

**Ambulatory Care Rotation**  
Curriculum Outline

Revision Date: July 2018

I. **Educational Purpose:** The purpose of this rotation is to train the residents to develop the knowledge, attitude, and skills required to provide high quality, cost effective and comprehensive medical care including health maintenance and preventive medical services in an ambulatory setting emphasizing continuity of care. This experience currently occurs in a block rotation, with assignment to one of three clinics: the resident continuity care Texas Tech clinics in Odessa or Midland, or the Odessa VA clinic.

II. **Specific Learning Objectives/Goals at Each PGY Level:**

At the end of each PGY level, the resident should be able to:

A. **PGY -1:**

1. Understand the pathophysiology, clinical presentation, and diagnostic and therapeutic modalities of common problems encountered in an office setting.
2. Demonstrate accurate diagnosis and formulate an appropriate differential diagnosis including proper prioritization of medical problems.
3. Demonstrate diagnostic competence by ordering and interpreting diagnostic tests using sound principles of medical decision making.
4. Demonstrate therapeutic competence by understanding clinical pharmacology, indications, usual dosage, contraindications, precautions, and side effects of commonly used out-patient medications.
5. Provide health maintenance and preventive medical services in an ambulatory setting.
6. Effectively plan the out-patient management of recently hospitalized patient.
7. Demonstrate appropriate interviewing and counseling skills.
8. Demonstrate professional attitudes and behaviors that are recognized as effective for the provision of high quality medical care.
9. Maintain a thorough and organized ambulatory medical record.

B. **PGY-2:**

1. Accomplish above PGY-1 objectives/goals.
2. Demonstrate ability to coordinate patient care with consultants while retaining the role of primary physician relationship.
3. Provide appropriate internal medicine consultation in an outpatient setting including preoperative evaluations to other physicians from different specialties.

4. Provide high quality cost effective medical care to walk-in patients with acute minor illnesses.
5. Understand the principles of quality monitoring in an ambulatory setting.

**C. PGY-3:**

1. Accomplish above PGY-1 and PGY-2 objectives/goals.
2. Demonstrate competence in performing procedures commonly encountered in primary care office setting.
3. Participate in quality monitoring process in an ambulatory setting.
4. Understand the principles of practice management.
5. Demonstrate a commitment to self-directed continuing medical education.
6. Demonstrate and understanding of research principles applicable to ambulatory medicine
7. Be capable of entering a variety of ambulatory practice settings.

**III. Rationale:** The majority of internal medicine practice takes place in the ambulatory setting. A thorough understanding of the care of chronic medical conditions as well as minor acute illnesses in the ambulatory setting is essential, especially in the light of the trend towards fewer and shorter hospital stays. Awareness of health maintenance and preventive measures is important to provide the highest quality and cost-effective medical care. Today's internist also needs to master the quality monitoring process in ambulatory setting and the principles of practice management.

**IV. Population:**

- A. Patients in the Texas Tech clinics are primary care internal medicine patients with ages ranging from teenage to geriatrics. The spectrum of encounters includes health maintenance, acute episodic illness, chronic medical illness, follow-up of recently hospitalized patient, women's health encounters, and pre-operative evaluations. Females comprise 60% of the population. Socioeconomic classes vary and include Medicare/ Medicaid population, uninsured patients, and patients with commercial insurance. Each resident will learn to assist the patients with different financial backgrounds without compromising the quality of care.
- B. Those in the VA system are typically older males, although with medical needs similar to those described above.

**V. Teaching Methods:** Each resident performs the history and physical examination and formulates the diagnostic, therapeutic, and preventive plan. They then present the findings and discuss the differential diagnosis and therapeutic plan with the faculty attending. Ambulatory topics are formally discussed in ambulatory care conferences, noon didactics, the geriatric curriculum, board review courses, and Grand Rounds. Informal case-based discussions are also held. The attending physician mentors procedural skills. Primary care physician-patient relationships, health promotion and disease prevention, and patient education are emphasized. A Mini-CEX may be conducted periodically in the ambulatory setting. Additional outpatient encounters take place on other rotations at the VA-Big Spring, offices of private physicians, and in the Emergency Department.

