

Appendix C: Ambulatory Blocks

<i>Table of Contents</i>
Overview
<ul style="list-style-type: none">▪ Goals▪ Contacts
General Clinic Information
<ul style="list-style-type: none">▪ Example of Weekly Schedule▪ Ambulatory Structure▪ Electronic Records
Resident Responsibilities in the Clinic
Policy on Clinic Changes
Ambulatory Education
UAMS Clinic
<ul style="list-style-type: none">▪ Structure▪ Location▪ Patient Load▪ Documentation▪ Inbox▪ Patient Scheduling
VA Clinic
<ul style="list-style-type: none">▪ Structure▪ Location▪ Patient Load▪ Documentation▪ Inbox▪ Patient Scheduling

Overview:

One of the most important skills to be obtained during your residency in Internal Medicine is the efficient and effective handling of outpatient encounters. Resident Clinic is structured to offer you a varied clinical experience in acute and chronic outpatient disorders in the adult patient.



Residents are expected to be on time to clinic. Our schedule is designed to eliminate conflicts between outpatient and inpatient duties, so you are free to focus on your clinic duties during your clinic sessions.



Residents are expected to work in a timely and efficient manner in clinic.



Clinic swaps are strictly limited. Please see the policy for clinic changes below.

Goals

- Evaluate acute health concerns in an ambulatory setting, including appropriately triaging patients to the emergency department or hospital.
- Deliver high quality, evidence-based care for chronic diseases.
- Deliver high quality preventative health care.
- Coordinate care with other health professionals such as specialists, inpatient physician teams, nurses, and other non-physician professionals.
- Use an electronic health record (EPIC/CPRS) to care for a panel of patients.

Contacts

UAMS: Dr. Alice Alexander

VA: Dr. Shagufta Siddiqui

General Clinic Information:

Example Clinic Schedule:

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>AM</i>	<i>CC</i>	<i>Sim Lab</i>	<i>Didactics</i>	<i>SSC</i>	<i>CC</i>
<i>PM</i>	<i>SSC</i>	<i>CC</i>	<i>CC</i>	<i>QI</i>	<i>CC</i>

CC – Continuity Clinic (at UH or VA)

SSC – Sub-Specialty Clinic

QI – Quality Improvement ½ day

Ambulatory Structure

- In accordance with requirements of the Internal Medicine RRC, all residents will have ≥ 130 clinic sessions over 3 years.
- Internal Medicine residents will be assigned their continuity clinic at either the UAMS or VA Hospital. You will stay with your assigned clinic for the entire three years. Medicine/Pediatric residents will have continuity clinic at the Medicine/Pediatrics clinic on Rahling Road.
- All residents will have ambulatory rotation one week, every five weeks.
- All subspecialty clinics are located at UAMS.

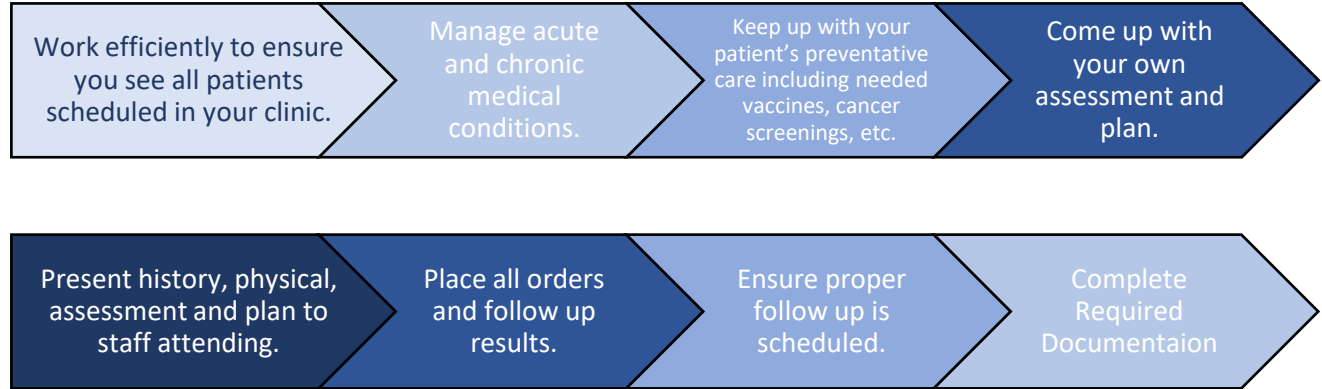
Ambulatory Week Breakdown for Categorical Residents
Five, half-day sessions of continuity clinic.
Two half days of a subspecialty clinic. (You will get to request/rank your preferences in the spring of the preceding year).
You will have one half-day free of clinical duty that is to be used to work on your quality improvement project.
Your ambulatory schedule with your continuity clinics, subspecialty clinics and QI half day will remain the same every five weeks throughout the academic year. The schedule will change on a yearly basis.

