

**University of Michigan Health System  
Internal Medicine Residency**

**Curriculum for the Ambulatory Block Rotations**

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**Rotation Goals and Educational Purpose**

The majority of medical care occurs in the ambulatory setting; therefore, internists must be comfortable managing both acute and chronic conditions outside the hospital. These block rotations in ambulatory medicine combine general and subspecialty ambulatory care experiences to provide broad exposure for each trainee. Residents will be able to diagnose and manage a broad range of important outpatient internal medicine and primary care health and disease states. Residents will understand the logistics of and work in a variety of practice environments.

This rotation is mandatory for residents at all house officer levels.

**Rotation Competency Objectives**

In supplement to the University of Michigan Longitudinal Learning Objectives, the following provide an overview of the knowledge, skills, and behaviors promoted in this rotation.

**I. Patient Care and Medical Knowledge**

- a. By completion of each block rotation, HO1 residents will
  - i. Obtain a problem-focused history and physical exam for common ambulatory symptoms or symptom complexes (see sample conditions in the attached Appendix). Histories and physicals will be hypothesis generating;
  - ii. Develop a differential diagnosis and diagnostic plan for each complaint;
  - iii. Balance principles of evidence-based practice, cost-effectiveness, and individual patient preferences and values when developing patient-centered diagnostic and treatment plans;
  - iv. Identify preventive health and screening interventions for each patient, taking into account individual patient preferences and values;
  - v. Demonstrate knowledge of procedural indications, contraindications, necessary equipment, process for handling specimens and patient after-care. Attend to patient comfort throughout procedures.
- b. By completion of the block in HO2, residents will additionally
  - i. Use appropriate clinical consultation to improve patient care;
  - ii. Initiate and monitor longitudinal plans of care for patients with chronic medical conditions;

- iii. Independently generate diagnostic and therapeutic plans for nearly all common medical presenting complaints (see Appendix).
- c. By completion of the HO3 block, residents will additionally
  - i. Independently generate a differential diagnosis and initial diagnostic plan for common non-medical complaints seen in the ambulatory medical setting (e.g. rash, skin lesion, ENT concerns, ocular complaints, complications of pregnancy, gynecologic concerns, minor soft tissue trauma, joint trauma, urologic disorders, psychiatric disorders; see Appendix);
  - ii. Utilize agenda setting and time management skills to care for patients efficiently and effectively in the ambulatory setting;
  - iii. Efficiently and independently diagnose and manage common urgent ambulatory complaints.

## **II. Practice-Based Learning and Improvement**

- a. During the HO1 block, residents will
  - i. Utilize information resources (technology-based and non-technology based) to formulate and support patient care decisions. They will also use these resources for self, peer, and patient education;
  - ii. Utilize practice guidelines and published evidence to evaluate their personal continuity patient practice, seeking to improve care for both individual patients and patient populations;
  - iii. Incorporate concepts of prior probability and likelihood ratios in the ordering and interpretation of diagnostic tests.
- b. During the HO2 block, residents will additionally
  - i. Independently apply knowledge of study design and statistics to critical appraisal of relevant literature in clinical settings.

## **III. Interpersonal and Communication Skills**

- a. By completion of the HO1 block, residents will
  - i. Conduct interviews with patients and their families in a compassionate and patient-centered manner;
  - ii. Create therapeutic relationships with patients and their families, including but not limited to the elderly and those with chronic or recurrent illnesses;
  - iii. Under supervision, perform effective telephone management of patients between visits;
  - iv. Communicate respectfully with consultants, allied staff, and peers;
  - v. Create thorough and accurate written documentation that is legible, timely and congruent with medical standards.
- b. By completion of the HO2 block rotation, residents will additionally
  - i. Establish rapport with patients from diverse culture backgrounds;
  - ii. Successfully negotiate most “difficult” patient encounters. Develop and use effective negotiation, mediation, counseling, and motivational communication skills to interact with a variety of patients, including but not limited to those with anger, frustration, anxiety, depression, poor cognitive functioning, and addictive behaviors;

- iii. With decreasing supervision, perform effective telephone management of patients between visits;
  - iv. Under supervision, engage patients and their families or advocates in decisions in the end of life setting including discussions regarding options for care.
- c. By completion of the HO3 rotation,
- i. With minimal direction, engage patients in shared decision making for ambiguous or controversial scenarios;
  - ii. Successfully engage in shared decision making in multi-cultural contexts;
  - iii. Successfully negotiate nearly all “difficult” patient encounters.

