

# Ambulatory Medicine Packet

2020/2021

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## Teaching Session Attendance

Successful completion of the Ambulatory Medicine block requires your attendance at lectures in addition to your clinical duties. **Your attendance is required for Ambulatory Teaching Sessions from 9:00 am-12:00 pm. These will mainly be held in 6 Black Hall (large conference room) or at LHM every Wednesday morning during your Ambulatory Medicine block (the location will be updated and sent with your “Welcome to Ambulatory” email before the start of the block). Your attendance is also required at General Medical Conference (GMC) from 12:30-1:30 pm every Wednesday afternoon (different time during interview season) which will be held virtually this year. Additionally, you must attend virtual Grand Rounds on Friday from 8am-9am (starting in September). Wednesday LHM starts at 1:45PM to allow you time for GMC. Friday LHM starts at 9:30AM to allow you time necessary to attend Grand Rounds.**

## Create a Portfolio

You are responsible for creating a portfolio and updating it with scholarly activities. This becomes a permanent part of your residency record, as well as a requirement for graduation. Uploading documents will serve as proof of your participation in activities such as PAAT, QIP, PBLI, etc. In addition, you should log all procedures you have done, so they can be approved by the supervising resident/attending in New Innovations.

### How To Log Procedures:

From the main page in **New Innovations** (after your initial log-in) → Logger  
→ Log Procedures. Enter data into each window and save it. The supervising resident/attending must confirm the procedure before you become certified.

### How To Log Scholarly Activities:

From the main page in **New Innovations** (after your initial log-in) → Portfolio  
→ Scholarly Activity → New. Log the appropriate activity, enter data into each window, and upload any documentation.

# Panel Management

As part of your Ambulatory Medicine Experience, you are required to establish continuity of care with a panel of patients. These are your patients, so take ownership! You are responsible for following your patient's health on a regular basis. In the beginning of your first ambulatory block, you will receive hands-on training on how to maintain your patient panel on EMR using the tools available on that platform. You should also maintain a backup spreadsheet of your patient list on Excel. A template is provided for you in Welcome to Ambi OneNote. If you maintain a continuity panel at RDC, you will use this spreadsheet (see RDC page) to further input items emphasized there, such as CD4, VL, other chronic disease screening and monitoring, etc. Make sure to use a HIPAA compliant platform when saving your patients' info.

You are assigned a faculty mentor to guide you through the panel management process. You will be required to meet with him or her while you are on your Ambulatory Medicine rotation to manage your patient panel and take care of any patient outreach. You will also send an email to summarize what you achieved each panel management session to your mentor. Be sure to put "PHI- Panel Management" in the subject line when sending this email to your mentor. Panel Management Peer Advisors (selected PGY2/3) are also available to share helpful tips and advice.

In order to help you stay organized in this effort, you are assigned one session per each ambulatory block dedicated for your panel management which can be done remotely or at the office. Get in touch with your panel mentor to set up goals at the beginning of the session to maximize the return on your effort.

A GENERAL expectation for panel size (some variation is expected. Work with your panel advisors for individualized goals):

By 6 months of PGY1: 5 patients

By 12 months: 15 patients

By 18 months: 25 patients

By 24 months: 35 patients

By 30 months: 40 patients

By 36 months: Hand off all patients to PGY1/2. Must have ZERO patient on your tasklist before graduation.

# Fixed Days

You will all be assigned up to a total of 2 “fixed” days during your Ambulatory Medicine block. This may be a full day per week or 2 half-days per week (i.e. a full day at LHM on Tuesdays, or Monday and Friday mornings). Fixed days serve the purpose of increasing continuity with your patients. It provides clarity for your patients and the staff in knowing which days you are definitely supposed to be in clinic.

# Assignments

## 1. CITI Program

Instructions on how to complete the CITI program can be found at: <http://www.feinsteininstitute.org/Feinstein/IRB+Researcher+Registration+Tutorials>.

Please register your participating institution as North Shore-LIJ Health System-New York and take the Basic Human Subjects course. There should not be a fee when you register this way.

### **Procedure:**

1. Go to <http://www.citiprogram.org/>
2. Register, your participating institution is **Northwell Health**
3. "Affiliations": If you wish to use your training to meet requirements for more than one institution, after logging in, click on the link to "Affiliate with another institution." If the affiliated organizations require the same modules as Northwell Health, you will only need to complete the modules once. The software will give you credit in each institution's curriculum.
4. All Clinical Researchers must take the **Basic Human Subjects** (if they are taking the CITI program for the first time) or the **Refresher Course** (if they are renewing their CITI training)
5. **Each resident is expected to complete this online tutorial before doing any research project, including a case report.**

Please submit your certificate of completion into your online portfolio on New Innovations. This is a graduation requirement.

## **2. DIRECT OBSERVATIONS**

As part of both the Ambulatory and Inpatient curricula, you are required to complete Direct Observations of your clinical skills. An Attending physician will directly observe you performing one of the identified clinical skills or activities on a live patient or on a patient simulator (Chloe). Upon completion of the task, you will have the opportunity to receive oral feedback on your performance. Attendings will also complete a written evaluation which is added to your Portfolio of Scholarly Activity in New Innovations. You are required to complete these direct observations before graduation. A complete list of topics will be available on one drive under the title "Direct Observations." On New Innovations under the "Resources" section you will find worksheets for each task that include the objectives on which you are being evaluated.

