

## **SAMPLE PGY-1 Ambulatory Schedule (subject to change)**

### **INTERN AMBULATORY CARE CURRICULUM**

#### **I. Educational Purpose**

The UC Davis Intern Ambulatory Care rotation is designed to teach residents the principles of ambulatory general internal medicine, establish a core experience in Geriatric Medicine, and to allow a broad exposure to a few medical subspecialties.

#### **II. Principal Teaching Methods**

##### **A. Direct supervised patient care in clinic settings:**

Residents primarily learn through direct patient care with attending supervision in the outpatient setting. The interns will primarily evaluate the patients, obtaining histories, performing physical exams, making assessment, and then present each patient to a dedicated clinic attending for discussion and education. The interns are expected to complete documentation of clinic encounters prior by the end of the clinic session. This occurs in the following settings:

1. General Medicine Urgent Care Clinics: the interns all do several half-day (approximately 8 half-days per block) sessions in this urgent care setting. Here they see common ambulatory general medicine problems with a wide range of acuity and broad spectrum of complaints. One General Internal Medicine faculty member is assigned to this clinic. When appropriate, the interns will perform procedures under the direct supervision of the preceptor. The spectrum of this clinic also includes dedicated time slots for simple office procedures (e.g. joint injections, skin biopsies).
2. Subspecialty Clinics: Interns rotate through a few core outpatient medical subspecialty clinics (Rheumatology, Endocrinology, Pulmonary/Asthma) and nonmedicine specialty clinics (Sports Medicine, Spine Clinic, Gynecology, Occupational and Physical Therapy, Podiatry, Psychiatry).
3. Geriatrics: Interns all rotate through the UCD Geriatrics Clinic, UCD Falls Clinic (in the Department of Family Practice), and South Kaiser Geriatrics clinic, as well as doing nursing home rounds at South Kaiser and spending a day with the Kaiser home health nurses.
4. Hospice program: All of the interns spend at least one half-day with our UC Davis Hospice program, which includes home visits to hospice patients.
5. Sacramento County Clinic experience: Currently, one intern per block rotates weekly through the Sacramento County POWER Clinic. This multidisciplinary clinic provides group appointments for patients with diabetes and allows the interns to work with primary care doctors, public health nurses, pharmacists and dieticians and within one clinic.
6. Adolescent Medicine Clinic: One intern per block rotates weekly through the UC Davis Adolescent Medicine Clinic with Dr. Michael Wilkes. In addition to direct

patient care, interns are often video-taped during their patient encounters and will participate in a 4 week adolescent medicine didactic.

7. Continuity clinic: all interns continue to rotate through their continuity clinic for one half-day per week and continue to participate in the weekly pre-clinic journal clubs.

B. Ambulatory Care Seminar series:

Residents also learn through dedicated ambulatory care seminars. One half-day per week is dedicated to didactic session on common ambulatory care topics (i.e. diabetes tools and management, upper respiratory tract infections, contraception, etc). All interns on the ambulatory block meet as a group with Dr Garth Davis and Dr Tonya Fancher. This curriculum includes:

1. Evidence Based Medicine: Dr. Davis teaches a weekly 2-hour seminar on Evidence-Based Medicine, basic statistics and critical review of the literature.
2. Geriatrics Didactics: Each block includes 2 one-hour lectures on primary care geriatrics, by Dr. Calvin Hirsh, Dr. Michael Richards and the geriatrics fellows.
3. Diabetes Management: Joan Werblun, RN directs a one hour seminar on the basics of diabetes management and treatment, including introduction to the various insulin delivery devices and blood glucose delivery systems currently available.
4. Common Ambulatory Topics: Members of the General Internal Medicine Faculty (Joseph Melendres, MD; Kathryn Newell MD) supplement the series with common outpatient topics, including: URI and viral illness, dysfunctional uterine bleeding, contraceptive counseling.

