

DISPENSARY CLINICS

INTRODUCTION:

The outpatient/ambulatory care rotation will teach skills and concepts necessary in the practice of primary care internal medicine. In addition to the skills developed in the Resident Continuity Clinic this rotation exposes residents to the subspecialty clinics of Pulmonology, Neurology, Hematology-Oncology, Mental Health, Women's Health, Geriatrics, Rheumatology, Nephrology, HIV, Endocrinology, Diabetes and Dermatology. Subspecialty faculty members supervise residents in each of the clinics. This rotation is required in both the R2 and R3 years.

EDUCATIONAL GOALS AND OBJECTIVES:

Patient Care

The resident will have the opportunity to evaluate new patients for long term follow up in the Resident Continuity Clinic by participating in the Medical Evaluation Committee. The residents' rotation also includes various subspecialty clinics where the resident acts as a consultant in an ambulatory setting. Residents will rotate through the specialty clinics listed in the introduction.

By the end of this rotation, R2 residents are expected to:

- ✓ Gather essential, accurate information, understanding the reason for the consultation request
- ✓ Review the data in order to provide the basis for an informative and helpful consultation
- ✓ Outline the scope of the problem and develop a cogent diagnostic and treatment plan
- ✓ Write an informative consultation note that addresses the questions asked by the referring physician
- ✓ Monitor and follow up on patients appropriately
- ✓ Understand the role of the consulting physician in the ambulatory setting
- ✓ Know indications, contraindications, & some risks of some invasive procedures
- ✓ Provide services aimed at prevention and/or maintenance of health

R3 residents are expected to:

- ✓ Reason well in ambiguous situations
- ✓ Spend time appropriate to the complexity of the problem
- ✓ Understand the common disease of each subspecialty and formulate reasonable impressions of the problem under consideration
- ✓ Counsel patients as a subspecialist under the supervision of the attending faculty

Medical Knowledge

A series of didactic lectures on specific ambulatory/primary care topics such as health maintenance, disease prevention, screenings, evidence based medicine, managed care, substance abuse, adolescent medicine, communication skills and outpatient medical ethics are included during the rotation. The resident will have the opportunity to hone procedural skills such as flexible sigmoidoscopy and joint injection in the ambulatory setting.

By the end of this rotation, R2 residents are expected to:

- ✓ Demonstrate basic knowledge of in each of the subspecialties to the degree that common reasons for consulting a specific subspecialty are apparent
- ✓ Apply knowledge to therapy
- ✓ Develop a differential diagnosis and formulate an assessment and plan that demonstrates an understanding of the question of the referring physician
- ✓ Answer questions of the patient and referring physician understanding the role of the subspecialty physician
- ✓ Recognize indications, contraindications and risks of commonly used medications and procedures
- ✓ Demonstrate and apply knowledge of epidemiologic and social behavioral sciences to the care of the patient

R3 residents are expected to:

- ✓ Demonstrate an investigative and analytic approach to clinical situations
- ✓ Understand the nuances of the consultation and the subspecialty view at a higher level of complexity than at the end of the R2 year

Practice-based Learning

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

By the end of this rotation, R2 residents are expected to:

- ✓ Understand their limitations of knowledge
- ✓ Ask for help when needed understanding the importance of giving correct and precise advice to the referring physician and the patient seeking a subspecialty opinion
- ✓ Acquire knowledge through self motivation
- ✓ Use computerized sources of results and information to enhance patient care.
- ✓ Accept feedback and develop self-improvement plans

R3 residents are expected to:

- ✓ Analyze personal practice patterns systematically and strive to improve.
- ✓ Consider a practice improvement project as a basis for their resident research project
- ✓ Compare personal practice patterns to larger populations
- ✓ Locate, appraise and assimilate scientific literature appropriate to specialty

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

By the end of this rotation, R2 residents are expected to:

- ✓ Write pertinent and organized notes as a subspecialist
- ✓ Document timely and legible medical records
- ✓ Use effective listening, narrative and non-verbal skills to elicit and provide information.
- ✓ Work effectively as a member of the health care team
- ✓ Understand the unique communication necessary when functioning as a subspecialist in the ambulatory setting
- ✓ Demonstrate caring and respectful behaviors with patients and families

R3 residents are expected to:

- ✓ Create and sustain therapeutic and ethically sound relationships with patient and families
- ✓ Provide education and counseling to patients, families and colleagues with a higher level of clarity than that expected of the R2 physician
- ✓ Discuss more difficult issues with patients with a higher level expertise

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

By the end of this rotation, R2 residents are expected to:

- ✓ Establish trust with patients and staff while functioning in the unfamiliar role of a subspecialty consultant
- ✓ Treat all patients equally
- ✓ Shows regard for opinions and skills of colleagues
- ✓ Consider each request for consultation as important and provide the best advice possible to the patient and referring physician
- ✓ Write consulting notes that demonstrates a grasp of the problem and are sensitive to the needs of the referring physician

R3 residents are expected to:

- ✓ Display initiative and leadership in responding to consultation requests, many of which are sent by residents at a lower level of training
- ✓ Recognize the opportunity that the subspecialty clinic consultant has to teach and inform the patient and the referring physician
- ✓ Demonstrate commitment to ethical principals pertaining to the provision or withholding of care, patient confidentiality, and informed consent and business practices
- ✓ Demonstrate sensitivity to patient culture, gender, age, preferences and disabilities
- ✓ Understand protocols and their role in consultation, but provide thoughtful advice in addition to any protocol-driven advice

Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

By the end of this rotation, R2 residents are expected to:

- ✓ Demonstrate constructive skepticism
- ✓ Understand the role of the subspecialty consultant as the person from whom definitive advice is expected
- ✓ Advocate for high quality patient care and assist patients in dealing with system complexity
- ✓ Apply knowledge of how to partner with other health care providers to assess, coordinate and improve patient care
- ✓ Use systematic approaches to reduce errors
- ✓ Participate in developing ways to improve systems of practice and health management
- ✓ Work with all health care professionals to provide patient –focused care.

R3 residents are expected to:

- ✓ Demonstrate a thorough knowledge of the available resources in the community
- ✓ Provide cost effective care in recommending diagnostic tests and treatment options
- ✓ Understand how individual practices affect other health care professionals, organizations and society
- ✓ Demonstrate knowledge of types of medical practice and delivery systems
- ✓ Understand the limits of patients' financial status and make appropriate recommendations

RESIDENT RESPONSIBILITIES:

The resident will perform a comprehensive evaluation of all new patients scheduled during Medical Evaluation Clinic. This includes a detailed history, physical and differential diagnosis. Diagnostic work-ups and treatment plan to be coordinated by the resident while under the direct supervision of the attending staff. These new patients will not be assigned to other residents, unless there is approval from the Medical Director.

The resident will manage and evaluate patients in the following clinics: Rheumatology, Endocrinology, Diabetes, Phil Simon (HIV), Dermatology, Geriatrics, Women's Health, Adolescent, and Mental Health.

Duties of the resident for the Phil Simon Clinic will be outlined by Dr. Kimberly Shriner.

In some rotations, there may be no residents or residents are unable to cover certain subspecialty clinics, therefore, the Clinic Rotation resident is responsible for these clinics.

The resident is to be available for the Clinic during its regular operating hours.

EDUCATIONAL ACTIVITIES:

- Case presentations with attending staff
- Individual didactic sessions with faculty
- Independent journal review by resident
- Lecture series on various primary care topics

BIBLIOGRAPHY

1. Principles of Ambulatory Medicine (5th Ed) by Barker, et.al. Williams and Wilkins
2. Medicine: A Primary Care Approach by Rubin, et al. W.B. Saunders Company
3. Essentials of Managed Health Care by Kongstvedt, P.R. Aspen Publication
4. Clinician's Handbook of Preventive Services (2nd Ed) U.S. Dept of Health and Human Services
5. Primary Care Internal Medicine MKSAP 14 American College of Physicians

ASSESSMENT TOOLS AND PROCEDURES:

- Small joint aspiration and injection
- Simple incision and drainage
- Pap/pelvic examination

EVALUATION AND FEEDBACK:

- Luis L. Dimen, MD will evaluate the resident for competence in Patient Care, Medical Knowledge, Practice-based Learning, Communication Skills, Professionalism and Systems-based Practice. He will gather information from clinic attending and ancillary staff and will review the resident's performance during and at the conclusion of the rotation.

MEMBERS OF TEACHING SERVICE:

Medical Evaluation Clinic – Luis Dimen, MD, John Van Dyke, MD, Chief Medical Resident

Phil Simon Clinic – Kimberly Shriner, MD

Rheumatology – Dean Noritake, MD

Geriatrics – Norman Chien, MD

Endocrine Clinic – Charles Sharp, MD

Dermatology Clinic –Dermatology Staff Physicians

Women's Health – Kristin Karlyn, MD

Mental Health – Clifford Feldman, MD

Diabetes Clinic – Michael Lin, MD