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## UFH FAMILY MEDICINE TRAINING PROGRAM CURRICULUM GOALS AND OBJECTIVES 2013

Rotation: **Addiction Medicine**  
Faculty Administrator: **Setsuko Hosoda, MD, MPH**

### Instructions to Preceptor:

1. Review this document with the resident at the start of the rotation.
2. At the end of the rotation evaluate the resident using the attached Competency Based Evaluation Form (or contact the Residency Program to obtain access to an online evaluation forms.)

### Instructions to Resident:

1. Review this document with the preceptor at the start of the rotation.
2. Obtain the completed Competency Based Evaluation Form from the preceptor on the last day of the rotation.
3. Review the completed evaluation with your advisor.

### Instructions to Advisor:

1. Review all Competency Based Evaluation Forms at the next Trimester Evaluation.

### Rotation Schedule:

In the event that a preceptor for a rotation is on leave during the rotation, you are expected to arrange a similar clinical experience in that time slot. If no equivalent experience is available with another specialist, you should request additional Family Medicine clinic during that time. *Please consult with your advisor if this occurs.*

**Addiction medicine training and therapeutic interviewing will be a combined rotation with a sum total of 4 half days of continuity clinic required per week. If the resident is required to travel off-site for the therapeutic interviewing training, the clinic days can be completed upon return (example: trainee goes to Guangzhou for one week, then the week after would need 8 half days of clinic to catch up).**

**GOALS:** The resident will understand the natural history, variety, diagnosis, & treatment of addictive disorders.

### Patient Care

1. Perform screening, brief interventions and referral for substance use disorders.
2. Understand how to manage substance use disorders in pregnancy.
3. Facilitate inpatient and outpatient treatment for clinic and hospitalized patients
4. Understand detoxification for alcohol, sedative hypnotics, opioids and nicotine.
5. Find information on how to prescribe pharmacologic therapies when appropriate for addiction to alcohol, opioids and nicotine
6. Utilize harm reduction methods.
7. Understand treatment for drug-exposed infants.

### Medical Knowledge

1. Describe the epidemiology of addictive disorders
2. Explain the effects of drug and alcohol use in pregnancy on the fetus
3. Explain the placement criteria, and outcomes for inpatient and outpatient modes of treatment.
4. Describe common medical disorders associated with addictive disease: nutrition, liver, neurologic, sleep, & HIV/TB
5. Describe pharmacologic and non pharmacologic treatment of addiction.

**Practice-based Learning and Improvement**

1. The resident will use information technology and evidence-based medicine when available and appropriate to optimize patient care.

**Interpersonal and Communication Skills**

1. The resident will explain the effect of drug and alcohol use in pregnancy on the fetus to mothers and families

**Professionalism**

1. Demonstrate respect for patients and families
2. Demonstrate respect for the medical team.
3. Maintain patient privacy/confidentiality

**Systems-Based Practice**

1. Reflect cost-consciousness when considering diagnostic and therapeutic options.
2. Recognize presentations that warrant consultation with a specialist or other health care provider.
3. Recognize the roles of the psychiatrist, addiction medicine specialist and counselor.

## UFH FAMILY MEDICINE RESIDENCY CURRICULUM GOALS AND OBJECTIVES

Rotation: **Chronic Pain Management**  
Faculty Administrator: **Setsuko Hosoda, MD, MPH**

**GOALS:** Residents will learn to competently diagnose and treat patients with malignant and non-malignant chronic pain.

### **Required Attendance:**

**A total of 2 half-days days per week for four weeks (depending on the site, this may be an intensive experience)**

**GOALS:** The resident will understand the natural history, variety, diagnosis, & treatment of chronic non malignant pain disorders

### **Patient Care**

1. Efficiently manages chronic spinal pain, understanding the concepts of examination and therapies for Waddell signs, facet (zygapophysial) joints, discogenic pain, spinal stenosis
2. Understands the evaluation and treatment options for Complex Regional Pain Syndromes Types 1 and 2
3. Competently examines and treats myofascial pain syndromes including fibromyalgia and chronic fatigue syndromes.
4. Gives appropriate trigger point injections

### **Medical Knowledge**

1. Identifies appropriate pharmacological and non pharmacological pain therapies for chronic pain including PT, Biofeedback, cognitive behavioral therapies, TENS, acupuncture
2. Knows indications, contra indications side effects and titration recommendations for different:
  1. Opioids
  2. Anti convulsants
  3. Anti depressants
  4. Other adjuvant pain medications
3. Understands opioid abuse problems and has knowledge of how to monitor and deal with them, including tapering schedules
4. Understands the basis of EMG.s, diagnostic and therapeutic spinal injections, implantable pain technologies such as spinal cord stimulators and intra thecal pumps
5. Understand the basic neurophysiology of pain with particular reference to neuropathic pain

### **Practice-based Learning and Improvement**

1. The resident will use information technology and evidence-based medicine when available and appropriate to optimize patient care.

