

## General Internal Medicine Ambulatory Continuity Clinic

The General Medicine Continuity Clinic experience is a ½-day clinic per week for all residents except during vacation, ICU rotations, and night float. Residents will be assigned to receive their three years of ambulatory continuity experience at either the Veterans Hospital or at UHCC.

### I. Educational Purpose

General internists should acquire the knowledge and skills necessary to evaluate and manage a variety of outpatient medical complaints and conditions. It is important to acquire the skills of patient and family interview, physical exam skills, psychosocial issues, lab and other diagnostic studies. The Continuity experience offers residents the opportunity to longitudinally manage chronic diseases as well as addressing acute ambulatory issues. An attending from the Department of Medicine will provide onsite supervision of residents at all continuity sessions.

### II. Learning Venue

#### A. Rotation Description:

Residents will be assigned to receive their three years of ambulatory continuity experience at either the Veterans Hospital or at UHCC. Adult Medicine is the largest practice at UHCC, a hospital-based multidisciplinary ambulatory care center. Continuity is assured by assigning the residents to a primary care panel of patients, the same day of the week for their sessions, and to a resident care team. The team will work regularly with a small cohort of regular faculty members. **The VA clinic is similar in its set up with generally 2-4 residents being precepted by a General Internal Medicine faculty member.** The great majority of a resident's ambulatory care sessions will be scheduled to take place in the afternoons. The residents are expected to keep up-to-date on their continuity responsibilities using our online scheduling program at [www.amion.com](http://www.amion.com)

Expectations of PGY-1: The first year residents will start their ambulatory care experience with a thorough orientation of both the procedures of patient care in the outpatient setting, making referrals, appropriate documentation of the chart, and practice improvements through Plan-Do-Study-Act participation. In the first six months of the intern year all patients must be presented and physically seen and examined by the attending of record. Because of this, active mentoring and modeling will happen during this time and residents will be encouraged to develop their own practice style. The residents are strongly encouraged to view themselves as the primary care physician and to take responsibility for follow through of all patient care endeavors. Interns are expected to display appropriately increasing medical knowledge and its application to patient care, professionalism, interpersonal and communication skills, and an appreciation for the complex systems that are involved in the longitudinal care of chronic diseases.

Expectations of the PGY-2: In addition to the above expectation, the second year resident will be given more autonomy in decision-making and should display increasing appreciation of ambulatory medicine topics. Over the year the second year residents will average between 4-6 patients per ½-day session. The second year residents will participate in practice improvement projects during their ambulatory care block rotation. It is expected that residents will mature in interpersonal and communication skills, professionalism, and systems based practice in the outpatient setting.

Expectations of the PGY-3: Same as the PGY-2. In addition, the senior residents may be paired with junior residents to help in continuity and to act as mentors to their junior residents, especially in the areas of interpersonal and communication skills, professionalism, patient care, and practice-based learning.

## **B. Teaching Methods:**

### 1. Faculty Precepting

All patients seen in the ambulatory care practice will be presented to faculty members. Different levels of supervision are assigned based on the opinion of the faculty preceptor and the level of training. The primary teaching mode is one-on-one individual review of all patients. The focus will be on the long-term management of chronic diseases, addressing acute issues that are relevant for the patient, and preventive health measures. The residents will be evaluated on their ability to document medication lists, appropriate drug interactions, past medical history, changes in the clinical status, and preventive health issues. The residents are also taught how to prioritize different health issues based on the urgency and relative risk of the diseases at hand.

Additional teaching in ambulatory medicine will occur in Noon Conference, where ambulatory topics are covered every year as part of core curriculum lecture series. Individual residents will periodically be asked to review topics and to find relevant articles that will be discussed with their peers in the clinic.

### 2. Recommended Reading

The broad nature of General Internal Medicine in the ambulatory setting requires constant reading from general sources including Harrison's Text Book of Internal Medicine, Up-to-date, and other general texts. In addition, the Principles of Ambulatory Medicine by Barker, Burton and Zieve is an excellent resource for principles relevant to the outpatient practice.

