AMBULATORY WEEK
OVERVIEW OF EXPERIENCES, RESPONSIBILITIES AND CURRICULUM
Temple University Hospital Internal Medicine Residency Program
2018-2019

I. Faculty

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Temple Internal Medicine Associates Clinic Director	Regina Jacob, M.D. Regina.jacob@tuhs.temple.edu *267-761-0470-*
Ambulatory/Primary Care Chief Resident	Janice Yackoski, M.D. Janice.yackoski@tuhs.temple.edu *267-300-5023*
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Chief Resident Preceptors	Darius Farzad, M.D. Justin Field, M.D. Harwood Scott, M.D.

II. Practice Site/Location

Temple Internal Medicine Associates
3322 N. Broad Street
Philadelphia, PA 19140
Phone (215)-707-1800
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Temple Internal Medicine Associates (TIMA) is a joint resident faculty practice and is a certified level three patient centered medical home. The Patient-Centered Medical Home (PCMH) is a care delivery model whereby patient treatment is coordinated

through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand.

III. Learners

All categorical residents of the Temple University Hospital Internal Medicine residency program will participate in the ambulatory/outpatient week internal medicine curriculum. There are approximately 20 residents who will participate in each ambulatory week and are assigned for the year to be in designated Pod (A-E). Each pod will rotate through ambulatory in a 4+1 system.

IV. Learning objectives & Evaluations

The general goals and objectives of the ambulatory continuity clinic week rotation focus on developing clinical skills and knowledge required of physician practice adult primary care. Emphasis will be on recognition, evaluation, and management of chronic disease and providing preventative care utilizing a multidisciplinary team.

Rotation specific competencies are outlined below in this document. The competencies are progressive, i.e., PGY2/PGY3 competencies are in addition to PGY1 competencies. Faculty evaluates residents quarterly and is detailed in the evaluation section.

V. *Summary of educational activities during the ambulatory week*

1) Academic morning: 8-8:50am didactic sessions Monday through Friday located in the Resident's Annex conference room.

2) 5 half-day clinic sessions
    a. Each week residents will have 5 continuity clinic sessions. Residents will provide primary and urgent care to their continuity patients located in the medical office building.
    b. Upper year residents may have, one of their half day clinics become an "Urgent clinic" where they will see walk-in patients triaged by the nurse, urgent visits, or post hospital discharge patients of the TIMA practice

3) Triage (Telephone)
    a. 1 half day session a week
    b. Coverage system for the residents whom are on vacation or rotations where they are not able to perform their outpatient clinical duties. This includes coverage of electronic health record in basket, urgent refills, or forms.

4) Subspecialty clinic: 1 half day session per week
    a. Interns will be assigned to a specialist for 12 months
    b. Upper years will have the option of being assigned or to choose their own experience (with approval from the course director)

5) Quality Improvement time:
    a. Residents will have 1 half day session per week to work on completing the quality improvement curriculum requirements.
    Please see https://templeim.com/ambulatory/qi/ for more information regarding the QI curriculum

6) Patient Outreach/Panel Management:
    a. Residents will have 1 half day session per week to do proactive outreach and panel management for their patients. The topic will be assigned each block and residents will work to improve the quality of their care through direct patient outreach.

7) Reading Time/Independent Study
    a. Residents will have 1 half day session per week for independent study/Administration time.

Please contact Dr. Lee if you have any questions or concerns related to any aspect of the rotation.

Please see the following pages for detailed descriptions of the components of the rotation.

GENERAL GUIDELINES
Temple University Hospital Internal Medicine Residency
Ambulatory Week 2018-2019

- All residents are expected to be available by phone Monday-Friday from 8:00 AM until 5:00 PM. Vacation or fellowship interview is the only reason that you should not be available by telephone during your Ambulatory week.
- Any personal issues should be scheduled during your Administrative half-day. Otherwise, you are expected to be available in the practice the rest of the week.
- Once during your residency, you may take a vacation during an Ambulatory week. This can only be arranged at the start of the year. Requests for Ambulatory block vacations will not be accepted once the academic year begins.
- Non-Urgent schedule changes must be within the required Departmental and Temple University Physicians practice plan policy of 60 days' notice and must be subject to approval by Dr. Lee and Dr. Jacob.
    - Please email schedule request to the primary care chief resident Dr. Yackoski.

    - Due to the busy nature of the practice, only the most serious reasons for schedule changes will be accepted, and a makeup date will have to be offered for the missed session.
- Urgent schedule changes: Sick emergencies/family emergencies.
    - You must notify immediately:
        - Dr. Jacob, Lee, and Yackoski, and your preceptor for the day.
        - Please Page/call us. Do NOT email.
    - We can reschedule your patients.
    - Residents on QI or Outreach may be pulled to cover patients of a sick colleague.
- Office visit notes are expected to be completed within 48 hours. If there is to be a delay in completing the notes the preceptor must be notified.
- Epic in-basket messages are expected to be viewed once in a 24 hour period during the work week Monday through Friday.
    - Inability to check EPIC in-basket due to vacation or designated rotation listed below you is required to sign out your in basket to the covering MG Triage pool.
        - Designated rotation to sign out the electronic in basket:
            - Night rotation (eg. Night float)
            - CICU/RICU
            - House chief
            - Away rotations (global health)

