

Department of Medicine

Internal Medicine Residency Program Rotation Curriculum

I. Rotation Sites and Supervision

Rotation Name: AMBULATORY CLINIC at UCI

Site	Faculty Supervisor	Administrator	Phone
UCI	Bavani Nadeswaran, MD	Mary Ezzat	714-456-7542

Faculty participating in the rotation

Continuity clinic supervision:

Bavani Nadeswaran
Lan Nguyen
Martha Sosa-Johnson
Maryam Rahimi
Meera Sohail
Bobby Sasson

II. Description of Rotation /Educational Experience

Ambulatory care rotation is a core requirement for first and second year residents in internal medicine residency training. Residents spend their entire time during this rotation in the outpatient clinics. The rotation is designed to provide knowledge and experience to the resident in taking care of patients with common chronic diseases as well as in caring for patients with acute onset medical conditions. Residents take care of their own assigned patients and new patients to their practices. Residents will gain expertise in the common procedures usually done in the Primary Care setting. Residents will also gain insight and experience in the operational process of an outpatient clinic. Residents present every case to a faculty member who supervises their care.

Residents will attend clinic at the following different outpatient care areas:

- Continuity clinic
- Pain Clinic
- Sub- specialty clinics: Cardiology, Renal, Pulmonary etc. depending on the residents preference and as the schedule permits.

Residents will obtain experience in the following ambulatory care related areas:

- Role of Medical assistant
- Role of triage nurse
- Role of nurse manager
- Role of Consult scheduler

III. The principal teaching methods for this rotation

- Clinical teaching
- Faculty mentoring and role modeling
- Didactic lecture series on internal medicine related topics

IV. Responsibilities for PGY1 residents (interns), PGY2 & PGY3 residents and attendings on this rotation

Continuity & Same day clinic:

- Interns will see a maximum of 3 patients per half day session

Weekly time assignment:

- Continuity clinic: 3-4 half days
 - Pain Clinic : 1 half day
 - Subspecialty clinics: 1 half day
- Other (Practice operation, modules): 3 half days

V. Curricular Goals

- a. To enable residents to provide state of the art, compassionate and professional care for patients in outpatient setting through applying the latest medical knowledge.
- b. To train resident in providing longitudinal care with emphasis on prevention and health maintenance in a cost effective, patient centered way.
- c. Gain experience in coordinating patient care within the healthcare team, among different/subspecialty services, using available resources.

VI. Competency-based Objectives for the Pavilion III Ambulatory Clinic Rotation

- a. Resident will be able to develop an appropriate state of the art plan of management and treatment based on their evaluation of the patient.
- b. Resident will be familiar with all the gender & age appropriate health maintenance and prevention methods and demonstrate their use.
- c. Resident will master the usage of computer assisted reminder system for screening procedure and will treat their patients according to the current goals established by the latest guidelines.
- d. Resident will be able to identify the appropriate level of care for a given patient, evaluate the need for referral to subspecialty service and make the appropriate referral if needed.
- e. Resident will be able to work together with other services developing interdisciplinary approach on a patient centered way.
- f. Resident will be able to appropriately and effectively educate patients about their health problems and needed health maintenance.
- g. Resident will be able to access and apply evidence bases recourses in patient care.
- h. Resident will be able to demonstrate appropriate professionalism and humanistic approach to the patient.
- i. Resident will be familiar with the operational processes of the clinic: to write appropriate notes and select encounter information, knowing the scheduling process, be able to adequately utilize ancillary services.

VII. Level of Responsibility

- a. Resident is responsible for the initial evaluation of each patient, performing a case appropriate physical exam and developing an appropriate diagnostic and treatment plan and presenting the case to the assigned faculty.
- b. Residents are responsible to write adequate electronic note (QUEST) for each clinical encounter in a comprehensive and timely manner (closing note by the end of the clinic day) and send their note to the supervising faculty member for co-signature.
- c. Residents are responsible to address all the active clinical reminders, ordering the appropriate health maintenance and screening procedures for the patients.
- d. Residents are responsible to order/fill patients medication and to make sure patient has enough supply until the next visit.
- e. Residents are responsible to follow up and take action on all abnormal laboratory values and imaging needing attention by checking their view alerts in a timely manner.
- f. Resident should take full responsibility in the care of their assigned patients.
- g. Residents are to respond to all pages from clinics in a promptly manner.
- h. Resident should attend all conferences along their continuity clinic training.

