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# Introduction

Ambulatory rotation is designed to fulfill the ACGME criteria for outpatient clinic exposure

to include a minimum of 130 distinct half-day outpatient sessions, extending at least over a 30-month period, devoted to longitudinal care of the residents’ panel of patients.

# Educational Setting/Clinical Expectations

The Ambulatory block is a 1 week rotation that takes place every 5 weeks. The block is comprised of continuity clinics and subspecialty clinics. The residents will have 4 half days of continuity clinic with their clinic preceptor. Three residents maintain their panel of patients by use of a color and team code to promote continuity of care. Friday mornings are dedicated to core ambulatory academic topics with one of the clinic preceptors. Friday afternoons are spent in an Acute Care/Walk-In clinic or to a Study Hall time/Administrative Tasks/Simulation Laboratory.

During the ambulatory blocks, the residents are expected to attend noon conferences.

**Educational Objectives**

The teaching objectives during this rotation include: learning the appropriate history and physical exam for focused, expanded, detailed, and comprehensive outpatient visit; establishing a process for reviewing and following up on normal and abnormal labs and studies; performing common ambulatory office procedures; becoming proficient in discussions about, healthy habits and lifestyle, recommending age appropriate screening and preventive measures and the use of guidelines. Residents are expected to learn and incorporate high value care as well as patient preferences for long term management in an ambulatory setting.

**Core Reading (CR)**

Residents are expected to demonstrate appropriate knowledge and be able to apply it to patient care. Residents will be given educational resources for the academic year during their first clinic week orientation. An onsite library includes texts on, dermatology, primary care medicine, physical exam, common office procedures.

# Formal Didactic Teaching

The didactic program includes lectures, web-based content, questions, clinical case presentations and discussions. The program must give each resident an opportunity to review most of the core curriculum topics. There should be opportunities for the residents to interact with other residents and faculty in educational sessions at a frequency sufficient for peer-peer and peer-faculty interaction.

Patient based teaching occurs on a 1:1 interaction between resident and their attending physician. This process covers pathophysiology, current evidence in diagnostic and therapeutic decisions to ensure a meaningful and continuous teaching relationship between the same two attending physicians and resident over a three year period..

**High-Value Care**

This section should incorporate into the subspecialty curriculum attributes of high-value care for residents, which is considered to be the “seventh core competency”. The five-step model for thinking about high-value cost-conscious care should be introduced to the residents:

* *Step 1*: Understand the benefits, harms, and relative costs of the interventions being considered;
* *Step 2:* Decrease or eliminate the use of interventions that provide no benefits and/or may be harmful;
* *Step 3:* Choose interventions and care settings that maximize benefits, minimize harm, and reduce costs;
* *Step 4*: Customize a care plan with each patient that incorporates the patient’s values and addresses patient and family concerns;
* Step 5: Identify system level opportunities to improve outcomes, minimize harm, and reduce healthcare waste.

The Choosing Wisely campaign is an initiative of the ABIM Foundation, which is aimed at sparking conversations between providers and patients to ensure the right care is delivered at the right time. To bring value and cost into daily practice, this section should list the subspecialty list of 5 “Things Providers and Patients Should Question” that have been developed and endorsed by the subspecialty organization, and posted on the Choosing Wisely website (<http://www.choosingwisely.org>). These evidence-based recommendations should be discussed to help make wise decisions about the most appropriate care based on a patients’ individual situation.

**Directly Supervised Procedures (DSP)**

This section includes the most common tests/procedures that the resident will be either observing or participating in. These procedures must be logged on the New Innovations website, noting the nature of the procedure and the name of the supervisor.

## Supervision and Lines of Responsibility

Interns and residents will work directly under the supervision of attending physician.

**Methods used to Evaluate the Resident during the Rotation**

Methods used to evaluate the resident during the rotation include for example, monitoring of the resident's attendance of clinics, rounds and conferences; review of the resident's clinic progress notes and documentation of procedures in the chart; evaluation of residency performance and professionalism; observation of resident's clinical competency; observation of resident's leadership and teaching skills, 360 annual evaluation by clinic staff and patients.

**Methods used for Resident Feedback**

Every fall residents are invited to participate in an anonymous resident survey looking for positives, negatives, opportunities to improve the ambulatory experience and to evaluate the teaching staff. Raw data as well as the complied findings are submitted to the DIO, Program director, teaching staff and posted in the morning report room.