TIMA
Temple University Hospital Internal Medicine Residency
Ambulatory Week 2018-2019

<u>PRIMARY CARE</u>

1. Residents will have 5 half day clinic sessions a week. Residents will have both regular follow up and emergent care appointments during these sessions for their panel of patients. Half day sessions will typically be the same set morning or afternoon in a residents schedule throughout the year.
    a. Schedules are posted on amion

2. Upper year residents may have, on occasion, one of their half day clinics become an "Urgent clinic" where they will see walk-in patients triage by the nurse, urgent visits, or post hospital discharge patients of TIMA. Please note that we expect that when residents provide urgent care or care for a patient who is not in their continuity panel, it is expected that they identify who the primary physician is (or assume care for the patient if they

cannot) and ensure appropriate follow up. The care undertaken for emergency patients should be aimed at that complaint only and health maintenance left to the PCP.

3. When not in Ambulatory, it is expected that you continue to check your In-Basket every 24 hours. Random check of this will occur throughout the year and failure to adhere to this will be referred to the Clinical Competency Committee. If you can not check your In-Basket every 24 hours, you must sign it out to the Ambulatory pool.
4. For individuals who receive monthly prescriptions of opiates and have a signed narcotic contract with the clinic, every effort must be made to schedule them to see you within 5 weeks when you are next in the office. If this is not possible, ask your attending preceptor to write them a DO NOT FILL prescription (so they do not run out) and see them in person at the next soonest available appointment.

TELEPHONE TRIAGE
Temple University Hospital Internal Medicine Residency
Ambulatory Week 2018-2019

Residents who are on rotations that exempt them from checking their EPIC in basket such as, Night float, Night Owl, RICU, CCU, or will sign out their EPIC in basket to the "MG Ambulatory Pool". Residents on Triage, also referred to as the "bins", will have the responsibility of covering the MG Ambulatory Pool.

While on Triage you will be expected to be present in the telephone triage area of the resident Annex during your half day session, please do not do your triage work anywhere else. The staff will expect to find you in this area to triage patient phone calls or bring you urgent paper work to be filled out for patients. You will also be expected to use a clinic preceptor to answer your questions as they arise during your telephone triage time.

When you start your telephone triage time you must log on to EPIC and assign yourself to the Ambulatory Pool and the Ambulatory Covering Group. This can be done by going to your in basket in EPIC, click on the button "Edit Tools" and select the "MG Ambulatory" check box under pools and covering group in the pop up window. Click "accept" to close the window. By doing this you now assign yourself to the ambulatory pool. At the end of your administration session, you should unselect yourself from the pool, so you do not continue to get the ambulatory messages when you have moved on to your next rotation.

Not only will you be responsible for the EPIC MG ambulatory pool but you will be responsible for the paper bins too. Please check this bin periodically during your administration session.

Your Triage responsibilities will include:

1) Sign-out mailboxes

- People will sign out to Ambulatory pool only if they are unable to check their EPIC Inbasket regularly every 24 hours.

- Check to make sure all people who should have signed out their mailboxes did (vacation, RICU, CCU, Night float, Night Owl, house chief), and if not, notify the Medical director.
    - To sign out an in basket: Go to your EPIC inbasket, select "out" icon at the top of the basket's menu bar. Select the time frame for which you will be out. Select covering group to be "MG Ambulatory" pool and hit accept.
- Mailboxes will be separated out for each person that has signed out
- Check these messages once in the morning and once in the afternoon triage sessions. Focus on the 'Patient Calls', 'RX Requests', 'Results' and 'Staff Messages' sections. You only rarely need to deal with emergent/urgent labs.
- If something needs to be completed in another person's mailbox, complete the task and mark as done.
- Keep your in basket clean! Remove old results/messages that you triaged. Be courteous to your fellow residents covering your boxes, it is very difficult to cover & triage an in basket that has multiple old results/messages/telephone encounters in your in basket.
    - If you want to keep track of an result or telephone encounter you may create a "personal reminder" folder in your inbasket: Go to "staff messages" create a message and address it to yourself. In the message box, write a reminder then click "patient reminder" box on the right hand of the screen. Select "accept" when done. When you refresh you in basket you should see the personal reminder appear.

2) **Med refills**
    - Open refill encounter
    - Input pharmacy phone number
    - Fill Rx through meds and orders
    - Add any comments needed
    - Close encounter
    - Refill requests faxed to the office should be entered into EPIC and e-scripted to the pharmacy, if possible (not faxed). If its super busy, just call the Rxs in and fill out the paper sheet given to you.
    - E-script refill requests should be forwarded to the patient's PCP to be filled.
    - Never refill narcotics. Coumadin should only be refilled for a maximum of 3 months total.
    - Check to see if a patient has been seen in the past 6 months (or sooner for those with multiple co-morbidities). If not, get them in to be seen.

3) **Phone calls** – should be coming as a staff message through Epic
    - Open new telephone encounter
    - Document in the note/progress note section
    - Forward to PCP
    - Close encounter

4) **Forms**

- Check your paper mailbox weekly!
- Urgent forms can be completed and sent in.
- Non-emergent forms can be put in the PCP's mail bin. Additionally, you can send a message to PCP through Epic.
- Forms that require a lot of clinical information should be completed by the PCP. Alternatively, wheelchair requests and disability evaluations can be referred to PM&R.
- Most forms for Home services (Nursing, PT, blood draws) or durable medical equipment require an attending signature. Please do not sign these yourself. Fill out any clinical information and have an attending sign them for you.