C. Practice Based Learning and Improvement Project:

Journal Club: Residents will select a clinical question in which they would like to improve their practice performance. Residents will perform a literature search under the assistance of Dr. Davis or Dr. Fancher. They will then identify between two to five patients from their practice who are representative of the area of concerns and implement the change as needed. Documentation of the clinical question, their research efforts and results of the implementation in their sample population will be provided to Dr. Fancher and placed in their housestaff file. Each intern will present one or two articles during each block.

III. **Educational Goals and Objectives** (see also expectations listed below)

- A. Learn how to manage general medical illnesses in an outpatient setting. This includes diagnosis, treatment, monitoring, assessing need for hospitalization or referral, and assessment of the psychosocial aspects of medical care.
- B. Understand and experience the patient-physician relationship in the context of brief visits in the ambulatory care setting.
- C. To enable residents to have a better understanding of the depth of evaluation primary care physicians should undertake before referring for subspecialty evaluation.

- D. Learn physical examination skills for common ambulatory complaints.
- E. Learn basic outpatient procedures (joint injection and aspiration, skin biopsy).
- F. Learn principles of geriatric assessment.
- G. Learn the appropriate utilization of tests and procedures.
- H. Learn and demonstrate the humanistic treatment of patients.
- I. Learn the principles of practicing evidence based medicine.

#### IV. Educational Content

- A. Patient Characteristics: Through the experience in three different hospital systems (UC Davis, Kaiser, VA and Sacramento County), the residents care for patients with great diversity of age, gender, occupation, culture, socioeconomic status, and ethnicity.
- B. Mix of diseases: Through this broad range of outpatient experiences, the residents see a large variety of medical diseases. The most common illnesses seen include diabetes, hypertension, coronary heart disease, congestive heart failure, arthritis, obesity, depression and anxiety disorders, hyperlipidemia, abnormal uterine bleeding, osteoporosis, upper and lower respiratory infections, allergic rhinitis, peptic ulcer disease and gastroesophageal reflux disease, anemia, chronic obstructive pulmonary disease, asthma, and chronic renal failure. During the subspecialty clinics, the most common illnesses include thyroid disease, osteoporosis, hormone deficiencies and excesses, arthritides, SLE, fibromyalgia, depression, personality disorders, schizophrenia as well as a variety of sports related injuries.
- C. Procedures: Basic procedures are performed by residents in clinic, with attending supervision and feedback, as needed. These may include arthrocentesis, joint injections, thoracentesis, Pap smear, cryotherapy of skin lesions, skin biopsy, and paracentesis

#### V. Ancillary Educational Materials

- A. Computer-based resources: available for online texts, clinical guidelines, and literature searches at multiple sites in the hospital and clinics and available at <https://ucdrc.ucdmc.ucdavis.edu/servlet/CRCsignin>
- B. Textbooks are available in most clinic settings. There is a full medical library on the UC Davis Medical Center campus.
- C. Evidence-Based Medicine: Each intern is provided with a personal copy of Evidence-Based Medicine: How to Practice and Teach EBM, Second Edition 2000, by David Sackett et al.
- D. Web-based resources <http://gim.unmc.edu/dxtests/Default.htm>

#### VI. Methods of Evaluation

- A. Resident Performance: This is a difficult task for this rotation, as the housestaff do not often work with the same attending on a regular basis. The attendings base their evaluation on direct observation of patient care, on the participation in relevant

conferences, on chart audit and review, and on input from peers and clinic staff when applicable. Informal feedback is given to residents on an ongoing basis by faculty.

1. Attending overall evaluation: The attendings that supervise the residents in the urgent care setting evaluate their performance, using the online E-Value system. The evaluations are based upon core competencies of Medical Knowledge, Patient Care, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice. The evaluation is shared with the intern, is available for on-line review by the resident at their convenience and is sent to the residency office for internal review. The evaluation will be part of the interns file and will be incorporated into the semiannual review for directed resident feedback.