- Texas Tech resident continuity clinics are supervised by fulltime faculty members.
- The PGY-1 resident will see on the average 3 – 5 patients per half-day clinic. The attending faculty member will see each patient and verify the history and physical during the first six months of residency and then periodically thereafter as deemed necessary.
  - The PGY-2 resident will see on the average 4 – 6 patients per half-day clinic.
  - The PGY-3 resident will see a minimum of 4 patients per half-day clinic.
  - Senior residents will discuss each patient with the attending physician. The attending may see any patient and verify the history and physical examination as deemed necessary. He or she must see all patients for whom a billing code of 99204, 99214 or higher is entered.
  - The Cerner EHR is used.

**VI. Educational Goals by Relevant ACGME Competency:**

\*Legend for learning activities

- DPC – Direct Patient Contact
- ID – Formal Lectures and Individual Discussions
- LR – Literature Review
- SC – Subspecialty Conferences
- RR – Review of X-Rays/Images
- BR – Board Review

**Patient Care:**

<b>Principal Educational Goals</b>	<b>Learning Activities*</b>
Develops skills of comprehensive patient interview and adequate, timely use of other available data sources	DPC, BR
Improve skills of patient examination	DPC
Define and prioritize patient’s problems in a timely and accurate manner	DPC, BR
Generate and prioritize pertinent differential diagnosis	DPC, ID, LR, RR, BR
Develop rational, evidence-based management strategies, in accordance with patient’s preferences and values	DPC, ID
Implement and oversee accurate and timely delivery of management plan, including procedural skills	DPC
Actively assure effective continuity of patient care	DPC, ID, RR
Capable of timely, accurate and focused verbal and written communication with all members of the health care team	DPC

**Medical Knowledge:**

<b>Principal Educational Goals</b>	<b>Learning Activities*</b>
Progressively expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of the patient with medical disorders	DPC, ID, LR, SC, RR
Demonstrate initiative and capability to access and critically evaluate current medical information and scientific evidence relevant to patient care	DPC, RR
Show comprehensive understanding of complex relationships, mechanisms of disease	DPC, ID, BR

**Practice-Based Learning:**

<b>Principal Educational Goals</b>	<b>Learning Activities*</b>
Constantly evaluates own performance and incorporates feedback into improvement activities	DPC, RR
Identify and readily acknowledge gaps in personal knowledge and skills in the care of patients with endocrine disorders	DPC, RR
Develop and implement strategies for filling gaps in knowledge and skills	DPC, RR, SC, ID
Effectively uses technology to manage information for patient care and self-improvement	DPC, RR, SC, ID

**Interpersonal Skills and Communication:**

<b>Principal Educational Goals</b>	<b>Learning Activities*</b>
Establish a highly effective and timely therapeutic relationship with patients and families	DPC
Communicate effectively with physician colleagues at all levels	DPC, RR, SC, ID
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients	DPC
Present patient information concisely and clearly, verbally and in writing	DPC
Demonstrate excellent education and counseling of patients, families, and colleagues	DPC
Demonstrate excellent education and counseling of patients, families, and colleagues	DPC, RR, SC, ID

## **Professionalism:**

<b>Principal Educational Goals</b>	<b>Learning Activities*</b>
Honesty/ Integrity: Is truthful with patients, peers, etc., and in professional work (documentation, communication, presentations, research)	All
Reliability/ Responsibility: Is accountable to patients, families, and colleagues. Can be counted on to complete assigned duties and tasks in a timely manner. Accepts responsibility for errors	All
Respectful of others: Talks about and treats all persons with respect and regard for their individual worth and dignity; is fair and non-discriminatory. Routinely inquires about or expresses awareness of the emotional, personal, family, and cultural influences on patient well-being and their rights and choices of medical care; is respectful of the other members of the health care team. Maintains confidentiality.	All
Compassion/ Empathy: Listens attentively and responds humanely to patient's, family members', and colleagues' concerns; provides appropriate relief of pain, discomfort, and anxiety	All
Self-Improvement: Regularly contributes to patient care or educational conferences with information from current professional literature; seeks to learn from errors; aspires to excellence through self-evaluation and acceptance of the critiques of others	All
Self-Awareness/ Knowledge of Limits: Recognizes need for guidance and supervision when faced with new or complex responsibility; is insightful of the impact of one's behavior on others and cognizant of appropriate professional boundaries	All
Communication/ Collaboration: Works cooperatively and communicates effectively to achieve common patient care and educational goals of all involved health care providers	All
Altruism/ Advocacy: Adheres to best interest of the patient; puts best interest of the patient above self-interest and the interest of other parties	All

