

Name of rotation: Continuity Medical Clinic

Division: General Internal Medicine

Course Director: John Hong, M.D.

Site: Faculty Practice Office

Duration of rotation: [x] Longitudinal only

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

The continuity medical clinics provide a longitudinal experience in general internal medicine for one half day per week for all three years of residency. Residents gain experience in outpatient chronic disease management, preventive health, patient counseling, and managing common acute ambulatory problems. They are also taught how and when to seek subspecialty consultation and how to provide general medicine consultations to subspecialists. With medical office assistants, nurses, and nurse practitioners all working in the clinic, they are exposed to a multidisciplinary approach to patient care. This allows residents to participate effectively in the coordination of care across health care settings. In accomplishing the above, residents develop continuous, long-term therapeutic relationships with a panel of general internal medicine patients.

Residents work with faculty, Continuity Clinic Mentors, with whom they develop meaningful longitudinal relationships throughout the duration of residency training. The faculty supervises the residents with a 1:4 preceptor:learner ratio.

The Faculty Practice Office Resident Clinic provides primary care services for a diverse patient population, University staff and faculty, people from surrounding neighborhoods, and from more distant communities. The Faculty Practice Office is located in the University of Maryland Professional Building just one block from the main hospital.

Resident responsibilities, including interns and residents:

Over the course of three years, residents will receive progressive responsibility for patient care, leadership, teaching, and administration.

The residents and interns are expected to be the primary care provider for their patients and fulfill the responsibility for chronic disease management, management of acute health problems, and preventive health care. They coordinate patient care with subspecialists, provide preventive care including counseling on behavior modification, and provide general medical consults on their patients to other physicians. Residents are contacted throughout the week by phone to address issues and questions on their patients which occur when they are not in clinic and are expected to document the content of all phone conversations in the medical record. Residents are encouraged to see their patients when they are hospitalized and provide input regarding their care to the inpatient resident.

Group Practice: Collectively, the house officer's individual panel is part of a larger shared resident practice partnership. House officers assigned to clinics each day review all new patient information and determine appropriate actions. Communications of the decisions are forwarded to the primary care house officer for each patient.

PreClinic Conference: Residents are expected to arrive in the practice area promptly at 1:00 PM. Practice sessions will begin with a half-hour didactic session prepared by a designated resident from 1-1:30 PM. Selected discussion topics will be derived through the Yale Office-Based Medicine Curriculum and supplemented by questions arising from the house officers' patients encounters in practice. A faculty member also will attend and facilitate the preclinic conference sessions.

Ambulatory Portfolio: Adult learning theory and education research supports portfolio-based learning for physicians at all levels. All house officers will be responsible for the maintenance of their individual Ambulatory Portfolios.

Educational objectives:

During this rotation the PGY-1 resident will:

Patient Care

1. Gather essential and accurate information about the patient.
2. Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence, clinical judgment, and patient preference.
3. Carry out patient management plans, including appropriate follow up of all diagnostic tests ordered.
4. Accurately document information gathered from as well as given to each patient.
5. Provide effective health maintenance and anticipatory guidance.

Medical Knowledge

1. Discuss the diagnosis and treatment of common problems encountered in an outpatient clinic.
2. Demonstrate an investigatory and analytic approach to clinical problem solving and knowledge acquisition.

Practice-Based Learning

1. Develop and maintain a willingness to learn from errors.
2. Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.

Interpersonal and Communication Skills

1. Demonstrate the ability to create and maintain a therapeutic relationship with patients and families.
2. Communicate effectively and respectfully with other members of the health care team.

System-Based Practice

1. Demonstrate commitment to the practice of cost-effective medical care.
2. Anticipate problems patients/care givers may face in negotiating the health care system and advocates on the patient's behalf.
3. Identify and work with other health care professionals and organizations that may assist in a patient's care.
4. Partner with members of the health-care team to manage complex patient issues.

During this rotation the PGY-2 resident will:**Patient Care**

1. Gather essential and accurate information about the patient independently.
2. Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence, clinical judgment, and patient preference with occasional attending assistance.
3. Carry out patient management plans, including appropriate follow up of all diagnostic tests ordered with intermittent attending consultation.
4. Accurately document information gathered from as well as given to each patient.
5. Provide effective health maintenance and anticipatory guidance for all patients.
6. Competently assess severity of and appropriately triage most common medical conditions in ambulatory practice.
7. Competently assess and appropriately triage medical test results of the resident group practice and communicate actions to the appropriate primary resident as appropriate.

Medical Knowledge

1. Demonstrate sufficient medical knowledge to evaluate and manage most common ambulatory medical conditions.
2. Continue to expand expertise regarding problems encountered in an outpatient clinic.
3. Demonstrate an investigatory and analytic approach to clinical problem solving and knowledge acquisition.

Practice-Based Learning

1. Develop and maintain a willingness to learn from errors.
2. Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
3. Assess practice style and identify areas requiring improvement and implement changes accordingly.

Interpersonal and Communication Skills

1. Demonstrate the ability to create and maintain a therapeutic relationship with patients and families.
2. Communicate effectively and respectfully with other members of the health care team.

System-Based Practice

1. Demonstrate commitment to the practice of cost-effective medical care.
2. Anticipate problems patients/care givers may face in negotiating the health care system and advocates on the patient's behalf.
3. Identify and work with other health care professionals and organizations that may assist in a patient's care.
4. Function as the coordinator of a health-care team to manage complex patient issues.

