

Ambulatory Rotation
Internal Medicine Residency Program
Ambulatory Medicine Goals and Objectives

Ambulatory Course Director: Dr. Z. Chris

There are several components to resident education in ambulatory medicine. Basic outline and goals and expectations are outlined here.

In addition, residents in their ambulatory month have the option of individualized rotational structure to include experiences in psychiatry, allergy/immunology, dermatology, office ophthalmology, otorhinolaryngology, sleep medicine, rehabilitation medicine, palliative medicine and office orthopedics through our Inova affiliated faculty partners from these departments.

The structure described below constitutes the mandatory component of the longitudinal ambulatory clinics and the PGY-1 ambulatory rotation.

1. Continuity Clinics:

Longitudinal continuity clinics form the backbone of ambulatory training during the three years of Internal Medicine residency training. Residents are assigned to one of our resident Inova Internal Medicine clinics that are part of Inova Medical Group Primary Care or the Inova Cares Clinics for Bridging and Families. During later stages of training and depending on resident interest, there may also be opportunities to complete continuity clinic rotations in subspecialty clinics that service as primary care sites for individuals with chronic disease such as sickle cell disease or HIV. Each clinic site will have designated preceptor(s). In this setting, residents are expected to act as the primary care physician and be instrumental in managing their panel of patients with regards to prevention of disease and care of chronic illnesses. This clinic will allow the resident to experience long-term relationship with a panel of patients, emulating the practice of general medicine.

All residents will have weekly half-day clinics scheduled for their continuity patients during their ward months as well as ED rotation. During elective rotations, upper-level residents will have clinic for a full day once a week. Residents will not attend clinic during critical care, rapid response, and night float rotations. Interruptions in the clinic schedule will only be allowed during vacations, critical care rotations as a PGY-1 and approved away electives of no more than 4 weeks in duration. Each resident will have a designated day assigned to them for clinic. During rotations requiring overnight or late call, this day may be moved to another day of the week. The residents will be able to see this in Epic and in Amion. Resident must aim to bring patients back for regular follow up appointments on their primary clinic days. For urgent appointments, patients will be scheduled with the first available resident or attending but subsequent follow up will be scheduled with primary residents. Residents will be expected to notify each other and send notes and lab data for review by the primary care provider resident physician for that patient via Epic for any urgent follow ups. For continuity panel patients that are

hospitalized, the primary care provider resident physician will be notified and all pertinent discharge summary and records will be routed to the resident. Follow up appointment following discharge will be set up with the primary care provider resident physician in Epic.

Clinic volume expectations:

PGY-1: The number of patients seen by the first year resident, when averaged over the year must not be less than 3 or greater than 5 per scheduled half-day session.

PGY-2: The number of patients seen by a second year resident, when averaged over the year must not be less than 4 or greater than 6 per scheduled half-day session.

PGY-3: The number of patients seen by a third year resident, when averaged over the year, must not be less than 4 per scheduled half-day session.

During the last three months of the training, graduating PGY-3 residents will start the process of transitioning their continuity panel patients to the PGY-1 residents that share the clinic. To the extent possible, this hand-off will be done in person with both the residents present, during one of the follow up appointments.

The designated faculty preceptor will assess every resident's skills on an ongoing basis with frequent face-to-face feedback. In addition, faculty will submit a formal written evaluation to the program director every six months on their clinic panel of residents. Patient surveys as well as multi-rater (360 degree) evaluations from clinic staff will also be collected as part of ongoing evaluation of the residents.

In addition to direct patient care, all residents are required to attend and participate in weekly pre-clinic educational conference. This conference is based on the **Yale office-based curriculum**. All residents are expected to read the recommended references for each module prior to clinic each week. Advanced preparation will minimize the amount of didactic information to be covered during conference and encourage more in-depth discussion of the questions posed of the cases. Your clinic faculty will moderate discussion during each conference session.

2. Ambulatory Rotation – required for PGY-1 residents

Rotation structure

This will be a required PGY-1 rotation. The mandatory portion of this rotation will consist of one full day in designated continuity clinic. This will consist of filling in the spot for the PGY-1 resident in the Intensive care unit rotation and seeing patients calling in for urgent care visits at the clinic site.