### Principle Educational Goals by Relevant Competency and PGY Level

**1) Patient Care**

|  |  |
| --- | --- |
| **PGY1** | **Evaluation Tools** |
| Obtain a complete History |   |
| Perform a Prioritized Exam |  |
| Generate and prioritize differential diagnoses for each problem |  |
| Initiate the plan for common ailments |   |
| **PGY2** |  |
| obtaining detailed and pertinent HPI and physical exam  |  |
| Develop appropriate care plan |  |
| Manage acute and chronic complex diseases |   |
| Recognize situations requiring urgent or emergent care |  |
| Able to recognize cost effective principles |  |
| **PGY3** | **Evaluation Tools** |
| Obtain a complete History |   |
| Define and identify the main problems which lead to the admission |  |
| Generate and prioritize a broader differential diagnoses for each problem |  |
| Understand the approach to common and rare diagnosis |   |
| Be able to generate a treatment plan  |  |
| Understand when the patient is ready for discharge  |  |
| Be able to coordinate a discharge plan with emphasis on the longitudinal care of the patient |  |

**2) Medical Knowledge**

|  |  |
| --- | --- |
| **PGY-1** | **Evaluation Tools** |
| Able to apply knowledge of the basic and clinical sciences to common medical conditions |  |
| Able to formulate clinical questions to expand current knowledge base |  |
| **PGY2** |  |
| Demonstrates knowledge of pathophysiology of uncommon diseases |  |
| Understands and demonstrates the use of literature in the management of patients |  |
| **PGY-3** | **Evaluation Tools** |
| Able to apply knowledge of the basic and clinical sciences to common medical conditions |  |
| Able to formulate clinical questions to expand current knowledge base |  |
| Demonstrates knowledge of pathophysiology of uncommon diseases |  |
| Understands and demonstrates the use of literature in the management of patients |  |
| Able to utilize medical literature to solve clinical problems |  |

**3) Practice-Based Learning and Improvement**

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| --- | --- |
| **PGY-1** | **Evaluation Tools** |
| Able to identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients |  |
| Able to identify quality improvement opportunities within the inpatient setting |  |
| **PGY-2** |  |
| Demonstrates knowledge in the quality improvement cycle |  |
| Demonstrates knowledge of inpatient quality measures |  |
| **PGY-3** | **Evaluation Tools** |
| Able to identify and acknowledge gaps in personal knowledge and skills in the care of outpatient patients |  |
| Able to identify quality improvement opportunities within the outpatient setting |  |
| Demonstrates knowledge in the quality improvement cycle |  |
| Demonstrates knowledge of outpatient quality measures |  |
| Cites and utilizes quality data to justify and adjust practice |  |
| Demonstrates multidisciplinary collaboration in solving clinical problems |  |

**4) Interpersonal Skills and Communication**

|  |  |
| --- | --- |
| **PGY-1** | **Evaluation Tools** |
| Communicates care plan effectively with patients and families |  |
| Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients |  |
| Present patient information concisely and clearly, verbally and in writing to peers and conducts handoffs appropriately |  |
| **PGY-2** |  |
| Teach colleagues effectively |  |
| Communicates effectively to multidisciplinary team and call consults |  |
| Communicates with the primary team effectively while handing off patients |  |
| **PGY-3** | **Evaluation Tools** |
| Communicates care plan effectively with patients and families |  |
| Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients and seeking consults |  |
| Present patient information concisely and clearly, verbally and in writing to peers and conducts handoffs appropriately |  |
| Able to communicate with patients and families concerning goals of care |  |
| Demonstrates effective communication with difficult patients |  |

**5) Professionalism**

|  |  |
| --- | --- |
| PGY-1,2,3 | **Evaluations Tools** |
| Able to communicate the basic plan to the patient and family members |  |
| Behaves respectfully towards the patient and their families and ancillary staff |  |

**6) Systems-Based Practice**

|  |  |
| --- | --- |
| PGY-1, 2 and 3 | Evaluation Tools |
| Understand the roles of being the primary team and effectively communicating with ancillary staff and consult services |  |
| Provides detail oriented yet succinct progress notes |  |
| Has an understanding of the principles of cost-effective, evidence-based care |  |
| Utilizes all members of the multidisciplinary team to effectively provide care to high-risk patients |  |
| Proposes cost-effective diagnostic and treatment plans |  |

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