

AMBULATORY MEDICINE CURRICULUM

Target: PGY 1-3

Updated September 2018

A. EDUCATIONAL OVERVIEW

The Ambulatory Medicine rotation trains physicians to provide comprehensive care in the outpatient setting, with particular emphasis on providing Primary Care for a panel of continuity patients, with the ultimate goal of acquiring proficiency to independently practice outpatient general internal medicine. Residents are expected to develop clinical skills to diagnose and treat general medical diseases, including common acute medical problems and common chronic diseases, and manage patient populations through the Patient Centered Medical Home (PCMH).

B. ROTATION DESCRIPTION AND STRUCTURE

Training in the Ambulatory Medicine (Amb Med) rotation applies to all trainees in the program. Trainees will rotate onto the Amb Med week every fifth week according to the 4+1 schedule. The curriculum spans and progresses across the entirety of the three years of categorical medicine training (one year for preliminary medicine trainees).

The curriculum consists of clinical education through both direct patient care and didactics. During the Amb Med week, trainees provide patient care to their continuity panel of patients in the Primary Care clinics at Olive View-UCLA Medical Center (OVMC) and Mid-Valley Comprehensive Health Center (MVCHC), which both serve patients in the Department of Health Services (DHS). During the Amb Med week, trainees will additionally be assigned to outpatient subspecialty clinics (PGY 1-3) and panel management sessions (“admin” time for PGY 2-3).

Didactic sessions during Amb Med week are scheduled separately from clinic duties and are mandatory. The didactic series starts during the first year of training and progresses to advanced topics during the second and third years of training, and therefore interns (PGY 1) will attend didactics separately from residents (PGY 2-3).

Additional self-study is highly recommended for all levels of training through the web-based Hopkins modules.

The whole housestaff body is divided into five cohorts called Pods, such that members of each Pod will rotate on Amb Med together every fifth week.

C. GOALS & OBJECTIVES

Trainees are expected to achieve the common goals and objectives of clinical care (see separate document) in addition to meeting these goals and objectives for the practice of general internal medicine. The following list of curricular topics closely follows the morning didactic curriculum (morning lectures and Hopkins modules) during Amb Med weeks for interns and residents. As training progresses, interns and residents are expected to demonstrate increasing sophistication from basic knowledge and skills to advanced nuances of clinical care.

This list includes ambulatory topics that the program feels are most important and may not be taught in other rotations. Separate goals and objectives are provided for the subspecialty clinics (see subspecialty consult curricula).

1. General Health Maintenance**a. Goal: Maintain and update adult primary care patients on vaccinations and immunizations according to recommended guidelines.**

- State (and refer to) the current schedule for adult vaccines and immunizations. (MK1)

- Explain the risks and benefits for individual patients. (PC2, PROF3)
- b. Goal: Maintain and update adult primary care patients on cancer screening according to recommended guidelines.**
- State (and refer to) the current recommendations for cancer screening in adults. (MK1)
 - Counsel patients on their individual risks and benefits for screening. (PC2/3, MK1)

2. Cardiovascular Conditions & Diseases

- a. Goal: Evaluate and manage patients with acute or chronic hypertension according to recommended guidelines.**
- Describe diagnostic criteria for hypertension and blood pressure goals in individual patients. (PC1/2, MK1)
 - Recommend non-pharmacologic treatments to manage high blood pressure. (PC2)
 - Prescribe and monitor appropriate pharmacologic treatments to manage high blood pressure, taking into account benefits, side effects, and patient preference. (PC2, MK1, PROF3)
- b. Goal: Evaluate and manage patients with hyperlipidemia according to recommended guidelines.**
- Describe diagnostic criteria for hyperlipidemia and lipid profile goals in individual patients. (PC1, MK1)
 - Recommend non-pharmacologic treatments to manage hyperlipidemia. (PC2)
 - Prescribe and monitor appropriate pharmacologic treatments to manage hyperlipidemia, taking into account benefits, side effects, and patient preference. (PC2, MK1, PROF3)
- c. Goal: Help smokers effectively quit smoking and maintain smoking cessation.**
- Identify the patient's "stage of change" and leverage this during counseling to help the patient progress to smoking cessation. (PC1/2, PROF3, ICS1)
 - Refer patients to resources for smoking cessation. (PC5, SBP1)
 - Recommend pharmacologic therapies when appropriate. (PC2)

3. Endocrine Conditions & Diseases

- a. Goal: Manage patients with chronic diabetes mellitus and acute hyperglycemia to help them achieve recommended treatment goals.**
- Describe diagnostic criteria for diabetes and management goals in individual patients. (PC1, MK1)
 - Recommend non-pharmacologic therapies to manage diabetes, including lifestyle modification, education classes, and nutrition counseling. (PC2/5, SBP1)

- Prescribe and monitor oral medications to manage diabetes, taking into account benefits and side effects. (PC2, MK1)
- Prescribe and monitor an insulin regimen to manage diabetes when appropriate, taking into account benefits, side effects, individual patient requirements, and patient preference (PC2, MK1, PROF3)
- Monitor for and counsel patients on the complications of long-term diabetes, including cardiovascular disease, nephropathy, retinopathy, and neuropathy. (PC1/2, MK1)

b. Goal: Help overweight and obese patients effectively lose weight.