#### **IV. Professionalism**

- a. Throughout the rotation all residents will
- i. Avoid judgmental behavior in patient interactions;
  - ii. Provide empathic and compassionate patient care, weighing all decisions with patient values;
  - iii. Provide timely appointments, phone calls, and written patient correspondence;
  - iv. Provide meaningful feedback to colleagues and students regarding performance and behavior;
  - v. Complete dictations, consultation requests, and consultation correspondence in a timely manner;
  - vi. Follow-up on test and lab results in a timely manner;
  - vii. Respond to pages, phone calls, and emails about patient care in a timely manner.

#### **V. Systems-Based Practice**

- a. By completion of the rotation during HO1, residents will
- i. Collaborate with nurses, medical assistants, case managers, pharmacists, social workers, and other allied professional staff in the continuity clinic setting to provide comprehensive medical care;
  - ii. Under supervision, utilize community referral resources for patients in need of care for alcohol and drug abuse, tobacco use, depression, anxiety, domestic violence/abuse, and home care;
  - iii. Communicate with scheduling coordinators, billing specialists, and referral coordinators as necessary to facilitate patient care;
  - iv. Generate patient care documentation that accurately reflects provided, medically necessary services, and that reflects CPT coding requirements.
- b. By completion of HO2, residents will additionally
- i. Incorporate cost-effective considerations into care approaches, minimizing unnecessary care and unnecessary delays of care;
  - ii. Under supervision, activate ambulatory medical care delivery systems, including visiting nurse care, ambulatory rehabilitation resources, social services, home hospice, transportation services, and alternatives to acute care hospitalization.
- c. By completion of HO3, residents will additionally

- i. Partner with case managers and other providers to identify and act on improvement opportunities for the health system;
- ii. Under supervision, provide coordinated care as an ambulatory consultant for patients with complex conditions, supporting the primary care relationship while activating subspecialty care systems;
- iii. Identify and participate in systems-based improvement opportunities.

## **Teaching Methods**

- I.** Supervised Patient Care – The emphasis of the rotation is on experiential learning. The acquisition of new knowledge, attitudes, and skills takes place through supervised patient care. Attending physicians fully review each patient interaction. Medical decision-making is then a joint venture, with an increasing role by the resident as his/her experience grows. Patients present from a broad range of socioeconomic backgrounds, ages, and levels of acuity. Experiences are provided in medically underserved clinics, university clinics, community health centers, urgent care clinics, and subspecialty clinics. Additionally, non-medical specialty clinics (e.g. dermatology, gynecology, and orthopedics) are included in the available learning venues.
- II.** Structured Didactics and Small Group Learning
  - a. Ambulatory Morning Report (AMR)– Mandatory for all ambulatory block residents, M-F, 7:30-8:30 AM. Residents will present patient cases for group discussion with Chief Resident and faculty facilitation. In addition, AMR includes the following special monthly learning opportunities: billing and coding review, women’s health, otolaryngology, and ophthalmology.
  - b. Thursday Learning Sessions – Mandatory for all ambulatory block residents, Thursday afternoons 1PM – 5PM. These small group sessions review evidence-based medicine, geriatric care, patient safety/care systems, and other topics.
- III.** Special projects
  - a. All residents should be prepared to present patient cases for Ambulatory Morning Report.
  - b. Reflective essays are assigned for experiences with underserved populations (as assigned by the Education Coordinator).
- IV.** Independent study
  - a. Residents must complete the Coding 101 online multimedia curriculum, available at <http://www.sitemaker.umich.edu/coding101> or via the link on the residency curriculum website. HO3 residents must complete the online graded examination and submit a printed certificate of passing score to the ambulatory CMR by conclusion of the 3<sup>rd</sup> week of their block rotation.
  - b. Residents are expected to complete the current year’s Johns Hopkins Internet Learning Center modules covering: preoperative medicine, sports medicine, ENT, and ophthalmology. Access the modules using your standard continuity clinic login and note the appropriate modules as listed under the Announcements. You may also select additional modules from the “available modules” list.

