Ambulatory Acute/Walk-In Clinic PGY-2

AMBULATORY MEDICINE

Trainee's Name ______________________ Date _______________

I. Objectives for Ambulatory Medicine

The PGY 2 will demonstrate mastery of the objectives outlined for the PGY1 rotation AND additionally:

	Unsatisfactory			Satisfactory			Superior		
Patient Care									
• Identifies, prioritizes, and synthesizes patient's problems appropriately	1	2	3	4	5	6	7	8	9
• Appreciates and considers alternatives for diagnoses and treatment	1	2	3	4	5	6	7	8	9
• Able to independently develop and carry out management plans	1	2	3	4	5	6	7	8	9
• Orders appropriate tests and interprets results of tests and procedures properly	1	2	3	4	5	6	7	8	9
• Triages patients to appropriate location	1	2	3	4	5	6	7	8	9
Medical Knowledge									
• Commitment to Continuing Medical Education	1	2	3	4	5	6	7	8	9
• Integrates progressive knowledge in Bayesian synthesis	1	2	3	4	5	6	7	8	9
• Understands and responds to social and behavioral issues	1	2	3	4	5	6	7	8	9
Interpersonal and Communication Skills									
• Effective counseling for informed decision-making and behavior change	1	2	3	4	5	6	7	8	9
• Develop skills to communicate as a consultant	1	2	3	4	5	6	7	8	9
Practice-based Learning									
• Appreciates limitations of his/her medical knowledge and asks for help when needed	1	2	3	4	5	6	7	8	9
• Continues to seek to improve self as a physician	1	2	3	4	5	6	7	8	9
• Addresses and uses evidence from primary scientific studies to guide patient care	1	2	3	4	5	6	7	8	9
Professionalism									
• Demonstrates dedication to patient's welfare	1	2	3	4	5	6	7	8	9
• Understands ethical principles pertaining to medical care	1	2	3	4	5	6	7	8	9
• Sensitive to patient's culture, age, gender, and disabilities	1	2	3	4	5	6	7	8	9
• Contacts his/her preceptor in a timely manner if unable to make an assignment in the block rotation	1	2	3	4	5	6	7	8	9
Systems-based Practice									
• Appreciates the resources within the hospital, clinic, and community and able to mobilizes them efficiently to serve the needs of patients	1	2	3	4	5	6	7	8	9
• Shows awareness of cost and the need to be prudent in utilizing resources	1	2	3	4	5	6	7	8	9

Comments:

General

These objectives were discussed with the resident at the beginning of the rotation	☐ Yes	☐ No
The trainee has successfully achieved the above-listed objectives of this rotation.	☐ Yes	☐ No
This evaluation was discussed with the resident by the end of the rotation	☐ Yes	☐ No

Name of Attending Physician _______________________________

II. Educational Purpose of Rotations:

Educational Purpose of Rotations: Caring for outpatients differs tremendously from caring for acutely ill inpatients. The ambulatory rotations allow the residents to fine-tune their approach to outpatient evaluation of acute complaints, provide outpatient preoperative medical assessment, serve in a consultative role in selected medical and surgical subspecialty areas, and provide interim care for patients with chronic medical problems. The residents will be exposed to a wide variety of patients, problems, and settings that will, in total, serve to improve their skills as general internists.

A) Knowledge – Residents are expected to read about the patient complaints and problems that they encounter during the ambulatory block roatations. Expansion of their knowledge base in many areas is anticipated. The ambulatory block rotation is unique in providing residents with opportunities to see patients and learn in nonmedical specialty areas including gynecology, psychiatry, orthopedics/sports medicine, ENT, and ophthalmogy. Residents also see patients in community-based primary care and medical specialty practices. Medical specialty experiences during the ambulatory blocks include HIV medicine, dermatology, rheumatology, endocrinology, neurology, and allergy. These are specialty areas where many acute and chronic complaints are managed in the ambulqatory setting.

