Portfolio Title:  
Acute

Faculty Leader:  
Arnold Goldberg, MD

Portfolio Goals
Upon completion of this portfolio, residents will be able to:

- Describe the relevant natural history, work-up, diagnosis, and management of the most common acute complaints that bring patients to their family doctor.

- Employ critical thinking when considering acute problems. “Critical thinking” involves discerning whether an acute problem is an isolated problem, or part of a larger syndrome or chronic illness; considering relevant limbs from the Clinical Hand in diagnosis and management options for that problem; and cultivating an awareness of the “cognitive traps” that get in the way of adequately doctoring in order to find ways out of them.

- Learn to think in terms of “safety nets” for the following: the illness, the patient, and the relationship between patient and doctor, and be able to articulate that safety netting to the patient, the preceptor, and to colleagues through both presentation and documentation.

Portfolio Description and Overview
Responsibility of the Faculty
The care of patients with acute problems requires not only “book knowledge” of many disease processes, but robust safety netting during encounters to ensure that concerns are elicited and addressed properly, that “terrible badness” is not missed, and that patients leave the office equipped to deal with the effects of that illness on their lives. Even patients who leave with a correct diagnosis and an adequate plan may have little chance of following through with that plan if they have not felt heard during the visit. One of our jobs is to encourage residents to identify when more safety netting is needed. Those safety nets are strongest when they take into account all limbs of the Clinical Hand, and have woven into their fabric an awareness of any biases or “cognitive traps” that have emerged during the visit. Thus, our job as teachers is to demonstrate this critical and contextual thinking, to foster residents’ opportunities to practice this thinking in real life and case-study situations, and to recognize and affirm residents’ attempts to employ these skills with their patients.
Portfolio Title: Administration and Leadership
Faculty Leaders: Jonathan Burke & Barbara Gouzouasis

Portfolio Goals: Upon completion of this portfolio, graduates will be able to engage in and effectively lead change in their future practices, to deliver care that is personal, accessible, comprehensive, and coordinated.

Specifically, graduates will:

- Apply important primary care practice models to their clinical activities, particularly, principles of the patient-centered medical home (PCMH)
- Lead effectively and encourage the development of leadership skills in others
- Demonstrate skills of management, basic finance, and quality improvement required of physician leaders in the realm of practice management
- Incorporate basic systems concepts in health policy and healthcare administration into their analysis of existing practices and policies
- Successfully engage in, and eventually lead, practice change and innovation

Portfolio Description and Overview:

Recognizing the dynamic healthcare landscape, the LVHN Family Medicine residency prepares graduates to provide excellent primary care in current and future models of care delivery. A well-accepted and promising model is the patient-centered medical home (PCMH); this model and its four pillars (accessibility, personalization, coordination, and comprehensive care) are the emphasis of this portfolio.

Through learning labs, individual activities, and feedback, residents gain conceptual understanding of leadership, administration and the patient centered medical home (PCMH). Through participation and leadership of the ongoing activities of the Continuity Care Teams—specifically, through an integrative practice development longitudinal project designed in collaboration with the team and led by the resident—each resident will apply concepts and skills while gaining practical experience in advancing their current practices as medical homes.

Residents will develop the skills and confidence that they need to be leaders of their future practices, communities, and of the healthcare system as a whole. This portfolio encourages residents to find their passion and take action, by fostering proficiency in communication and collaboration skills. This portfolio develops residents’ skills and confidence primarily via hands-on activities through which, over time and with direction, didactics, and support, residents will assume leadership roles in their continuity care teams. In their teams, residents in PGY 1 are engaged participants, in PGY 2 are preparing their projects and getting ready to lead, and in PGY 3 will be responsible for bringing their vision to fruition with the support of their team and members of their wider practice site and wider community.
Portfolio Title: Community Health and Research
Faculty Leaders: Abby Letcher and Nyann Biery

Community Health Partnership Competency Statement:
Recognizes the influence of community, culture, and the healthcare system on health and illness; builds effective relationships to improve the health of the populations we serve.

Portfolio Goals
Upon graduating from this program, residents will be able to:

- Use tools of community assessment to systematically learn about the health of the community in which they practice.
- Integrate principles of population health into their practice.
- Understand the impact of social determinants of health on their practice at individual, organizational and community levels.
- Identify and collaborate effectively with other public health and social service professionals.
- Residents will demonstrate ability to complete a scholarly project about clinical, educational or community health topic.
- Perform the 5 steps of evidence-based medicine.
- Link patients with community resources to decrease barriers to care and improve health and well-being in clinical care.

