

GENERAL MEDICINE AMBULATORY AND CONSULTATION ROTATIONS 2008 – 2009

Overview

The Residency Review Committee for Internal Medicine of the Accreditation Council for Graduate Medical Education requires that 33% of a three-year residency be spent in ambulatory care. At LSUSHC-S, this requirement is met through the General Medicine Continuity Clinic; General Medicine Ambulatory and Consultative Care (GMACC) rotations, typically two months per year, the Emergency Department rotation, and clinics attended during rotations through the subspecialties of Internal Medicine. Additional information about each of these experiences is included in the Department of Medicine *Resident Handbook*.

Learning Resources

- Standard medical textbooks
- UpToDate and other online resources
- Published consensus guidelines
- Specialty textbooks, including ambulatory care textbooks
- Published reading lists
- Key articles distributed or referenced during clinics and clinic conferences

Clinic Morning Conferences

Residents assigned to the GMACC rotation are expected to attend all conferences, unless on night float. All residents in the program are expected to attend the mornings they are scheduled for continuity clinic. Topics for presentation are published at the beginning of the academic year. Residents may be assigned to present some topics during their months on the GMACC rotation. Conferences are held in the Medicine Clinic conference room.

- ECG and MKSAP review: 8:00-8:30 am, first and fourth Tuesdays, Thursdays, and Fridays of each month; Medicine Clinic conference room.
- Ambulatory care review: 8:00-8:30 am, second and third Tuesdays, Thursdays, and Fridays, of each month; Medicine Clinic conference room.

Evaluation Methods

- Continuity Clinic: Composite global evaluation by the General Medicine faculty every six months (*all competencies*)
- Continuity Clinic: Composite global evaluation by the clinic nurses every six months (*interpersonal and communication skills, practice-based learning and improvement, professionalism, and system-based practice*)

- GMACC: Composite global evaluation by the General Medicine faculty at the completion of each monthly rotation; all experiences of this rotation are included in this evaluation (*all competencies*)
- GMACC: Composite global evaluation by the clinic nurses every six months (*interpersonal and communication skills, practice-based learning and improvement, professionalism, and system-based practice*)
- Clinical evaluation exercises (*all competencies*). There are numerous opportunities
- Resident evaluation of clinic faculty: In June of each year, all residents have the opportunity to evaluate the General Medicine clinic faculty. This evaluation encompasses their experience with the faculty in the clinic only.

General Medicine Continuity Clinic

Each resident in the Department of Medicine, including preliminary medicine residents, is assigned to the General Medicine Clinic for continuity care one half day a week throughout training. Residents are exempt from the clinic only when on leave, post call, or assigned to the VAMC MICU rotation or night float. Those assigned to the MICU at LSUHSC or to the Emergency Department are typically scheduled for clinics no more than two weeks of the month. Residents assigned to morning clinics are expected to attend the ambulatory care conference from 8 to 9 a.m. the day of their clinics.

Educational Goals

Patient Care

- PGY-1: Learn to take a focused medical history on established ambulatory patients with multiple medical problems
- PGY-1: Develop an efficient method of examination of ambulatory patients
- PGY-1: Learn to implement evidence-based health maintenance and disease screening techniques in ambulatory patients
- PGY-1: Develop an individualized smoking cessation program for patients
- PGY-1: Demonstrate the ability to use an evidence-based approach to the longitudinal follow-up of common diseases encountered in the ambulatory setting, including but not limited to:
 - Hypertension
 - Congestive heart failure
 - Diabetes mellitus
 - Chronic obstructive pulmonary disease
 - Asthma
 - Osteoarthritis
 - Obesity
 - Dyslipidemia; metabolic syndrome
 - Hypothyroidism
 - Chronic renal insufficiency of diverse etiologies

- PGY-2, 3: Continue to refine skills in the management of the above problems
- PGY-2: Demonstrate an efficient, evidence-based approach to the evaluation of common problems encountered in the ambulatory setting, including but not limited to:
 - Anemia
 - Fatigue
 - Dyspepsia
 - Joint pain and inflammation
 - Headache
 - Dysuria
 - Cough, shortness of breath
 - Chest pain
 - Edema
 - Dizziness
 - Upper respiratory symptoms
 - Weight loss
 - Back pain
 - Depression
- PGY-2: Learn and utilize the parameters for referral of patients with chronic conditions to subspecialists
- PGY-2, 3: Demonstrate skill in establishing diagnostic and management priorities in ambulatory patients with multiple problems and complaints
- PGY-2, 3: Develop an efficient approach to the evaluation and management of patients recently discharged from the hospital
- PGY-2, 3: Demonstrate skill in dealing with diagnostic uncertainty in ambulatory patients and developing empiric management plans
- PGY-3: Develop skill in coordinating the care of ambulatory patients who are managed by multiple clinics and specialties (the “gatekeeper” function)

