatitis, eczema
    b. Viral exanthems
    c. Bites and stings
    d. Bacterial and fungal infections
    e. Parasites- lice, scabies, bed bugs, etc.
    f. Diaper rash
    g. Acne
    h. Urticaria
    i. Erythema multiforme
    j. Burns
    k. Normal newborn rashes (neonatal acne, nevus flammius, etc)
7. Musculoskeletal problems
    a. Clubfoot
    b. Developmental dysplasia of the hip
    c. Rotational problems and gait abnormalities
    d. Scoliosis
    e. Aseptic necrosis of the femoral head
    f. Slipped capital femoral epiphysis
    g. Nursemaid's elbow
    h. Common sprains, dislocations, and fractures
    i. Limping differential
    j. Apophysitis (Osgood Schlatter's and Sever Disease)
    k. Pre-participation Athletic Evaluation
    l. Sports injury rehab
8. Gastrointestinal problems
    a. Gastroenteritis (bacterial, viral, and parasitic)
    b. Chronic diarrhea
    c. Constipation and encopresis
    d. Hepatitis
    e. Gastroesophageal reflux

f. Food intolerance and malabsorption
g. Pyloric Stenosis
h. Intussusception
i. Recurrent and chronic abdominal pain
j. Hernia
k. Inflammatory bowel disease
l. Celiac disease
m. Appendicitis
n. Pancreatitis
o. Cholecystitis
p. Bilious emesis
q. Hematemesis
r. Hematochezia
s. Jaundice

9. Cardiovascular problems
    a. Congenital heart disease and valvular disease
    b. Hearth murmurs
    c. Chest pain
    d. Hypertension
    e. Syncope
10. Respiratory tract problems
    a. Viral upper respiratory tract infections
    b. Reactive airway disease and asthma
    c. Cystic fibrosis?
    d. Bronchiolitis
    e. Foreign body aspiration
    f. Pneumonia
    g. Pertussis
    h. Tonsillitis, pharyngitis, sinusitis
    i. Epiglottitis
    j. Croup
    k. Epistaxis
    l. Bacterial tracheitis
    m. Obstructive sleep apnea
    n. ALTE's (apparent life threatening events, blue spells)
11. Ear problems
    a. Otitis media
    b. Otitis externa
    c. Hearing loss
12. Eye problems
    a. Amblyopia
    b. Strabismus
    c. Lacrimal duct stenosis
    d. Decreased visual acuity

e. Conjunctivitis
f. Red eye
g. Congenital cataracts
h. Coloboma

13. Other serious infections
    a. Fever in the child <60, <90 days old
    b. Fever without a source (90 days to 3 years old)
    c. Fever of unknown origin
    d. Sepsis
    e. Meningitis and encephalitis
    f. Invasive streptococcal and staphylococcal disease
    g. Osteomyelitis
    h. HIV
14. Lymphatic problems
    a. Reactive lymphadenopathy
    b. Cervical adenitis
15. Childhood malignancies
    a. Lymphoma
    b. Neuroblastoma
    c. Wilms' tumor
    d. Leukemia
16. Hematologic Problems
    a. Anemia
    b. Hemoglobinopathies (thalassemia and sickle cell)
    c. Thrombocytopenia
    d. Bleeding diathesis
    e. Thrombophilias

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities. The resident must research and present an evidence based, educational presentation at least once during the inpatient pediatrics rotation for one of the morning reports.

2) Patient Care

The resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon each assigned patient admission to the hospital or newborn nursery, and a written directed history and physical exam during daily rounding on assigned patients and in response to changes in clinical status during the hospitalization. The resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. The resident must demonstrate ability to manage patient flow from admission in the ED or L&D to discharge. The resident must be able to write a brief but thorough summary of the patient's hospital care at the time of discharge from the hospital. In addition to management of their patients' primary medical problems the

resident must address preventative medicine (i.e. flu and pneumonia vaccination, follow up well child exams, etc.) and counseling (asthma education, normal newborn care, etc.) as appropriate.

The resident must demonstrate proficiency in the following procedures (as available):

Neonatal Nursery:

1. Apgar scoring
2. Neonatal and Pediatric Resuscitation
3. Ballard score
4. Circumcision
5. Frenotomy for ankyloglossia in the newborn

Outpatient Clinic:

1. Pneumatic otoscopy and tympanograms
2. Suturing of lacerations
3. Splint and cast application and removal
4. Nail removal
5. Incision and drainage of superficial abscess
6. Cerumen and foreign body removal from external ear canal

Inpatient/Emergency Room:

1. Vascular access (emergency and elective)
2. Lumbar puncture
3. Intraosseous line placement
4. Conscious sedation

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and guardians and communicating the patient's and guardian's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes on the patients under his or her care.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic

resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, other physicians in the ED and inpatient settings, as well as community physicians for follow up as an outpatient. The resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, rehab, or nursing home.

