

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY
URGENT CARE CURRICULUM

Target: PGY 1-3
Updated September 2018

A. EDUCATIONAL OVERVIEW

Urgent Care Medicine is the provision of immediate medical services for the treatment of acute illness and injury and exacerbation of chronic illness. Residents on the Urgent Care Clinic (UCC) are expected to develop and demonstrate the clinical skills required to competently provide medical care for adult patients, including diagnosis of a wide range of acute and chronic medical conditions, initial treatment, and referral for comprehensive medical care.

B. ROTATION DESCRIPTION AND STRUCTURE

Training in urgent care takes place in the Urgent Care Clinic (UCC; previously known as Medical Walk-in Clinic) at Olive View-UCLA Medical Center. Housestaff trainees will be at any level of training, but typically PGY-2 and PGY-3. Rotations will be two weeks in length, typically with a minimum of four weeks over the three-year categorical training. During the rotation, the resident will be assigned to work both the morning and afternoon clinical shifts, which are designed to be compliant with duty-hour regulations. Residents will provide direct care to patients presenting to the clinic. All patient care will be supervised by attending physicians in General Internal Medicine. Resident rotators from other training programs may also be assigned to UCC, and trainees will be assigned separate patients.

C. GOALS & OBJECTIVES

The goal of the Urgent Care rotation centers around the urgent care model of practice devoted to evaluation of acute complaints. Residents are expected to achieve the common goals and objectives of clinical care (see separate document) in addition to the following goals and objectives by the completion of training (PGY 3), unless otherwise noted.

- 1. Goal: Initiate evaluation and provide basic management of common complaints and conditions seen in Urgent Care.**
 - Perform a focused, pertinent patient history and exam (PGY 1) that includes details to accurately describe triggers, complexity and severity of the acute condition (PGY 2/3). (PC1, MK1)
 - Select available laboratory and imaging tests in a manner that promotes high value care (cost-effective, higher benefit). (PC1/2, MK1, SBP3)
 - Perform common in-clinic procedures to add diagnostic information, including tonometry, fundoscopy, fluorescein corneal exam, arthrocentesis, pelvic exam, and anoscopy. (PC1/4)
 - Interpret available information to develop an accurate differential diagnosis and assessment of the patient's condition. (PC1)
 - Identify high-risk conditions and triage patients appropriately. (PC3)

- 2. Goal: Provide timely, appropriate management and referral for the condition or diagnosis.**
 - Assess risk and severity of illness to triage patients to the most appropriate level of care (e.g. urgent care, emergency room, and inpatient). (PC1-3)

- Develop treatment plans tailored to the problem(s) being address and informed by evidence-based medicine and practice guidelines. (PC2/3, PBLI4, SBP1)
- Refer patients to subspecialty consultation for appropriate indications and with appropriate expediency (e.g. urgent consultation or outpatient referral). (PC3/5)

3. Goal: Understand and perform basic bedside medical procedures for diagnosis and therapeutic management.

Procedures: Peripheral IV placement, Venous blood draw, Repair of simple laceration, Incision and drainage (I&D) of abscess, Arthrocentesis, Basic splinting.

- Explain the indications, risks, benefits, and complications of these procedures. (MK2)
- Perform these procedures competently and independently. (PC4, MK2)

4. Goal: Coordinate and transition patient care safely and effectively (PGY 1).

- Engage other clinical team members, including nurses, technicians, and clerks to coordinate care in the clinic and at discharge. (SBP1, ICS2, PROF1)
- Seek help appropriately from the supervising physician. (PC3, PROF2)
- Provide effective verbal and written medical information to the patient to promote medical understanding and self-care, including use of language appropriate to the patient, assessment of patient understanding, and anticipatory guidance. (ICS12, PC3, PROF3)
- Complete clinical documentation accurately and punctually. (ICS3, PROF2)

5. Goal: Address the needs and rights of the patient in the context of the healthcare system (PGY 1).

- Identify the goals of the patient and articulate to the patient how his/her goals are being addressed. (PROF3, ICS1, PC3)
- Seek consent from the appropriate medical decision-maker according to local laws, whether the patient, surrogate decision-maker, or two physicians when appropriate. (PC3)
- Keep patients (and families when appropriate) informed of the medical concerns and decisions, including diagnostic work-up, recommended treatment, and disposition plan. (ICS1, PC3)
- Identify and incorporate the patient's cultural and socioeconomic factors into the management plan. (PC2/3, PROF3)
- Maintain patient confidentiality and privacy, particular when dealing with sensitive medical topics. (PROF4)