5) **Lab/Radiology results**
   - You should only be getting emergent labs sent to you by the nurse. Please manage these results and DOCUMENT everything as a 'Result Note' in EPIC and forward the note/result to the PCP and their preceptor.
   - If you spoke to a patient then document in a TELEPHONE encounter.
   - If non-emergent, forward it to the PCP to manage with issue. Please make result note through Epic if you took an action on a lab (forward to PCP & preceptor).

SUBSPECIALTY EXPERIENCES
Temple University Hospital Internal Medicine Residency
Ambulatory Week 2018-2019

Residents will be assigned 1 half day session a week for a medicine/non-internal medicine subspecialty session. The goal is to gain experience, knowledge, and procedure skills that are relevant to outpatient medicine practice. Attendance at the sessions is mandatory.

Interns will be assigned a medicine/non-internal medicine subspecialty clinic. Upper year residents are required to seek out a subspecialty attending clinic on their own and must get prior approval of that particular subspecialty attending and Dr. Lee before starting their rotation in the clinic. Residents may find this opportunity to be a helpful experience when considering possible fellowship options. For residents who do not wish to seek out a particular subspecialty experience they will be assigned a subspecialty clinic. In most cases, you will be assigned to the same physician weekly for 5 weeks, for a total of two subspecialty experiences per year. Other cases maybe longer.

Please note that assigned subspecialty sessions do not take precedence over other residency educational conferences, including morning report. Residents are expected to be present at Ambulatory morning didactics, then immediately go to their assignment at 9AM. Afternoon sessions begin at 1PM.

If there is an emergency and you are unable to attend a subspecialty session for any reason, please inform Dr. Lee and the subspecialty preceptor as soon as possible and at least 48 hours prior to the scheduled session. Missing assigned subspecialty sessions without giving notice may result in you not receiving credit for the subspecialty experience.

For more information about your assignment please email your IM administrator Autumn Wert (Autumn.wert@tuhs.temple.edu).

DIDACTICS
Temple University Hospital Internal Medicine Residency
Ambulatory Week 2017-2018

- Ambulatory-based didactics occur every weekday from 8:00 AM – 8:50 AM in the resident conference room of the Medical office building. An attending will be present at this conference. The didactics will begin at 8:00 AM sharp so residents are expected to attend the conference and arrive on-time. Tardiness and absences will be tracked. If you believe you will be late or will be absent, you must let the attending or ambulatory chief know as soon as possible.
- Residents who are not seeing patients (continuity clinic, urgent care, subspecialty clinic), should make every attempt to go to resident report, Medicine Grand Rounds and the M&M/CPCs.
- At the conclusion of all conferences, residents on Ambulatory should immediately return to the Medical office building and resume their scheduled duties for the session.
- Residents are required to log their attendance in new innovations. Non-excused absences from conference will be considered professionalism will be reported to the clinical competency committee.
- For the team based learning activities, the residents are required to do the pre-reading assignments posted on the ambulatory page of Templeim.com prior to didactics.
- Didactic schedules are posted on the ambulatory page of Templeim.com

The ambulatory didactic curriculum is an 18 block curriculum (1 block is equivalent to 5 ambulatory weeks) that is cycled twice though out the 3 years of a resident's training. The Didactics are focused on common outpatient medicine topics and each block didactics are assigned a theme of the week. The 18 block curriculum is outlined below.

Block	Theme
1	Intro to Office based practice I
2	Screening, Prevention, Population Health
3	Pain Management/Muscloskeletal
4	Cardiology
5	Psychiatric Disease
6	Pulmonary
7	ID/HIV
8	Endocrine
9	Gastroenterology
10	Renal
11	Geratrics
12	Women's Health
13	Neurology/Dermatology
14	ENT/Optho/Heme
15	Palliative
16	High Value Cost Concious Care
17	Urban curriculum
18	Career Development & Wellness

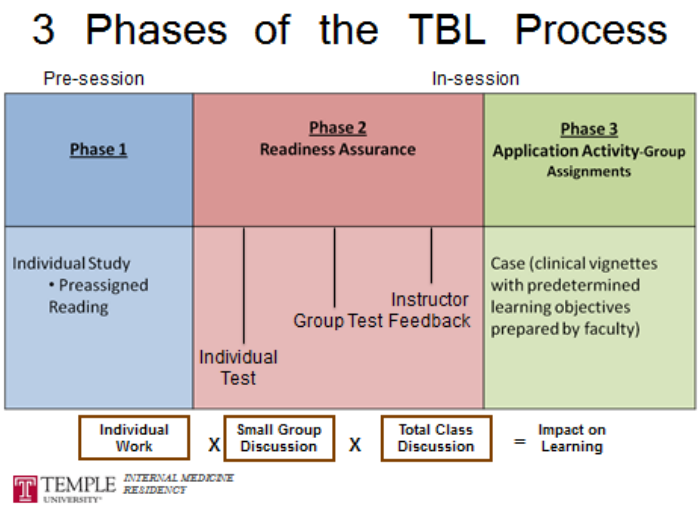
The ambulatory didactic curriculum utilizes a variety of modalities that include lecture based learning activities, flipped classroom activities, journal clubs, simulation activities and resident let conferences. The following summarizes the various formats.