- ***Med/Peds residents:*** Med-Peds residents will also follow the same schedule with an ambulatory block every 5 weeks. They will have four half day clinics at Rahling Road in addition to three specialty clinics that are preassigned. Residents will join IM didactics and sim lab during ambulatory week.
- It is ultimately the resident's responsibility to make sure that his/her clinic patients are rescheduled when he/she has a clinic day change or cancellation. Clinic schedules are easily viewable in advance through CPRS or EPIC. If you have clinic patients scheduled on a day when you will not be there, notify the Chief Residents and the appropriate clinic medical director as soon as possible.

Electronic Records

- The electronic chart is available at UAMS, VHA & ACH. It is **your responsibility** for follow-up of laboratory or imaging tests that you have ordered while in clinic. If you order a test, **you are responsible** to take appropriate action. If you need assistance in making a further plan, contact the attending who saw the patient with you in clinic.
- The electronic medical record is designed to allow timely communication between you and the clinic staff, even during times when you are not in clinic. In fact, it is an Internal Medicine program requirement that residents retain responsibility for their panel of continuity patients between clinic visits. You are expected to check your EPIC In-basket at least three times a week and to reply to all documents in a timely manner. Access to EPIC is available off-campus by going through UAMS MyDesk (mydesk.uams.edu).
- PGY-1s, PGY-2s, and PGY-3s are permitted a maximum of one vacation week per year during ambulatory weeks.

Resident Responsibilities in the Clinic:



Policy on Clinic Changes:

Policy for UAMS Resident Clinic changes that occur **within 90 days** of the scheduled clinic.

- The only acceptable reason for a resident to not be present as scheduled in his/her clinic is the occurrence of a *true emergency* (e.g. accident, illness, birth of a child, illness/death of a family member). When such an emergency occurs and the resident believes that he/she cannot be present in clinic as scheduled, he/she must immediately contact a Chief Resident who will then find a suitable substitute from the pool of residents on Jeopardy.
- Because clinics may be cancelled during vacations, it is essential that we have advance notice about any changes in vacation time. Any change in vacation must be communicated to the House Staff Office more than 90 days beforehand and the appropriate form must be completed. This allows sufficient time for the Appointment Center to reschedule the patients.
- Any anticipated absences such as a late-notice vacation change or educational leave should be communicated to the clinic medical director as soon as possible so that this change can be accommodated. Depending on the time frame, a cancellation or coverage by a colleague (see below) may be requested. Late cancellations for any reasons are required to have approval by the Ambulatory APD, Dr. Alexander, and she will only approve these on a very limited basis.
- If a resident needs to be absent from clinic for other University or educational business that is not scheduled >30 days ahead of time (for example, a project meeting, committee meeting, etc.), it is acceptable to ask a colleague to cover his or her clinic; this coverage arrangement must be approved by the Chief Residents and appropriate clinic medical director. Outside of these circumstances, a resident should not directly contact another resident to ask for clinic coverage in the form of a trade or favor unless this has been approved by the Chief Residents or clinic medical director.
- For UAMS clinic residents interviewing for fellowship or jobs: As UAMS clinics are booked weeks in advance, cancellations for interviews should be avoided whenever possible. However, we understand that subspecialty interview times are limited, and programs may only give residents one or two possibilities for interview days. We will cancel up to two sessions per ambulatory week for interviews/travel IF we have at least 30 days' notice. Cancellations beyond 2 sessions per week or with less than 30 days' notice have more significant impacts on patient care;

therefore, we ask that residents whose absences fall under those criteria find a fellow upper-level resident who is willing to provide clinic coverage. The covering resident should be an upper level who is familiar with how to do clinic notes in Epic.