Portfolio Description and Overview:
This portfolio is designed to teach residents about Community Health and Research. There are 6 cognates that will be completed over the three years. A majority of the foundational work will take place in year one, with the application taking place in years two and three.
**Portfolio Title:** Chronic Disease Care  
**Faculty Leader:** Bob Motley, MD

**Portfolio Goals**
Upon completion of this portfolio, residents will be able to:

- Integrate the Chronic Care Model (CCM) into the care of patients and utilize it as a framework for caring for patients with chronic disease.
- Apply basic principles of pathophysiology, diagnosis and management of commonly encountered chronic conditions, using evidence-informed medicine.
- Formulate goals of care in partnership with the patient.
- Support and motivate patients in the context of a longitudinal relationship to gain insight into their chronic conditions, help them acquire the knowledge and confidence to manage fluctuations in their disease processes, preserve function and to live with confidence and hope.
- Help our patients connect with disease management support resources in our offices and communities and utilize strategies to reduce obstacles to living well with chronic disease. This includes interdisciplinary collaboration and coordination of care with community health workers, allied health professionals, advanced practice clinicians (NP’s and PA’s), hospitalists, medical and surgical specialists.
- Participate in activities that focus on interventions and outcomes for a population of chronic disease patients.
- Follow basic tenets of medical ethics and incorporate review and reflection about ethical issues into clinical practice.

**Portfolio Description and Overview**
Chronic diseases require a different approach to care. The disease process cannot be “cured”: only its course can be altered. Goals are less about cure and more about modifying the course of the disease and preserving function—not just of organs, but of people’s lives. Successful management of chronic diseases requires specific skills to be learned by patients and clinicians in partnership.

Managing chronic disease is a marathon, not a sprint. Patients and clinicians must be students of the disease—not just from the standpoint of physiology, but from the standpoint of patient outcomes that matter. Patients must be motivated to take ownership of their condition(s) and be empowered to utilize the tools and training they receive for their own self-management. Clinicians must know their patients and their conditions well enough to frame appropriate clinical questions—and the requisite skills to search out answers that can be integrated into a contextually appropriate, evidence-informed approach that patient and doctor can embrace. Patients’ environments—the people, places and things in their lives—have an impact on their ability to manage their conditions. Recognizing resources for and barriers to care, as well as strategies to reduce barriers and improve motivation, are important skills to develop (Transtheoretical Model of Change—“Stages of Change”).
Clinicians must realize that systems of care can provide better support for patients with chronic disease via a team approach. Group medical visits can be an effective model for chronic disease care. An understanding family, peer support groups and helpful community resources can help keep patients motivated. The wise resident will arrange to study some of these settings and what goes on within them. (Chronic Care Model)

Population approaches for patient panels--using disease registries, reminders for care, analyses of processes and outcomes—are necessary aspects of chronic disease care. Residents will be given multiple opportunities to work in teams and to reach out to panels of patients—not just those who come in for appointments.

The activities in the Portfolio are designed to support the development of the knowledge, attitudes and skills related to the Chronic Care Model, the practice of evidence-informed medicine and relationship-centered care. Completion of those marked with an "R" is required for successful completion of the Chronic Care Portfolio. Those with a grey shaded background are suggested selective activities to help round out the resident’s experience in the realm of Chronic Disease. The Comprehensive Assessment section at the end describes in summary format the requirements of the portfolio.
Portfolio Title: **Family Systems**  
Faculty Leader: Joanne Cohen-Katz

**Portfolio Goals**  
Upon graduation, residents will:

- Routinely assess the impact of the patient’s family system on the patient’s illness experience and disease process, using systems thinking, awareness of culture and genetics, and applying the tools of family lifecycle and genogram.
- Routinely assess the impact of the patient’s illness experience and disease process on the patient’s family system.
- Assess the impact of their own experience with their family of origin on their care of particular patients and families.
- Skillfully intervene at the family level, where appropriate, to ensure the best possible patient care outcome including in situations of family violence.
- Comfortably interview families, utilizing basic family interviewing skills, and will be able to skillfully refer families as needed for more advanced family therapy interventions and/or other social services.