D. CLINICAL TOPICS IN URGENT CARE

Trainees are expected to be able to explain the differential diagnosis, general diagnostic approach, and management for these common signs, symptoms, conditions, and diseases. For examination and procedural skills, trainees are expected to describe their indications, perform them, and interpret their results. (MK1/2)

- Neurologic and Psychiatric Conditions
 - Headache

- Vertigo
- Dizziness
- Syncope
- Depression
- Anxiety
- Insomnia
- Ophthalmologic
 - Eye pain
 - Red eye
 - Eye trauma
 - Visual change
- ENT
 - Ear pain
 - Tinnitus
 - Hearing loss
 - Allergic rhinitis
 - Epistaxis
- Oral and Dental
 - Dental pain
 - Mucocele
 - Oral candidiasis
 - Oral herpes simplex
 - Sialolithiasis
 - TMJ syndrome
- Cardiovascular
 - Chest pain (typical and atypical)
 - Palpitations
 - Hypertension (acute and chronic)
- Pulmonary
 - Cough
 - Dyspnea
 - Hemoptysis
- Gastrointestinal

- Common complaints: dysphagia, dyspepsia, vomiting, diarrhea, abdominal pain, rectal bleeding, rectal pain, jaundice
- GERD
- Hemorrhoids
- Cirrhosis
- Hepatitis
- Urological
 - Common complaints: dysuria, hematuria, scrotal pain, urinary retention, urinary incontinence
 - Nephrolithiasis
 - Urinary tract infection
- Gynecologic & Women's Health
 - Pelvic pain
 - Vaginal: bleeding, discharge
 - Breast: pain, discharge, galactorrhea, mass
- Musculoskeletal
 - Pain: neck, shoulder, wrist/hand, back, hip, knee, ankle, foot
 - Rheumatoid arthritis
 - Osteoarthritis
 - Gout
 - Fractures – simple closed
- Soft Tissue
 - Animal bites
 - Foreign body and puncture wounds
 - Paronychia
 - Ingrown toenail
 - Stasis ulcers
- Dermatologic
 - Dermatitis (contact, eczema)
 - Herpes zoster
 - Burns
 - Scabies
 - Tinea
 - Warts
 - Psoriasis

- Drug eruptions
 - Rosacea
- Endocrine
 - Diabetes
 - Hypothyroidism, Hyperthyroidism, Thyroiditis
 - Thyroid nodule
- Infectious
 - Odontogenic abscess
 - Sinusitis and Otitis
 - Upper respiratory infection
 - Pharyngitis, Tonsillitis, and Peritonsillar abscess
 - Pneumonia, Bronchitis
 - Gastroenteritis
 - Diverticulitis
 - Urinary tract infection (UTI)
 - Prostatitis
 - Sexually transmitted infection (STI)
 - Cellulitis and abscess
- Renal
 - Renal failure (acute and chronic)
 - Fluid and electrolyte imbalance
- General Medical
 - Fever
 - Edema
 - Fatigue and weakness
 - Lymphadenopathy
 - Substance abuse
- Procedures & Skills
 - Tonopen
 - Fundoscopy
 - Fluorescein
 - Arthrocentesis
 - Soft tissue injection
 - Incision & drainage

- Suture removal
- Splinting
- Anoscopy
- Pelvic exam
- EKG interpretation
- Chest x-ray interpretation

E. TEACHING METHODS

Clinical education is primarily achieved through direct patient care and attending rounds with the supervising attending physician. Bedside teaching may be employed to role model physical examination techniques, role model counseling skills, and teach and perform procedures. The attending physician may also add didactic lectures.

Housestaff are expected to supplement their learning with additional self-directed reading using available resources.

Housestaff are expected to attend daily Noon Conference during this rotation.

F. SUPERVISION AND EVALUATION

All housestaff and patient care will be supervised by the attending physician.

Residents will be evaluated by the supervising attending. Direct verbal feedback may be provided during the shift. A composite written evaluation will be submitted electronically at the end of the rotation. This can be reviewed by the resident at any time and will be reviewed with the housestaff during the Clinical Competency Committee meeting.

Direct observation and feedback of interviewing, examination, and/or counseling skills may be documented with the Mini-CEX.

G. EDUCATIONAL RESOURCES

Electronic resources are also available through the internet at Olive View-UCLA Medical Center and through UCLA.

- UpToDate
- Dynamed (coming)
- Harrison's Principles of Internal Medicine
- PubMed
- Visual Diagnosis (VisualDx)