Medical Knowledge

- PGY-1: Learn the pharmacokinetics and dosage range of drugs commonly used in the ambulatory setting, including but not limited to, the following classes of medications:
 - Antihypertensive agents
 - Nonsteroidal anti-inflammatory agents
 - Anti-diabetic agents: insulins, sulfonylureas, insulin sensitizers, and newer agents
 - Cholesterol lowering agents
 - Bronchodilators
 - Diuretics
 - Thyroid replacement agents
 - Nitrates
 - Anticoagulants
 - Cardiac inotropic agents
 - Histamine-2 blocking agents and proton pump inhibitors

- PGY-1: Understand the evidence-based principles of periodic health evaluation recommendations
- PGY-1, 2, 3: Understand the common drug interactions encountered in the ambulatory setting
- PGY-2, 3: Understand the principles involved in using combination pharmacotherapy for the following conditions:
 - Hypertension
 - Congestive heart failure
 - Diabetes mellitus
 - Asthma, chronic obstructive pulmonary disease
- PGY-2,3: Learn to alter drug dosage based on age, organ dysfunction, and other factors that affect pharmacokinetics and pharmacodynamics
- PGY-2,3: Understand the pathophysiologic basis for the diagnostic evaluation of the following problems:
 - Electrolyte abnormalities: hyperkalemia, hypokalemia, hyponatremia, hypomagnesemia, hypercalcemia
 - Proteinuria, hematuria
 - Liver enzyme abnormalities
 - Renal insufficiency
 - Anemia
 - Osteoporosis
 - Thrombocytopenia
- PGY-3: Demonstrate knowledge of the natural history of common diseases seen in the ambulatory setting
- PGY-3: Understand the evidence-based principles of chemoprophylaxis of disease, including but not limited to, the use of:
 - Vitamins and nutritional supplements for cardiovascular disease, malignancies, and degenerative eye disease
 - Other chemoprotection against common malignancies

Practice-Based Learning and Improvement

- PGY-1: Develop the habit of learning from previous patient care encounters in ambulatory setting and of analyzing one's practice patterns
- PGY-1: Develop a systematic pattern of using patient encounters as stimulus for independent reading and study concerning disease processes and their management
- PGY-1, 2: Develop a pattern of analyzing clinical skills used in the ambulatory care setting, and of using available resources to overcome deficits
- PGY-2, 3: Develop progressive independence in medical-decision making in the ambulatory setting
- PGY-1, 2,3: Use information technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education

Interpersonal and Communication Skill

- PGY-1: Develop skill in using basic communication techniques to approach ambulatory patients (the Brown Checklist or similar instrument)
- PGY-1: Develop skill in explaining the essential aspects of common diseases, including the natural history, complications, treatment, and adverse effects of treatment to ambulatory patients across a wide socioeconomic, age, and educational spectrum
- PGY-1: Develop and maintain timely, legible medical records in the ambulatory setting
- PGY-1: Learn to convey complete, concise, organized medical information orally to the clinic faculty
- PGY-2, 3: Learn to counsel patients concerning smoking, alcohol abuse, and other behaviors that affect health
- PGY-2, 3: Learn to enlist care givers and family in management decisions and in the provision of optimal care
- PGY-2, 3: Develop pattern of incorporating patients' health care beliefs and goals into the management plan
- PGY-2, 3: Develop skill in counseling patients with a history of non-adherence to treatment regimens
- PGY-3: Learn to overcome barriers to communication, including cultural differences, physical impairment, and cognitive impairment.