- Identify obesity and overweight using objective criteria. (PC1, MK1)
- Identify individualized weight loss goals in partnership with the patient. (PC2, PROF3)
- Utilize different therapies to achieve weight loss goals, including referral to appropriate, available resources. (PC2/5, SBP1)

4. Behavioral Health Topics

a. Goal: Evaluate and manage patients with acute or chronic depression.

- Describe the diagnostic criteria for major depression. (PC1, MK1)
- Screen and diagnose patients with clinical depression. (PC1, SBP1)
- Utilize appropriate therapies to manage depression, including referral to appropriate, available resources. (PC2, SBP1)

b. Goal: Evaluate and manage patients with acute or chronic anxiety.

- Screen and diagnose patients with anxiety and general anxiety disorder. (PC1, MK1)
- Utilize appropriate therapies to manage depression, including referral to appropriate, available resources. (PC2/5, SBP1)

c. Goal: Evaluate and manage patients with acute or chronic alcohol abuse.

- Describe guidelines for appropriate and excessive alcohol use. (PC1, MK1)
- Screen and diagnose patients with alcohol abuse. (PC1)
- Utilize appropriate therapies for individual patients, including referral to appropriate, available resources. (PC2/5, SBP1)

5. Pulmonary Conditions & Diseases

a. Goal: Evaluate and manage patients with acute and chronic asthma to reduce symptoms and exacerbations according to recommended guidelines.

- Describe the differential diagnosis for asthma and wheezes. (PC1, MK1)
- Describe current asthma classification scheme and goals of therapy. (MK1)

- Employ a stepwise approach to treatment of asthma to achieve recommended goals. (PC2)
- b. Goal: Evaluate and manage patients with acute and chronic COPD to reduce symptoms and exacerbations according to recommended guidelines.**
 - Describe the differential diagnosis for COPD. (PC1, MK1)
 - Describe current COPD classification scheme and goals of therapy. (MK1)
 - Employ a stepwise approach to treatment of COPD to achieve recommended goals. (PC2)
- c. Goal: Evaluate and manage patients with acute upper respiratory infections (URI).**
 - Distinguish viral URIs from bacterial infection using the history and exam. (PC1)
 - Recommend common over-the-counter medications and other therapies for specific URI symptoms. (PC2)

6. Musculoskeletal Conditions & Diseases

- a. Goal: Evaluate and manage a patient with a painful knee or shoulder.**
 - Perform the comprehensive knee exam confidently. (PC1)
 - Perform the comprehensive shoulder exam confidently. (PC1)
 - Explain the major differential diagnoses for knee and shoulder pain. (PC1, MK1)
- b. Goal: Evaluate and manage a patient with acute and chronic back pain.**
 - Perform a comprehensive exam for back pain, including neurological exam. (PC1)
 - Identify “red flag” symptoms and exam findings. (PC1/3)
 - Explain the differential diagnosis and major treatment modalities for back pain. (PC1/2)
- c. Goal: Evaluate and manage a patient with acute or chronic non-cancer pain in a manner that is safe and reduces risks to the patient.**
 - Explain the etiology of acute or chronic pain, including recognition of neuropathic pain. (PC1, MK1)
 - Select treatment therapies (pharmacologic and non-pharmacologic) that are appropriate to the etiology and escalate in treatment intensity only when indicated. (PC2, SBP3)
 - Use advanced diagnostic imaging (CT, MRI) sparingly and with adequate justification for evaluation of acute or chronic pain. (PC2, SBP3)

7. Gastrointestinal Conditions & Diseases

- a. Goal: Appropriately screen for and manage patients at risk for viral hepatitis in the outpatient setting.**

- Describe when to vaccinate against Hepatitis A/B, when and how to screen for Hepatitis B/C, and incorporate this into routine health maintenance practice. (PC1, MK1)
- Explain the serologies used to screen for and diagnose acute and chronic viral hepatitis, and know when to refer to a specialist for management. (PC1/5, MK1)

b. Goal: Evaluate and manage chronic liver cirrhosis.

- Monitor for and counsel patients on the complications of cirrhosis, including decompensated cirrhosis and liver cancer. (PC1, MK1)
- Treat or refer cirrhotic patients for complications or decompensation. (PC1-3/5)

c. Goal: Diagnose and manage patients with dyspepsia and GERD.

