

Sample PGY-2 four-week Ambulatory schedule (subject to change)

PGY-2 AMBULATORY CARE CURRICULUM

I. **Educational Purpose**

The UC Davis PGY-2 Ambulatory Care rotation is designed to teach residents the principles of ambulatory general internal medicine and to allow a broad exposure to a four medical subspecialties.

II. **Principal Teaching Methods**

A. Direct patient care in clinic settings:

Residents primarily learn through direct patient care with attending supervision in the outpatient setting. Residents obtain histories, perform physical exams, make an assessment, and then present each patient to a dedicated clinic attending for discussion and education. This occurs in the following settings:

1. Subspecialty Clinics: Each resident chooses four subspecialties they want to focus on during the eight week block. The available core outpatient medical subspecialty clinics are Rheumatology, Endocrinology, Pulmonary/Asthma, Infectious Disease, Cardiology, Hematology/Oncology, Gastroenterology and Nephrology. The resident will spend two weeks rotating through the outpatient clinics within each chosen subspecialty.
2. Sacramento County Clinic experience: Residents will also rotate through Sacramento County Chest Clinic, which cares for patients with tuberculosis, as part of the Pulmonary/Asthma and Infectious Disease subspecialty rotation.
3. Continuity clinic: all residents continue to rotate through their continuity clinic for one half-day per week.

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, depression and anxiety, care of the patient with neurological disease, etc). These seminars are run jointly with the PGY-3 Ambulatory Care Seminars.

1. Common Ambulatory Topics: Members of the General Internal Medicine Faculty, Department of Psychiatry and Department of Neurology at Kaiser supplement the series with common out-patient topics, including: depression and anxiety, approach to the patient with neurological disease, etc.

C. Practice Based Learning and Improvement Projects:

1. 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. Latimore. 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. Latimore and placed in their housestaff file. Each resident will present one or two articles during each block.

2. Medical Error Case Review: A two hour seminar is included near the end of each block in which each resident discusses a case of a witnessed medical error. Written, anonymous case reports are prepared and discussed with the group. Copies are placed in their housestaff file. Darin Latimore, MD facilitates these sessions.

D. Systems Based Practice:

1. Public Health and Health Care Policy: Four hours of each block will be dedicated to the study of historical and current events in public health. Residents will be provided with reading material and will participate in a guided discussion of health insurance, health economics, federal and local policy making, systems of health care, etc.

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 the appropriate utilization of tests and procedures.
- F. Learn and demonstrate the humanistic treatment of patients.
- G. 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, and VA), 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.
- 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://ucdcrc.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. Understanding Health Policy, Second Edition by Kevin Grumbach and Bodenheimer.

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 residents file and will be incorporated into the semiannual review for directed resident feedback.

2. Direct observation of clinical encounter: Each resident is encouraged to undergo direct observation in performing a directed history and physical during their clinics. Written and verbal feedback will be provided at the end of each encounter.

3. Written Evaluations from Patients: For those residents who have a continuity clinic at Kaiser, twice yearly a random sample of their patients are mailed surveys asking the following ten questions, with additional room provided for written comments:

1. How familiar was the resident physician with your medical history?
2. How easy was the resident to talk to?
3. How well did the resident physician list and acknowledge your concerns?
4. Courtesy and respect with which the resident physician treated you?
5. Extent to which the resident explained what was being done in terms you could understand?
6. Resident physician's skill and ability.
7. Caring attitude of resident physician.
8. Amount of time resident physician spent with you.
9. Extent to which resident physician involved you in your medical decisions.

10. Extent to which your questions had been answered by the time you left your appointment.

The evaluation will be part of the residents file and will be incorporated into the semiannual review for directed resident feedback

- B. Resident Ambulatory Care Block Evaluation: At the end of this rotation, each resident 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 and urgent care clinics.
- C. 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, 3-4 residents rotate on block at any given time.
- B. Research/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. The clinics will call us if the resident does not show. Unexcused absences will be made up by extra weekend back-up shifts. If a resident MUST miss a Friday conference, they will need to fill out an unscheduled leave request and may NOT miss more than 1 conference day. Make-up assignment will be to write an upcoming pre-clinic article/journal club (and have it approved by Garth Davis).

