

Outpatient Curriculum

Goal

A significant part of the general internist's practice takes place in the outpatient setting. The ambulatory care rotations provide the resident with the cognitive, clinical and organizational skills to diagnose and manage the wide range of issues that occur in the primary care setting.

Rotations in a variety of urgent care and subspecialty environments as well as in resident continuity clinic will help the resident to (1) describe the roles of the primary care provider and subspecialist in the evaluation and management of subspecialty problems, (2) understand the use of practice guidelines and evidence-based management strategies when available for common outpatient problems, (3) understand risk factors for the development of common chronic illnesses, (4) understand the appropriate use of population-based screening and prevention measures, (5) gain exposure to community resources useful in general practice and telemedicine and, (6) foster long-standing patient relationships within continuity clinic.

Objectives

Patient Care

- I. Provide patient care that is compassionate, appropriate and effective for the prevention and treatment of common outpatient disorders.

Medical Knowledge

- I. Develop the knowledge and skills to obtain an appropriate history and focused physical exam on patients presenting in the outpatient setting.
 - a. Elicit risk factors for common outpatient conditions including asthma and COPD, cancer, cardiovascular disease, depression, diabetes, DVT, HIV, hypertension, obesity, osteoporosis, STDs and sleep apnea.
 - b. Screen for addictive behaviors including alcohol abuse, tobacco abuse and recreational and prescription drug abuse.
 - c. Screen for domestic violence.
 - d. Survey for preventative health behaviors including seat belt and helmet use, dental care, immunizations, and STD prevention.
- II. Through participation in primary care clinic, subspecialty clinic, and general medicine continuity clinic, develop an approach to patients with acute outpatient complaints and systemic complaints seen commonly in the ambulatory general internal medicine setting including:
 - a. abdominal pain
 - b. anemia
 - c. anxiety and depression
 - d. low back pain
 - e. chest pain
 - f. claudication

- g. constipation
- h. cough
- i. diarrhea
- j. dyslipidemia
- k. dyspepsia
- l. dyspnea
- m. edema
- n. falls
- o. fatigue
- p. fever
- q. gall bladder disease
- r. gastroesophageal reflux disease
- s. gout
- t. hematochezia
- u. hypertension
- v. incontinence
- w. joint pain and/or swelling
- x. lymphadenopathy
- y. melena
- z. nephrolithiasis
- aa. osteoporosis
- bb. palpitations
- cc. rash
- dd. sleep disorders
- ee. syncope
- ff. upper respiratory tract infection
- gg. urinary tract infection
- hh. weight loss/gain

III. Demonstrate competency in performing the following procedures:

- a. Anoscopy
- b. Breast exam
- c. Cryosurgery with liquid nitrogen
- d. Digital rectal exam
- e. EKG interpretation
- f. Injections to trigger points/joints/bursae
- g. Joint aspiration
- h. Pelvic exam with Pap smear, KOH and saline preps
- i. Skin biopsy
- j. STD culture technique
- k. Stool Guaiac
- l. Urinalysis

IV. Develop skills in a variety of subspecialties to better address the needs of patients seen commonly in ambulatory practice. The objectives for these clinic rotations are as follows:

Allergy Clinic

- a. Demonstrate an understanding of the clinical presentation and treatment of allergic, vasomotor and polyp-related rhinitis; urticaria and asthma.
- b. Demonstrate an understanding of the indications for allergy consultation.

Dermatology Clinic

- a. Describe skin lesions using precise dermatologic language and develop a differential diagnosis based on the morphology of the skin lesions.
- b. Perform a thorough skin exam (including hair, nails, mucous membranes) looking for cutaneous signs of systemic disease.
- c. Perform, under supervision, diagnostic and therapeutic procedures (e.g., punch biopsy, freezing warts).
- d. Demonstrate ability to evaluate and treat acne, alopecia, eczema and seborrheic and contact dermatitis.
- e. Learn to counsel and instruct patients and their families regarding prevention, cause, management, and prognosis of skin disease.