The remainder of the week will consist of full- or half-day sessions in any of the following clinic areas. There are opportunities to tailor clinic experience to resident areas of interest.

IMG Women's Clinic – Ballston (Manager: Setina Nimako, Preceptor: Dr. Rami Tabbarah)

The women's clinic provides lifelong gynecologic healthcare – from routine annual check-ups to the most advanced specialty care under the supervision of OB-GYN trained

specialists. Residents will gain experience in the diagnosis, care and treatments of women's reproductive tract health issues, including reproductive, sexual and postmenopausal health as well as practice office-based gynecologic exams and procedures such as pap smears.

IMG Orthopedic Sports Medicine Clinic – (Preceptor: Dr. Peter MacArthur)

Our dedicated team offers a full spectrum of treatments for sports or orthopedic injuries, from the routine to the complex. Our team considers the patients overall overall health, activity level and performance or health goals. Residents will gain experience in performing musculoskeletal exams. There are opportunities to observe or participate in advanced ultrasound-guided injection therapy procedures in addition to a full spectrum of non-invasive treatments including orthotic devices.

Inova Headache Clinic (Preceptors: Dr. Laura Cinski and Dr. Charlotte Kastl)

The headache clinic is focused on the evaluation and treatment of headache and facial pain disorders including migraine, medication overuse headache/rebound, cervicogenic headache, trigeminal neuralgia, and others. Our typical day is a mix of new patient evaluations and follow up visit. It may also include in-office procedures like Botox injections for chronic migraine and occipital nerve blocks.

Inova Pride Clinic (Preceptor: Dr. Jorge Ramallo)

Cutaneous Oncology Clinic (Preceptor: Dr. Jennifer DeSimone)

The scope of practice includes advanced melanoma, cutaneous lymphoma, squamous cell carcinoma, basal carcinoma and merkel cell carcinoma patients. Most visits are multidisciplinary in nature, coordinating with med-onc and rad-onc providers. Learning goals include physical examination and identification of local and distant skin cancers, staging of multiple types of skin cancer, and understanding the medical and procedural management of advanced local and metastatic skin cancer.

Inova Sickle Cell Clinic (Preceptor: Dr. Chad Zik)

The Inova Adult Sickle Cell Center offers comprehensive care for adults with sickle cell disease. Residents who rotate through the center will learn how to manage the underlying disease with disease modifying therapies and the various complications in the outpatient setting. The center closely collaborates with the inpatient service in order to ensure effective transitions of care from the inpatient to the outpatient setting. In addition, there is a heavy emphasis on the proper management of acute pain crisis through the use of the infusion center and the responsible prescribing of opioids in the outpatient setting. We also teach and emphasize the use of opioid sparing regimens and frequently employ the use of buprenorphine for the management of chronic pain.

Inova Juniper Clinic (Preceptor: Dr. John Paul Verderese)

Inova Juniper Program is Northern Virginia's largest provider of HIV/AIDS care. We are proud to offer all aspects of primary medical care and mental health, substance abuse and case management services to HIV positive individuals along with a history of delivering compassionate HIV/AIDS clinical and education services.

Residents will be asked to give one formal presentation to the clinic faculty on an ambulatory topic/case seen in clinic that month. The presentation needs to be case-based, at least 30 minutes in length, on power-point format and will be included in the resident portfolio. This presentation will be evaluated by the supervising faculty member.

Learning Venues

1. Direct Patient Care in Primary Care Clinic (both continuity clinic and urgent care)
2. Direct Patient Care and Attending Observation in Women’s clinic or Community Health Care Network Clinic or Sub-specialty clinics
3. Self Study
4. Resident Topic Presentation
5. Hopkins modules – the applicable modules for this rotation are *Cancer Screening, Gynecology, Depression, Dietary Supplements, Diabetes, Alcoholism, Dermatology of the Internist.*
6. Yale Ambulatory Curriculum for weekly pre-clinic conference
7. National HIV Curriculum ([National HIV Curriculum \(uw.edu\)](http://NationalHIVCurriculum.uw.edu)) Modules and Question Banks