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	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	1/17		1/18		1/19		1/20		1/21	
Resident A Rheumatology/Allergy	Kaiser Allergy	Academic Conference	UCD Rheumatology	Kaiser Rheumatology	UCD Rheumatology	Research	UCD Rheumatology	UCD Rheumatology	Ambulatory Conference	Continuity Clinic
Resident B Cardiology	VA Cardiology		UCD Cardiology	UCD Cardiology	UCD Treadmills	Research	UCD Cardiology	UCD Cardiology		Continuity Clinic
Resident C Infectious Disease	Kaiser ID Clinic		Sac County HIV clinic	Sac County HIV clinic	Kaiser ID Clinic	Kaiser ID Clinic	UCD ID Clinic	Kaiser ID Clinic		Continuity Clinic
Resident D Endocrinology	UCD Endocrinology		Research	Continuity Clinic	UCD Endocrinology	UCD Endocrinology	Kaiser Endocrinology	Kaiser Endocrinology		UCD Women's Cardiology
	1/24		1/25		1/26		1/27		1/28	
Resident A Rheumatology/Allergy	Kaiser Allergy	Academic Conference	UCD Rheumatology	Kaiser Rheumatology	UCD Rheumatology	UCD Rheumatology	UCD Rheumatology	UCD Rheumatology	Ambulatory Conference	Continuity Clinic
Resident B Cardiology	Research		UCD Cardiology	UCD Cardiology	UCD Cardiology	UCD Cardiology	UCD Cardiology	UCD Cardiology		Continuity Clinic
Resident C Infectious Disease	Kaiser ID Clinic		Sac County HIV clinic	Sac County HIV clinic	Kaiser ID Clinic	Kaiser ID Clinic	UCD ID Clinic	Kaiser ID Clinic		Continuity Clinic
Resident D Endocrinology	UCD Endocrinology		Kaiser Nuclear Endocrinology	Kaiser Nuclear Endocrinology	Kaiser Nuclear Endocrinology	UCD Endocrinology	Kaiser Endocrinology	Continuity Clinic		UCD Women's Cardiology
	1/31		2/1		2/2		2/3		2/4	
Resident A Nephrology	Research	Academic Conference	Kaiser Nephrology	VA Nephrology	Kaiser Nephrology	UCD Nephrology	Kaiser Nephrology	Kaiser Nephrology	Ambulatory Conference	Continuity Clinic
Resident B Pulmonary	UCD Pulmonary		UCD Pulmonary	Continuity Clinic	UCD Pulmonary	UCD Pulmonary	Kaiser Pulmonary	VA Pulmonary		UCD Pulmonary
Resident C Gastroenterology	Kaiser Gastro		VA Gastro	UCD Gastro	Kaiser Gastro	Kaiser Gastro	UCD Gastro	Continuity Clinic		Research
Resident D Oncology	VA Oncology		VA Oncology	VA Oncology	Kaiser Oncology	Kaiser Oncology	Kaiser Oncology	Research		Continuity Clinic
	2/7		2/8		2/9		2/10		2/11	
Resident A Nephrology	Holiday President's Day		Kaiser Nephrology	VA Nephrology	Kaiser Nephrology	UCD Nephrology	Kaiser Nephrology	Kaiser Nephrology	Ambulatory Conference	Continuity Clinic
Resident B Pulmonary			UCD Pulmonary	Continuity Clinic	UCD Pulmonary	UCD Pulmonary	Kaiser Pulmonary	VA Pulmonary		UCD Pulmonary
Resident C Gastroenterology			VA Gastro	UCD Gastro	Kaiser Gastro	Kaiser Gastro	UCD Gastro	Continuity Clinic		Research
Resident D Oncology			VA Oncology	VA Oncology	Kaiser Oncology	Kaiser Oncology	Kaiser Oncology	Kaiser Oncology		Continuity Clinic

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Expectations

COMPETENCY EXPECTATIONS OF PGY2 RESIDENTS BY THE END OF THE ROTATION

PATIENT CARE

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

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
- Is able to teach colleagues in a small group setting.

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- 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.

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- 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.

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- 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.

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- 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).
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