**Portfolio Description and Overview:** This portfolio starts with workshops in Foundations Month and continues throughout the three years with an integration of diverse experiences such as learning labs, paired precepting experiences, self-reflective activities such as Balint, megaclinic and continuity case conference, rotation experiences (Behavioral Medicine Clinic: BMC), and facilitated family meetings. It is designed to help residents reflect on their own family systems as well as the family systems of their patients. Each year residents will produce a portfolio of documents to help integrate what they have learned: including, their own genogram and family circle updated each year, documents about the family meetings they have conducted, and written reflections of the learning experiences mentioned above.
Portfolio Title: **Hospital Medicine**
Faculty Leader: Jeff Mathieu

**Portfolio Goals:** By completing this portfolio, residents will be able to:
- Independently manage the initial assessment and treatment of an acutely ill patient in need of hospitalization.
- Help patients and their families deal with the personal and family issues that hospitalization creates.
- Coordinate the care of their hospitalized patients as empowered co-participants with specialists, hospital staff, and the patient’s medical home.
- Be able to guide patients’ use of network and community resources in ways that help them address their health needs.
- Integrate the knowledge of trajectory of disease and illness learned in the hospital setting to the care of patients in other sites, including emergency room, out patient office, nursing home, and home.

**Portfolio Description and Overview:** The core of this portfolio is the Family Medicine Service (FMS), on which residents will work throughout the three years of their residency. PGY 1 residents will spend approximately 7 weeks on FMS on 2-3 week blocks; PGY 2 and 3 residents will spend approximately 6-7 weeks each year on the FMS in one week units. They will spend an additional 4 weeks each year on Night Float on FMS. This will be assigned in 2 weeks blocks. Residents will work in a team when in the hospital under the supervision of an attending physician. The teams will consist of a faculty member and 2-4 residents, with at least one of the residents being an upper year resident. In addition to the learning experiences acquired while on FMS, a number of additional learning activities are in the portfolio. Clinical experiences include Emergency Medicine, Inpatient Pediatrics, and Newborn/Nicu experiences in the first year and Critical Care in the second year. Other learning activities include learning labs with reflective pre-assignments and assigned case discussions drawn from actual cases from the resident’s hospital experiences, self-and peer evaluation, and recording of specific clinical experiences or duties.
Portfolio Title: Maternity Care
Faculty Leader: Holly Binnig, M.D.

Portfolio Goals
Upon graduation all family medicine residents will be able to diagnose:

- Pregnancy and provide comprehensive information regarding options for care.
- Support pregnant women and their families during the family systems changes which occur during pregnancy.
- Care for pregnant women with chronic illnesses and for acute illness which occurs during pregnancy.
- Collaborate with maternity care providers to coordinate care for their pregnant patients.

Residents who choose to achieve stage 2 competency, prenatal care, will be able to:

- Provide patient-centered, comprehensive, evidence-based care for low risk pregnancies.
- Create and sustain collaborative relationships with the maternity care providers who deliver their patients.

Residents who choose to achieve stage three competency, prenatal care and deliveries will be able to:

- Provide patient centered, comprehensive, evidence-based ante-partum care for low risk deliveries.
- Create and sustain collaborative relationship with the obstetric specialists who provide back-up for urgent/emergent and surgical deliveries.

Portfolio Description and Overview
This portfolio document describes three stages of education in maternity care for family medicine residents. The three stages are cumulative. All residents will be required to complete the activities related to Stage 1: Caring for Patients who are Pregnant. In addition, residents may choose to complete Stage 2: Providing Prenatal Care, and then, in addition, may choose to complete Stage 3: Managing Deliveries. Each stage contains a number of courses that correspond to the portfolio goals, and that must be completed in order to fulfill the requirements for that stage of the portfolio. The courses have specific objectives that relate to the goals of the portfolio. Each course consists of a number of activities that must be completed in order to fulfill the requirements for that course.

A Maternity Care Committee made up of (members to be determined) will determine whether a resident has demonstrated sufficient competency in each of these stages to be able to provide independent care.