Professionalism

- PGY-1: Begin to develop and sustain effective doctor-patient relationships with a panel of patients
- PGY-1: Demonstrate a caring attitude and appropriate empathy toward patients in the ambulatory setting
- PGY-1: Learn to relate to nurses and other clinic personnel in order to enhance the efficiency and harmony of the clinic setting
- PGY-1: Establish a pattern of punctuality and accountability to both patients and the clinic system
- PGY-1: Develop pattern of analyzing one's personal reactions to difficult situations encountered in the clinic setting, including conflict with colleagues, clinic personnel, and patients
- PGY-2: Demonstrate flexibility in cross-covering clinic patients of other residents
- PGY-2, 3: Demonstrate skill in dealing with "difficult" patients, including but not limited to, dissatisfied patients and families and patients showing hostility or requesting analgesic medications

Systems-Based Practice

- PGY-1, 2, 3: Understand, access, and utilize the resources, providers, and systems necessary to provide optimal care
- PGY-1, 2, 3: Learn to apply evidenced-based, cost conscious strategies to disease prevention, diagnosis, and management

- PGY-1, 2, 3: Learn to collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and improve systematic processes of care
- PGY-1, 2, 3: Develop and utilize an efficient system for managing laboratory and diagnostic data between clinic visits
- PGY-1: Learn prescription regulations of the Medicaid system
- PGY-1: Work with case managers to access medication assistance programs
- PGY-1: Understand the provisions of HIPPA as they apply to the ambulatory setting, including regulations concerning the release of medical information to third parties
- PGY-2, 3: Understand regulations related to the management of patients with chronic pain
- PGY-2, 3: Increase skill in refining content of ambulatory care records to provide for appropriate coding
- PGY-2, 3: Learn the Medicare and Medicaid regulations related to home health care, and manage effectively patients who are being followed through the home health care system
- PGY-2, 3: Learn to work within the hospital system to optimize the timing consultations and diagnostic evaluations
- PGY-2, 3: Become familiar with regulations related to disability determination
- PGY-3: Understand and utilize levels of care for third-party reimbursement
- PGY-3: Learn to certify that services covered by third-party payers are medically necessary

Primary Care Clinic

This clinic provides a spectrum of care that is similar to that of the General Medicine Continuity Clinic. Most patients are seen on an appointment basis, but not in a continuity mode. When possible, established patients of the clinic are seen on a walk-in basis. Patients who are discharged from the Medicine Service of the hospital may be scheduled for this clinic, either as their primary source of care when appropriate, or on an interim basis prior to being seen in the continuity clinic or a subspecialty clinic (see above). Clinic hours are from 8:00 am to 12:00 noon, and from 1:00 pm to 5:00 pm, Monday through Friday. Residents assigned to the PCC attend their weekly continuity clinic. In addition, they may be asked to see continuity clinic patients for residents who are excused from clinic on post-call days.

Educational Goals

The educational goals of the General Medicine Clinic experience are applicable to the Primary Care Clinic, with the exception of those that relate to continuity follow-up of patients. In addition, the following goals are specific to the practice patterns in the Primary Care Clinic:

Patient Care

- PGY-1: Increase speed and efficiency in evaluating ambulatory patients
- PGY-2, 3: Develop skill in the triage of unfamiliar patients with multiple complaints
- PGY-1, 2, 3: Develop skill in the evaluation and management of acute and subacute medical problems in ambulatory patients, including but not limited to:
 - Regional pain syndromes
 - Upper respiratory illnesses
 - Urinary tract complaints and urinary tract infections
 - Dyspepsia

Medical Knowledge

- PGY-1: Understand the pathophysiologic and microbiologic basis for the management of upper respiratory illnesses
- PGY-1: Understand the pathophysiologic and microbiologic basis for the empiric therapy of urinary tract complaints and urinary tract infections
- PGY-1: Understand the “alarm symptoms” in the presentation of dyspepsia
- PGY-2, 3: Understand the anatomic and pathologic basis of common shoulder and foot complaints

Practice-Based Learning and Improvement

- PGY-1, 2, 3: Demonstrate pattern of using patient encounters to enhance understanding of the pathophysiology, evaluation, and management of common problems commonly seen in the ambulatory setting
- PGY-1, 2, 3: Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance patient education related to acute and subacute problems encountered in the ambulatory care setting

Interpersonal and Communication Skills/Professionalism

- PGY-1: Develop skill in establishing a therapeutic relationship with unfamiliar patients quickly
- PGY-1: Refine skill in presenting patients concisely to attending physicians
- PGY-2, 3: Develop skill in dispensing medications to unfamiliar patients

Systems-Based Practice

- PGY-2, 3: Learn to determine the most appropriate follow-up venue for patients with subacute and chronic illnesses
- PGY-2, 3: Learn to manage efficiently unfamiliar patients who have been discharged from the hospital recently.