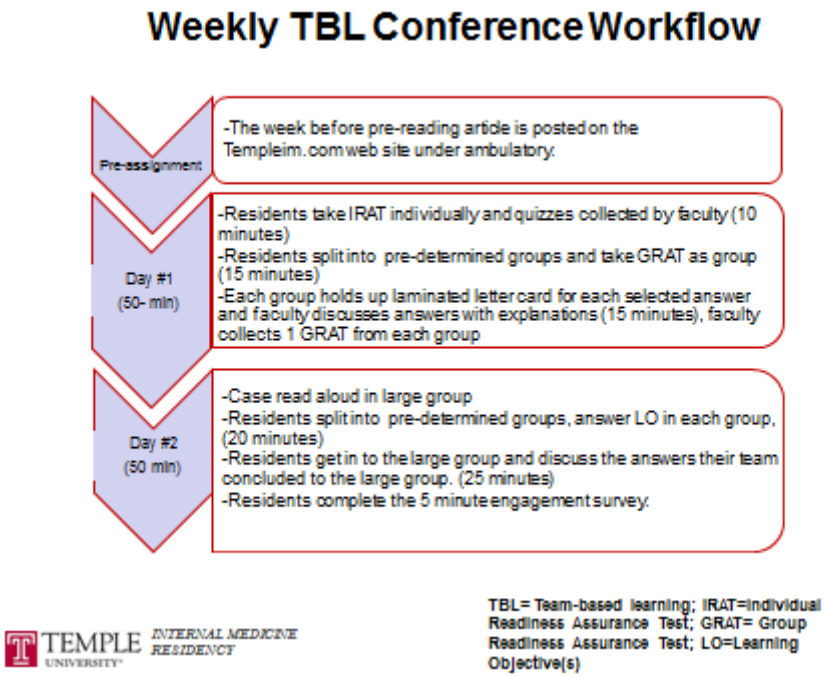
Ambulatory Noon Grand Rounds:
Time: 12noon-1pm (Lunch provided) every Monday except holidays.
Location: Erny Auditorium

Faculty lectures on relevant outpatient topics that correspond to the didactic block. For example, for the Geriatrics block common topics covered in these lectures are polypharmacy in the elderly, dementia, urinary incontinence, hearing loss and fall risk assessment.

Team Based learning Exercises
Time: 8:00-8:50 am typically Monday and Tuesday of your ambulatory week
Location: MOB annex

Team Based Learning is a flipped class room methodology that exposes the residents to an active learning format in the common outpatient topics in internal medicine. Team Based Learning (TBL) is a flipped classroom strategy that uses a small group instructional method requiring learners to be active participants in their learning. There is a specific sequence of activities that includes individual pre-class preparation, a readiness assurance process, and then a team based application exercise that allows learners to apply conceptual knowledge. The individual pre-class preparation is typically 1-2 articles to read on our topic covered that week and are posted on the Templeim.com website.





For more information and resources regarding the TBL activities, calendar of upcoming activities, and webinars regarding TBL please visit the Templeim.com website:
https://templeim.com/ambulatory/

<u>QI didactics</u>
Time: 8:00-8:50am Wednesday of your ambulatory week
Location: MOB annex

Ambulatory Week
Revised by ELL 1/20/2019

Resident led conference where key concepts in Quality improvement and patient safety are discussed with a faculty facilitator. Please see templeim.com QI website and QI curriculum for further information.
https://templeim.com/ambulatory/qi/

Resident Reports
Time: 8:00-8:50 am Thursday and Friday of your ambulatory week
Location: MOB annex

Resident led conferences with faculty facilitators include Health Maintenance topic review, PICO reports, and ambulatory Journal club. Please see t presentation guidelines for further information regarding these activities.

Simulation experiences

The simulation center are utilized specifically to teach and assess procedural skills in performing pap smears. Once during your residency you will have a mandatory experience during your Women's health ambulatory week to be demonstrated the proper technique in performing a pap by GIM faculty and be given the opportunity for direct observation and formative feedback in performing the skill on a simulation model.

PRESENTATIONS
Temple University Hospital Internal Medicine Residency
Ambulatory Week 2018-2019

Individual Topic Presentations

All residents participating in the Ambulatory block are responsible for presenting a series of topics throughout the academic year. These will be evaluated by an attending facilitator who are present at the talks. Residents should make sure to upload all of their presentations into their personal New Innovations portfolio, as well.

Interns

- Interns are responsible for presenting topics during the Ambulatory week didactic sessions focusing on health maintenance topics.
- Each intern will present approximately 1 topic throughout the year and choose from a list of available topics.
- Each presentation will be created on power point, and should last 15-20 minutes.

2nd Year Residents

- 2nd years are responsible for presenting topics during the Ambulatory week didactic sessions focusing a PICO question. The talk should be highly evidence based and cite

specific references from the literature. It should conclude with a decision on how the case should be resolved.

- Each R2 will present approximately 1 topic throughout the year. Topics should be chosen from among questions that arise during an ambulatory clinical session. Discussed with your primary clinic preceptor
- Each presentation will be created on power point, and should last 15-20 minutes.