Evaluation Methods

- A. Attending Evaluation from 1, 2 sites
- B. Direct Observation 1, 2, and 4 venues
- C. 360 evaluation or multi-rater evaluation as applicable

Competency based goals and objectives and evaluation methods

PATIENT CARE	Learning Venues	Evaluation Methods
Demonstrate the ability to diagnose basic gynecologic disorders and initiate work-up and treatment (including but not limited to) disorders of the breast, vulva, vagina, cervix, uterus, adnexa, bladder, endocrine disorders in women, osteoporosis and osteopenia, sexual dysfunction, domestic violence, STD’s.	1,2	A,B
Counsel patients about prevention of STD’s and HIV, prevention of cervical cancer, contraception, and health maintenance	1	A,B
Understand the evaluation and treatment of common diseases seen in the primary care setting. Understand evaluation and management of office -based rheumatology, orthopedics and dermatology.	1,2,3,4	A,B

Perform in depth review of a particular topic relevant to the treatment of patients in subspecialty clinic attended during the rotation	4	A,B
PROFESSIONALISM		
Attends and participates in all scheduled conferences.	3,4	A,B
Attends and actively participates in all scheduled clinical sessions (whether observation or direct patient care)	1,2	A,B
PRACTICE-BASED LEARNING		
Uses medical literature to address gaps in medical knowledge.	1,2,3,4	A,B
Incorporates feedback into improvement activities.	1,2	A,B
SYSTEMS-BASED PRACTICE		
Understands the barriers to optimal care of patients in the primary care setting.	1,2,3,4	A,B
Understand barriers to optimal gynecologic and women's health care of patients without medical insurance	1,2,4	A,B,C

Progressive Responsibilities based on level of training

Patient Management/ Supervision

PGY-1

- 1) Interns are expected to be able to demonstrate competence in the six general competencies in the curriculum
- 2) Interns should demonstrate competence in the interpretation of basic medical testing, laboratory testing and basic radiologic imaging.
- 3) Interns should demonstrate understanding of the initial management of common disorders by demonstrating the ability to verbally and in writing arrange initial diagnostic tests and plans for these diseases.
- 4) Interns are expected to take primary responsibility for patient follow up, including informing patients, explaining the results of the tests and discussing basic management to patients under their care.

PGY-2

- 1) Second year residents are expected to demonstrate not simply competence but provide comprehensive care to the patients in the ambulatory setting.
- 2) Second year residents should be experts in the interpretation of basic clinical testing and should understand the interpretation of advanced medical testing.
- 3) Second year residents should demonstrate understanding of both the initial and ongoing management of common medical illnesses and should have understanding of the initial management of rare and complex medical conditions.

PGY-3

- 1) Third year residents are expected to demonstrate proficiency in all of the responsibilities listed above for PGY-2 residents

- 2) Third year residents should be proficient in the interpretation of advanced testing and the ongoing management of rare and complex medical conditions.

Scholarship/Self-directed learning

PGY-1

- 1) Interns should be prepared to read and review textbook material and be able to review general medical literature such as review articles
- 2) Interns should take part in self directed learning with emphasis on patho-physiology, differential diagnosis and management of patients under their care.

PGY-2

- 1) Second year residents should demonstrate proficiency in all the responsibilities listed for PGY-1 resident.
- 2) Second year residents should apply knowledge of medical literature to the understanding of diagnosis and management

PGY-3

- 1) Third year residents should demonstrate proficiency in all the responsibilities listed for a PGY-2 resident.
- 2) Third year residents should be able to review and critically appraise the medical literature and understand the practical application of this material

Additional options during the ambulatory rotation can be customized for additional electives in PGY2/3 years:

ENT

Ophthalmology

Sleep Medicine

Palliative Medicine

Allergy/Immunology

Psychiatry

Urology

Physical Medicine and Rehabilitation

Neurology

Resource List

- a. Textbook of Family Practice, Rakel, 2011
- b. USPSTF guidelines on AHRQ website
- c. Berek and Novak's gynecology, 2011
- d. Yale Office Based Ambulatory Curriculum – access will be provided by the department
- e. Hopkins modules – online access provided by the department