Night Float

Typically, one upper-level and one PGY-1 resident are assigned for one-week rotations. “Odd days” at the beginning and end of the month will be assigned

randomly. For duty hours, see *Ward Policies 2008-2009*. This team answers Emergency Department consultations and evaluates newly-admitted patients after the on-call team has admitted six patients. On weekends and holidays, the upper-level resident is also the backup for the LSUHSC on-call team prior to the usual time for beginning float responsibilities. Monday through Friday, patients evaluated will usually be discussed with a faculty member at 7:30 a.m.

Educational Goals:

Note: Many of the clinical responsibilities and educational goals of night float residents overlap those of upper level residents assigned to the General Medicine inpatient rotations. The following goals are specific to the night float rotation:

Patient Care

- PGY-1: Become more skillful in interviewing and examining patients
- PGY-1: Demonstrate competence in the immediate care of acutely-ill patients
- PGY-2, 3: Develop skill in the rapid assessment of patients to make admission decisions
- PGY-2, 3: Establish overnight priorities in the care of newly-admitted patients

Medical Knowledge

- PGY-1: Develop a knowledge base required to systematically approach the management of patients hospitalized for acute medical conditions
- PGY-1: Learn to interpret routine diagnostic studies in hospitalized patients
- PGY-1: Learn to interpret the results of common diagnostic procedures: abdominal paracentesis, thoracentesis, lumbar puncture
- PGY-1: Learn to interpret routine radiographs to make acute management decisions: chest, abdominal flat plate, bones and joints
- PGY-1: Learn to interpret common electrocardiographic patterns
- PGY-2, 3: Understand the evidence-based criteria for determining the need for admission and level of care of patients with the following problems:
 - Pneumonia
 - Chest pain
 - Uncontrolled diabetes
 - Gastrointestinal bleeding
 - Stroke
 - Other acute neurological deficit
 - Pancreatitis
 - Fever/possible sepsis
 - Uncontrolled hypertension
 - Acute renal failure
 - Poisoning and overdoses
 - Asthma, COPD exacerbation

Practice-Based Learning and Improvement

- PGY-1: Develop rational, evidence-based management strategies for common diseases and problems
- PGY-2, 3: Demonstrate consistent pattern of seeking follow-up information on challenging and problematic patients
- PGY-2, 3: Develop skill in using information technology to answer clinical questions at night

Interpersonal and Communication Skills/Professionalism

- PGY-1: Learn to communicate effectively with patients and families
- PGY-1: Learn to communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients
- PGY-1: Learn to work with and communicate effectively with physician colleagues at all levels
- PGY-1: Learn to present patient information concisely and clearly, verbally and in writing
- Learn to use an appropriate format and content for admission notes,
- PGY-2, 3: Learn to communicate effectively with Emergency Department physicians to expedite patient care within the constraints of the department's patient load and resources
- PGY-2, 3: Learn to convey patient information and progress to colleagues on the ward teams in a concise but thorough manner

Systems-Based Practice

- PGY-1: Learn to work effectively within the policies of the hospital and Emergency Department
- PGY-2, 3: Develop time-management skills that permit efficient management of multiple patients in a limited time frame
- PGY-2, 3: Demonstrate ability to manage appropriately the distribution of patients among the inpatient teams on the Medicine Service
- PGY-2, 3: Learn to provide care within the constraints of the Emergency Department patient load and resources

Daytime Admitting Resident

This responsibility may be filled by an upper-level resident assigned to the GMACC or a subspecialty service, or by the MICU "short call" resident for the day. The resident responds to the Emergency Department and clinics for all consultations for admission or urgent care. In addition, the resident receives calls from outside physicians and hospitals requesting transfer of patients to LSUHSC. Medical and administrative questions related to admissions and transfers should be referred to the General Medicine faculty member assigned to the Consultation Service.

Educational Goals:

Patient Care

- PGY-2, 3: Develop skill in rapid assessment of patients to make admission decisions, including level of care, for problems and syndromes commonly encountered on the Medical Service

Medical Knowledge

- PGY-2, 3: Understand the evidence-based criteria for determining the need for admission and level of care of patients with the following problems:
 - Pneumonia
 - Chest pain
 - Uncontrolled diabetes
 - Gastrointestinal bleeding
 - Stroke
 - Other acute neurological deficit
 - Pancreatitis
 - Fever/possible sepsis
 - Uncontrolled hypertension
 - Acute renal failure
 - Poisoning and overdoses
 - Asthma, COPD exacerbation

Practice-Based Learning and Improvement

- PGY-2, 3: Demonstrate consistent pattern of seeking follow-up information on challenging and problematic patients