Gestational Diabetes and Endocrine Clinic

- a. Demonstrate an understanding of the risk factors associated with diabetes and the natural history of gestational diabetes.
- b. Demonstrate proficiency in the management of diabetes in pregnancy and an understanding of therapeutic options in diabetes mellitus.
- c. Demonstrate proficiency in the evaluation and management of hypo- and hyperthyroidism.

HIV Clinic

- a. Demonstrate an understanding of the natural history of HIV disease, including the presentation of acute retroviral syndrome, markers of disease, and clinical progression.
- b. Demonstrate an understanding of the principles of antiretroviral therapy.
- c. Demonstrate knowledge of recommendations for immunizations and prevention of opportunistic infections.
- d. Demonstrate an understanding of the treatment of major opportunistic infections, including PCP, fungal infections, mycobacterial infections and CMV.

Neurology Clinic

- a. Demonstrate proficiency in the neurologic examination.
- b. Demonstrate the ability to arrive at a differential diagnosis for a broad range of neurologic symptoms.
- c. Demonstrate competence in the evaluation and treatment of dementia, dizziness, neuropathy, seizure disorders and headaches.

Primary Care Clinic*

- a. Build medical knowledge in areas not traditionally covered in internal medicine, such as orthopedics, ophthalmology, otolaryngology, gynecology and urology.
- b. Develop competence in the focused evaluation of patients with acute complaints.
- c. Develop skills in time management.

Renal Clinic

- a. Develop the knowledge and skills to obtain an appropriate history on patients at risk for or with renal disease.
- b. Develop competence in the evaluation and treatment of dysuria, edema, hematuria, history of nephrolithiasis, impotence, proteinuria, and systemic features of secondary renal disease (rash, arthritis, etc.).
- c. Become proficient in the management of chronic renal failure and end-stage renal disease and counselling patients approaching dialysis.
- d. Become proficient in evidence-based use of antihypertensive drugs.
- e. Understand issues related to the evaluation and internal medicine management of patients awaiting or with a renal transplant, including familiarity with the management of immunosuppressive treatment and its complications.

Rheumatology Clinic

- a. Demonstrate the ability to perform a focused history and joint physical exam.
- b. Perform, under supervision, joint aspirations and injections of trigger points, joints and bursae.
- c. Demonstrate competence in the evaluation and treatment of connective tissue disease.
- d. Demonstrate competence in the evaluation and treatment of arthritis.

*Additional experience in Primary Care Clinic is provided in a 2-week block rotation paired with the night float rotation.

Practice-Based Learning and Improvement

- I. Utilize multidisciplinary approach to manage patients with complex psychosocial needs, involving social workers, case workers, public health, nurses, pharmacists, and dieticians.
- II. Be able to access clinical practice guidelines to help improve patient care
 - a. HTN - www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm.
 - b. Asthma - www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf
 - c. Cholesterol - www.nhlbi.nih.gov/guidelines/cholesterol/index.htm.
 - d. COPD - www.goldcopd.com
 - e. Diabetes - www.aace.com/clin/guidelines
 - f. Obesity - www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm.
- III. Research specific clinical questions arising from patient care for best evidence-based practice.
- IV. Use appropriate clinical consultation to improve patient care.
- V. Review patient care errors with attention to changes in systems to prevent recurrence.
- VI. Utilize information technology to enhance patient education.

- VII. Develop strategies for effective time management in the ambulatory setting.