B) Skills – By pursuing clinical encounters in a variety of settings and attending didactic sessions, the residents will:

1) Develop expertise in management of acute medical problems in the ambulatory setting including appropriate use of diagnostic tests and therapies.
2) Learn to complete patient encounters in timely fashion by setting appropriate agendas for walk-in, primary care, and specialty visits.
3) Gain experience in doing preoperative risk assessments in selected outpatients undergoing elective surgeries such as cataract extractions, orthopedic procedures, and gynecologic surgery.
4) Improve communication skills.
5) Experience an effective team approach to patient care by working with attending preceptors, nurses, fellow residents, social service personnel, and clerical staff.
6) Gain an understanding of how to provide effective consultative advice in selected areas.
7) Appreciate the ingredients necessary to manage an effective office practice in primary care.

C) Attitudes – A trained internist should possess certain desirable attitudes. He/she should:

1) Value helping each patient to achieve and maintain the best attainable level of physical, mental and social functioning.
2) Value helping patients with chronic illness to live in and remain active in the community
3) Value maximizing the patient's role in dealing with his/her illness
4) Value preventing illness and promoting healthy behaviors
5) Value ambulatory care as a fundamental way to help patients
6) Value cost-effective medicine

D) Life-Long Learning Habits

1) Establish and maintain a core personal library
2) Learn to effectively utilize consultants and other ancillary services as a means to keep updated on the knowledge, skills and attitudes necessary to be an effective and efficient ambulatory care physician.
3) Learn to utilize hospital library resources

4) Learn to effectively utilize computer resources to perform literature searches
5) Learn how to critically appraise the literature
6) Understand the importance of continuing medical education

III. Principal Teaching Methods: A schedule outlining required elements of the ambulatory block rotations will be personalized for each resident – see below for overview. There are a total of five ambulatory block rotations in the medicine residency, one in the first year, two in the second, and two in the third. Each rotation is four weeks long. In general, first year residents participate primarily in general medicine experiences while second and third years residents have experience in both primary care and various medical and surgical specialty areas. Residents eventually have exposure to all of the elements of the ambulatory experience offered within the hospital and within the community. In each setting, residents see patients and then discuss clinical issues with their preceptor.

Elements include:

A) Acute Care Clinic/ER Follow-up - Occurs three mornings each week. All residents participate in this activity. The site is the medical clinic in the hospital's Primary Care Center. Patients are seen on a walk-in basis for a great variety of acute medical problems. Many patients are regularly followed in the medical continuity clinics and come in with an urgent complaint. Some patients are seen in follow-up after recently being seen and discharged from the emergency room. Two mornings each week, there is a half-hour conference session prior to the start of clinic. Format is didactic discussion of common issues seen in ambulatory care.

B) Primary Care Physicians' Offices - One or more half-day sessions each week involving residents at all levels. Residents see patients in community-based primary care practices. In addition to the primary care experience, residents gain an appreciation of issues related to practice management.

C) HIV Medicine - Occurs weekly in a half-day session for second year residents. There is a half-hour lecture at the start of each session covering important topics in HIV medicine. Through lecture and patient care, residents gain an appreciation of the natural history, complications, treatment, and co-morbidities of HIV infection. They also gain understanding of important issues in screening and prevention.

D) Endocrinology – The endocrinology experience occurs for senior residents in the office setting three afternoons per week. Residents also see patients referred to the medical clinic's endocrine service, which convenes monthly. Residents see patients with attending endocrinologists. Residents are expected to become proficient in: recognizing diabetes along with its chronic complications and instituting outpatient management strategies; appreciating thyroid disorders and their treatment and alterations in the size and texture of the thyroid gland; understanding adrenal excesses

and deficiencies; understanding pituitary disorders; understanding disorders of calcium metabolism; and appreciating metabolic pathways for glucose and lipids. They gain an appreciation for the proper use of the laboratory to understand endocrine disease.