Interpersonal and Communication Skills/Professionalism

- PGY-2, 3: Learn to communicate effectively with Emergency Department physicians to expedite patient care within the constraints of the department's patient load and resources
- PGY-2, 3: Learn to convey patient information and progress to colleagues on the inpatient ward teams in a concise but thorough manner
- PGY-2, 3: Communicate effectively with physicians at other facilities to effect appropriate transfer of patients

Systems-Based Practice

- PGY-3: Demonstrate time-management skills that permit efficient management of multiple patients in a limited time frame
- PGY-2, 3: Demonstrate ability to provide care within the constraints of the Emergency Department patient load and resources
- PGY-2, 3: Understand and work within EMTALA, LSU Hospital transfer policies, and other applicable regulations relating to the transfer of patients from other facilities

General Medicine Consultation Service

General medicine consultation experience may be at LSUHSC-S, as a part of the GMACC rotation; or at the VAMC, where it is combined with the Dermatology rotation. Most residents will have experience at both hospitals. Upper-level residents assigned to these services provide initial and follow-up consultative care for hospitalized patients outside the Medicine Service. On-call and float residents who have answered consultations may refer the patients to this service for follow-up. All consultations must be discussed with the general medicine faculty member assigned to that responsibility. The faculty will make rounds on these patients as appropriate. Assigned residents also attend the weekly Pre-Operative Assessment Clinic.

Educational Goals

Note: The evaluation and management of many patients seen in consultation is identical to that of patients seen during inpatient and ambulatory care rotations, including the Pre-Operative Assessment Clinic experience. The following goals relate specifically to the consultation process and common problems encountered on the Consultation Service.

Patient Care

- PGY-2, 3: Develop skill in the rapid but thorough assessment of patients seen in consultation
- PGY-2, 3: Learn to determine the precise reason for the consultations and the most expeditious way of answering the request
- PGY-2, 3: Learn to determine the need for concurrent care following an initial consultation, and to coordinate that care with the primary physician
- PGY-2, 3: Learn to perform a pre-operative evaluation of elderly patients with acute fractures, and suggest appropriate peri-operative management
- PGY-2, 3: Learn to evaluate appropriately mental status changes in the following situations:
 - Post-operative patients
 - Psychiatric patients on psychoactive medications
- PGY-2, 3: Learn to evaluate and suggest perioperative management of patients with following situations:
 - Diabetes on insulin
 - Chronic corticosteroid therapy
 - Coronary artery disease
 - Chronic obstructive pulmonary disease
- PGY-2, 3: Learn to evaluate appropriately postoperative patients with fever

Medical Knowledge

- PGY-2, 3: Learn the pathophysiologic basis for the evaluation of the following problems commonly encountered in hospitalized patients on other services:
 - Liver enzyme abnormalities
 - Positive serologic tests for syphilis

- Uncontrolled diabetes mellitus
- Acute renal failure

Practice-Based Learning and Improvement

- PGY-2, 3: Learn to manage multiple consultations efficiently

Interpersonal and Communication Skills/Professionalism

- PGY-2, 3: Learn to communicate the findings and recommendations of a consultation to the primary physician, both in writing and verbally
- PGY-2, 3: Develop appropriate professional demeanor in dealing with possible medical errors committed by other physicians:
 - Communication with patients, families
 - Communication with referring physicians
 - Communication with nurses and other health care professionals
 - Documentation in the medical records

Systems-Based Practice

- PGY-2, 3: Understand the regulations for Medicare reimbursement for consultative care
- PGY-2, 3: Understand the medicolegal responsibilities of a consulting physician
- PGY-2, 3: Develop skill in coordinating diagnostic studies suggested after the evaluation of a patient in consultation

Pre-Operative Assessment Clinic

This clinic meets on Monday afternoons in the continuity clinic/PCC area. Patients are referred from all operative services in the hospital. Residents gain valuable experience in assessing the operative risk of patients with medical problems and in providing recommendations for peri-operative care.