### **Interpersonal and Communication Skills**

1. Explains the limited role of opioids in the management of chronic non-malignant pain.

### **Professionalism**

1. Demonstrate respect for patients and families
2. Demonstrate respect for the medical team.
3. Maintain patient privacy/confidentiality

### **Systems-Based Practice**

1. Reflect cost-consciousness when considering diagnostic and therapeutic options.
2. Recognize presentations that warrant consultation with a specialist or other health care provider.
3. Recognize the roles of the pain specialist, physical therapist and counselor.

### **Resources**

1. *Pain Management for the Practicing Physician* by Irving & Wallace
2. *Pain Readings on Addiction Medicine Website:* <http://faculty.washington.edu/pgja/addiction/>
3. Web sites: [www.painconnection.com](http://www.painconnection.com) ; [www.amapinsoc.org](http://www.amapinsoc.org) ; [www.chronicpain.org](http://www.chronicpain.org) ;
4. *Managing Pain Before It Manages You* by Cauldill

## UFH FAMILY MEDICINE RESIDENCY CURRICULUM GOALS AND OBJECTIVES

Rotation: **Therapeutic Interviewing**  
Faculty Administrator: **Setsuko Hosoda, MD, MPH**

### **GOALS:**

Residents will demonstrate skilled use of careful listening, behavioral and affective observation, open and directive inquiry, psychosocial assessment and identified evidenced-based interventions during brief, routine, or extended medical interactions with patients and their families.

### **Required Attendance:**

To be determined. May be an intensive training with Dr. Al Chambers in Guangzhou or long-distance learning experience.

### **Patient Care**

1. Develops rapport with patients
2. Sets mutually negotiated agenda for the visit
3. Effectively elicits Chief Complaint & other issues
4. Integrates Electronic Medical Record into Info-gathering & recording.
5. Demonstrates non-focused interviewing skills:
  - Maintains silence
  - Appropriately uses non-verbal encouragement
  - Appropriately uses neutral utterances
  - Listen actively for 1 minute without cutting off/changing subject
6. Demonstrates focused interviewing skills:
  - Appropriately uses Echoing/Paraphrasing
  - Clarifies Questions
  - Summarizes
  - Addresses feelings and identify various affect states
  - Demonstrates competent understanding, empathy and validation
  - Demonstrates respect for, and awareness of sociocultural influences in treatment
  - Appropriately manages patients through follow-up visits and or referrals
  - Elicits patient input in the treatment plan and adjusting the plan to fit patient needs
  - Identifies strategies for coping with/handling issues
  - Uses Explanatory Model appropriately
  - Demonstrates awareness of time (indicates time available, wraps up on time)
  - Stays with difficult subject and goes deeper
  - States impressions and summarizes.
  - Asks if summary is accurate

### **Medical Knowledge**

1. Understands epidemiology, diagnosis and treatment of mood and personality disorders
2. Understands/implements identified, evidenced-based primary care psychosocial interventions
3. Demonstrates proficiency in selection, administration and interpretation of selected psychometric measures as relates to diagnosis and treatment

### **Practice-based Learning and Improvement**

1. Integrates information learned in sessions
2. Uses information technology and evidenced-based medicine when available and appropriate to optimize patient care

### **Interpersonal and Communication Skills**

1. Effectively communicates therapeutic goals to behavioral health staff.

### **Professionalism**

1. Demonstrate respect for patients and families
2. Demonstrate respect for the medical team.
3. Maintain patient privacy/confidentiality

### **Systems-Based Practice**

1. Recognize presentations that warrant consultation with a specialist or other health care provider.
2. Recognize the roles of the pain specialist, physical therapist and behavioral health.

### **Learning Objectives Required To Meet Specific Rotation Goals:**

### **Resources**

Core curriculum documents created with the assistance of Swedish Cherry Hill Family Medicine Residency in Seattle, Washington 2013.