

## **Description of Resident Elective Rotation Community General Internal Medicine**

### **A. General Information**

1. Duration of rotation: 1 month

2. Attending Staff/Preceptor

Board certified general internists practicing in community settings who have been approved for participation. Most will be prior graduates of this training program who have participated in an orientation session for preceptors.

3. First Day Orientation

Residents will be notified by the assigned preceptor when and where to report on the first day. The preceptor will provide appropriate orientation on the first day.

### **B. Objectives and Description of Rotation**

1. Educational Purpose:

To understand and appreciate the work of general internists practicing in a community practice setting. Learning some practice management skills, how to evaluate and treat patients most effectively in the outpatient clinic setting, and understanding on-call responsibilities are all important aspects of this learning experience.

2. Principal Teaching Methods:

Residents will see assigned patients in hospital and outpatient clinic settings under the supervision of the assigned preceptor. Residents may also take “on-call” responsibilities if the support of a board certified internist is immediately available to them.

3. Ancillary Teaching Methods:

Review of an ambulatory internal medicine syllabus and several ambulatory medicine textbooks is expected. One on one teaching sessions with assigned preceptors will be incorporated. Further assistance from additional professionals to teach the residents practice management skill is also planned.

## **C. Patient Care**

### 1. Patient Numbers

This will vary depending on needs of the assigned preceptor and the complexity of patients assigned. Some preventative medicine evaluations and both minor and complicated acute concern patient evaluations will be included.

### 2. Lines of Responsibility

A board certified internist will always be directly responsible for, and available to, the resident physician. Patients may be physically seen with the resident. Notes produced by the resident will be countersigned by this supervising physician.

### 3. Medical Records

The resident will be responsible for writing or dictating notes for all patient encounters as instructed to them by their preceptor.

### 4. Resident Continuity of Care Clinic

The resident will be excused from their weekly continuity of care clinics if their assigned preceptor is located outside the Des Moines metropolitan area.

## **D. Mechanics**

The residency program will continue to provide the resident's monthly salary and benefits. Resident malpractice liability coverage will extend to their work on patients in this approved resident month rotation. The preceptor will be asked to provide room and board when residents travel a distance away from Des Moines that makes daily commuting unreasonable.

## **E. Methods for 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 by the resident.

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

1. **Patient Care:** Demonstrate ability to effectively interview and examine patients with a variety of ambulatory medicine concerns.
2. **Medical Knowledge:** Demonstrate an understanding of common ambulatory internal medicine problems encountered in patients.

3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with common ambulatory internal medicine concerns and demonstrate real-time strategies to address these gaps.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients seen during the rotation. Demonstrate timely and complete medical records.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Collaborate with nursing and other allied health care providers to assure timely, comprehensive care provided and assure proper follow-up is arranged.

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