

Name of rotation: **Ambulatory Block Rotation** Division: **General Internal Medicine**

Course Director: **Susan D. Wolfsthal, M.D.** Site(s): **Various**

Duration of rotation:  one month only  
 2 weeks possible

**General description of the rotation including educational purpose, rationale or value:**

The Ambulatory Block Rotation is a one month rotation required four times during the second and third years of residency. The primary goal of this rotation is to expose the residents to areas of medicine which are best taught in the outpatient setting, and to the outpatient aspects of other medical and non-medical subspecialties (i.e., otorhinolaryngology, office orthopedics, ophthalmology, dermatology, geriatrics). They are also required to complete women's health, psychosocial/behavioral medicine, neurology, HMO, and community service/public health, rehabilitation medicine components as well as attending two continuity clinic sessions per week. They are offered one-half day per week of elective time during most blocks in which they choose meaningful outpatient sessions to meet their specific educational needs. A mix of University and community sites is offered. Supervision is provided either by University faculty or selected physicians in the community. The emphasis of the rotation is on preventive care, acquiring familiarity with common outpatient problems and skills specific to the outpatient setting, the patient-doctor relationship, health care delivery systems and psychosocial/behavioral medicine. Ten to twelve residents per month participate in this rotation.

The various components are divided into four blocks, each with a unifying theme:

1. Women's Health/Surgical Subspecialty Block: Dermatology, Ophthalmology, ENT, Women's Health, Psychiatry, Literature in Medicine
2. Geriatric/Rehab Block: Rehabilitation Medicine, Orthopedics, Geriatrics, Neurology, Community Service/Public Health
3. HMO Block: Managed Care, Psychiatry, Outpatient preoperative evaluation clinic
4. Private Practice Block: Private Practice, Psychiatry, Literature in Medicine

**Resident responsibilities, including interns and residents:**

Residents actively participate in patient care at each site attended and engage in self-directed/problem-based learning. While on-campus, they attend the Ambulatory Care Seminars which are interactive discussions of various topics in outpatient medicine. They also attend a monthly seminar with the Primary Care Chief Resident. Each year, the resident completes a Practice Based Learning exercise (PBL) where they analyze their panel of patients in their continuity clinic against accepted clinical practice guidelines for health maintenance and preventive care. Their analysis and self-directed goals are reviewed by the Primary Care Chief Resident, who completes a competency based evaluation of the resident's PBL project.

**Educational objectives:**

See individual Block components for level specific competency objectives.

**Check all principle teaching methods used during this rotation:**

<input type="checkbox"/>	Attending teaching rounds	<input type="checkbox"/>	Interdisciplinary rounds
<input checked="" type="checkbox"/>	Patient management discussions	<input checked="" type="checkbox"/>	Small group discussions
<input checked="" type="checkbox"/>	Conferences specific to rotation	<input type="checkbox"/>	Bedside clinical rounds
<input checked="" type="checkbox"/>	Individual instruction of procedures	<input checked="" type="checkbox"/>	Review of diagnostic studies, including radiology
<input type="checkbox"/>	Other: _____		

**Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:**

Residents are provided with protected time during which they can develop and hone their skills in outpatient medicine. The mix of diseases seen will be dependent upon the electives agreed upon by the resident and director, but usually includes both general medical and subspecialty patients, and both service and private patients. Residents are expected to provide direct patient care under supervision of attending physicians.

**Check the principal ancillary education materials used:**

- |                                     |                             |                                     |                              |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/>            | Reading lists               | <input type="checkbox"/>            | Pathologic material          |
| <input checked="" type="checkbox"/> | Radiologic studies          | <input checked="" type="checkbox"/> | Other noninvasive studies    |
| <input type="checkbox"/>            | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/>            | Other: _____                | <input type="checkbox"/>            | Case studies                 |

**Methods used to evaluate the resident and the rotation:**

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance and professionalism   |
| <input checked="" type="checkbox"/> | Evaluation of attending teaching skills and other attributes  |
| <input checked="" type="checkbox"/> | Rotation assessment by resident   |
| <input checked="" type="checkbox"/> | Observation of resident's clinical competency   |
| <input checked="" type="checkbox"/> | Observation of resident's leadership and teaching skills  |
| <input checked="" type="checkbox"/> | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input checked="" type="checkbox"/> | Resident's attendance of rounds and conferences monitored   |
| <input type="checkbox"/>            | Other: _____  |

**Identify strengths and limitations specific to the resources of the sponsoring institution:**

The strength of this rotation lies in the large list of community physicians donating their time to this important teaching effort, thus providing the residents with an interesting choice of electives which may be tailored to their individual needs.

**Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)**

Ambulatory Care Seminar	Monday	12:15-1:00 PM
Primary Care Morning Report	Friday	8:15-9:00 AM

*9/18/07: Reviewed with residents / faculty at Postgraduate Education Committee*