E) Dermatology - Dermatology training occurs in weekly half-day session in the office setting and also twice monthly in the medical clinic. Working alongside dermatologists, residents see a great number of patients with skin conditions and they learn to characterize them, recognize underlying disease states, and instruct patients in treatment and therapies.

F) Rheumatology - Occurs weekly for senior residents in a half-day session in an office setting. Residents see a wide variety of rheumatologic diseases with focus on rheumatoid arthritis, osteoarthritis, SLE and other connective tissue diseases, gout and crystal-induces arthritis, fibromyalgia, and regional musculoskeletal pain disorders. Residents may have opportunity to perform joint aspiration and injections and will understand the indications for such procedures.

G) Neurology - Clinic occurs twice monthly in medical clinic for senior residents. Residents see patients first and have an opportunity to see a large number of outpatients with neurologic complaints and problems including, for example, recurrent seizures, dementia, Parkinson’s disease, neuropathy, multiple sclerosis, and chronic/recurrent headache. Patient care is carefully supervised by attendings from our neurology staff.

H) Allergy - Occurs weekly for half-day sessions in an office setting with a board-certified allergist/immunologist. Senior residents get a better appreciation for common problems seen by allergist, especially rhinitis, chronic urticaria, food allergy syndromes, bee sting reactions, and atopic dermatitis. Residents see the allergist’s role in managing asthma and learn the indications, process, and complications of desensitization therapy. Presidents learn when to elicit an allergist’s help in managing many common outpatient problems.

I) Psychiatry – The psychiatry sessions occur for first year residents at Greater Bridgeport Mental Health Center (GBMHC), located across the street from the hospital. GBMHC treats patients with major psychiatric illness who do not have insurance or access to psychiatrists in office-based practice. Residents work under the auspices of a board-certified psychiatrist and learn to conduct a psychiatric history, witness common presentations of psychiatric disorders, and gain an appreciation of basic pharmacology of psychotropic medications. They also learn very useful skills in behavior and emotion management.

J) Gynecology – For first year residents in half-day sessions occurring weekly in the obstetrics/gynecology clinic located down the hall from medical clinic. The experience is fundamentally an opportunity to gain skill in performing a pelvic examination and Pap test with tutelage from our clinic’s chief gynecologist. This skill is applied repeatedly in later months and years in the resident’s continuity clinic as part of well adult care for women. The additional benefit of the rotation is to open the resident’s eyes to the broad field of women’s health. Many common disorders and complaints in this field are within the purview of a good general internist such as menopausal symptoms, vaginitis, sexual dysfunction, dysmenorrhea and amenorrhea, urinary incontinence, and abnormal uterine bleeding.

K) Orthopedics/Sports Medicine – This half-day session is designed for first year residents to give them exposure to patients with common musculoskeletal complaints. Residents work in an office setting with an experienced orthopedic surgeon and are provided with opportunities to recognize a wide spectrum of orthopedic pathology. Most importantly, they have a chance to improve their examination skills with special reference to the knees, hips, back, and shoulders, sites of many primary care patients' pain complaints. Residents learn what situations require specific radiological examinations and when patients should be referred for consultative help.

L) Ophthalmology – Senior residents rotate to ophthalmology services in an office setting on a weekly basis and to the hospital's ophthalmology clinic twice monthly. Here they have the opportunity to develop the knowledge base necessary to identify normal anatomy and pathologic changes that occur in certain diseases. Common entities include cataracts, glaucoma, diabetic and hypertensive eye disease, visual loss, conjunctivitis, and iritis. Residents work with trained ophthalmologists. With their guidance, they can perfect their skills in using the ophthalmoscope and see how a slit lamp is used.

M) ENT – Senior residents have an opportunity to spend a half-day each week in an ENT surgeon's office and get the knowledge, skills, and attitudes required to identify a variety of ENT problems, to learn how to treat those disorders in the realm of the general internist, and to understand when to refer for consultative help.

IV. Patient Characteristics and Types of Clinical Encounters

A) Diverse group of patients of both sexes, all social and economic strata, all ages (adolescent to elderly). Wide variety of ethnic and racial groups.

