

November 2019

### Goals and Objectives for the Ambulatory Care/Clinics Rotation

The Ambulatory Clinics rotation will take place in GIM and Internal Medicine sub-specialty out-patient clinics. Potential clinic sites include the Health Sciences Centre, St. Clare's Mercy Hospital, Kidney Care Centre at Mount Pearl Square, and Major's Path Clinic sites. **Residents will be required to attend at least 7 clinics per week, doing at least one clinic per day.** The list of clinics to be attended must be submitted two weeks prior to the beginning of the rotation. The days when the resident is not in clinic the resident will be at academic half-day (Tuesday 2-5 pm in first six months and Thursday 2-5 pm after that), following up on investigations/documentation of patients they have seen in clinic and reading around cases. Residents will be expected to efficiently assess new and follow-up out-patients, come up with a plan using shared-decision making and document/dictate each patient encounter. Specifically, they will become familiar and gain experience managing common out-patient conditions of Internal Medicine, not generally seen in the in-patient setting including managing thyroid disease, hypertension, dyslipidemia, and CKD among others.

It is expected that trainees will demonstrate ongoing development in each of the CanMEDS roles such that the depth, sophistication, efficiency and proficiency of their performance increases with experience. Review of rotation objectives will be done in conjunction with creation of a learning contract at the beginning of the rotation. Residents will be evaluated on their patient presentations and procedural skill, including via direct observation by the attending Internist/Subspecialist.

This rotation is not amenable to longitudinal evaluation as residents are supervised by different faculty in each clinic. **Assessment will be carried out through the completion of a MUNCAT EPA encounter in each clinic.** Residents are encouraged to contact clinic faculty in advance of the clinic to facilitate logistical planning of these EPA encounters and to plan clinical encounters that will meet their learning objectives as per their learning contract. The Learning Contract for this rotation is to be submitted 2 weeks in advance with the clinic schedule below.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Ambulatory clinic rotation. These will depend on the learner's stage of training, progress and individual learning needs. The learning contract and rotational goals created at the beginning of the rotation can help specify which EPAs the learner may want to focus on throughout their rotation.

#### **Transition to Discipline**

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

#### **Foundations**

F7: Identifying personal learning needs while caring for patients, and addressing those needs

## **Core**

C1: Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations

C2: Assessing and managing patients with complex chronic conditions

### **MEDICAL EXPERT:**

1. To elicit a focused history that encompasses and characterizes the patients presenting problems.
2. To perform a physical examination with elucidation of findings relevant to the patients presenting problem and to understand the physiological and pathophysiological mechanisms responsible for normal and abnormal findings.
3. To be able to synthesize findings on history and physical and to be able to present these findings in an accurate, concise and organized manner.
4. To develop a problem list with a rational cost effective plan for diagnosis and management.
5. Be able to access and synthesize information from medical literature to apply directly to the care of patients.
6. To develop knowledge of conditions that present primarily in the Ambulatory Care setting, including thyroid disease, hypertension, hyperlipidemia, diabetes mellitus, irritable bowel syndrome, HIV, chronic renal failure and any other.

### **COMMUNICATOR:**

1. Establish a therapeutic relationship with a patient and their family, characterized by trust, empathy and confidentiality, which is adequate to enable the physician to effectively and empathetically gather information and guide therapy.
2. To gain skills in communicating with primary care providers and to ensure optimal management of patients.
3. To learn to communicate effectively and efficiently with colleagues both verbally and through written and dictated records.

### **COLLABORATOR:**

1. To know when to consult other specialties and other care givers appropriately.
2. To be able to develop investigations, treatment, and continuing care plans, in partnership with the patient and other care providers.
3. To develop skills in managing chronic conditions as part of the multi-disciplinary team (example: cardiac risk reduction, HIV, hepatitis C, diabetes).

### **LEADER:**

1. To utilize resources efficiently to balance patient care and health care economics.
2. To understand the cost of medications and impact that this has on patients such that the most efficient modalities possible can be utilized to treat them.
3. To start to develop the skills of office management, tracking the lab work, and patient follow-up.

**HEALTH ADVOCATE:**

1. To identify important determinants of patient's health.
2. To develop effective preventative medicine strategies for patients.
3. To intercede on behalf of patients as the patients weave through the complex health care institutions and services.

**SCHOLAR:**

1. To demonstrate an understanding of the fundamentals of basic sciences related to General Internal Medicine.
2. To demonstrate an understanding of the fundamentals of critical analysis of the scientific medical literature in General Internal Medicine appropriate to the level of training, as it pertains to patients seen Ambulatory Care.
3. To demonstrate the ability to assess the efficiencies in their own knowledge base and to develop and implement a strategy for continuing medical education.
4. To have a firm grip on the methods of medical informatics.

**PROFESSIONAL:**

1. To develop the skills to develop the highest quality care of the outpatient setting with integrity, honesty, and compassion.
2. To exhibit appropriate personal and interpersonal professional behavior.
3. To beware of racial, cultural, and societal issues that impact on the delivery of health care.

**List of Ambulatory Clinics and Attending Staff**  
**Preceptors for PGY 1 Ambulatory Care Rotation**

PGY – 1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Each PGY 1 Trainee must submit to the Program Director’s Office at least 2 weeks prior to the start of their Ambulatory Care Rotation, a list of at least seven Ambulatory Clinics, to be attended each week.

Each Ambulatory Clinic listed will be evaluated individually by the Attending Staff Preceptor and Evaluation Forms will be made available through One45.

	<b>Clinic Preceptor Location</b>	<b>Clinic Type</b>	<b>Clinic Time</b>
1	_____ _____	_____	_____
2	_____ _____	_____	_____
3	_____ _____	_____	_____
4	_____ _____	_____	_____
5	_____ _____	_____	_____
6	_____ _____	_____	_____
7	_____ _____	_____	_____