

Department of Medicine

Internal Medicine Residency Program Rotation Curriculum

1. Rotation Sites and Supervision

Rotation Name: **Community Based Teaching**

Site	Faculty Supervisor	Administrator	Phone
LBMCC Gottschalk Plaza	Angelica Nguyen, MD Andrew Reikes, MD	Angel Arvizu	562-933-3806 949-824-9433

2. The educational rationale for this rotation

Goal: An ambulatory rotation for senior residents with exposure to the settings and issues of general internal medicine practice.

Objectives: The PGY3 resident will demonstrate skills and personal resources necessary for the efficient and competent care of outpatients in a general internal medicine practice. These include

- Time management in a busy ambulatory practice with special emphasis on setting priorities by identifying key concerns of both patient and physician.
- Triage and evaluation of patients with recognition of those patients who will need more urgent attention.
- Communication skills related to the ambulatory visit with special emphasis on setting agendas and patient education.
- Decision analysis with regard to the cost-effective triage, strategies for prevention, and strategies for lifestyle change. The resident will demonstrate competence in strategies for behavior change especially with regard to smoking cessation, diet, and exercise.
- Utilization and QI including participation in the quality and utilization meetings of the site with regard to test ordering and other
- Team management in a busy patient-centered environment
- Medical Informatics especially with regard to point-of-care information access in the context of a busy ambulatory practice.
- Managed Care & Business of Medicine

The resident must understand and implement evidence-based learning in the outpatient setting.

The resident must have the opportunity to assume care for a panel of patients in a general internal medicine practice under the supervision of a skilled general internist.

Competency-based Objectives for the PGY3-Year Community-based Ambulatory Care Rotation

With regard to the following objectives, the resident at each level of training will demonstrate the following level of accomplishment, knowledge, skills, attitudes and attributes.

PATIENT CARE

Incomplete, inaccurate medical interviews, physical examinations, and review of other data; incompetent performance of essential procedures; fails to analyze clinical data and consider patient preferences when making medical decisions

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Superb, accurate, comprehensive medical interviews, physical examinations, review of other data, and procedural skills; always makes diagnostic and therapeutic decisions based on available evidence, sound judgment, and patient preferences

Competent to practice independently and without supervision



MEDICAL KNOWLEDGE

Limited knowledge of basic and clinical sciences; minimal interest in learning; does not understand complex relations, mechanisms of disease

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Exceptional knowledge of basic and clinical sciences; highly resourceful development of knowledge; comprehensive understanding of complex relationships, mechanisms of disease

Competent to practice independently and without supervision



PRACTICE-BASED LEARNING/IMPROVEMENT

Fails to perform self-evaluation; lacks insight, initiative; resists or ignores feedback; fails to use information technology to enhance patient care or pursue self-improvement

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Constantly evaluates own performance, incorporates feedback into improvement activities; effectively uses technology to manage information for patient care and self-improvement

Competent to practice independently and without supervision



COMMUNICATION & INTERPERSONAL SKILLS

Does not establish even minimally effective therapeutic relationships with patients and families; does not demonstrate ability to build relationships through listening, narrative or nonverbal skills; does not provide education or counseling to patients, families, or colleagues

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Establishes a highly effective therapeutic relationship with patients and families; demonstrates excellent relationship building through listening, narrative and nonverbal skills; excellent education and counseling of patients, families, and colleagues; always "inter-personally" engaged

Competent to practice independently and without supervision



PROFESSIONALISM

Lacks respect, compassion, integrity, honesty; disregards need for self- assessment; fails to acknowledge errors; does not consider needs of patients, families, colleagues; does not display responsible behavior

Always demonstrates respect, compassion, integrity, honesty; teaches/role models responsible behavior; total commitment to self- assessment; willingly acknowledges errors; always considers needs of patients

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Competent to practice independently and without supervision



SYSTEMS-BASED PRACTICE

Unable to access/mobilize outside resources; actively resists efforts to improve systems of care; does not use systematic approaches to reduce error and improve patient care

Effectively accesses/ utilizes outside resources; effectively uses systematic approaches to reduce errors and improve patient care; enthusiastically assists in developing systems' improvement

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Competent to practice independently and without supervision



TEACHING SKILLS

Does little teaching, questions in an abusive manner, does not consider the learner's level and experience, does not create an environment conducive to learning, not interested in the learner's progress, fails to recognize the learner's needs, fails to communicate expectations, does not take advantage of moments of clinical teaching opportunity, does not teach at the bedside, even when appropriate

Creates nurturing environment; uses questions to probe understanding, facilitate learning; devotes sufficient time to teaching choosing topics appropriate to learner's needs; shows interest in learner's progress; gives constructive feedback on regular basis; identifies and takes advantage of teachable moments; teaches in appropriate locations such as the classroom or bedside.