Ambulatory Education:

- SIM lab is held on Tuesday mornings of ambulatory week from approximately 0900-1200. During this time various medical simulations will take place and residents are expected to participate and solve the simulation with their group. There are usually 2-3 cases per session.
- Didactics are held on Wednesday mornings of ambulatory week from approximately 0900-1100. There will be assigned pre-readings before the didactic sessions that will be emailed to your group. You will take a quiz based on the pre-readings at the beginning of the didactic session. After completion of the quiz individually, the quiz will then be taken with other members of your “quiz group.” This will be followed by a short lecture on this topic and several patient cases.
- Attendance is required at both SIM lab and didactic sessions. If you must be absent, you must notify Dr. Alexander and the chief residents.
- Unexcused absences from didactic sessions and/or failure to complete assigned educational modules may result in assignment of additional clinical duties or other consequences as determined by the Program Director and Chief Residents.

UAMS CLINIC	
Structure	The clinics will operate as a group practice. You will be assigned a panel of patients but if a colleague is not in clinic, a colleague’s schedule is full or there is a walk-in, other patients may be assigned to you. At the beginning of every clinic session all clinic slots convert to same-day appointments, so you must not leave early as you may have a patient added to your schedule at any time.
Location	Outpatient building on the second floor. The workroom is equipped with several computer terminals and each patient room has its own computer terminal for convenient access to facilitate efficient patient care.
Patient Load	Interns start with 3 patients per half day. Patient load will slowly increase throughout the year to reach a maximum of 6 patients per half day by the end of the intern year. This patient census will continue throughout the PGY2 and PGY3 years with an average of 5-6 patients scheduled per half day.
Documentation	Every patient seen requires a clinic note. It is strongly encouraged to finish clinic notes on the day of the encounter. We follow all institutional guidelines for document completion.
Inbox	You will be responsible for your inbox of patient messages and results during ambulatory, electives, and inpatient rotations, including when on rotations at the VA. You are expected to check your inbox at least every 72 hours and respond/complete the tasks in your inbox accordingly. <ul style="list-style-type: none"> • There will be an upper-level resident on UAMS ambulatory block that will be “on call” M-F each week, during clinic hours, that is expected to respond to urgent patient test results, refills, and questions. <u>Average</u> of two calls per year.

	<ul style="list-style-type: none"> The on-call resident will cover your inbox when you are on vacation.
Patient Scheduling	The outpatient scheduling center at UAMS schedules all patients. You should make a note of when you want your patient to return to your clinic. You can place a “return to clinic” order in EPIC or simply use the “wrap up” tab and select when you want the patient to return to clinic. Overbooks are occasionally necessary depending on patient care needs and clinic staffing. The involved resident or the clinic attending must approve overbooked patients.

VA CLINIC

Structure	You will be assigned to one attending – Dr. Mahmoud or Dr. Siddiqui. This assignment will stay consistent throughout the three years. You will also be assigned a personal clinic ID which makes it possible for patients to be scheduled in your clinic for follow up and gives both the provider and patient continuity.
Location	Fort Roots in North Little Rock - third floor in primary care clinic wing 3E. Eugene J. Towbin VA Healthcare Center, 2200 Fort Roots Drive, North Little Rock, AR 72114
Patient Load	Interns start with 3-4 patients per full day. Patient load will slowly increase throughout the year to reach a maximum of 6 patients per half day by the end of the intern year. This patient census will continue throughout the PGY2 and PGY3 years with an average of 8-9 patients scheduled per full day.
Documentation	Every patient seen requires a clinic note. All clinic notes at the VA should be completed same day and a billable encounter must be entered to sign note.
Inbox	The resident is responsible for following up all test results that return during their ambulatory week, which includes informing patients of said results. Outside of ambulatory week, the attending in whom the resident is assigned to will follow up results but you may also get notifications to process. There is not a VA inbox in which the patients can message the residents directly.
Patient scheduling	<p>The VAH clinic clerks schedule all patients. You should make a note of when you want your patient to return to your clinic and place a “return to clinic order” for your specifically assigned clinic ID (for continuity). Overbooks are occasionally necessary depending on patient care needs and clinic staffing. The involved resident or the clinic attending must approve overbooked patients.</p> <ul style="list-style-type: none"> At the VA Hospital, limited ancillary services are available after 17:00, and our check-out clerk will usually not be available after 16:30. Ensure that any patient who checks out after 16:00 has appropriate follow-up instructions incorporated in the clinic note. The clinic nurse and clerk should be named as co-signers of the note to make sure they see and act on your instructions the next business day.