**System-Based Practice:**

<b>Principle Educational Goals</b>	<b>Learning Activities*</b>
Understand and utilize the multidisciplinary resources necessary to care optimally for patients	DPC, SC, ID
Collaborate effectively with other members of the health care team to assure comprehensive patient care	DPC, SC
Use evidence-based, cost-conscious strategies in patient care	DPC, SC, ID, BR
Utilize systems-based approaches to reduce errors	DPC
Assist in development of systems improvement	DPC

**VII. Rotation Specific Competency Objectives**

- A. **Patient Care** - By the end of the rotation the resident must be able to:
  - complete a comprehensive history with particular focus paid to commonly encountered medical problems.
  - demonstrate the ability to complete a detailed physical examination including the skin, hair, retina, thyroid (including size and nodularity, heart, lungs, abdomen, male genitalia and the central and peripheral nervous system.
  - provide health maintenance for each patient including cancer screening and immunizations.
  - interpret laboratory tests and associate the tests with appropriate clinical problems.
  - demonstrate proficiency in reading ECGs.
  - demonstrate skills in clinical documentation in the medical record.
- B. **Medical Knowledge** - By completion of the rotation, the resident must be able to
  - evaluate medical problems including otitis externa, sinusitis, pharyngitis, cough, chest pain, diarrhea, weight change, diabetes mellitus, hypertension, stable angina, and stable congestive heart failure.
  - evaluate patients with diabetes mellitus for diabetic complications and manage patients with oral hypoglycemic agents and insulin.
  - develop competence in the use of L-thyroxine, antibiotics, antiemetics, antihypertensive agents, diuretics as well as cardiac medications.
- C. **Interpersonal and Communication Skills** - The resident will:
  - actively work with the nursing staff and demonstrate the ability to work in a team setting.
  - develop and sustain a therapeutic and ethically sound relationship with patients and their families.
  - demonstrate the ability to communicate effectively and demonstrate a caring, compassionate, and respectful behavior.
- D. **Professionalism** - The resident will:
  - demonstrate respect, compassion, and integrity.
  - be committed to excellence and continuous professional development.
- E. **Practice Based Learning and Improvement** - The resident will be able to:
  - locate, critically appraise, and assimilate evidence from scientific studies to apply to patients' health problems.

- use information technology to manage information and access on-line medical resources to support self-education, patient care decisions and patient education.

- understand the indications as well as the limitations “diagnostic tests”.

F. **System Based Practice** - The resident will be able to:

- practice cost-effective health care and resource allocation while advocating for quality.

- assess, coordinate, and improve health care and system performance.

## VIII. References

A. Primary Care Medicine: Office Evaluation and Management of the Adult Patient. Goroll AH & Mulley AG. (latest edition)

B. Yale Office-based Curriculum Guide

C. Web sites:

1. [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org) (for health maintenance info)
2. [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html) (for up-to-date immunization information; also yearly in *Annals of Internal Medicine*).
3. [wwwnc.cdc.gov/travel](http://wwwnc.cdc.gov/travel) (information for travelers)
4. [www.guidelines.gov](http://www.guidelines.gov) (the National Guideline Clearinghouse for summaries of evidence-based clinical practice guidelines)
5. [www.acc.org](http://www.acc.org) (guidelines regarding cardiology conditions)
6. [www.ihl.org](http://www.ihl.org) (Institute for Healthcare Improvement – interactive modular curriculum on quality, safety, and leadership)
7. UpToDate and other similar internet/online sites

D. Selected referenced articles from the literature (historical, with updates):

The Seventh Report of the Joint National Committee on Detection, Evaluation, Treatment of High Blood Pressure. (The JNC-7 Report). *JAMA*. 2003 (May 21);289(19):2560-2572. [updated to JNC-8 in *JAMA*. 2014 (Feb 5);311(5):507-520.] and at various other sites.

Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Cholesterol in Adults. (Adult Treatment Panel III). *JAMA*. 2001 (May 16);285(19):2486-2497. [updates and challenges at various sites, including ACC/AHA guidelines at [www.acc.org](http://www.acc.org)]