- c. Ophthalmology online learning is provided by the U o Michigan's Kellogg Eye Center. [<http://www.kellogg.umich.edu/theeyeshaveit/index.html> ] Start with the Instructional Mode and proceed on to Quiz Mode to test your prowess!
- d. Dermatology online training is available at: <http://dermnetnz.org/>
- e. ENT online case-based training is available through Clinical Otolaryngology Online ("COOL") at: <http://www.entnet.org/EducationAndResearch/COOL.cfm>
- f. ENT/Oral Health presentations by U of Michigan faculty and selected oral health readings are posted on the residency program's conference archives webpage at: [https://sitemaker.umich.edu/conference.archives/ears\\_nose\\_throat\\_oral\\_health\\_collection](https://sitemaker.umich.edu/conference.archives/ears_nose_throat_oral_health_collection)
- g. Residents are expected to explore the EBM resources discussed during the Thursday afternoon Learning Sessions. Online tutorials regarding EBM skills are available from the University of Massachusetts Medical School at: <http://library.umassmed.edu/EBM/tutorials/index.cfm> and from the Health Sciences Library of University of North Carolina and the Duke University Medical Center Library at: <http://www.hsl.unc.edu/Services/Tutorials/EBM/>
- h. Procedure videos are available through the New England Journal of Medicine Videos in Clinical Medicine series. Access is available via Taubman electronic journals:  
 Pelvic examination and Pap testing:  
<http://content.nejm.org/cgi/content/short/356/26/e26>  
 Abscess incision & drainage:  
<http://content.nejm.org/cgi/content/short/357/19/e20>  
 Knee arthrocentesis:  
<http://content.nejm.org/cgi/content/short/354/19/e19>  
 Blood pressure measurement:  
<http://content.nejm.org/cgi/content/short/360/5/e6>
- i. Residents may review Ambulatory Morning Report presentations of interest by accessing the program's AMR archives at: [https://sitemaker.umich.edu/conference.archives/ambulatory\\_morning\\_report](https://sitemaker.umich.edu/conference.archives/ambulatory_morning_report)
- j. Residents are expected to independently research care for their patients, using resources available on the U of M Clinical Homepage (<http://www.med.umich.edu/clinical/>) and the Taubman Medical Library (<http://www.lib.umich.edu/hsl/>).

### **Evaluation Methods**

All residents are evaluated on the core competencies for each rotation through on-line attending evaluations at the end of the month. These evaluations become a part of the resident's file and are incorporated into semiannual performance reviews for each resident. Residents also complete evaluations each month of the rotation and of the faculty. During the month, specific verbal, face-to-face feedback is delivered individually to residents.

## **Schedule**

The schedule varies by rotation, Monday through Friday. Present to Ambulatory Morning Report to meet with the Ambulatory Chief Medical Resident for general orientation on the first day. Parking is provided for the Taubman Center lot during this rotation; your pass card will be keyed to allow automatic entry during the rotation.

Attendance at midday residency conferences is *optional [noted by conferences in brackets]* during this rotation, due to assignment at ambulatory sites off the medical campus. Therefore, non-attended conferences are not included in the denominator of the monitored attendance rate. Residents are encouraged to access the Grand Rounds simulcast and/or conference archives to view missed conferences.

