

## PREVENTIVE MEDICINE

### I. EDUCATIONAL PURPOSE

In 1990, the Department of HHS projected that as much as 70% of premature mortality could be linked to lifestyle alone! The USPHTF reached approximately the same conclusions. The mandate for Primary Care Internal Medicine is to focus more attention on helping patients improve their lifestyles through education and less on lab and other diagnostic tests. By using and incorporating this curriculum with their practices, residents will begin to put the patient's overall health, rather than the disease process alone, to the forefront of primary medical care.

Knowledge about disease prevention includes the basic tenet on which preventive health care stands: i.e., the natural history of disease, risk factors, accuracy of screening tests, and the data for the efficacy of clinical interventions.

Specific skills are needed for many preventive procedures. The resident needs to be aware of, and develop, the interpersonal skills to encourage behavioral change in patients (i.e. with smoking cessation) as well as the manual skills essential to good practice (i.e. breast/pelvic examination).

Attitudes and beliefs on the part of the physician and patient regarding preventive health care are foundational in determining success. The social environment of which both patients and physicians are a part also plays a role.

Organizational structure in which preventive health care is practiced often determines success no matter how well educated and motivated physicians and patients might be (i.e. if medical record keeping is disorganized or patients simply can't afford the interventions).

The recommendations of the USPHTF, A of TPM and the Preventive Health Committee of SREPCIM have been considered in formulating this curriculum. Healthy People 2000: National Health Promotion and Disease Prevention Objectives and The Guide to Clinical Preventive Services. Williams & Wilkins, Baltimore; 1989 were also used.

### II. EDUCATIONAL CONTENT

- A. Health Risk Appraisal
- B. Clinical Preventive Medicine Guidelines
- C. Preventive Cardiology: High Blood Pressure, Exercise, Tobacco & Nutrition
- D. Sex Hormones, Cardiovascular Disease, and Cancer
- E. Nutrition Assessment and Counseling
- F. Stress, Social Support, and Health
- G. Accident and Injury Prevention
- H. Prevention of Osteoporosis
- I. Prevention of Musculoskeletal Disorders
- J. Preventive Adolescents
- K. Geriatric Preventive Medicine
- L. Infectious Disease Control/AIDS
- M. Occupational Medicine/Environmental Medicine
- N. Cancer Screening

### **III. PRINCIPLE TEACHING METHODS**

The curriculum will be integrated into the spectrum of experience that composes the three year Internal Medicine Residency of Saint Luke's Medical Center/St. Vincent Charity Hospital. Those teaching environments are composed of:

- A. Bedside teaching: Ambulatory (especially residents' continuity practice), Inpatient & Community
- B. Reading, study and review of syllabus/reference material contained herein and/or self teaching (via computer based program, research projects, etc.)
- C. Lectures

### **BIBLIOGRAPHY**

Guide to Clinical Preventive Services, 2<sup>nd</sup> Edition 1996.  
(Report of the Preventive Services Task Force)