



COMMUNITY MEDICINE

Dana Shaffer, DO, FACP
Senior Associate Dean of Clinical Affairs
515-271-1557
FAX 515-271-7049

Office for Clinical Affairs
515-271-1629
FAX 515-271-1727

*College of Osteopathic Medicine
Des Moines University – Osteopathic Medical Center
3200 Grand Avenue, Des Moines, Iowa 50312*

General Description

Selective Rotation

The rotation in Community Medicine is a selective primary care experience available to Year IV students in the College of Osteopathic Medicine. At Des Moines University, Community Medicine is defined as a primary care experience in a public health clinic, STD clinic, nonprofit underserved inner city clinic (ie. Community health center), Indian health clinic, or correctional institution (prison) medical clinic. This rotation is expected to expose the student to a cultural experience, as well as the medical needs of a population that the student will not see in middle-class American medicine and perhaps open the student's thoughts to the needs and opportunities to reach out to other segments in our society. Students will spend four continuous weeks in a structured, ambulatory experience intended to develop the student's decision-making, cognitive skills and to apply didactic material in a clinical setting.

This is **not** the same as community based medicine which is a generic term that refers to any nonuniversity based hospital or clinic.

Purpose

Clinical experiences are intended to assist the students' transition from didactics to integrated clinical evaluation, decision-making, and management of patients. In addition, the student should continue to develop skills in systematic clinical problem solving and patient management abilities, establish and reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

At the completion of this clinical rotation, the student should have reached certain broad educational goals, including:

- Continued development of systematic medical problem solving, patient management abilities, and preventative medicine strategies;
- Expanded knowledge of both communicable and non-communicable diseases;
- An understanding of the health and wellness issues of underserved and indigent patients and populations;
- Improved clinical skills, including both diagnostic and therapeutic procedures.

Students are expected to assist in the management of patients, under supervision. The student should also develop fundamental psychomotor skills by performing routine basic procedures under supervision.

Objectives

We recognize that four weeks is insufficient time to cover a comprehensive list of objectives; experience gained is dependent on the numbers of patients and types of disease entities presenting to a particular clinic. Nevertheless, certain minimum content **must** be addressed, either by clinical exposure or by didactic material to assist the student in preparing for Board examinations and other evaluations.

Objectives have been formulated with the goal of incorporating the seven Core Competencies of the Osteopathic Profession. It is assumed that appropriate increases in knowledge, skills and attitude/awareness will take place in each of these competencies. By the end of the Community Medicine clinical rotation, students will be able to:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
 - Utilize osteopathic principles and philosophy including the physical, emotional, social, psychological, economic, and environmental factors affecting the patient's health and disease.
 - Integrate the osteopathic philosophy of wellness, holistic care, and prevention in patient care.
 - Outline a plan of treatment utilizing the appropriate modality (HVLA, muscle energy, facilitated release, Still techniques, etc).
 - Carry out the treatment plan under the level of supervision available.
2. Medical Knowledge
 - Discuss in general terms, the services of the state and local health department such as:
 - o Newborn screening
 - o VFC (vaccines for children
 - o Family planning
 - o Oral health promotion
 - o WIC
 - o Lead screening and abatement
 - o Early intervention
 - Describe an understanding of the principles of prevention and control of communicable and noncommunicable diseases.
 - Identify prevalent diseases, injuries and conditions in which prevention plays a role.
 - Participate in a health care service for a special group like unwed mothers, AA, NA, etc.
 - List characteristics of a good screening test.
 - Describe the principles of behavioral change strategies (e.g. smoking cessation).
 - Recognize the impact of cultural diversity on health promotion and disease prevention issues at the individual and community level.
 - Recognize relevant laws relating to protection and promotion of public health.
 - Demonstrate some basic knowledge of patient eligibility for state health coverage such as Medicaid or HAWK-I.
 - Discuss alternative coverage available for families who are not eligible for state health coverage.
 - Discuss the protocols for routine screening and preventative medical procedures (eg. Immunizations, STD screening, TB screening, Pap smears)
 - Recognize opportunities, methods, and limitations of primary prevention of disease.
3. Patient Care
 - Collaborate with other health care professionals to provide patient-centered care and preventive services across the lifespan.
 - Collect and incorporate appropriate psychological, cultural, and family data into a patient treatment plan.
 - Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment.
 - Develop and implement a management plan for common illnesses using a focused, problem-oriented assessment.
 - Perform office-based procedures under supervision.
 - Understand the steps and strategies to control disease outbreaks.
 - Apply screening protocols based on guidelines and recommendation schedules for children and adults.
 - Recite immunization schedules for children and adults.
 - Use appropriate technology to support patient education and disease prevention strategies.
4. Interpersonal and Communication Skills