Residents do not have weekend duty while on this rotation.

|    | Monday  | Tuesday                                       | Wednesday                                     | Thursday   | Friday  |
|----|---|---|---|--|---|
| AM | 7:30 -8:30<br>Ambulatory<br>Morning<br>Report | 7:30 -8:30<br>Ambulatory<br>Morning<br>Report | 7:30 -8:30<br>Ambulatory<br>Morning<br>Report | 7:30 -8:30<br>Ambulatory<br>Morning<br>Report        | 7:30 -8:30<br>Ambulatory<br>Morning<br>Report |
|    | 8:30 – noon<br>see individual<br>schedule     | 8:30 – noon<br>see individual<br>schedule     | 8:30 – noon<br>see individual<br>schedule     | 8:30 – noon<br>see individual<br>schedule            | 8:30 – noon<br>see individual<br>schedule     |
| PM | <i>[12:00 Noon<br/>Conference]</i>            | <i>[12:30 Intern<br/>Report]</i>              | <i>[12:00 Noon<br/>Conference]</i>            | <i>[12:00 Board<br/>Review, Jan –<br/>June only]</i> | <i>[12:00 Grand<br/>Rounds]</i>               |
|    | 1:00 – 5:00<br>see individual<br>schedule     | 1:00 – 5:00<br>see individual<br>schedule     | 1:00 – 5:00<br>see individual<br>schedule     | 1:00 - 5:00<br>TLS                                   | 1:00 – 5:00<br>see individual<br>schedule     |

## APPENDIX

### General Medicine – Suggested Ambulatory Rotation Learning Topics

(Note: This list is not all-inclusive. It is meant as a starting point for major ambulatory learning topics.)

#### ***Allergy:***

Angioedema  
Urticaria

#### ***Cardiovascular:***

Coronary artery disease  
Endocarditis prophylaxis  
Hyperlipidemia  
Hypertension  
Peripheral artery disease  
Valvular heart disease

#### ***Dermatology:***

Acne  
Alopecia  
Dermatitis (i.e. eczema, seborrheic, contact)

#### ***Endocrine:***

Adrenal insufficiency  
Diabetes mellitus  
Impaired glucose tolerance  
Osteopenia / osteoporosis  
Pituitary abnormalities  
Thyroid nodule and disorders

#### ***ENT:***

Allergic rhinitis  
Hearing loss  
Otitis media / externa  
Pharyngitis  
Sinusitis

#### ***Gastrointestinal:***

Constipation  
Diarrhea  
Dyspepsia  
GERD  
GI bleeding  
Inflammatory bowel disease  
Irritable bowel syndrome  
Peptic ulcer disease

***Hematology:***

Anemia  
Lymphadenopathy  
Pancytopenia  
Polycythemia

***Nephrology:***

Renal failure – acute and chronic  
Nephrolithiasis  
Proteinuria

***Neurology:***

Dementia and memory loss  
Headache / migraine  
Neuropathy

***Ophthalmology:***

Conjunctivitis / red eyes  
Floaters

***Psychiatry:***

Anxiety / Panic Disorder  
Depression  
Eating disorders  
Insomnia  
Schizophrenia  
Somatization  
Substance abuse (i.e. alcohol, illicit drugs, prescription drugs)

***Pulmonary:***

Asthma  
COPD  
Pulmonary nodule  
Respiratory infections  
Sleep apnea

***Rheumatology/Musculoskeletal:***

Arthralgias / Injuries (i.e. knee, ankle, elbow, shoulder, hip)  
Arthritis  
Back pain – acute and chronic  
Chronic pain syndromes  
Fibromyalgia  
Gout

***Urology:***

Benign prostatic hypertrophy

Erectile dysfunction  
Hematuria  
Incontinence  
Urinary tract infection

***Women's Health:***

Amenorrhea  
Breast mass  
Contraception  
Dysfunctional uterine bleeding  
Hormone replacement therapy  
Menopause  
Pelvic pain  
Prenatal care  
Sexually-transmitted diseases  
Vaginitis

***Symptoms that may involve several systems:***

Chest Pain  
Claudication  
Cough  
Dizziness / vertigo  
Dyspnea  
Edema  
Falls  
Fatigue  
Obesity  
Palpitations  
Syncope  
Weight loss

***Health Care Maintenance / Preventive Health Issues:***

Advanced directives / Living wills / Durable power of attorney  
Cancer screening  
Diet / Nutritional support  
Domestic violence screening  
Driving safety screening  
Exercise  
HIV screening  
Home safety screening  
Immunizations  
Preoperative screening