

Ambulatory Care Block Rotation

I. Educational Purpose

According to ACGME Guidelines for Resident Training one-third of a resident's training must be in the ambulatory care setting. The ambulatory care block rotation is an important educational experience that exposes our residents to many of the outpatient practice styles in clinics, private offices, including an exposure to non-Medicine specialties. The ambulatory care block rotation allows residents to be exposed to Psychiatry, Dermatology, Medical Ophthalmology, Office Gynecology, Otolaryngology, non-operative Orthopedics and Physical Therapy, Occupational Medicine, Rehabilitation Medicine, Urology, Allergy and Immunology, and increased exposure to private General Internal Medicine office practices. Overall, a well trained general internist needs to have a broad exposure to surgical and medical specialties in the outpatient setting.

II. Learning Venue

A. Rotation Description:

The ambulatory care block rotation is different at each level of training for PGY-1, 2, and 3.

Ambulatory Care Block Rotation for PGY-1: There will be many clinical experiences that happen in the PGY-1 ACB rotation. It is likely to require a fair amount of travel to clinical sites away from the main campus. Many of the above noted subspecialty exposures will happen during the 1-month period. In addition, the resident will be given one additional 1/2-day of continuity clinic and 1 1/2 days of additional private primary care office practice with the General Medicine faculty. Interns are expected to attend noon conference when possible and Grand Rounds on Thursday morning. Following Grand Rounds there will be a weekly meeting with the Program Director, a clinical Pharm.D., and a clinic attending to work with and conduct the best-case practice project. Please see the link to that best-case practice and improvement project (**LINK**). In addition, residents at all levels will participate in a clinical teaching module with Dr. Cronkright during this rotation where residents are videotaped interviewing patients and reviewed for teaching style and communication skills.

Ambulatory Care Block Rotation for PGY-2: This ambulatory experience is meant to expose senior residents to a multitude of outpatient Surgical, Psychiatric, and Medicine specialty outpatient practices. This will include but not necessarily be limited to Behavioral Health, Dermatology, ENT, private General Medicine clinics, STD clinic, Metabolic Stone clinic, Moderate Sedation Credentialing, Physical Therapy, Urgent Care, and Urology. In addition, residents are expected to attend noon conference and Grand Rounds when possible. Following Grand Rounds each Thursday morning there will be a best-case practice and improvement meeting with the Program Director, a clinical Pharm.D., and a clinic attending. Please see link to the best-case practice and improvement project (**Link**). In addition, all residents will be exposed to the clinical teaching module with Dr. Cronkright during that month where they will be videotaped to review interviewing, communication, and teaching skills.

Ambulatory Care Block Rotation for PGY-3: Senior residents are given autonomy in planning and scheduling their ambulatory care block rotation. Examples of previous clinical experiences in the outpatient setting over the last three years include but are not limited to Radiation Oncology, General Medicine and Primary Care, Physical Medicine Rehab and Orthopedics, Psychiatry, Adolescent and Adult Nephrology, Sleep Medicine, outpatient Cardiology, outpatient Rheumatology, and outpatient Endocrinology. Senior residents will do an additional ½ day in continuity clinic throughout their entire ambulatory care block rotation. Senior residents are expected to attend noon conference when possible and to attend Grand Rounds. Immediately following Grand Rounds the senior residents will join the other residents on the ambulatory care block rotation for the best-case practice and improvement project. In addition, senior residents will do the communication skills project with Dr. Cronkright during their month.

B. Teaching Methods:

1. Faculty Precepting

The primary teaching method will be clinical exposure to the practices as supervised by the attendings that the residents work with. In addition, it is strongly encouraged that residents do self-directed learning from the reading list on specialty topics, as this is one of the only times residents will be exposed to some of these specialties during their three years of training.

2. Recommended Reading – all available online through STATRef! in Health Sciences Library

Current Diagnosis & Treatment in Orthopedics - 3rd Ed. (2003)

Current Obstetric & Gynecologic Diagnosis & Treatment - 9th Ed. (2003)

Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology - 5th Ed. (2005)

Smith's General Urology - 16th Ed. (2004)

Therapeutic Modalities for Physical Therapists - 2nd Ed. (2002)

Griffith's 5-Minute Clinical Consult - 13th Ed. (2005)

Medical Immunology – 10th edition (2001)

III. Method of Evaluation:

Residents are expected to attend all assigned rotations and any absence because of illness or scheduling conflict needs to be approved through the Chief Residents on call. The residents are expected to be professional in both their appearance and their demeanor at community clinical sites, as they are a reflection of our training program. Residents will be asked to evaluate all of their educational experiences during the ambulatory care block rotation. In addition, any rotation where the resident spends a substantive amount of time with a particular attending there will be an E*Value competency evaluation filled out.

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