6) Professionalism

The resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of a competent patients' rights to refuse even lifesaving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willingness acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Morning Report

All residents and medical students on the Pediatric Inpatient Service must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Each PGY1 resident on the Pediatric Inpatient Service is expected to prepare and give at least one presentation for morning report during the four week block.

Morning Work Rounds

As soon as morning report and check out of new admissions is completed the Family Medicine Service team will, at the discretion of the faculty attending, either a) briefly review and update the team members ("run the list") regarding the patients on service and then physically round and see each patient with the faculty attending, or b) review the patients while rounding with the faculty attending to provide direct supervised patient care.

Noon and Wednesday Afternoon Didactics

All residents on the Family Medicine Service except the resident assigned to in-hospital coverage is expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled.

Family Medicine Center Clinic

Residents will continue to attend their patients as scheduled in the Family Medicine Center.

Individual Inpatient Responsibilities - PGY1:

- Assigned 5 to 10 patients per day
- Round on each assigned patient and write a progress note to be left on the chart prior to morning report
- Assist the upper level resident in supervising and teaching medical students on the service
- Be able to give a brief verbal update on each assigned patient to the FM Service team and attending physician at morning checkout and/or work rounds, and at evening checkout with the night team/resident.
- Be present at 5:30 PM for evening checkout with the night team/resident.
- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of PGY1 residents is by direct observation by their supervising faculty attending physicians and upper level residents and is documented according to the six ACGME competencies and

six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The faculty attending should discuss the resident's summative evaluation in person near the end of the block rotation.

PGY1 residents must also anonymously evaluate their upper level residents via the provided evaluation form for each rotation.

Suranaree University of Technology
Family Medicine Residency
Urology Curriculum

Rotation Overview:

Urologic diseases are common problems treated by the family physician. The family physician must be proficient in caring for Urologic diseases in the acute, inpatient, and outpatient settings in both adult and pediatric patients. Urology is taught in a longitudinal manner over the course of the residency in multiple venues including the outpatient continuity clinic, the emergency room, and the inpatient services. This is supplemented with one week with a local urology physician during a combination ENT/Ophthalmology/Urology four week block rotation during the resident's 2nd year.

Rotational Goals and Objectives:

Each resident is expected to become competent in each of the six competencies as defined by the ACGME as follows:

1) Medical Knowledge

The resident must demonstrate comprehensive knowledge of the pathophysiology, clinical signs and symptoms, diagnostic tests, appropriate treatment (both acute and chronic), and common complications of common urologic disease processes. This must include all urologic diseases seen in the resident's patients in venues listed below under Patient Care as well as the following:

1. Normal growth and development of the male and female urogenital tract
2. Tanner staging
3. Sexual transmitted infections (STIs)
4. Benign prostatic hyperplasia (BPH)
5. Incontinence
6. Urinary retention
7. Male infertility
8. Congenital issues (hypospadias, ambiguous genitalia, etc)
9. Hypogonadism
10. Prostatitis (STI and non-STI, acute and chronic)
11. Neoplastic disease (testicular, prostate, bladder)
12. Nephrolithiasis
13. Erectile dysfunction
14. Ejaculatory dysfunction
15. Libido problems
16. Interstitial cystitis

The resident must attend all daily morning report, noon, and Wednesday afternoon didactic activities when not on an away rotation.

2) Patient Care

In the acute or outpatient clinic setting the resident must demonstrate the ability to perform an appropriately focused genitourinary history and physical exam in both men and women, determine an appropriate differential diagnosis, and institute an appropriate diagnostic workup and therapeutic plan. Though mostly seen in the outpatient setting, during inpatient rotations the resident must demonstrate ability to perform and document a written comprehensive history and physical exam upon urologic patient admission to the hospital, and a written directed history and physical exam during daily rounding on urologic patients and in response to changes in clinical status during the hospitalization. Resident must demonstrate the ability to make the appropriate diagnostic and therapeutic decisions based on available data. Resident must demonstrate ability to manage urologic patient flow from admission in the ED to discharge. Resident must be able to write a brief but thorough summary of the urologic patient's hospital care at the time of discharge from the hospital. In addition the resident must address preventative medicine and education with his patients especially concerning risk factors and preventative measures for urologic disease (i.e. unprotected and risky sexual practices, MSM, HPV immunization, exercise, smoking cessation).