- Explain how to diagnose dyspepsia and GERD, and differentiate between them. (PC1, MK1)
- Treat dyspepsia and GERD, and know when to refer to GI. (PC1-3/5)

8. Geriatric Topics

a. Goal: Evaluate and manage patients with or suspected of having dementia.

- Describe the diagnostic criteria for dementia. (MK1)
- Differentiate between the major causes of dementia in patients. (PC1, MK1)
- Provide appropriate treatment for dementia with medications and/or referral when appropriate. (PC2/5)

b. Goal: Recognize and minimize polypharmacy (especially in geriatric patients).

- Identify the most important medications that contribute to polypharmacy on the updated Beer's list. (PC1, MK1, SBP3)
- Apply risk-benefit analysis to de-prescribe medications as appropriate. (PC2/3, SBP3, PROF3)

9. Women's Health Topics

a. Goal: Diagnose and manage patients with osteoporosis.

- Explain when to screen for osteoporosis using current screening guidelines and DEXA scans, and describe the diagnostic criteria for osteoporosis and osteopenia. (PC1-2, MK1)

b. Goal: Diagnose and manage patients with sexually transmitted infections (STIs) and vaginitis.

- Explain when to screen for and how to diagnose STIs (especially chlamydia and GC). (PC2, MK1)
- Diagnose causes of vaginitis (atrophic, BV, trichomonas, candida). (PC2, MK1)

- Treat STIs and the common causes of vaginitis. (PC2, MK1)

c. Goal: Effectively screen and manage patients impacted by intimate partner violence (IPV).

- Describe the prevalence and clinical presentation of IPV. (PC2, MK1)
- Effectively screen patients for physical/sexual/emotional abuse and describe the various existing screening strategies. (PC1, MK1)
- Partner with patients impacted by IPV to refer them to available resources and create action plans that are patient-centered (PC2, PROF3, SBP4)

10. Subspecialty Topics

- a. Ophthalmologic conditions**
- b. Dermatologic conditions**
- c. HIV and Pre-exposure Prophylaxis**

D. TOPICS FOR PROFESSION OF MEDICINE SERIES (PGY 1)

1. Wellness
2. EKG Reading
3. Patient-centered Communication
4. Social Determinants of Health & Implicit Bias
5. Quality Improvement
6. Outpatient Procedures
7. Code Simulation
8. Geriatrics
9. Evidence-based Medicine
10. Teaching and Feedback

E. TOPICS FOR RESIDENT MORNING DIDACTIC SERIES (PGY 2-3)

1. General Topics
 - a. Introduction to Evidence-based Medicine
 - b. Clinical care of LGBT patients*
 - c. Headaches*
2. Cardiovascular Topics
 - a. Point-of-care ultrasound (POCUS) for cardiac exam (volume status, pleural effusions)
 - b. Chronic Kidney Disease (CKD)*
 - c. Smoking*
3. Endocrine Topics

- a. Insulin regimens, advanced
 - b. Gout*
 - c. Thyroid disease*
4. Behavioral Health Topics
- a. Motivational interview and shared decision-making
 - b. Prescription drug misuse*
 - c. Addiction: illicit drugs*
5. Pulmonary Topics
- a. Refugees and asylum work
 - b. Preoperative Evaluation*
 - c. Upper respiratory infections (URI)*
6. Musculoskeletal Topics
- a. Opioid epidemic, non-opioid pain management, pain contracts, CURES*
 - b. Palliative care: pain management*
 - c. Rheumatology: joint pain*
7. Gastrointestinal Topics
- a. Food insecurity
 - b. Anemia
 - c. Dietary supplements
8. Geriatric Topics
- a. Polypharmacy, advanced
 - b. Medicare*
 - c. Elder abuse*
9. Women's Health Topics
- a. Birth control
 - b. Menopause and Hormone replacement therapy (HRT)*
 - c. Dizziness*
10. Social Determinants of Health
- a. Health care disparities, advanced
 - b. HIV*

*Hopkins modules only (no didactic lecture)

F. TEACHING METHODS

Clinical education is provided through direct patient care, didactics, and self-directed learning. The supervising attending physician will add discussion as each clinic patient case is presented. During protected didactic time, faculty will engage the trainees through lectures, small group discussion, and self-reflection. Self-directed learning is expected through the assigned web-based Hopkins modules and/or supplemental reading.

G. 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 throughout the rotation. A composite written evaluation will be submitted electronically in MedHub at least twice yearly, encompassing performance over approximately 6-month periods of the Ambulatory Medicine rotation. These 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.

H. 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)
- Hopkins modules: Instructions on housestaff website; log in at <https://www.peaconline.org/>