GOALS AND OBJECTIVES FOR AMBULATORY MEDICINE ROTATION

Introduction:

The ambulatory medicine rotation involves continuity clinic occurring one-half day per week. Residents will be assigned to one half-day outpatient clinic weekly during PG Year 4 and 5 and see an average of 8-10 patients per clinic. Ambulatory medicine rotation will occur while the upper level resident is rotating through MTU (inpatient medicine) at their home institution. In case where the resident happens to be rotating at another facility, the resident will be excused from rounding with his or her inpatient team, so they can attend their clinic.

Rotation Structure and Schedule:

In the outpatient general medicine clinic, the resident is expected to see an average 8-10 patients. They will follow the same panel of patients with the same Faculty member for the duration of their training. The residents are expected to attend the clinic regularly. The goal is that the residents have the opportunity to see the same patients over time supervised by the same faculty member. Each clinic visit they will see both new referrals and follow up consultations. They are expected to write progress notes for the patients they see and be involved in arranging follow up test and handling patients' questions, concerns, and pharmacy issues.

Sample Daily Schedule on Ambulatory Medicine Clinic:

7:30 am to 8:00 am: Resident attends morning report. Residents must maintain 70% mandatory attendance.

8:00 am to 1:00 pm: See patients in ambulatory general medicine clinic along with supervising attending internist.

1:00 pm to 2:00 pm: Didactic teaching session.

On-call Schedule:

The Internal Medicine resident is expected to take general medicine call as assigned to his or her MTU team.

Objectives and Core Competency:

Residents are evaluated monthly based on CAN med core competency: (1) Medical expert; (2) Communicator; (3) Collaborator; (4) Leader; (5) Health advocate; (6) Scholar; and (7) Professional.

Medical Expert:

R4-R5 residents:

By the end of the rotation, the resident will be able to:

- 1) Perform an accurate history and physical exam
- 2) Develop a prioritized differential diagnosis
- Develop an evidence-based diagnostic and therapeutic plan for common medical problems seen in GIM clinic (perform complete Healthy Adult Preventive visit; recommend appropriate

Health Maintenance Testing for Adults; Diagnose and manage complex Diabetes patients; Diagnose and Treat abnormal cholesterol levels; Diagnose and manage Hypertension; Recognize and treat Anxiety and Depression; Diagnose and manage thyroid diseases; Evaluate and recognize simple skin disorders; Diagnose and treat Upper Respiratory common respiratory disorders including obstructive and restrictive lung disease; Diagnose and manage common gastrointestinal ailments, including gastroesophageal reflux disorder, dyspepsia, lactose intolerance, celiac disease, chronic constipation).

- 4) Minimize unnecessary care including tests
- 5) Evaluate a complex medical patient in a timely manner

2. Communicator:

By the end of this rotation, the resident at all levels will be able to perform the following:

- Communicate effectively with patients and families across a broad range of socioeconomic and ethnic backgrounds.
- 2) Provide accurate, complete and timely documentation
- 3) Communicate effectively with physician colleagues at all levels

3. Collaborator:

By the end of this rotation, the resident at all levels will be able to perform the following:

- Collaborate with other members of the health care team to assure comprehensive patient care.
- 2) Effective collaboration with other members of the health care team, including nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, social workers, and providers of home health services.

4. Leader:

By the end of this rotation, the resident at all levels will be able to perform the following:

- 1) Willingness and ability to teach medical students
- 2) Acceptance of professional responsibility as the primary care physician for patients under his/her care

5. Health Advocate:

By the end of this rotation, the resident at all levels will be able to perform the following:

- 1) Appreciation of the social context of illness.
- Understand and utilize the multidisciplinary resources necessary to care optimally for clinic patients.
- Effective utilization of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.
- 4) Consideration of the cost-effectiveness of diagnostic and treatment strategies

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6. Scholar:

By the end of this rotation, the resident at all levels will be able to perform the following:

- Identify and acknowledge gaps in personal knowledge and skills in the care of ambulatory patients.
- Develop strategies for filling knowledge gaps that will benefit patients in a busy practice setting.
- 3) Engage in educational specific activities during the rotation.

7. Professional:

By the end of this rotation, the resident at all levels will be able to perform the following:

- 1) Demonstrate empathy, compassion, and a commitment to relieve pain and suffering.
- 2) Interact professionally towards patients, families, colleagues, and all members of the health care team.
- Acceptance of professional responsibility as the primary care physician for patients under his/her care.
- 4) Demonstrate proper professional attitudes with respect to attendance and punctuality.

Evaluations:

Evaluations should be done on an ongoing basis and residents should ensure they receive and provide verbal mid-rotation feedback to discuss strengths & weaknesses and ensure objectives are being met. At the end of the rotation, a written evaluation will be completed by the attending, with whom the resident spent much of their rotation. It is also expected that the residents will complete evaluations on all attendings with whom they have worked.