OPTI-West San Antonio Regional Hospital Internal Medicine Residency Program

Ambulatory and Continuity Clinic Curriculum with Goals & Objectives

SARH Care for You Continuity Clinic & Western University Ambulatory Care Clinic — Internal Medicine Residency

Goals & Objectives Stratified by Level of Training (PGY-1 / PGY-2 / PGY-3)

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Organization and Lines of Responsibility

Organization: SARH Care for You Continuity Clinic and Western University Ambulatory Care Clinic rotations.

The Internal Medicine resident functions as a key member of the medical team whose primary objective is to provide compassionate, evidence-based care. The team comprises an attending internist, medical residents, and medical students, and is led by the attending, who bears final responsibility for patient management. The resident works closely with the attending and gradually assumes more autonomous decision-making responsibility in a graded fashion, serving as the primary care provider for a continuity panel and teaching junior residents and medical students in a multidisciplinary environment.

General Goals and Educational Objectives

General Goal: During the Ambulatory rotation, the resident is responsible for the care of outpatient teaching-service patients and provides continuity of care for a personal panel across the three years of training.

Overarching objectives (developed progressively across all three years):

- Practice evidence-based medicine.
- Work effectively as part of a multidisciplinary team.
- Provide continuity of care for a panel of patients across the three years of training, assuming responsibility in a graded fashion toward independent practice, and achieve competence in all six ACGME areas.
- Promote both individual and population health and achieve competence in these.
- Serve the community.
- Achieve competence in serving all genders, ethnic, and socioeconomic groups and understand their unique needs.
- Evolve as teachers of students, co-residents, nurses, patients, families, and the community.
- Become proficient in caring for patients with the conditions listed in this document.

Levels of Supervision

Residents are supervised by an attending physician for all patients. Levels of supervision include:

- Direct Supervision — the supervising physician is physically present with the resident and patient; residents are initially directly observed to build skills.
- Indirect Supervision, with direct supervision immediately available — the supervising physician is on site and immediately available.

- Indirect Supervision, with direct supervision available — the supervising physician is immediately available by phone or electronic means.

As residents become more proficient, they interact independently with patients and present cases to faculty; PGY-1 emphasis is on diagnosis and basic management, and senior residents focus on medical decision-making and finalizing the care plan with supervising physicians.

Assessment Scale — Entrustment

The basic evaluation unit is entrustment. Attendings determine the level at which they trust the resident to perform each skill:

- 1 — Cannot perform the skill even with assistance (critical deficiency).
- 2 — Can perform the skill under proactive, full supervision.
- 3 — Can perform the skill with reactive supervision (readily available upon request).
- 4 — Can perform the skill independently.
- 5 — Can act as a supervisor and instructor for the skill.

The Six ACGME Core Competencies — Objectives by Level of Training

Objectives are stratified for PGY-1, PGY-2, and PGY-3 residents, reflecting increasing entrustment. Senior objectives are cumulative — PGY-2 residents also meet PGY-1 objectives, and PGY-3 residents meet all prior objectives.

1. Patient Care

Residents will provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health in the ambulatory setting.

PGY-1 — Build foundational skills under supervision

- Perform complete and problem-focused histories and physical examinations in a time-efficient manner.
- Formulate differential diagnoses and initial management plans for acute complaints and chronic disease follow-up, under supervision.
- Provide preventive care, including cancer screening, immunizations, and lifestyle counseling.

PGY-2 — Manage independently (in addition to PGY-1)

- Independently manage common chronic conditions and acute complaints with indirect supervision.
- Utilize shared decision-making and address social determinants of health.
- Coordinate specialty referrals and community-resource utilization.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Independently manage complex patients with multiple comorbidities and lead longitudinal panel management.
- Supervise and teach junior residents and students in ambulatory care.
- Model high-value, patient-centered continuity care.

Instructional / Training Methods: *Supervised patient care in the clinic, direct observation, case-based learning, weekly clinic-topic discussion.*

Evaluation Methods: *Bedside Mini-CEX, direct observation and feedback, continuity-clinic evaluation, faculty entrustment ratings.*

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2. Medical Knowledge

Residents will demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and apply it to ambulatory patient care.

PGY-1 — Build foundational skills under supervision

- Develop foundational knowledge of common outpatient conditions, including hypertension, diabetes, hyperlipidemia, asthma, COPD, depression, anxiety, and musculoskeletal complaints, as detailed in the Clinical Topics section below.
- Apply preventive-care and screening guidelines.