3rd Year Residents

- R3's will complete an ambulatory journal club:
  - a 40-45 minute presentation at an Ambulatory Journal club
- Power point slides are often used for these presentations but are not a requirement a more interactive format would be preferred, that is up to the discretion of the presenter.
- Residents will be assigned an attending to work with in developing their slides and presentation.

R1 Health Maintenance Topic Review

Interns

Objectives:

1) Learn the basic recommendations from the USPTF regarding common screening tests/practices in the outpatient setting
2) Gain an understanding of the principles of screening and critically evaluate the usefulness of a particular screening test.
3) Review the literature on a particular common outpatient health topic.
4) Provide an opportunity for a resident participation in educational conferences

- Interns are responsible for presenting topics during the Ambulatory week didactic sessions focusing on health maintenance screening or common outpatient topic
- Each intern will present approximately 1-2 topics throughout the year and choose or be assigned by the ambulatory Chief resident from a list of available topics.
- These topics will typically be presented on Thursday AM didactics
- Each presentation will be created on power point, and should last 15-20 minutes.
- Faculty will evaluate the presentation and document feedback in new innovations.

In your presentation you are expected to:

- Apply each of WHO screening principles to your topic
  - WHO Guidelines were published in 1968 but are still applicable today:
  - The condition should be an important health problem.
  - There should be a treatment for the condition.
  - Facilities for diagnosis and treatment should be available.
  - There should be a latent stage of the disease.
  - There should be a test or examination for the condition.
  - The test should be acceptable to the population.

        - The natural history of the disease should be adequately understood.
        - There should be an agreed policy on who to treat.
        - The total cost of finding a case should be economically balanced in relation to medical expenditure as a whole.
        - Case-finding should be a continuous process, not just a "once and for all" project.
        -
    - Give a Background – why is this important?
    - Describe intervention(s), evidence, guidelines
    - Note controversies/gray areas
    - Present data on how we are doing – city, state, US – and systems approaches to improvement
    - In your conclusion give us your opinion- would you practice this screening test on your patients and why?

Helpful resources for your presentation

- Annals of Internal Medicine: In the clinic series
- USPTF website
- JAMA's User guide: How to Use Guidelines and Recommendations About screening. JAMA 1999 281 (21) 2029-2034
- WHO principals and practice of screening for diseases. (WHO website)

R2 PICO Reports

Objectives:

1) Identify learning needs (clinical questions) as they emerge in patient care activities (PBLI 1)
2) Clinical questions: classify and precisely articulate the questions
3) Demonstrate one can effectively and efficiently search NLM database for original clinical research articles (PBLI 4)
4) With assistance, appraise study design, conduct and statistical analysis in clinical research papers (PBLI 4)
5) Assess medical information resources to answer clinical questions and support decision making (PBLI 4)
6) Determine if clinical evidence can be generalized to an individual patient (PBLI 4)
7) Integrate clinical evidence, clinical context, and patient preference into decision making.
8) Communicate risk and benefits of alternative treatments to patients (applying what was learned from evidence review

- R2 are responsible for presenting a PICO report during the Ambulatory week didactic sessions focusing on a clinical question that has arose in their outpatient practice.

- Each intern will present approximately 2 topics throughout the year and choose or be assigned by the ambulatory Chief resident from a list of available topics.
- These topics will typically be presented on Friday AM didactics
- Each presentation will be created on power point, and should last 15-20 minutes.
- Faculty will evaluate the presentation and document feedback in new innovations.

In your presentation you are expected to:

- The presentation should specifically address a diagnostic or therapeutic question you have encountered in the outpatient setting
- Adhere to the PICO format
  - **P**atient/population/problem **I**ntervention **C**omparison **O**utcome
- Identify 1-2 articles in *primary* literature and use to help answer question
- Include consideration of patient values
- End with *commitment* – what will you recommend for patient?

Helpful tips:

- Contact faculty or Ambulatory Chief if having trouble coming up with topic/question
- Less is more – ~ 20 slides or less
- Do not copy full abstracts, dense tables, etc.
- Avoid study authors' conclusions – what are *your* conclusions?
- Clinical relevance – it's about the patient
- Process as important as content – learning how to learn

R3 Journal Club presentation

Objectives:

1) Identify learning needs (clinical questions) as they emerge in patient care activities (PBLI 1)
2) Clinical questions: classify and precisely articulate the questions
3) Demonstrate one can effectively and efficiently search NLM database for original clinical research articles (PBLI 4)
4) With assistance, appraise study design, conduct and statistical analysis in clinical research papers (PBLI 4)
5) Assess medical information resources to answer clinical questions and support decision making (PBLI 4)
6) Determine if clinical evidence can be generalized to an individual patient (PBLI 4)
7) Integrate clinical evidence, clinical context, and patient preference into decision making.
8) Communicate risk and benefits of alternative treatments to patients (applying what was learned from evidence review

- R3s are responsible for participating in an Ambulatory Journal Club.

- Two R3 residents will pick one article relating to outpatient practice with faculty approval to present
- More successful articles are major/landmark articles in internal medicine
- These topics will typically be presented on Friday AM didactics
- Each presentation will be created on power point, and should last no more then 15-20 minutes to allow for rest of the hour for discussion.
- Residents will pick a faculty member to mentor them in creating the presentation
- Faculty will evaluate the presentation and document feedback in new innovations.