2. Direct observation of clinical encounter: each intern will be directly observed performing a directed history and physical during their urgent care clinics. Written and verbal feedback will be provided at the end of each encounter.

3. Office Staff evaluation: Most of the ambulatory block takes place in the UCDMC General Internal Medicine clinic space. Office staff at the general internal medicine clinics will be asked to assess resident's professionalism and interpersonal and communication skills using a form similar to the one above. Results will be forwarded to Dr. Fancher who will incorporate all comments and ratings received within four weeks of the rotation into her summative electronic resident evaluation.

- B. Practice Based Learning and Improvement: As noted above, each intern will engage in evidence based medicine practice based learning improvement project, Documentation of the clinical question, their research efforts and results of the implementation in their sample population will be provided to Dr. Fancher and placed in their housestaff file
- C. Intern Ambulatory Care Block Evaluation: At the end of this rotation, each intern completes a formal evaluation on the online E-Value system that covers all aspects of their experience, including the community primary care site, individual subspecialty clinics, fast track, and urgent care clinics.
- D. All course evaluations are reviewed by the course director, program director and associate program director regularly.

## VI. **Work Hours**

- A. During this rotations, shifts are 12 hours or less and there is no in-house call activity. The schedules are arranged so that there are greater than 10 hours between all shifts. All residents get a minimum of 1 in 7 days free from responsibilities averaged over the four week rotation. Duty hours are limited to less than 80 hours per week.

## VII. **Structure of the Rotation**

- A. Below is a sample block schedule. Generally, 4-6 interns rotate on block at any given time.
- B. Study Time: Specific study time is assigned to each intern to accommodate completion of journal clubs and assigned readings.
- C. Leave: Vacation days area typically not granted during this rotation.

D. USMLE- during the second ambulatory block, all allopathic interns will take the USMLE part 3

**SAMPLE PGY-1 Ambulatory Schedule (subject to change)**

## SAMPLE PGY-1 Ambulatory Schedule (subject to change)

### Expectations

#### COMPETENCY      EXPECTATIONS OF INTERNS BY THE END OF THE ROTATION

#### **PATIENT CARE**

History	<ul style="list-style-type: none"><li>• will personally obtain a focused and accurate history based upon the presenting complaints.</li><li>• will learn to obtain focused and appropriate past medical, family, and social histories appropriate to the presenting acute complaint.</li><li>• will use appropriate nonpatient sources of data if patient cannot give a complete history (i.e. outside physicians, outside records, patient chart review).</li></ul>
Physical Exam	<ul style="list-style-type: none"><li>• will do a focused physical exam, tailored to patient's presenting complaints and comorbid problems.</li><li>• will learn to do a focused exam for some of the more common ambulatory problems, including back pain, shoulder pain, and knee pain.</li><li>• will do an appropriate mini-mental status exam when indicated for geriatric patients.</li></ul>
Documentation	<ul style="list-style-type: none"><li>• will document concisely the history, physical, and plan for the ambulatory visit.</li><li>• Notes will be legible.</li></ul>
Clinical Judgment	<ul style="list-style-type: none"><li>• prioritizes diagnostic and therapeutic decisions based on patient's severity of illness, and proceeds in an orderly manner.</li><li>• understands limitations of knowledge and seeks assistance from supervising physicians when diagnostic or therapeutic dilemmas arise.</li></ul>
Medical Care	<ul style="list-style-type: none"><li>• addresses in a timely manner abnormal vital signs, labs, x-rays, and other tests.</li><li>• identifies all major problems</li><li>• makes appropriate arrangements for follow-up based upon presenting complaint.</li><li>• follows up on tests ordered in a timely manner</li></ul>

---

#### **MEDICAL KNOWLEDGE**

- learn the basic tenets of evidence based medicine, including sensitivity, specificity, positive predictive value, negative predictive value, absolute risk reduction, relative risk reduction, and number needed to treat.
- understand the derivation, utility, and use of likelihood ratios in medical decision making.
- understand the basic principles for evaluating the validity and results of a randomized controlled trial
- Learn the basic principles of geriatric assessment and management. Specifically understand ADLs, IADLs, appropriate medication use in geriatrics, evaluation of possible memory problems, and functional assessment.