PGY-2 — Manage independently (in addition to PGY-1)

- Apply knowledge to complex and multi-morbid presentations.
- Justify evidence-based decisions and stay current with clinical guidelines (e.g., USPSTF, ADA, ACC/AHA).

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Demonstrate comprehensive knowledge across the breadth of ambulatory medicine.
- Integrate conflicting data for complex cases and teach the underlying evidence to juniors.

Instructional / Training Methods: *Case-based learning, specialty didactics, journal and textbook reading (Annals In the Clinic, MKSAP), guideline review.*

Evaluation Methods: *Case-based questioning, chart review, faculty written evaluation.*

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3. Practice-Based Learning and Improvement

Residents will investigate and evaluate their patient-care practices, appraise and assimilate scientific evidence, and improve their practices.

PGY-1 — Build foundational skills under supervision

- Identify knowledge gaps through patient encounters and seek evidence-based resources.
- Seek, receive, and act on feedback and reflect on performance.

PGY-2 — Manage independently (in addition to PGY-1)

- Review and apply relevant guidelines, studies, and literature to improve patient care.
- Perform focused literature searches and integrate self-reflection.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Complete the required longitudinal quality-improvement or population-health project under an attending mentor.
- Facilitate the learning of junior residents and students.

Instructional / Training Methods: *Feedback on clinic performance, guideline review, the longitudinal QI project, topic presentations.*

Evaluation Methods: *Self-assessment and reflection, QI project review, teaching evaluations.*

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4. Interpersonal and Communication Skills

Residents will demonstrate communication skills that result in effective information exchange and collaboration with patients, families, and professional associates.

PGY-1 — Build foundational skills under supervision

- Communicate clearly and empathetically with patients, families, and interdisciplinary team members.

- Provide timely, accurate documentation.

PGY-2 — Manage independently (in addition to PGY-1)

- Educate patients on disease processes, management plans, and preventive measures.
- Develop skills in motivational interviewing and behavior-change counseling.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Lead difficult conversations and model effective communication.
- Coach junior residents and students in patient communication.

Instructional / Training Methods: *Direct observation, supervised patient encounters, case presentations to faculty.*

Evaluation Methods: *Direct observation, Mini-CEX, 360-degree and faculty feedback.*

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5. Professionalism

Residents will demonstrate a commitment to professional responsibilities, ethical principles, and sensitivity to a diverse patient population.

PGY-1 — Build foundational skills under supervision

- Demonstrate respect, compassion, and cultural humility in patient care.
- Maintain patient confidentiality and professionalism in documentation.

PGY-2 — Manage independently (in addition to PGY-1)

- Address ethical issues and manage difficult conversations professionally.
- Model professional behavior and use clinic time efficiently.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Serve as a professional role model and provide constructive feedback to juniors.
- Lead ethically complex discussions and advocate for patients.

Instructional / Training Methods: *Role modeling by attendings, direct patient care, patient and family encounters.*

Evaluation Methods: *Faculty ratings, 360-degree evaluation, self-reflection.*

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6. Systems-Based Practice

Residents will demonstrate awareness of the larger health-care system and provide care of optimal value.

PGY-1 — Build foundational skills under supervision

- Utilize the electronic medical record effectively for documentation and care coordination.

PGY-2 — Manage independently (in addition to PGY-1)

- Incorporate cost-effective care principles when ordering tests and treatments.
- Understand billing, coding, prior authorizations, and insurance systems.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Engage in population-health management and recognize and address healthcare disparities.
- Lead care coordination and champion high-value care.

Instructional / Training Methods: *Supervised care, cost-and-value discussion, population-health and disparities case review.*

Evaluation Methods: *Direct observation, chart review, QI participation, faculty ratings.*

Clinical Topics and Experiences by System

The conditions below are the focus of the Medical Knowledge objectives above and are encountered across the continuity clinic and ambulatory experience. Responsibility is graded by complexity and training level.