The resident must become familiar with the indications for ordering or consulting to obtain:

1. Cystoscopy
2. Voiding cystourethrogram (VCUG)
3. Ureteral stenting
4. Extracorporeal Shock Wave Lithotripsy (ESWL)

The resident must demonstrate proficiency in the following procedures (as available):

1. Foley catheterization of bladder (male and female)
2. Prostate exam and grading by size and character
3. Suprapubic bladder aspiration

3) Interpersonal and Communication Skills

The resident must demonstrate the ability to develop highly effective therapeutic relationships with patients and families. This is to include compassionate, active listening skills and good verbal communication skills. The resident must tailor language used to the education level of the patients and families and avoid use of medical jargon in patient encounters. The resident must act as an advocate of the patient with the medical system, translating medical terms, diagnostic results, and therapeutic decisions to the patient and communicating the patient's wishes to the rest of the medical providers and consultants. The resident must utilize the written and electronic portions of the medical record and contribute timely daily and legible written progress notes or electronic visit notes on his or her patients as the venue requires.

4) Practice-Based Learning and Improvement

The resident must demonstrate the ability to evaluate their own performance and incorporate feedback into their medical practice patterns. The resident must also demonstrate the use of electronic resources, especially point of care resources, to practice evidence based medicine and better patient care. Suggested resources include UpToDate and Elsevier's ClinicalKey which are available through the SUT web access.

5) Systems-Based Practice

The resident must demonstrate the appropriate use of consultants to assist with necessary expertise and procedures, but without passing off the responsibility to do a thorough work up and develop an appropriate differential diagnosis and plan.

The resident must demonstrate an awareness of the larger context of the healthcare system and utilize resources within our local and regional system to effectively care for their patients. This must include communication and collaboration with nursing staff, social workers, case managers, therapists, as well as other physicians in the ED, inpatient, and outpatient settings. For hospitalized patients the resident must specifically demonstrate foresight to begin discharge planning early in the hospital course so as to arrange resources for the appropriate location, be it home, cardiac rehabilitation, or nursing home.

6) Professionalism

Resident must demonstrate:

1. Respect for patients, families, colleagues, and ancillary hospital/clinic staff
2. Compassion for the suffering of patients and their loved ones
3. Maintenance of confidentiality of patient information
4. Understanding of competent patients' rights to refuse even life saving medical treatment
5. Honesty in all communications to patients, families, and medical staff
6. Willing acknowledgement of errors
7. Reliability and timeliness in carrying out assigned duties
8. Displaying initiative and leadership in caring for patients
9. Modeling of ethical integrity in all situations
10. Being able to disagree in a respectful and collegial manner
11. Dress and act in a manner that shows respect for the patients, hospital/clinic staff, and the profession of medicine. This includes adhering to the residency dress code policy as stated in the residency handbook.
12. Realizing one's personal professional boundaries and asking for assistance when appropriate.

Teaching Venues:

Urology Rotation

The resident with be scheduled to follow and learn from a community urology physician or group. This will include seeing patients in the urologist's office for 1 week of the rotation. The resident may when available and not in conflict with the resident's continuity clinic observe any hospital/surgical procedures performed by the urology physician such as transurethral prostate resection (TURP), lithotripsy, suprapubic bladder catheter placement, etc.

Morning Report

All residents must attend morning report in (insert location) from (insert time) 7:30 – 08:00 AM, Monday through Friday. Morning report will include a didactic presentation as well as presentation of new admissions to the faculty physician. This is an opportunity to develop and verbally present to peers and attending faculty the evaluation, differential diagnosis, and management plan of new admissions or recent active cases. Urology cases seen on the inpatient medicine and obstetrics teams may be included in the presentations.

Morning Work Rounds

See inpatient medicine and obstetrics curriculums for responsibilities when on these rotations. Urologic patients are seen along with other internal medicine patients when on these services.

Noon and Wednesday Afternoon Didactics

All residents the resident assigned to in-hospital coverage are expected to attend both daily noon didactics as well as Wednesday afternoon didactics held in the Family Medicine Center Conference Room with exceptions as scheduled. Urologic topics and procedure training are included on a rotational basis with other family medicine pertinent topics.

Family Medicine Center Clinic

Residents will care for their patients in the continuity clinic at the Family Medicine Center, which includes patients with urologic diseases.

Individual Responsibilities :

- Work efficiently to avoid ACGME Duty Hours violations, and notify the attending physician when there is a risk of going over the ACGME Duty Hours restrictions for any reason.
- Comply with the residency program rules and policies as stipulated in the Residency Program Handbook and other applicable policies.

Evaluation Methods:

The evaluation of residents is by direct observation by their supervising urology attending physicians is documented according to the six ACGME competencies and six competencies of the RCFPT via the integrated SUT FM Residency evaluation form. The urology attending should discuss the resident's summative evaluation in person near the end of the block rotation.

Urology residents must also evaluate their faculty attending physicians via the anonymous faculty evaluation form for each rotation.