Educational Goals:

Patient Care

- PGY-2, 3: Learn to assess the cardiac risk of patients undergoing non-cardiac surgery
- PGY-2, 3: Learn to make appropriate recommendations for perioperative pharmacologic therapy in patients with cardiovascular disease
- PGY-2, 3: Learn to make appropriate recommendations for perioperative hemodynamic monitoring
- PGY-2, 3: Learn to assess perioperative pulmonary risk
- PGY-2, 3: Learn to assess the perioperative risk of patients with the following:
 - Chronic hepatic disease
 - Hematologic problems/coagulopathy
 - Cerebrovascular disease

- Chronic renal disease
- Abnormal resting electrocardiogram
- Advanced age
- Previous history of perioperative complications
- PGY-2, 3: Learn to make appropriate recommendations for antibiotic prophylaxis in patients undergoing invasive procedures
- PGY-2, 3: Learn to make appropriate recommendations for peri-operative pharmacologic management of patients with the following problems:
 - Diabetes
 - Chronic warfarin therapy
 - Chronic corticosteroid therapy
 - Chronic anti-hypertensive therapy

Medical Knowledge

- PGY-2, 3: Understand the Indications for the following studies in the pre-operative patient:
 - Resting electrocardiogram
 - “Routine” laboratory studies
 - Pulmonary function testing/arterial blood gas determination
 - Cardiac stress testing
 - Coagulation screen/hypercoagulable screen
- PGY-2, 3: Understand the scientific basis for common cardiac risk indices and consensus statements related to peri-operative risk and management
- PGY-2, 3: Understand the American Society of Anesthesiology classification of patient risk

Practice-Based Learning and Improvement

- PGY-2, 3: Learn to use information technology to find the evidence-based answer to one clinical question arising from a patient seen in Pre-Operative Assessment Clinic

Interpersonal and Communication Skills/Professionalism

- PGY-2, 3: Learn to communicate the results of pre-operative assessments appropriately to patients
- PGY-2, 3: Learn to communicate the recommendations from pre-operative evaluations appropriately to other physicians, verbally and in written records

Systems-Based Practice

- PGY-2, 3: Learn to coordinate pre-operative testing effectively

Dermatology

PGY-1 residents assigned to the GMACC rotation may have dermatology experience through a weekly Dermatology Clinic. PGY-2 residents assigned to the

General Medicine Consultation Service may evaluate inpatients with dermatologic problems. See details in the Dermatology curriculum file.

ENT Clinic

Residents are assigned to the otorhinolaryngology clinic five to ten half-days over the three years. The emphasis of the experience is on learning to evaluate and manage non-operative ENT problems that may be encountered in primary care internal medicine.

Educational Goals

Patient Care

- PGY-1, 2, 3: Learn to perform a thorough ENT examination
- PGY-1, 2, 3: Learn to remove a cerumen impaction
- PGY-1, 2, 3: Learn to evaluate and manage acute labyrinthitis/benign positional vertigo
- PGY-1, 2, 3: Learn to evaluate and manage acute and chronic otitis media
- PGY-1, 2, 3: Learn to evaluate and manage otitis externa
- PGY-1, 2, 3: Learn the appropriate diagnostic approach to the following problems:
 - Epistaxis
 - Hoarseness
 - Hearing loss
 - Tinnitus
 - Dizziness/vertigo
 - Rhinitis
 - Ear discharge
 - Postnasal drip
 - Cervical lymphadenopathy

Medical Knowledge

- PGY-1, 2, 3: Understand the pathophysiology of sensorineural hearing loss
- PGY-1, 2, 3: Learn to Interpret an audiogram
- PGY-1, 2, 3: Learn to recognize nasal polyps
- PGY-1, 2, 3: Learn the differential diagnosis of pharyngitis
- PGY-1, 2, 3: Learn to recognize common benign and malignant, and pre-malignant lesions of the oral cavity
- PGY-1, 2, 3: Understand the pharmacokinetics and clinical use of nasal vasomotor and corticosteroid agents

Practice-Based Learning and Improvement

- PGY-1, 2, 3: Demonstrate pattern of using patient encounters to enhance understanding of the pathophysiology, evaluation, and management of common problems commonly seen in the ambulatory setting

- PGY-1, 2, 3: Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance patient education related to acute and subacute ENT problems encountered in the ambulatory care setting

Interpersonal and Communication Skills/Professionalism

- PGY-1, 2, 3: Develop skill in establishing a therapeutic relationship with unfamiliar patients quickly
- PGY-1, 2, 3: Refine skill in presenting patients concisely to attending physicians

Systems-Based Practice

- PGY-1, 2, 3: Understand the current Medicaid and other third-party reimbursement for hearing aids

Gynecology Clinic

Residents are assigned to the gynecology clinic five to ten half-day sessions during the three years. The emphasis of the experience is on learning to evaluate and manage non-operative gynecologic problems that may be encountered in primary care internal medicine, and on becoming more skillful in interviewing, examining, and counseling women in the clinical setting.