Cardiology

- Coronary artery disease, CHF, and arrhythmias in males and females
- Primary and secondary prevention of coronary artery disease
- ECG interpretation and CHF management
- Anticoagulation and arrhythmia recognition/early management
- Hypertension, hypertensive urgency and crisis, and hyperlipidemia
- Perioperative care, including preoperative clearance for surgery

Endocrinology

- Diabetes mellitus, hypothyroidism, hyper- and hypocortisolism, and osteoporosis
- Obesity management and post-bariatric surgery care

LGBTQ+, High-Risk, and Gender-Specific Care

- STI recognition, testing, and treatment, including HIV PrEP; vaccines; hormone management
- Recognition of differences in cardiac presentation in women
- Dysfunctional uterine bleeding and contraception counseling
- Hormone replacement therapy management
- Procedures: Pap smears, Nexplanon and IUD insertion
- Cervical cancer screening guidelines
- Breast masses (benign vs. malignant) and early recognition of breast cancer

Neurology

- Seizures, movement disorders, neuromuscular disorders, and multiple sclerosis
- Headache management
- Acute stroke and post-stroke care

Mental Health

- DSM criteria
- Major depression, anxiety, polysubstance and nicotine dependence, and insomnia disorder
- Identification of PTSD, schizophrenia, bipolar disorder, and ADHD

Dermatology

- Skin cancers (squamous cell, basal cell, melanoma) and precancerous lesions (actinic keratosis)
- Acne, dermatitis (contact to seborrheic), and idiopathic urticaria
- Procedures: skin biopsy and cryotherapy

Pulmonology and Allergy

- Asthma, COPD, and hypoxemia
- Allergic rhinitis
- Pulmonary function test interpretation
- Diagnosis of sleep apnea

Gastroenterology

- GERD, peptic ulcer disease, and irritable bowel syndrome
- Colon polyps and colon cancer
- Recognition and early referral of inflammatory bowel disease

- Colonoscopy screening guidelines

Nephrology

- Acute kidney injury
- Chronic kidney disease and ESRD
- Kidney stones
- Workup of secondary and resistant hypertension

Musculoskeletal

- Diagnosis of fractures
- Shoulder (rotator cuff), wrist (carpal tunnel), knee (patellofemoral, DJD), and hip (DJD) pain
- Chronic back pain (e.g., spinal stenosis, cervical to lumbar)

General Internal Medicine

- Immunizations
- Screening for prostate, colon, cervical, and breast cancer
- Bone-density screening
- Upper and lower respiratory infections and urinary tract infections

Infectious Disease

- HIV, including PrEP, post-exposure prophylaxis, and needle-stick management
- PPD converters, burns, and complicated upper respiratory infections
- Travel medicine

Teaching Methods

Supervised Patient Care

- Residents are initially directly observed with patients to build history-taking, examination, and procedural skills.
- As residents become more proficient, they interact independently with patients and present cases to faculty.
- PGY-1 emphasis is on diagnosis and basic management; senior residents focus on medical decision-making and finalizing the care plan with supervising physicians.

Conferences and Independent Study

- Specialty-specific didactics and discussion of weekly clinic topics during clinic week.
- Journal and textbook reading, including the Annals of Internal Medicine In the Clinic series, MKSAP, and additional reading recommended by the attending.

Online and Educational Resources

- ACP Caring with Compassion; NEJM Case Studies in Social Medicine.
- Pain management and addiction: CDC changes in opioid prescribing, California Bridge Program, NIDA Opioid resources.
- Social determinants of health screening tools: CMS Accountable Health Communities screening tool and PRAPARE.
- The Stanford 25 physical examination resource.
- Trans and gender-diverse resources: UCSF Center of Excellence for Transgender Health; Stanford Medicine Health Across the Gender Spectrum.
- USPSTF recommendation on screening for hepatitis C in adolescents and adults.

- UpToDate.

Evaluation

- Case and procedure logs.
- Mini-CEX bedside evaluation tool — residents complete a minimum number in the PGY-1 and PGY-2 years in the venue of their choice; additional direct observation is strongly encouraged.
- Continuity Clinic evaluation four times per year.
- 360-degree evaluation once per year.
- Attending written evaluation at the end of the year, based on observations and chart review.

Rotation Structure

- Residents should be in the clinic during their scheduled times and serve as the primary care providers for their patients, participating in presentation, differential diagnosis, treatment planning, and follow-up, and in procedures as appropriate.
- Case-based learning is emphasized, with reading based on patients seen during the day.
- When performing outpatient consults, residents should understand the question asked and provide a concise answer.
- Residents may be asked to perform focused literature searches or presentations for the attending or other learners.
- Residents complete one quality-improvement project over their three years under an attending mentor, shaped by their interests and applying QI principles to their own practice.
- Call and weekend responsibilities are determined by the attending. Hours must comply with ACGME requirements and are subject to approval by the Program Director.
- Residents have specialty-specific didactics and should be excused in a timely fashion to attend.