In your presentation you are expected to:

- Describe the case or problem that attracted you to this paper
- Describe the study and the research question
- State the importance and clinical relevance of this question
- Describe the methods
- Summarize the primary results
- Describe why you think the results can or cannot be applied to your patients
- Conclude with *your* own decision- *What would you do in your own practice?*
- NO Power point slides! The goal of the journal club is to have an ACTIVE discussion and not a lecture.
- At the end of your journal club, you will prepare a brief (less than 1 page) summary of your article that will be printed out and given to your POD the day of the presentation

Helpful resources for your presentation:

- JAMA users guide to the literature
- BMJ statistics notes
- Key topics in EBM
- Annals of Internal Medicine Journal Club

Helpful tips:

- Contact faculty or Ambulatory Chief if having trouble coming up with topic/question
- Avoid study authors' conclusions – what are *your* conclusions?
- Clinical relevance – it's about the patient
- Process as important as content – learning how to learn

Patient Outreach/Panel Management
Temple University Hospital Internal Medicine Residency
Ambulatory Week 2018-2019

Proactive Patient Outreach Project (*A.K.A. Individual QI project***)**

Ambulatory Week
Revised by ELL 1/20/2019

One key element of becoming a certified Patient Centered Medical Home (PCMH) is to proactively perform outreach to patients in order to improve the quality of care. This educational activity aligns with the ACGME requirement to assess the following milestones in internal medicine residents.

ACGME specific Milestones being addressed by this activity:

- Monitors practice with a goal for improvement. (PBLI1)
- Learns and improves via performance audit. (PBLI2)

Objectives:

- Introduce residents to the principles of panel management and Temple institutional quality measures
- Residents will be able to demonstrate the ability to use performance data (TIMA database) to identify areas for improvement
- Residents will be able to execute an individualized action plan to improve their performance

Description:
All categorical residents have been assigned a half-day to accomplish proactive outreach during their Ambulatory week. Each week there will be a specific assigned Temple University Practice Quality Indicator that the resident will be asked to asked to contact their eligible patients in order to have them complete (ie. Mammograms, for breast cancer screening). The following are the list of the TUP quality goals for 2018-19 year.

Lipid screening
HTN management
Cololonscopy
Breast ca screening
Osteoporosis screening
DM management: A1c, Eye , foot
Statin use in DM
Statin use in CAD

The resident may use my chart function of EPIC, US mail, or telephone to contact their patients and work to get them in for their needed care. For each week the resident will document using the *Outreach/Panel management Tracker 2018-2019* document to log their progress. (see appendix for example of the document)
Throughout the year, the residents will be required to complete the following assignments in new innovations to reinforce the educational goals of the activity and provide documentation the resident's portfolio that they been 1) monitoring their practice with the goal of improvement and 2) learning with the goal of improvement via performance audit.

Assignment #1:
The goals of outreach project assignment #1 are the following: 1) introduce the resident to the principles of panel management 2) introduce the resident to the TIMA data base 3)have the resident assess how their current panel of patients are doing on the TUH quality indicators. The assignment #1 is due by the end of your block 2 ambulatory week.
Due date: Block 2 (7/30/18-8/31/2018)

Assignment #2:
The goals of outreach assignment #2 are the following:
The resident is to define and set a goal to improve one care gap in their panel of patients
Due date: Block 5 (11/12/18-12/19/2018)

Assignment #3:
The goals of outreach assignment #3 are the following: 1) Have the resident review their progress after completing an intervention to improve a care gap in their panel of patients. 2) Have the resident review their current status for thier panel of patients on the TUP quality indicators after 9 months of outreach activites.
Due date: Block 10 (5/20/2019-6/18/2019)

Information regarding your patient panel and performance on the institutionally designated quality indicators is located in the TIMA database. Website is listed below and you use your epic user name and password to access.

- ***tsinfdb/quality.php***

During each outreach topic week, additional reading sources will be provided to the residents via the ambulatory website to help them familiarize and educate themselves with the current screening guidelines, chronic disease management, or preventative care topics for that particular week.

Faculty guidance towards this self-directed learning activity will take place through the following structure. Per ACGME current guidelines all residents are to get Q3 month evaluations with faculty. At the 3 month evaluation session, the resident will review Assignment #1 with their core preceptor. At 6 months evaluation, the resident will review Assignment #2 with their core preceptor. At 12 month end of year evaluation session, the resident will review Assignment #3. Core faculty role is to provide guidance, coaching, feedback and accountability towards the resident's individual QI project. As well as reinforce, panel management skill building.
Evaluations:

The data gathered from assignments will inform the reportable milestones PBLI1 and PBLI2 for the residents at 6 months intervals. Failure to complete the assignments and will be marked as a critical deficiency in the milestones.