During this rotation the PGY-3 and above resident will:

Patient Care

1. Gather essential and accurate information about the patient efficiently and with minimal attending assistance.
2. Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence, clinical judgment, and patient preference with occasional attending assistance.
3. Carry out patient management plans, including appropriate follow up of all diagnostic tests ordered independently.
4. Accurately document information gathered from as well as given to each patient.
5. Provide effective health maintenance and anticipatory guidance for all patients.
6. Competently assess severity of and appropriately triage less common medical conditions in ambulatory practice.
7. Competently assess and appropriately triage medical test results of the resident group practice and communicate actions to the appropriate primary resident as appropriate.

Medical Knowledge

1. Demonstrate sufficient medical knowledge to evaluate and manage common and uncommon ambulatory medical conditions.
2. Continue to expand expertise regarding problems encountered in an outpatient clinic.
3. Demonstrate an investigatory and analytic approach to clinical problem solving and knowledge acquisition.

Practice-Based Learning

1. Demonstrate clear willingness to learn from errors.
2. Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems on a consistent basis.
3. Assess practice style critically and identify areas requiring improvement and implement changes accordingly.

Interpersonal and Communication Skills

1. Demonstrate the ability to create and maintain a therapeutic relationship with patients and families.
2. Communicate effectively and respectfully with other members of the health care team.

System-Based Practice

1. Demonstrate commitment to the practice of cost-effective medical care.
2. Anticipate problems patients/care givers may face in negotiating the health care system and advocates on the patient's behalf.
3. Identify and work with other health care professionals and organizations that may assist in a patient's care.
4. Function as the coordinator of a health-care team to manage complex patient issues.

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 checked="" type="checkbox"/> | Bedside clinical rounds |
| <input checked="" type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies, including radiology |
| <input checked="" type="checkbox"/> | Other: Ambulatory Portfolio | | |

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

Residents see patients with a broad mix of medical problems. The payer mix being 60% commercial insurance, 35% Medicare, 5% self-pay.

The attending physicians are responsible for seeing and evaluating all patients with house officers.

Check the principal ancillary education materials used:

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

Methods used to evaluate the resident and the rotation:

- [x] Evaluation of residency performance and professionalism
- [x] Evaluation of attending teaching skills and other attributes
- [x] Rotation assessment by resident
- [x] Observation of resident's clinical competency
- [x] Observation of resident's leadership and teaching skills
- [x] Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- [x] Resident's attendance of rounds and conferences monitored
- [x] Resident's Portfolio Review
- [x] Multi-source evaluation of resident performance
- [x] Other: Evaluation of interviewing skills and approach to psychosocial problems

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

Our strengths lie in the level of supervision we are able to provide and the stability and commitment of the clinic attendings. The nursing staff also provides excellent support and guidance to the residents. This site provides all ancillary services such as phlebotomy and radiology.

Appendix: Ambulatory Portfolio

Introduction to Portfolio learning

Portfolio-based learning is strongly supported from the principles of adult learning theory and education research. Physicians learn best by identifying their own education needs and designing plans to meet those needs with the help of a faculty advisor. A portfolio provides documentation of accomplishments and competency acquired over time. The portfolio will be reviewed periodically to aid in identifying future learning needs based on set goals. These future learning needs are used to then update your written Personal Learning Plan. These plans are prepared with the help of your continuity Clinic Mentor on a quarterly basis. You should identify specific goals for the next quarter and how these goals will be met.

Your Ambulatory Portfolio

Contents can range from descriptions of interesting or difficult patients to research or teaching presentations. Much of the required documentation reflects responsibilities of which you fulfill during your routine practice sessions. The folder will be kept on file in the Faculty Practice Office Resident Continuity Clinic administrative office and will be available during Practice Sessions.

Organization

- Section 1** **Personal Learning Plan.** You will complete a learning plan at each quarterly meeting with your Continuity Clinic Mentor. You will also review the plan from the previous quarter and document evidence of learning undertaken.

- Section 2** **Semi-Annual Reviews.** Your Continuity Clinic Mentor will be meeting with you quarterly to review your portfolio and provide feedback. An evaluation form will be completed and placed in this section for your review and a copy will be sent to your Department of Medicine file.

- Section 3** **Practice Panel.** This section will document patients for whom you serve as the primary care physician. This list is best maintained within PowerChart and updated in your portfolio periodically. You will get a sense of accomplishment when you periodically review your growing panel list. This information will also be essential in the completion of your PBL modules.

- Section 4** **Competencies-**Documentation of clinical competency. This will include a minimum of 4 Mini-CEX's to be completed during the internship year in the ambulatory setting. Documentation of proficiency physical exam skills. Also, office procedural competency can be documented here.

- Section 5** **Presentations and Modules.** This section will document clinic conference presentations and clinic conference topics completed.

- Section 6** **Evaluation of Performance Data.** This section will document evaluations of performance data for each resident's continuity panel as well as data-based action plans. Faculty will provide guidance for developing action plans for improvement and evaluated these plans at least twice a year.

- Section 7** **Ambulatory Block Rotation.** Depending on the year of training, there are a number of Presentations, PBL modules, and other learning activities that are completed during ambulatory block rotations.