- 
- PRACTICE-BASED LEARNING**
- Locate, appraise, and assimilate evidence from the scientific literature to answer questions about the care of patients' health problems, where appropriate.
  - Use computers to manage information and access on-line information for the care of their patients.

- 
- INTERPERSONAL & COMMUNICATION**
- Communicate with referring physicians after completing consult in subspecialty clinics. Verbally for urgent matters. Via dictated letter for nonurgent matters.
  - Educate patients on probable etiology of complaints and appropriate treatment measures. Using language appropriate to the patient and avoiding medical jargon.
  - Contact primary care physicians to appraise them of urgent or critical follow-up issues on the patients that intern has seen.

- 
- PROFESSIONALISM**
- Make a strong commitment to carrying out professional responsibilities, and thus will be reliable and committed to patient care.
  - Place care of the patient above self-interests
  - Make a commitment to excellence and ongoing improvement
  - Demonstrate sensitivity and responsiveness to patients' age, culture, gender, and disabilities.
  - Demonstrate integrity, respect, and compassion in all interactions
    - Resident shows regard for opinions and skills of professional colleagues, including non-physician personnel.
  - Resident treats team members with respect, including nurses and other nonphysician healthcare providers.

- 
- SYSTEMS-BASED PRACTICE**
- Recognize how their patient care and professional practices affect other healthcare professionals and the healthcare system
  - Recognize how types of medical practice (HMO, Medicare, Medicaid, VA) and delivery systems differ from one another.
  - Where appropriate, utilize the individual delivery systems to help improve healthcare of your patients (use healthcare case managers, non-physician providers to assess, coordinate, and improve health care).
- 

**Urgent Care Resident and Intern in GenMed Clinic – Brief Orientation**

You have your own template in the EMR under the following resource codes:

**Interns**

INTRN GENACC

**Residents**

RESID GENACC

You have an MA assigned to your room(s) while you are here. They can help out with just about anything.

See your patient and present to the urgent care/procedure clinic attending. This can be done in the room or in the conference room.

The Discharge Sheet must then be filled out and given to the patient along with the Consultation forms, radiology order sheets, nurse clinic referral sheets, psychiatry clinic referral sheets, and other forms for ordering studies. Have the patient go to the discharge desk and give all of it to the Discharge Clerk. He/She will inform the patient what to do about each of those. If this paperwork does not make it to the Discharge Clerk, then it will not be ordered.

Once you decide upon your assessment and plan, complete your note and give the completed progress note to the attending. He/she will complete their note and do the billing.

**YOU NEED TO NOTIFY THE PATIENT'S PRIMARY PHYSICIAN ABOUT THE DETAILS OF THE VISIT.** You do this by (a) leaving a voicemail for them briefly describing the visit and any nonurgent follow-up items that they will need to follow up on; or (b) copying the note and putting it in their mailbox.

**YOU ARE RESPONSIBLE FOR FOLLOWING UP ON URGENT TESTS,** such as same-day or next-day labs or x-rays (e.g. to diagnose a fracture or pneumonia). Anything where it would not be safe to delay follow-up on the test for at least a week should be followed up by you, as residents only come to clinic once per week. If this is not possible or if you have questions about it, be sure to discuss this with your attending. If you have any management questions after the clinic, you should contact the attending that you saw a given patient with. If that is not possible, call the Clinic Director (Craig Keenan, MD) at pager 762-9004, Clinic Co-Director (Garth Davis, MD) at pager 762-3242 or the Urgent Care Clinic Director (Joseph Melendres, MD) at pager 762-3169.

If you have any questions about the Urgent Care portion of your rotation, please contact Dr. Keenan or Dr. Melendres.