

## **DESCRIPTION OF RESIDENT ROTATION R2 AMBULATORY CARE, IMMC**

### **A. General Information**

1. Length of Rotation: 4 weeks
2. Attending Staff: Jay Rosenberger, D.O. (Rotation Director)  
Mike O'Conner, DO
3. First Day Orientation:
  - a. Dr Rosenberger can be contacted at 241-4106 (nurse's name is Jennifer).
  - b. The resident should report to 1221 Pleasant Street, Suite 200 at 8:30 a.m. on the first day of the rotation.
  - c. The attending staff will provide orientation on this first day.

### **B. Description of Rotation**

1. **EDUCATIONAL PURPOSE:** To gain experience in evaluating and treating the most common diagnoses seen in a general internist's ambulatory practice. These diagnoses will include: hypertension, CHF, diabetes mellitus, hyperlipidemia, asthma/COPD, acute infections, the periodic medical exam with emphasis on preventive medicine, office orthopedics, menopause/hormone replacement therapy and others.
2. **PRINCIPAL TEACHING METHODS:** In the clinic, the resident will see patients initially and perform an H&P, staff patients with the attending physician, develop a plan, provide patient education, dictate a summary of the encounter, and then have the opportunity to read about problems encountered. In addition, the resident will have the opportunity to work through a series of case-based exercises in problems commonly encountered in ambulatory general internal medicine with Dr. Rosenberger or his designee.
3. **EDUCATIONAL CONTENT:** Patients will be a mix of young and old, male and female with medical problems commonly seen in an ambulatory setting. Residents can expect to see patients with acute and chronic conditions as well as patients who present for routine health maintenance and counseling.

## C. **Competency-Specific Learning Objectives**

### **Patient Care**

Residents must be able to provide patient care that is appropriate, effective, and compassionate for the treatment of medical problems in adults, and the promotion of health in the ambulatory setting.

Residents are expected to:

- perform accurate and clinically focused history and physical exams, and be able to generate a relevant differential diagnosis
- understand the recommendations and guidelines regarding the provision of preventive medicine services for adults
- develop an appropriate diagnostic and therapeutic plan for common medical problems in adults

### **Medical Knowledge**

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate knowledge of common medical problems of adults, including hypertension, diabetes, lipid disorders, and thyroid disease
- demonstrate analytic thinking in approaching common medical problems in an ambulatory setting

### **Practice-Based Learning & Improvement**

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

- be able to search the scientific literature effectively in order to answer the clinical questions that commonly occur in an ambulatory medical clinic
- identify deficiencies in the resident's knowledge base, and be able to formulate strategies to correct any deficiencies

### **Interpersonal and Communication Skills**

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

- create and sustain a respectful, therapeutic relationship with patients and their families
- work effectively with other members of the health care team

### **Professionalism**

Residents must demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and demonstrate sensitivity in caring for a diverse patient population. Residents are expected to:

- demonstrate respect, compassion and integrity at all times
- demonstrate sensitivity to patient's age, race, ethnicity, gender, culture, religious background, sexual orientation, and/or disability
- demonstrate dedication to patient care and scholarship during this rotation

### **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 optimal care of patients. Residents are expected to:

- practice cost-effective health care that does not compromise quality of care
- understand the complexities of the health care delivery system, and how to access resources necessary to the care of adults with chronic illnesses

## **D. Ancillary Education Materials**

1. In addition to 5-7 daily office visits, there will be didactic teaching conferences addressing the above mentioned diagnoses using assigned teaching cases. The program's *Ambulatory Internal Medicine Syllabus* is now on-line, and available for the resident's personal use. A teaching file and library are also readily available. Continued attendance is expected at the required residency program morning and noon conferences, including morning report.

## **E. Patient Care**

1. **PATIENT NUMBERS:** 5-7 patients will be seen daily. One of these may be a "well patient" complete physical. The others will be routine follow-up visits or patients being seen for acute medical concerns.
2. **LINES OF RESPONSIBILITY:** After the patient is seen by the resident, the attending physician will also visit and examine the patient. The final plan for the patient will be arrived at via patient/resident/attending physician discussion. The resident will receive direct and indirect supervision, with direct supervision immediately available, from the attending general internists.
3. **MEDICAL RECORDS:** The resident will be responsible for completing the patient encounter in a format that will be explained by the attending physician at the start of the rotation.
4. Continued resident attendance at their weekly continuity of care clinics is expected. Note that during this rotation, the resident is expected to attend his or her Continuity Clinic **twice weekly**.

## **F. Mechanics**

The day will begin at 8:30 a.m. Daily responsibilities will end at 5:00 p.m. There are no weekend duties. The resident will be in Dr. Rosenberger's clinic for this rotation. **It is the responsibility of the resident to coordinate the schedule with Dr. Rosenberger at the beginning of the rotation, and inform him in advance of any planned absences.**

## **G. Strengths of Rotation**

Exposure to a patient population that is typical of a general internal medicine practice with a wide variety of patient encounters including young and old patients, male and female patients, acute problem and health maintenance concerns.

## **H. Evaluation**

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed electronically by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:**

- a. Demonstrate ability to effectively evaluate and manage patients with conditions commonly seen in ambulatory general internal medicine.
- b. Demonstrate competence with office-based procedures encountered during the rotation.
- c. At least one mini-CEX will be performed during the rotation.

2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to ambulatory internal medicine. Demonstrate understanding of all assigned reading materials in the syllabus by performance on assigned cases for discussion.

3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with ambulatory medicine conditions, and demonstrate real-time strategies to address these gaps.

4. **Interpersonal and Communication Skills:** Demonstrate effective communication skills in dealing with patients and families. Demonstrate timely and complete medical records. Performance on Mini-CEX exercises as well as observation by the attending as the resident presents cases and counsels patients and families will further supplement assessment of the resident in this important area.

5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent. Demonstrate reliability and punctuality in meeting rotation requirements and dedication to both patient care and scholarship. Mini-CEX and nurse surveys will help improve assessment of the resident in this area.

6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing and other allied health care providers to assure timely, comprehensive care provided.

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William J. Yost, MD FACP