Patient Care

- PGY-1, 2, 3: Learn to perform a thorough pelvic exam, including bimanual and speculum exam
- PGY-1, 2, 3: Learn to recording an obstetric history
- PGY-1, 2, 3: Learn the proper technique for Papanicolaou smears and endocervical cultures
- PGY-1, 2, 3: Learn to perform and interpret a vaginal wet prep
- PGY-1, 2, 3: Learn to diagnose and manage or refer the following problems:
 - Acute vaginitis of various etiologies
 - Atrophic vaginitis
 - Vulvar lesions
 - Perimenopausal vasomotor symptoms
 - Premenstrual syndrome
 - Genital herpes

Medical Knowledge

- PGY-1, 2, 3: Understand diagnostic approach to the following problems:
 - Abnormal Papanicolaou smear
 - Vaginal bleeding, including postmenopausal bleeding
 - Amenorrhea
 - Dysmenorrhea
 - Sexual dysfunction

- PGY-1, 2, 3: Learn to recognize dystrophic vulvar lesions
- PGY-1, 2, 3: Understand the use of oral contraceptives: composition, adverse reactions
- PGY-1, 2, 3: Understand the use of hormone replacement therapy, including indications, contraindications, expected efficacy, adverse reactions
- PGY-1, 2, 3: Understand female sexuality over the life cycle

Practice-Based Learning and Improvement

- PGY-1, 2, 3: Demonstrate pattern of using patient encounters to enhance understanding of the pathophysiology, evaluation, and management of common problems commonly seen in the ambulatory setting
- PGY-1, 2, 3: Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance patient education related to acute and subacute gynecologic problems encountered in the ambulatory care setting

Interpersonal and Communication Skills/ Professionalism

- PGY-1, 2, 3: Learn to take a sexual history appropriately in a female patient
- PGY-1, 2, 3: Learn to counsel female patients with the following problems:
 - Sexually-transmitted diseases
 - Sexual dysfunction
- PGY-1, 2, 3: Develop skill in establishing a therapeutic relationship with unfamiliar patients quickly
- PGY-1, 2, 3: Refine skill in presenting patients concisely to attending physicians

Ophthalmology Clinic

Residents are assigned to the Ophthalmology clinic five to ten half-days over the three years. The emphasis of the experience is on learning to evaluate and manage non-operative eye problems that may be encountered in primary care internal medicine, and on becoming more skilled in recognizing the ophthalmologic manifestations of systemic diseases encountered in the practice of internal medicine.

Educational Goals

Patient Care

- PGY-1, 2, 3: Learn to perform a thorough examination of the external eye and retina
- PGY-1, 2, 3: Learn to perform visual acuity and visual field testing
- PGY-1, 2, : Learn to recognize cataracts at various stages
- PGY-1, 2, 3: Learn to recognize the various stages of:
 - Diabetic retinopathy
 - Hypertensive retinopathy

- Papilledema
- PGY-1, 2, 3: Learn to recognize deficits in extra-ocular muscle dysfunction
- PGY-1, 2, 3: Learn to diagnose and manage or refer the following problems:
 - Acute infectious conjunctivitis
 - Blepharitis
 - Corneal abrasions
 - Dry eye syndrome
 - Foreign bodies of the eye
 - Hordeolum
 - Pinguecula, pterygium
 - Subconjunctival hemorrhage
 - Floaters
 - Glaucoma/ increased intraocular pressure
 - Visual field deficits

Medical Knowledge

- PGY-1, 2, 3: Understand the indications for cataract surgery
- PGY-1, 2, 3: Understand the pathophysiology and symptoms of glaucoma
- PGY-1, 2, 3: Understand the pathophysiology of various visual field defects
- PGY-1, 2, 3: Understand the diagnostic and therapeutic approach to the following conditions:
 - Low vision
 - The red eye, with and without pain
 - Retinal artery or vein occlusion
 - Diabetic retinopathy
 - Macular degeneration
 - Optic atrophy
 - Uveitis
- PGY-1, 2, 3: Understand the pharmacokinetics, clinical utility, and adverse effects of:
 - Carbonic anhydrase inhibitors
 - Ocular corticosteroids
 - Ocular antimicrobial agents
 - Ocular anticholinergic agents
- PGY-1, 2, 3: Understand the systemic effects of ophthalmic medications

Practice-Based Learning and Improvement

- PGY-1, 2, 3: Demonstrate pattern of using patient encounters to enhance understanding of the pathophysiology, evaluation, and management of common problems commonly seen in the ambulatory setting
- PGY-1, 2, 3: Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance patient education related to acute and subacute eye problems encountered in the ambulatory care setting