In the pages that follow, each stage of the maternity care portfolio will be described along with its specific courses and course objectives, activities to be completed, and items used to assess resident competency in each stage.
Portfolio Title: **Osteopathic Medicine and Manipulation**  
Faculty Leaders: Jon Burke, DO and Drew Keister, MD

**Portfolio Goals:** Residents who complete this portfolio will be able to:  
- Perform Osteopathic Manipulation  
- Center patients as the focus of health efforts  
- Help patients assume primary responsibility for health  
- Promote health and disease prevention  
- Practice shared decision making in all health efforts

**Physicians who practice these learnings will:**  
- Enjoy a close personal relationship with patients  
- Be especially respected by the profession  
- Experience deep personal satisfaction when applying the art  
- Know their self

**Portfolio Description and Overview:**  
Andrew Taylor Still, MD believed “Anyone can find and treat disease; only a healer can find health”. (Fall of 1892, on the founding of the first school of Osteopathy, speech to the Inaugural class. *From Still library archives, Kirksville, MO*)

Still’s simple wisdom came from his deep faith in the ability of a human to self-heal, and once successful in that art, help others heal themselves. In a sentence, this is Osteopathic Medicine. Practically speaking, if your patient suffers from sinus cephalgia, touch the head to evaluate and treat; when your patient’s health suffers from chronic illness, you must touch the soul. Yours first, then your patient’s.

This portfolio is first a journey into the “art of osteopathic manipulation”, so that you may gain a familiarity with the proper use and application of techniques that family practitioners of this art use most often. Second, it is an exploration of the “art of osteopathic healing” that is the essence of Osteopathy. The activities listed in the art of healing are also integral to other portfolios, an illustration that this residency encourages us to practice the art of healing in all our activities. The core of this portfolio is practice of Osteopathy during patient care under individual instruction in structured OMT clinics, and in continuity care with preceptors guiding your efforts. DVD’s from PCOM are available for your review in each area of manipulative technique.
Portfolio Title: Self Care
Faculty Leader: Julie Dostal, MD

**Portfolio Goals**
Graduates of the LVFPRP will use:

- Self-awareness and reflection to enhance the doctor-patient relationship and improve patient care.
- Recognize the stressors, risk factors, and common issues that threaten or diminish physician well being.
- Utilize self-assessment techniques to monitor their well-being and implement changes as needed as life circumstances change.
- Experience using a wide variety of tools to help them maintain or improve their sense of well-being.

**Portfolio Description and Overview**

*YOU* are a key and very effective component of healing. Your ability to communicate and to be in healthy relationships with your patients and colleagues are tied to your capacity to understand your own motives, emotions, and needs. Just as you would take care of a favorite garden tool, you will need to care for yourself to maintain your capacity to be an instrument of healing. The activities in this portfolio are designed to build your skills in communication, motivating change, self awareness, reflection, and self care activities. The Core activities are focused in Learning Labs, Retreats, and Wednesday morning Reflective activities. You may also choose to develop your own learning contracts to enhance and support specific self care activities. The Self Care Portfolio is unique in that it is also a Family Medicine Core Competency. As a core competency, your progress in developing Self Care skills, will be assessed in a variety of settings where you are practicing Family Medicine.

**Tools used in the Self Care Portfolio:** Johari Window, Genogram, Family Circle, Clinical Hand, Family Life Cycle, Journaling, Stages of Change, Reflective activities including Balint, Megaclinic, Continuity Cases, and Retreats, Weil Wellness self assessment scale, Clearing Process, Non-Violent Communication Skills, Crucial Conversation Skills, Mindfulness skills
Portfolio Title: Skills
Faculty Leader: Julie Dostal, MD

**Portfolio Goals:** By completing this portfolio, upon graduation residents will be able to:

- Competently perform all essential elements of a physical examination.
- Demonstrate the use of the clinical hand, RCCM, ETSM, Family systems, EBM, and other relationship-centered tools as an integral part of caring for patients in the context of family medicine.
- Accurately interpret core clinical tests; including, basic radiologic, hematologic, microscopic, electro and echo cardiographic, and pulmonary function tests.
- Demonstrate effective core communication and documentation skills necessary for interaction with peers, patients, and the larger health care system.
- Incorporate counseling skills common to family medicine into patient encounters including difficult conversations, health promotion, disease prevention, crisis intervention, relationship-centered interpretation of clinical data, shared decision making, informed consent and goals of care creation.
- Use instruments, tools, and additional fundamental skills essential to their work as family physicians (IT devices, EHR, EBM data bases and clinical decision tools, microscopes, group facilitation, performance improvement initiatives, and pharmaceutical industry interaction).
- Perform dermatologic, reproductive, and musculoskeletal procedures fundamental to outpatient family practice.
- Effectively teach knowledge, skills, and attitudes to other learners including peers and students.