A summary of the outreach/panel management curriculum time line:

Block	Dates	Theme	Outreach	Deadlines	Reviewed with Core preceptor
1	6/18-7/27/18	Intro to Office based practice	No Outreach this block		
2	7/30-8/37/18	Screening, Prevention, Population Health	Introduction to panel management	Assignement #1	3 month evaluation session
3	9/3-10/5/18	Cardiology	Lipid screening		
4	10/8-11/9/18	Renal	HTN management		
5	11/12-12/14/18	Gastroenterology	Cololonscopy	Assignement #2	6 month evaluation session
6	12/17/18-2/1/2019	Women's Health	Breast ca screening		
7	2/4/18-3/8/2019	Geriatrics	Osteoporosis screening		
8	3/11-4/12/2019	Palliative	DM management: A1c, Eye , foot		
9	4/15-5/17/2019	Psychiatric Disease	Statin use in DM		
10	5/20-6/18/2019	Urban curriculum	Statin use in CAD	Assignement #3	12 month evaluation session

For more information and instructional webinars on how to utilize the templeim.com website: https://templeim.com/resident-resources/

GOALS AND OBJECTIVES

BY ACGME COMPETIENCIE

Temple University Hospital Internal Medicine Residency
Ambulatory Week 2018-2019

The general goals and objectives of the ambulatory continuity clinic week rotation focus on developing clinical skills and knowledge required of physician practice adult primary care. Emphasis will be on recognition, evaluation, and management of chronic disease and providing preventative care utilizing a multidisciplinary team.

Rotation specific competencies are outlined directly below. Please note the competencies are progressive, i.e., PGY2/PGY3 competencies are in addition to PGY1 competencies.

PGY-1

Patient Care

The following below are expected to be achieved by 6 months of training:

1) Acquire accurate and relevant history from the patient in an efficient customized, prioritized, and hypothesis driven fashion
2) Synthesize all available data, including interview, physical examination, preliminary data to define each patient's central clinical problem
3) Recognize when to seek additional guidance
4) Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions. Identify pertinent abnormalities using common maneuvers

5) Provided appropriate preventive care and teach patient regarding self-care

The following below are expected to be achieved by the end of 12 month of training:

1) Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information
2) With minimal supervision, manage patient with common and complex clinical disorders, seen in the practice of inpatient and ambulatory general internal medicine
3) With supervision, manage patients, with common clinical disorders seen in the practice of ambulatory general internal medicine
4) Make appropriate clinical decisions based on the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, ABGs, ECG, CXR, PFTs, UA, and other body fluids

Medical Knowledge

The following below are expected to be achieved by 6 months of training:

1) Understand the relevant pathophysiology and basic science for common medical conditions

The following below are expected to be achieved by the end of 12 month of training:

1) Demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization
2) Understand basic indications for and basic interpretation of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, ABGs, ECG, chest radiographs, PFTs, UA, and other body fluids

Interpersonal and communication skills

The following below are expected to be achieved by 6 months of training:

1) Effectively use an interpreter to engage patients in the clinical setting
2) Request consultative services in an effective manner
3) Deliver appropriate, succinct, hypothesis-driven oral presentations
4) Provide legible, accurate, complete, and timely written communication that is congruent with medical standards

The following below are expected to be achieved by the end of 12 month of training:

1) Effectively use verbal and nonverbal skills to create rapport with patients/families
2) Use communication skills to build a therapeutic relationship
3) Demonstrate sensitivity to differences in patients including but not limited to race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs
4) Effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of care
5) Effectively communicate plan of care to all members of the health care team

6) Clearly communicate the role of consultant to the patient, in support of the primary care relationship
7) Provide timely and comprehensive verbal and written communication to patients/advocates

Professionalism

The following below are expected to be achieved by 1 month of training:

1) Dress and behave appropriately
2) Maintain Patient confidentiality
3) Maintain appropriate professional relationships with patients, families, and staff
4) Follow formal policies
5) Respond promptly and appropriately to clinical responsibilities including but not limited to calls and pages
6) Document and report clinical information truthfully

The following below are expected to be achieved by 3 months of training:

1) Demonstrate empathy and compassion to all patients

The following below are expected to be achieved by 6 months of training:

1) Recognize when it is necessary to advocate for individual patient needs
2) Carry out timely interactions with colleagues, patients, and their designated caregivers
3) Communicate constructive feedback to other members of the health care team
4) Ensure prompt completion of clinical administrative and curricular tasks
5) Treat patients with dignity, civility and respect, regardless or race culture, gender, ethnicity, age, or socioeconomic status
6) Accept personal errors and honestly acknowledge them

The following below are expected to achieve by 12 months of training:

1) Recognize the scope of his/her abilities and ask for supervision and assistance appropriately
2) Recognize that disparities exist in health care among populations and that they may impact the care of the patient

Systems based practice

The following below are expected to be achieved by 1 month of training:

1) Appreciate roles of a variety of health care providers, including but not limited to consultants, therapist, nurses, home care workers, pharmacist and social workers
2) Work effectively as a member within an interprofessional team to ensure safe patient care
3) Identify costs for a common diagnostic or therapeutic test

4) Minimize unnecessary care including test, procedures, therapies and ambulatory or hospital encounters

The following below are expected to achieve by 12 months of training:

1) Understand unique roles and services provided by local health care delivery systems
2) Consider alternative solutions provided by other teammates
3) Recognize health system forces that increase the risk for error including barriers to optimal patient care
4) Identify, reflect on, and learn from critical incidents such as near misses and preventable medical errors
5) Understand how cost-benefit analysis is applied to patient care (ie, via principles of screening tests and the development of clinical guidelines)