- Create and sustain therapeutic and ethical relationships with patients and families using a patient-centered approach.
 - Be able to relate to and deal with indigent and minority patients as individuals.
 - Document appropriate information for acute and continuing care in the patient record.
 - Participate in consultations and referrals to other health care professionals.
 - Understand the value of building community partnerships.
 - Demonstrate effective, respectful communication with other health care providers and clinical staff.
 - Translate epidemiologic findings and guidelines into patient recommendations for a specific disease – prevention intervention.
5. Professionalism and Ethics
 - Demonstrate respect for patients, families, and staff both inside and outside of the care facility.
 - Recognize aspects of health care in underserved and culturally diverse populations that create special barriers to health care delivery, e.g. health care beliefs, language and cultural norms.
 - Uphold regulations regarding patient confidentiality and privacy.
 - Conduct him/herself at all times in a manner consistent with a member of the medical community.
 6. Practice-Based Learning and Improvement
 - Research current evidence and incorporate it into the plan of care for patients.
 - Consider the impact of ethnicity, socioeconomic, and environment on adherence to treatment plans and lifestyle changes.
 - Remain up to date with standard clinical guidelines/pathways.
 - Understand how community health needs are determined.
 7. Systems-Based Practice
 - Describe the role and benefits of the medical home concept.
 - Understand the multiple and varied responsibilities of physicians in Community Medicine.
 - Understand the value of a team-oriented approach in current osteopathic medical practice.
 - Understand barriers to delivery of health care and recommend means of improvement.
 - Recognize the various settings in which community and “safety net” clinics provide care.
 - Be aware of methods of controlling health care costs and allocating resources that do not compromise quality of care.
 - Promote preventative efforts such as “Back to Sleep” program and others.
 - Develop an awareness of the differing healthcare needs of the incarcerated population.

Core Diseases and Topics

The student should become familiar with the following Core Diseases and Topics. It is understood that many of these Diseases and Topics are also common with other disciplines.

For each of the Core Disease and Topic areas, when appropriate the student should be able to apply osteopathic principles and practices to:

- understand the clinical presentation.
- understand incidence, etiology, and pathophysiology.
- list available therapeutic methods and specific risks, costs, and side effects of each.
- understand the natural course of the disease and the prognosis.

Core Diseases and Topics:

Alcohol and other drug abuse addiction
 Anxiety and Depression
 Asthma and obstructive pulmonary diseases
 Atherosclerotic cardiovascular diseases
 Back Pain
 Contraception
 Degenerative joint disease
 Dermatitis and other rashes
 Diabetes Mellitus, all types
 Fracture/dislocations
 Gastroenteritis
 Headache
 Immunizations, including influenza and pneumococcal

Infectious Diseases
Menstrual Disorders
Nutritional Deficiencies
Otitis
Obesity
Peptic Ulcer Disease
Pharyngitis
Prenatal and postnatal care
Screening for malignancies including GU tract
Screening for sexually transmitted diseases
Sexually transmitted disease, including HIV
Sprains, strains and other soft tissue injuries
Thyroid disorders
Tuberculosis
Urinary tract infections
Vaginitis, vulvutis

Texts and Resources

Recommended Text:

1. Paulman, Paul M.: Family Medicine Clerkship Guide. Philadelphia: Elsevier Mosby Inc.
2. Chan, Paul D.: Outpatient and Primary Care Medicine, 2008 Ed.; Current Clinical Strategies Publishing.

Additional helpful reference texts:

For specific questions in other disciplines we recommend:

Family Medicine: Current Diagnosis & Treatment in Family Medicine by South-Paul, Matheny and Lewis
Internal medicine: Harrison or Cecil, current edition
Obstetrics: Cunningham (Williams), or Copeland, current edition
Pediatrics: Nelson, current edition

Post-Rotation Evaluations

Students should receive ongoing feedback throughout the rotation, including any suggestions for improving their performance. On the last day of service, the attending physician should review with the student their performance including any concerns, criticisms, or suggestions for improvement. Within one week of the end of the rotation, the attending physician should submit the Des Moines University E*Value evaluation form on-line. If a student signature is included, the presence of the signature indicates only that the student has received a grade directly from the attending physician; it does not indicate the student's agreement with the grade received.

Assignments

Supplemental readings may be assigned to address diseases and disorders of patients seen during clinic hours. During this rotation, the student must make continuing efforts to review and understand all material listed in order to be adequately prepared for licensure examinations and College evaluations and must do so by all means available.