

## **Ambulatory Internal Medicine: Goals and Objectives**

All medical students in their clinical years must complete a four-week rotation in ambulatory internal medicine. This course, while grounded in office-based medicine, can also provide students the opportunity for evaluation and management of the undifferentiated patient. Students will be assigned to General Internal Medicine clinics and/or Medicine subspecialty clinics. Students are expected to interview and examine patients and establish a diagnosis and plan of care under faculty supervision. This broad exposure to both chronic and acute problems affords experience in appropriate consultation, acute office problems, patient education, and reinforcement of the core curriculum across primary care and subspecialty lines. Students may also have the opportunity to observe outpatient diagnostic testing, exercise stress testing, echocardiography, pulmonary function testing, and or other procedures. These experiences can be completed at any of the facilities in the Alliance of South Texas Academic Health Centers or in Louisiana.

Goals and Objectives: Students must be able to:

1. Perform focused, problem-limited history and physical examinations
2. Be able to evaluate and initiate treatment and understand the natural history and complications of common chronic problems in internal medicine. These include hypertension, congestive heart failure, coronary artery disease, diabetes mellitus, chronic obstructive lung disease, chronic kidney disease, thyroid disease, hyperlipdemia, arthritis, and depression.
3. Evaluate and treat common acute problems: cough, dysuria, acute arthritis/gout,
4. Understand how to approach the evaluation and management of patients presenting with multiple complex medical problems
5. Have an opportunity to examine and evaluate patients with complex medical problems, commonly seen by specialists, and understand how these patients are evaluated and managed by specialists in these fields. Examples of such diseases include, but are not limited to: sarcoidosis, pulmonary hypertension, aortic stenosis, cardiomyopathy, adrenal insufficiency, systemic lupus erythematosus, crohn's disease, polycystic kidney disease, cancer, and HIV.

The following sites are acceptable for the ambulatory internal medicine clerkship:

1. General Internal Medicine Clinics- Students are expected to interview and examine the patient and establish a diagnosis and plan of care under faculty supervision.
2. Medicine Subspecialty Clinics - This component extends the student's exposure to both chronic and acute problems in multiple settings, affording experience in appropriate consultation, office emergencies, patient education, and reinforcement of the core curriculum across subspecialty lines.
3. Out-patient diagnostic testing - Students have the opportunity to observe exercise stress testing, echocardiography, electrocardiography and pulmonary function testing. Other diagnostic testing may be available and approved by the clerkship director.

A sample curriculum is shown below:

	Monday	Tuesday	Wednesday	Thursday	Friday
9 AM- 12 Noon	Sub-specialty Clinic	Walk-in Clinic	Didactic Lectures	Walk-in Clinic	Sub-specialty Clinic
12 Noon				Med Grand Rounds	
1 PM- 5 PM	Diagnostic Testing- Echocardiography	General Medicine Clinic	Sub-specialty Clinic	General Medicine Clinic	Off

The number and kinds of patients to be seen in the Ambulatory Rotation is based upon the CDIM Core Medicine Curriculum Clerkship Guide recommendations for ambulatory training. Students are assigned a core of clinic assignments (general medicine, geriatrics, diabetes, infectious disease) and can elect additional clinic assignments to fit their interests. All educational experiences occur in the ambulatory setting or via the lecture schedule and clinical conferences.

Symptom or Disease	Number of Patients to Be Seen
Back pain	3
Cough	2
COPD/Asthma	2
Congestive heart failure	2
Depression	2
Diabetes	3
Dysuria	1
Dyslipidemias	3
Hypertension	3
HIV Infection	2
Incontinence	1
Joint pain	1
Prostate hypertrophy/cancer	1
Skin rash	1
Smoking cessation	3

Students are provided a “passport” that lists the above learning objectives. As students encounter a patient with each disease, his or her attending physician signs off on the checklist in the student’s passport. In addition

### **Methods for Evaluating Clerk Performance**

- The Mini-CEX (Clinical Examination) developed by the ABIM is used to evaluate each student’s history-taking skills, patient-counseling skills, and patient-interaction skills.
- Attending physicians are required to provide a narrative description of the student’s clinical skills and knowledge.