B) In the medical clinic, the resident has first contact with the patient. Here residents are supervised by hospital-based full-time attending faculty as well as attendings from the community. In many office settings, residents also have first contact with scheduled patients. In other offices, residents and attendings may see patients jointly or resident may act primarily in an observer role. The residents serve as the patient's primary care physician and follow their patients longitudinally.

V. Procedures: PAP smears and pelvic exams, breast exams, skin punch biopsies, arthrocentesis, intra-articular and soft tissue steroid injections, cerumen extraction, microscopic evaluation of vaginal smears, use of the ophthalmoscope and slit lamp, and urinalysis.

VI. References:

1. Branch, William Jr., ed., Office Practice of Medicine
2. Barker, L. Randol, Burton, John R., Zieve, Philip, editors, Principles of Ambulatory Medicine
3. U.S. Preventive Services Task Force guidelines
4. Noble, John, ed., Primary Care Medicine
5. ACP MKSAP 13, Primary Care Medicine

VII. Methods of Evaluation

A) Of Residents – Evaluations are given at the end of each four-week block rotation along with regular feedback. Evaluations are based on a conglomerate of faculty observations, review of charts, and input from nursing. Evaluations are directed at determining the extent to which residents achieve the objectives outlined above.

B) Of Rotation and Preceptors – Residents evaluate their various rotations and preceptors at the end of each block rotation. Information is used to reformat the experience on a regular basis.

Ambulatory Medicine Schedule of Activities

Monday	Tuesday	Wednesday	Thursday	Friday
Acute Care – weekly (1-3*) Allergy – weekly (2,3) Gyn – weekly (1)	Primary Care Office Practice – weekly (1-3) Immune (HIV) Clinic – weekly (2) Dermatology Office – weekly (2.3) Ophthalmology Office – weekly (2,3)	Acute Care – weekly (1-3) Primary Care Office Practice – weekly (1-3)	Neurology Clinic – 2nd and 4th week (2,3) Dermatology Clinic – 1st and 3rd week (2,3)	Acute Care – weekly (1-3) Endocrine Clinic – 3rd week (2,3)
Primary Care Office Practice – weekly (1-3) Psychiatry – weekly (1)	Primary Care Office Practice – weekly (1-3) Endocrinology Office –weekly (2,3) Ophthalmology Clinic – twice monthly (2,3)	Primary Care Office Practice – weekly (1-3) Endocrinology Office –weekly (2,3)	Primary Care Office Practice – weekly (1-3) Endocrinology Office –weekly (2,3)	Primary Care Office Practice – weekly (1-3) Ortho/Sports Medicine – weekly (1) ENT – weekly (2,3)

***Number in parenthesis indicates resident's year of training**

Primary Teaching Faculty

Hospital-based General Internal Medicine Faculty:	Yaw Adjepong, M.D. Michael Smith, M.D. P. E. Perrillie, M.D.
Community-based General Internal Medicine Faculty:	Peter Cimino, M.D. Samuel Frumkin, M.D. Ken Grossman, M.D. Peter Tortora, M.D. Robert Altbaum, M.D. Ilene Rosenberg, M.D.
HIV Medicine:	Michael Smith, M.D. Dan Williams, M.D.
Office Endocrinology:	Maria Guoth, M.D.
Office Rheumatology:	Germano Guadagnoli, M.D.
Allergy:	Kenneth Backman, M.D.
Neurology Clinic:	Lawrence Beck, M.D. Kanaga N. Sena, M.D. Jane Zhang, M.D.
Dermatology:	All dermatologists on hospital's attending staff participate on a rotating basis.
Endocrinology Clinic:	John Machledt
ENT:	Bradford Chervin, M.D.
Ophthalmology:	Mark Steckel, M.D.
Gynecology:	Edward Luchansky, M.D.
Orthopedics/Sports Medicine:	William Staub, M.D.
Psychiatry:	Linda Wolf, M.D.