## **C. Mix of Diseases and Patient Characteristics:**

- Abnormal LFT's
- Anemia
- Angina
- Anticoagulation
- Arthritis
- Asthma
- Cardiac arrhythmias
- Carpal tunnel syndrome
- Chronic cough
- COPD
- Dementia
- Depression
- Anxiety
- Diabetes
- Diarrhea
- Drug abuse
- Dysphagia
- GERD
- Headache
- Heart failure
- Hematuria
- Hirsutism
- Hormone replacement
- Hypertension
- Incontinence
- Inflammatory bowel disease
- Nausea and vomiting
- Nephrolithiasis
- Obesity
- Periodic health screening
- Prostatitis
- Prosthetic hypertrophy
- Rashes
- Renal insufficiency
- SLE

- STD's
- Syncope
- Thyroid disorders
- Tobacco abuse
- Travel medicine
- Tremor
- UTI
- Vertigo

In addition, the residents should demonstrate the ability to effectively construct a plan of action for all patients. They should demonstrate effective and clear communication with patients, their caretakers, and coordinate with other members of the health care team, including, but not limited to, medical sub-specialist, behavioral health and surgical consultants, nursing staff, physical, occupational and speech therapists, social workers, and pharmacy staff.

### **III. Method of Evaluation:**

Evaluations are based on the 6 core competencies as defined by the ABIM. Biannual evaluations are completed by supervising faculty on each resident. In addition, residents are strongly encouraged to seek weekly feedback. There is also have an annual 360° evaluation where the nursing staff, receptionist staff, and case managers have an opportunity to evaluate residents in terms of their ability to work in an outpatient team system, their thoroughness with paperwork, and their overall performance with patients and staff.

### **IV. Rotation Specific Competency Objectives:**

- Medical Knowledge** – The residents will apply knowledge of basic and clinical sciences in the diagnosis and management of common medical problems. They will demonstrate the ability to critically evaluate medical information, scientific evidence, and be expected to apply that in a progressively mature fashion through the three years of training. In addition to the provided didactics on the ambulatory medical knowledge, residents are strongly encouraged to read on a regular basis, especially about diseases that they see in their ambulatory patient care practice.
- Patient Care** – The residents will be evaluated on their ability to manage common ambulatory medical problems. Important and different from the inpatient setting is to demonstrate the skill of identifying and managing chronic diseases over a long period of time and to apply appropriate disease prevention and health promotion. Intrinsic to good and efficient patient care in the outpatient setting requires developing good interviewing and communication skills with patients, physical exam skills and formulating a plan of action. The residents will also have the opportunity to perform simple office procedures, including skin biopsy, incision and drainage, and joint injection. It is also a place where routine GYN exams and GU exams are learned. The residents must demonstrate a commitment to compassion and appropriate care for each individual patient, whether it is for the promotion of health, prevention of illness, the treatment of disease, or at-the-end-of-life care.
- Interpersonal and Communication Skills** – The residents will learn interviewing skills and improve their ability to communicate with a broad cross section of the population with differing socioeconomic backgrounds, cultural or religious backgrounds, and different ethnicities. The residents are expected to effectively communicate with patients and families, to communicate with a wide variety of other health care professionals for the benefit of patient care, and be able to articulate the important issues and the treatment strategy to the supervising attending of record.
- Professionalism** – Unlike the inpatient rotations where interactions with patients are often for a brief time, the Ambulatory Continuity Clinic offers residents the ability to get to know their patients on a much more personal level, and this is often one of the most rewarding parts of a resident's training. It is important that residents at all times exhibit professionalism. This is defined and measured by neat attire, developing appropriate boundaries during patient interviewing and applying appropriate cultural standards for modesty during physical exam. Other important aspects of professionalism include confidentiality, scientific and academic integrity, and informed consent in the care of ambulatory patients. The residents should demonstrate respect and compassion for patients, their family, and caretakers. It is of utmost importance that residents also demonstrate sensitivity to intolerance of differences in gender, age, culture, religion, sexual preference, socioeconomic status, behaviors and disabilities of patients' beliefs, their families and caretakers and professional colleagues.

- E. **Practice Based Learning and Improvement** – The residents are expected to continue to use evidence-based medicine and solutions and apply that to patient care. In addition, all residents will participate in quality improvement projects during their ambulatory care block. The residents should be willing to learn from mistakes and to use these in the improvement of future practices.
- F. **Systems Based Practice** – The residents will often describe frustrations of collecting data, documenting patient care information, organizing results, and coordinating care in the outpatient setting because it happens longitudinally over a long period of time. Resident suggestions for improvement are encouraged ad hoc or thru the Clinic Resident Liaison Committee that meets biannually. The residents are expected to gain an ability to work with the care delivery team, including social workers, case managers, nurse practitioners, office nurses, and staff.

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