**Portfolio Description and Overview**
This portfolio is primarily for development of clinical, professional, and patient care skills required of all family physicians. It is largely self-directed with residents taking initiative for establishing learning goals and contracts to work through the skills listed. The activities begin with a learning lab that introduces residents to the portfolio and provides them with an opportunity to set goals around learning, demonstrating, and documenting the various skills listed in the portfolio. Some time during each skills learning lab in PGY1 year will be devoted to reviewing individual learning contracts with the portfolio leader and assessing resident progress. Practice and assessment of the majority of these skills occur during regular patient interactions and clinical experiences throughout residency. PGY2 and 3 portfolio goals and learning labs focus on more advanced technical procedural skills, integration of PGY1 skills into the context of relationship-centered medicine, and more complicated patient counseling scenarios as well as development of the skill of passing on knowledge, skills and attitudes to others. Assessment of completion of this portfolio is ultimately through direct observation of patient care activities.
Portfolio Title:  **Symptoms**  
Faculty Leader:  Sweety Jain, MD

Upon completion of this portfolio, residents will be able to:
- Incorporate clinical diagnostic reasoning skills into their patient encounters including telephone calls.
- Accurately present their patients to the preceptors/attendings/consultants.
- Document the office visit/telephone conversation accurately.
- Individualize each patient encounter (along with the symptoms), recognize and respond appropriately to unusual scenarios.

**Portfolio Description and Overview**

This portfolio is organized around a patient visit to the Continuity Care Site (hereafter referred to as CCS) It covers the resident-patient encounter, the resident-preceptor interaction and the documentation of the visit on patient charts. In essence, the portfolio enables the resident to develop skills at transforming the patient’s symptom into an accurate and meaningful presentation and ultimately into a well analyzed and organized documentation on a patient chart. It also trains the resident in the skills of interpreting symptoms over the phone and in determining the urgency for the need to address the symptoms. This is a PGY1 Portfolio, in that the content and activities described here should ideally be completed before the end of the resident’s first year.

This portfolio will help the residents to use their skills in the ‘Acute Care’ and ‘Chronic Care’ of the patients in an outpatient as well as the inpatient setting. Specific symptoms will not be addressed in this portfolio as the acute and chronic care settings will give them a venue to practice their skill set in analyzing any symptom or symptom clusters that they encounter. It will assist the interns in developing the base on which they will then build advanced skills at addressing specific symptoms through the remaining years of their residency.
Portfolio Title: **Wellness**
Faculty Leader: Susan Mathieu, MD

**Portfolio Goals**
Upon graduation from LVFMHP, graduates will be able to:

- Perform a routine health maintenance examination taking consideration for all races, sex and ages.
- Recommend appropriate screening tests based on age and sex, including cancer screening.
- Demonstrate continuity care of geriatric patients in the nursing home and CSS settings.
- Demonstrate clinical skills in dental assessment and referral in all age groups.
- Demonstrate genetic counseling skills and general understanding of the risk evaluation for genetic disease likelihood.
- Apply skills of lifestyle management to their patients including counseling and evaluation of issues of nutrition, sexuality, sleep, exercise and substance abuse.

**Portfolio Description and Overview**
The wellness portfolio is designed to enhance understanding of the preventive care aspect of Family Medicine. The curricular content of the portfolio is organized by age and stage of the family lifecycle. Within each area of wellness, a resident will experience learning through a combination of learning labs, clinical experiences, and written self assessment (eg. chart reviews). As wellness is a critical part of family care, 50% of the learning labs will occur in the PGY1 year with the remaining 50% spread evenly through PGY2 and 3. In learning to incorporate family lifecycle into wellness care, many of the learning labs lead to a natural combination with the family systems portfolio learning labs. The clinical experiences will be ample in the CCS experiences. These clinical experiences will be supplemented with rotational experiences in the PGY1 year and required selectives in the PGY2/3 years. During these experiences, residents will include written documentation of their wellness learning in this portfolio.