Interpersonal and Communication Skills/Professionalism

- PGY-1, 2, 3: Develop skill in establishing a therapeutic relationship with unfamiliar patients quickly
- PGY-1, 2, 3: Refine skill in presenting patients concisely to attending physicians

Systems-Based Practice

- PGY-1, 2, 3: Understand the current Medicaid and other third-party reimbursement for eye glasses and low vision devices

Partners in Wellness Clinic

The Partners in Wellness Clinic is a health screening service offered by the Department of Medicine and Feist-Weiller Cancer Center of LSUHSC-S. Residents are assigned to the clinic one to five half-days over the three years. The emphasis is on learning the recommended screening tests for patients commonly encountered in internal medicine, and in refining skill in performing certain screening procedures.

Educational Goals

Patient Care

- PGY 1, 2, 3: Become more skillful in performing pelvic exams with pap smear and endocervical culture
- PGY 1, 2, 3: Become more skillful in performing a breast examination

Medical Knowledge

- PGY 1, 2, 3: Learn the screening tests and health maintenance techniques recommended by the United States Task Preventive Services Task Force for each age group, and the appropriate interval for each.
- PGY 1, 2, 3: Learn to interpret screening studies, including the:
 - Lipid panel
 - DEXA scan
 - Blood pressure and weight measurements
- PGY 1, 2, 3: Learn the recommended immunization schedule for each adult age group

Practice-based Learning and Improvement

- PGY 1, 2, 3: Use information technology or other available methodologies to access and manage information to support recommendations for health screening and preventive health care

Interpersonal and Communication Skills/Professionalism

- PGY 1, 2, 3: Develop skill in establishing a therapeutic relationship with unfamiliar patients quickly
- PGY 1, 2, 3: Develop skill in counseling patients regarding recommended health screening and preventive health care

- PGY 1, 2, 3: Develop skill in working with clinic personnel

System-based Practice

- PGY 1, 2, 3: Learn the policies related to reimbursement for health screening and preventive health care of the following:
 - Medicare
 - Medicaid
 - Typical private insurance carriers
- Learn to practice within the screening protocols in place in the clinic

Psychiatry Consultation Service

Residents are assigned to round with the psychosomatic medicine team and to evaluate patients as a member of this team five to ten half-days over the three years. The emphasis of the experience is on learning to evaluate and manage cognitive and psychiatric problems that may be encountered in primary care internal medicine and in hospitalized patients, and on the learning to prescribe psychoactive medications.

Educational Goals

Patient Care

- PGY-1, 2, 3: Learn to conduct an appropriate interview of patients with the following problems:
 - Anxiety
 - Delusions
 - Depressed mood
 - Hallucinations
 - Suicide attempt
 - Unexplained changes in personality, behavior
 - Unexplained physical symptoms suggesting somatization
 - Personality disorders
- PGY-1, 2, 3: Learn to select pharmacologic therapy for patients with:
 - Depression
 - Anxiety
 - Delirium
 - Bipolar disorder
 - Psychosis
- PGY-1, 2, 3: Learn to evaluate competency

Medical Knowledge

- PGY-1, 2, 3: Understand how to administer and interpret the Folstein Mini-Mental Status Examination
- PGY-1, 2, 3: Understand the pharmacokinetics, pharmacodynamics, clinical utility, and adverse effects of:

- Selective serotonin reuptake inhibitors
- Other antidepressant agents
- Anxiolytic agents
- Typical and atypical antipsychotic agents
- Lithium

Interpersonal and Communication Skills/Professionalism

- PGY-1, 2, 3: Learn to deal appropriately with hostile, agitated, and uncooperative patients
- PGY-1, 2, 3: Learn to deal compassionately and appropriately with the following types of patients and situations:
 - Narcotic-seeking patients
 - Angry/ frustrated patients and/or their families
 - Patients with chronic pain syndromes
 - Patients with alcohol and drug abuse-related problems and other types of addictive behavior
 - Patients experiencing grief related to losses and dire medical diagnoses
 - Patients with diseases related to alternative lifestyles

Systems-Based Practice

- PGY-1, 2, 3: Understand the indications and process for a competency hearing
- PGY-1, 2, 3: Understand the indications, process, and provisions of a Physician's Emergency Certificate and Coroner's Emergency Certificate
- PGY-1, 2, 3: Understand the indications and process for judicial commitment
- PGY-1, 2, 3: Understand how to access community mental health services