## **3. YALE CURRICUM**

This year we are introducing the Yale Curriculum as a way to expand your knowledge & self-study while on your ambulatory rotation. Topics and assignments will be emailed to you on an ongoing basis.

## **4. Scholarly Activities**

While on ambulatory medicine, you are all assigned to different projects and selectives. Here is a summary of these assignments. Please note that projects **MUST** be uploaded into your portfolio.

- **Quality Improvement Project (QIP)**- PGY-1's and 2's are paired up to work on a quality improvement based research project and present their findings. Projects should be discussed with Dr. Fried & the Chiefs. The ultimate goal is to turn QIPs into an abstract/poster.
- **Problem Based Learning Initiative (PBLI)**- PGY-3's are paired up to select a controversial question that requires analysis and present findings from their literature search. You are expected to meet with Dr. Ahmadi to discuss a project idea and submit your slides for review prior to presenting.

- **Clinical Chloe**- Throughout the year, residents will be assigned to ambulatory simulation sessions with Clinical Chloe. These simulations will focus on clinical outpatient scenarios and procedures.
- **Subspecialty Clinics**-Throughout the year, interns and residents will be assigned to subspecialty clinics based upon interest and availability. These sessions may or may not occur every ambulatory block depending upon the individual's clinic load that particular block.
- **M and M Review**- PGY-3's will be assigned M and M review one time during their 3<sup>rd</sup> year.
- **Ambulatory On Call**- PGY-3's will have the opportunity to hold the "On-Call pager" during one ambulatory block. Duties will include returning pages (forwarded to your cell phone) received after hours. Detailed instructions are provided in the Welcome to Ambi OneNote.
- **Physicians Alcoholism Addiction Training (PAAT)**- Prior to graduation, everyone is assigned to a 4-day course on alcoholism and addiction medicine that will be completed once. At the end of the course, a snapshot or copy of the completion certificate should be uploaded to the resident's portfolio in New Innovations.
- **Underserved Community Medicine Curriculum**: Once a year you're assigned to visit a local Women's Shelter at the Lenox Hill Neighborhood House to conduct a health education for the homeless clients or provide a clinical care. The curriculum involves pre-visit learning modules, a short didactic, and post-visit reflective narratives. If after your visit you are interested in continuity at the Shelter Clinic, let us know.

## **Summary of Lenox Hill Medicine Work Flow**

1. You will have an assigned room with your name displayed on the door. This will be your room for the clinic session you're attending.
2. Medical Assistant (MA) triages your next patient when your room is available— this includes documenting the chief complaint, vitals, BMI, and PHQ2. This stresses the importance of working in an efficient manner. The more efficient you are, the more likely you will remain on schedule in seeing your patients.
3. Medical Assistant puts the patient passport at your workstation
4. Resident sees patient. Try to type part of your note (i.e. HPI) during the patient encounter to save time. Type the remaining part of your note after you have completed seeing all your patients. This ensures patient visits don't get backed up.
5. Explain to patient you will be presenting to an Attending.
6. Present to Attending – when possible have point of care testing – including HbA1c, urine, EKG, etc. 'cooking' while you are presenting.
7. Review plan with patient and walk patient to front desk or the referral room to set up a follow up appointment. Make sure to review your New Innovations calendar and have patient return on a day you will be in clinic.
8. In between patients- check "Resident Team Blue" task list and complete any tasks assigned to you or any tasks assigned to "any resident" that are not currently in progress. All tasks must be completed before the end of the shift.

## **Summary of RDC Work Flow**

1. The shift starts promptly at 8:30 AM with board review. Please arrive early to setup your workstation before board review starts.
2. Patients are scheduled to see Dr. Ahmadi. She will distribute patients for residents to see.
3. After you are assigned a patient, conduct a brief (<10 minute) chart review. Be sure to at least read the last visit note, active medications, take note of any specialists visited, review most recent labs and check to see which vaccinations are outstanding.
4. For chart review- remember some lab results will show up in Sunrise and some results will show in Allscripts. The Northwell HIE tab on Allscripts is a great way to show data that will result on both EMR's.
5. Once your chart review is complete, find an open room. Identify your patient in the waiting room and escort him or her to the exam room.
6. Open a note in allscripts. Obtain vital signs and document them in your note.
7. Interview and examine the patient. Some documentation can be performed while with the patient, but the majority of documentation will be done after you see the patient.
8. Return to Dr. Ahmadi's office to present. While you are presenting, try to have labs/EKG/etc done. Early in the year this may not be possible because you should confirm Dr. Ahmadi agrees with your plan before drawing labs. If a patient needs a vaccine, inform Jessica or Lesly so they can obtain the vaccine for you. You will give the patient the vaccine after presenting to Dr. Ahmadi.
9. Labs are generally ordered on sunrise, but certain labs will need to be ordered in Allscripts. Check with your senior, Jessica, Lesly or Dan for help with this.
10. Once you've finished discussing the finalized plan with the patient, walk them back to the front desk where they can make a follow up appointment. Try to schedule this for a day when you will return to RDC if possible.

## **Telemedicine**

1. Be sure to complete the iLearn modules and Amwell “Mock Call” before your ambulatory rotation so you are able to conduct Telemedicine visits (information will be distributed prior to the start of your ambulatory rotation).
2. For telemedicine shifts, you will be working remotely. More details to follow during your ambulatory teaching sessions.
3. For RDC telemedicine, one HIV track resident will be assigned to work from home per block.