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Competent to practice independently and without supervision



ORGANIZATION

Fails to communicate expectations, does not orient team priorities, consistently late, not accessible, allows too little or too much independence, does not respect time and commitments of other team members, poorly organized, lacks attention to detail

Provides orientation to work environment & schedule; sets expectations early & applies them consistently; available & accessible; respects team members' time and responsibilities; always prompt; allows appropriate independence but available when needed; demonstrates highly developed organizational skills and systems; pays appropriate attention to detail.

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Competent to practice independently and without supervision



MEDICAL RECORDS

Medical Records

Needs Attention: Not at the expected level of proficiency or not progressing as anticipated



Proficient for current level of training and progressing as expected.



Competent to practice independently and without supervision



3. The principal teaching methods for this rotation is clinical bedside teaching. Other methods will be determined in conjunction with the supervising physician.

The experience must mimic to the extent possible the practice of a primary care physician in general internal medicine. Residents will practice in the ambulatory setting. They should see outpatients and provide comprehensive care, which will include a schedule similar to that of an internist in practice. This would include hospital rounds with their mentor, assigned patients in the outpatient suite, attendance at meetings of the medical group or hospital, especially those related to QI or UR. Other experiences could include sigmoidoscopy and treadmills.

4. The responsibilities for PGY3 residents on this rotation

The resident's only commitment to the core program for the month will be their continuity clinic, 2 half days per week. The remaining 8 half days will be at their clinical site. The resident will see patients, report patients to their preceptor and participate in the life of the practice.

Specific responsibilities and unique characteristics of each site will be presented upon arrival at the teaching venue.

The faculty mentor will orient the resident to the practice and supervise the resident and share a panel of patients. The faculty mentor should be available to the resident at all times for consultation and to see patients with the resident. The faculty mentor should help the resident identify learning issues. The faculty mentor should set aside time during each session to review learning issues and answer questions for the resident.

5. Core primary resource readings provided with the orientation packet for this rotation.

- a. Tips for communication with patients in managed care. Frohna J et al. *Seminars in Medical Practice* 2001; 4: 29-36.
- b. Soliciting the patient's agenda: have we improved?. Marvel K et al. *JAMA* 1999; 281:283-287.
- c. Physician-patient communication: a key to malpractice prevention. Editorial: Levinson W. *JAMA* 1994; 272:1619-1620.
- d. Improving patient communication in no time. Belzer E. *Family Practice Management* 1999; 6.
- e. Prevention in primary care: forging a doctor-patient relationship. Thakur N. *Primary Care Clinics in Office Practice* 2002; 29.

6. Key physical diagnosis skills

The efficient and focused exam

7. Key procedures that the resident should be able to *understand the indications* for and to *interpret*.

The resident should be able to justify any test or procedure ordered based upon the test characteristics and the prior probability of the condition being considered.

8. Key topics (no more than 10 topics)

Communication skills & patient satisfaction in Primary Care
 Adult prevention, screening and immunization
 QI structures
 Managed Care

9. Evaluation Methods

Professional competencies will be evaluated by (check all that apply)

Evaluation Method	Direct Observation & Feedback	Journal Club	Written Exam	Report or Presentation	Other (specify)
Competency					
Patient Care	X				
Medical Knowledge	X				
Practice-based Learning	X				
Communication Skills	X				
Professionalism	X				
Systems-based Practice	X				

b. Evaluation Methods

Faculty will evaluate each resident’s performance using the Competencies Evaluation Form and any special documents developed for the rotation. Faculty will provide formative, face-to-face feedback at the midpoint and end of each rotation. Evaluation forms will be submitted to the Program Director for review by the Residency Oversight Committee (ROC; competency committee).

Residents will evaluate the rotation, their faculty attending and their peers on the rotation. Rotation Evaluations will be reviewed by the ROC and transmitted to the Division Chiefs.

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