Practice based learning & Improvement

The following below are expected to achieve by 12 months of training:

1) Appreciate the responsibility to assess and improve care collectively for a panel of patients
2) Monitors practice with a goal for improvement.
3) Learns and improves via performance audit.
4) Identifying learning needs (clinical questions) as they emerge in patient care activities
5) Actively seek feedback from all members of the health care team
6) Respond welcomingly and productively to feedback from all members of the health care team, including faculty, peer residents, students, nurses, allied health workers, patients and their advocates
7) Assess medical information resources to answer clinical questions and support decision making
8) Effectively and efficiently search NLM database for original clinical research articles
9) Actively participate in teaching conferences
10) With assistance, appraise study design, conduct, and statistical analysis in clinical research papers

PGY-2

Patient Care

The following below are expected to be achieved by 18 months of training:

1) Make appropriate clinical decision based on the results of more advanced diagnostic tests

The following below are expected to be achieved by the end of 24 months of training:

1) Develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common ambulatory conditions

2) Modify differential diagnosis and care plan based on clinical course and data as appropriate

Medical Knowledge

The following below are expected to be achieved by 18 months of training:

1) Demonstrate sufficient knowledge to treat common ambulatory conditions
2) Demonstrate sufficient knowledge to provide preventative care
3) Understanding indications for and has basic skills in interpreting more advanced diagnostic tests
4) Understand prior probability and test performance characteristics

Interpersonal and communication skills

The following below are expected to be achieved by the end of 24 months of training:

1) Engage patients/advocates in shared decision making for uncomplicated diagnostic and therapeutic strategies; use patient-centered education strategies
2) Ensure succinct, relevant, and patient-specific written communication

Professionalism

The following below are expected to be achieved by the end of 24 months of training:

1) Provide support (physical, psychological, social, and spiritual) for dying patients and their families

Systems based practice

The following below are expected to be achieved by 18 months of training:

1) Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision making

The following below are expected to be achieved by the end of 24 months of training:

1) Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation, and skilled nursing

Practice based learning & Improvement

The following below are expected to be achieved by 18 months of training:

1) Determine if clinical evidence can be generalized to an individual patient

The following below are expected to be achieved by the end of 24 months of training:

1) Calibrate self-assessment with feedback and other external data; reflect on feedback in developing plans for improvement
2) Clinical questions: classify and precisely articulate the questions; effectively and efficiently search evidence-based summary medical information systems; customize clinical evidence
3) Calibrate self-assessment with feedback and other external data; reflect on feedback in developing plans for improvement

PGY-3

Patient Care

The following below are expected to be achieved by 30 months of training:

1) Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable
2) Recognize disease presentations that deviate from common patterns and that require complex decision making

The following below are expected to be achieved by the end of 36 months of training:

1) Customize care in the context of the patient's preferences and overall health
2) Independently management patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine

Medical Knowledge

The following below are expected to be achieved by the end of 36 months of training:

1) Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions
2) Demonstrate sufficient knowledge of sociobehavioral sciences including but not limited to health care economics, medical ethics, and medical education

Interpersonal and communication skills

The following below are expected to be achieved by 30 months of training:

1) Actively seeks to understand patient differences and views and reflects this in respectful communication and shared decision-making with the patient and the healthcare team
2) Engage in collaborative communication with all members of the health care team

The following below are expected to be achieved by the end of 36 months of training:

1) Appropriately counsel patients about the risks and benefits of tests and procedures, highlighting cost awareness and resource allocation

2) Engage patients/advocates in shared decision making for difficult, ambiguous, or controversial scenarios

Professionalism

The following below are expected to be achieved by 30 months of training:

1) Effectively advocate for individual patient needs
2) Recognize and manage conflict when patient values differ from their own

Systems based practice

The following below are expected to be achieved by the end of 36 months of training:

1) Demonstrate ability to understand and engage in a system-level quality improvement intervention
2) Negotiate patient-centered care among multiple care providers
3) Demonstrate how to manage the team by using the skills and coordinating the activities of interprofessional team members

Practice based learning & Improvement

The following below are expected to be achieved by the end of 36 months of training:

1) Identify areas in resident's own practice and local system that can be changed to improve affect of the processes and outcomes of care; engage in a quality improvement project
2) Communicates risks and benefits of alternative treatments to patients (applying what was learned from evidence review)
3) Integrate clinical evidence, clinical context, and patient preferences into decision making

EVALUATIONS
Temple University Hospital Internal Medicine Residency
Ambulatory Week 2018-2019

The ambulatory evaluation is based on the Internal medicine Milestones. The ambulatory evaluations are a 3 year longitudinal evaluation that evaluates a learner at 3 month intervals and assess the interns and residents in all 6 ACGME competencies. Direct observation in the clinical setting and Clinical evacuation exercises (CEX) are the mainstay by which assessment of the resident's performance are completed. Evaluations are completed by the resident's core preceptor. Quarterly interns and residents' performance are discussed in a faculty meeting in order for the core preceptor to gather additional information regarding the learner's performance to inform the evaluation. Evaluations are completed in new innovations and learners have access to view the evaluation. All evaluations are encouraged to be discussed with the resident in face to face meetings.