VII. Teaching Methods

a. Practice Based Learning

1. Self- directed, case based learning

Residents must take initiative for self-learning and problem-solving and demonstrate the ability to investigate and evaluate their care of patients. Residents must be able to locate, appraise and utilize evidence from scientific studies, and to continuously improve patient care based on self-evaluation.

2. Case based teaching

Residents will participate in case based discussion prompted by their presentation to the faculty.

3. Feedback based teaching

- a. Resident will be given feedback on a case by case basis every week.
- b. Resident must be able to incorporate formative evaluation feedback into daily practice.

4. Conferences

Residents are required to participate in teaching conferences on a weekly basis.

b. Systems Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

1. Residents must be able to incorporate considerations of cost awareness and risk-benefit analysis in patient care.
2. Resident must advocate for quality patient care and optimal patient care systems.

VIII. Specific Topics Addressed in the Curriculum

Refer to Ambulatory Mini-Lecture Curriculum on the residency website for additional details and instructions

- a. Management of common chronic diseases:
 - Diabetes mellitus
 - Coronary artery disease
 - Heart failure: systolic & diastolic
 - Hypertension
 - Hypercholesterolemia
 - Acute and chronic kidney failure
 - Liver failure
 - Obesity
 - Degenerative joint disease
 - Osteoporosis
 - Chronic anticoagulation
 - Benign prostate hypertrophy
 - Anemia
- b. Management of common acute conditions:
 - Urinary tract infection
 - Upper respiratory tract infection: bronchitis/pneumonia
 - Conjunctivitis
 - Acute musculoskeletal symptoms
 - Otitis media and externa
 - Sinusitis – viral/bacterial/allergic
 - Skin rashes/allergic reaction
 - Deep venous thrombosis
 - Acute GI bleed
- c. Health maintenance and screening procedures – age and gender appropriate
- d. Operation of the clinic, business of medicine

IX. Diagnostic Skills and Procedures

As needed for providing care in medicine continuity clinic.

X. Evaluation Tools

- a. Direct observation
- b. Feedback given by supervising faculty on a weekly basis
- c. Faculty evaluation
- d. Number of performance measure met/ unmet
- e. Patient satisfaction surveys
- f. Ancillary staff evaluation

XI. Competencies & Assessment Method (Residents)

Evaluation Method	Direct Observation	Report or Presentation	E-note review	Performance measures	Compliance with follow ups
Competency					
Patient Care	X	X	X	X	X
Medical Knowledge	X	X	X		X
Practice-based Learning	X	X	X		

Communication Skills	X	X			
Professionalism	X	X	X	X	
Systems-based Practice	X	X	X	X	X
Teaching Skills	X	X		X	

XII. Assessment Method (Program Evaluation)

Rotation and faculty evaluation form completed by the Residents.

XIII. Educational Resources

Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2009. Access these readings at

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

<http://www.accessmedicine.com/guidelines.aspx?type=1>

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

Chapters of specific relevance for this rotation are:

Chapter 1	Disease Prevention & Health Promotion [Revised April 2009]
Chapter 2	Common Symptoms
Chapter 6	Dermatologic Disorders
Chapter 7	Disorders of the Eyes & Lids
Chapter e2	Basic Genetics
Chapter 40	Clinical Genetic Disorders

A. Books

1. Harrison's Principles of Internal Medicine
2. Randol Barker: Principles of Ambulatory Medicine
3. Nobel: Textbook of Primary Care Medicine

B. Websites

1. United states preventive services taskforce : www.uspstf.org
2. Health care policy, the "access project": www.accessproject.org
3. Other – forms for calculation: hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=prof
4. National guideline clearing house : www.guideline.gov
5. Ovid medline: <http://gateway.ovid.com>

C. Guidelines

1. Hypertension: www.nhlbi.nih.gov/guidelines/hypertension/
2. Cholesterol: www.nhlbi.nih.gov/guidelines/cholesterol/
3. Cancer screening: www.ahrq.gov/clinic/uspstfix.htm

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