Interpersonal and Communication Skills

- I. Communicate effectively with patients and families in a compassionate, culturally sensitive and patient-centered manner to improve understanding and compliance.
- II. Develop specific skills for dealing effectively with specific patient populations, including the following groups:
 - a. elderly patients
 - b. illiterate patients
 - c. patients lacking insight
 - d. patients acting against medical advice
 - e. frustrated and/or angry patients or families
 - f. patients with chronic, recurrent disease
 - g. narcotic-seeking patients
- III. Develop skills to counsel patients on the following issues:
 - a. Advanced directives/Living wills
 - b. Cancer screening risks and benefits
 - c. Cholesterol screening
 - d. Contraception
 - e. Domestic violence
 - f. Drug use
 - g. Health maintenance and health promotion, including dental care and prophylaxis, nutrition, exercise, and immunizations
 - h. Hormone replacement therapy
 - i. Prenatal counseling
 - j. Skin cancer screening
 - k. Smoking cessation
 - l. Weight loss including risk for obesity-related medical conditions and possible pharmacologic and surgical treatment options.
- IV. Ensure charting is legible, thoughtful, complete and timely to facilitate communication within the health care team.
- V. Use telemedicine and internet communication to effectively manage patient care.
- VI. Communicate with consultants to ensure appropriate and complete care and follow-up.

Professionalism

- I. Understand how to advocate for patient care.
- II. Understand impact of gender, age, culture, religion, and socioeconomic status on patient choices regarding their care.
- III. Develop a respectful, compassionate approach to counseling patients on the risks and benefits of various therapies.
- IV. Work efficiently in clinic, making an effort to see patients in a timely fashion.
- V. Return patient phone calls and e-mails in a timely fashion.

- VI. Provide meaningful feedback to colleagues and students regarding performance and behavior.

Systems-Based Practice

- I. Understand and utilize community resources for substance abuse, mental health disorders, the elderly, and domestic violence and elder abuse.
- II. Look for ways to improve patient access to the system of social workers, back office personnel, billing, and referral coordinators to ensure patients receive optimal care.
- III. Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management.
- IV. Develop an understanding of quality improvement, risk management, insurance issues, managed care structure, billing and cost-effectiveness within a practice.

Teaching Methods

- I. Attending supervision of resident activities in patient care, including joint review of pertinent history and physical findings and appropriate discussion of evidence-based medical decision-making with support from resources (text and online) available in clinics.
- II. Teaching rounds
- III. Conferences
 - Noon conference on primary care topics
 - Morning Report
- IV. Recommended reading
- V. ACP Clinical Skills Series Videos
 - Clinical Breast Exam
 - Pelvic Exam
 - Counseling for Behavior Change

Resident Evaluation

- I. Attending feedback to residents on strengths and weaknesses throughout the rotation with a focus on self-improvement.
- II. Attending written evaluation of residents at the end of the rotation
- III. Mini-CEX bedside evaluation tool

Resources

Harrison's Principles of Internal Medicine

Cecil Textbook of Medicine

Up to Date, available on-line via SBCH library

MDConsult, available on-line via SBCH library

Gorroll's Primary Care Medicine

Barker's Principles of Ambulatory Medicine

Residents should review Annals of Internal Medicine for recent Updates appropriate to the clinic in which they are scheduled as well as ACP journal club for pertinent articles.

Ambulatory Block Rotations^{1,2}

	Monday	Tuesday	Wednesday	Thursday	Friday
8 am -9 am	am report	am report	am report	am report	am report
9 am -12 pm			ALLERGY 1x qmo ID	GESTATIONA L DIABETES	
12 pm -1 pm	noon conf	noon conf	noon conf	noon conf	noon conf
1 pm – 5 pm	RHEUM	DERM 1x qmo x 6 mos	RENAL 1x qmo	NEURO	DERM 1x qmo x 6 mos PCC

¹Resident continuity clinics will occur ½ day per week in all tracks. Encounters, including visit complexity and panel size, will be tracked by provider to expose residents to productivity data tracking.

²Individual research time can be arranged. Scholarly activity projects include original research, performance improvement projects, and the development of evidence-based institution practice guidelines. Residents will present their ongoing scholarly activity projects in an informal format with the resident facilitating a discussion about their project and their experience, problems, and pitfalls with the research process.