

## **Introduction**

Welcome to the University Internal Medicine ambulatory block rotation! We hope you enjoy your learning experience this month. This rotation is intended to give you experience in working with general medicine patients with acute and chronic complaints, and afford you the opportunity to improve your ambulatory skills.

### **Educational Goals:**

1. To enhance the residents' history taking and physical diagnosis skills.
2. To develop differential diagnoses and formulate a treatment plan in an outpatient setting.
3. To manage the outpatient illnesses which are commonly cared for by the general internist.
4. To develop expertise in caring for outpatients with hypertension, diabetes, hyperlipidemia, and obesity.
5. To understand the indications/need for appropriate outpatient subspecialty consultation.
6. To demonstrate the interpersonal skills and to communicate effectively with patients and families.
7. To effectively work with an interdisciplinary team in the outpatient setting.
8. To recognize the unique challenges associated with caring for a medically underserved population.

### **Teaching methods:**

1. Conferences – Ambulatory morning report Mondays 8-8:30am 8<sup>th</sup> floor RT conference room. Residents present cases of interest for discussion. Brief topics may be presented by attendings or residents.
2. Noon conferences – Per the Internal Medicine program. Residents are expected to attend these while on the ambulatory rotation.
3. Precepting – Residents present patients to attendings. These patient encounters generally consist of two types – acute care and ongoing chronic care. The main emphasis is on the acute presentation of illness, and residents are expected to cover chronic illnesses, in this type of encounter, only to the extent necessary to provide immediate care. Some patient will be scheduled for ongoing chronic issues in which case these should be addressed in sufficient detail until the patient's next appointment in continuity clinic.
4. Procedures – Residents will be afforded the opportunity to have attending supervision over various procedures such as joint and soft tissue injections and pelvic exams. An attending must be contacted prior to the procedure.
5. Syllabus – Residents are expected to read the syllabus during the rotation and use it as a reference tool.
6. Phone messages/lab – One resident will work with the attendings to manage phone messages and abnormal labs, pathology and radiology reports every morning. At the beginning of the month, the residents will make their own schedule ensuring that they will each do this rotation at least once.