

LAC+USC Medical Center
+1 Clinic Week Orientation
2018-2019

Faculty in Charge of Rotation:

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First Day of Rotation:

Report to first assigned clinic as listed on AMION.

Please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website (uscmedicine.blog / Resources / Rotation Orientation & Objectives / +1 Clinic Week).

GOALS

The +1 Clinic Week rotation is the core ambulatory medicine experience. The purpose of the rotation on the ambulatory rotation is to gain experience in management of chronic medical illness across a wide spectrum of patient ages and diagnoses as well as initial evaluation for patients presenting with a new diagnosis. During this rotation, residents will not only rotate through the Primary Care Clinic, but will also have an opportunity to rotate through subspecialty clinics.

In addition to fostering competence in the areas of patient care and medical knowledge, the service provides critical experience in collaborating with other members of the healthcare team, including care coordinators, social workers, and pharmacists, as well as students and fellow residents, which builds skill in interpersonal communication and professionalism. Exposure to the intricacies of daily outpatient care, including subspecialty referrals, builds competency in systems-based practice, opportunities to learn from mistakes, and build patterns of practice-based learning.

MILESTONES

USC/LAC+USC Internal Medicine Residency +1 Clinic Week Rotation

OVERALL COMPETENCY PROGRESSION BY CORE COMPETENCY AND PGY LEVEL
(Adapted from ABIM Developmental Milestones)

CORE COMPETENCY: PATIENT CARE

PGY LEVEL			GOAL – Gathers and synthesizes essential and accurate information to define each patient’s clinical problem OBJECTIVES
1			<ul style="list-style-type: none"> a. Acquires accurate histories from patient in an efficient prioritized, and hypothesis driven fashion b. Seeks and obtains data from secondary sources when needed
	2		<ul style="list-style-type: none"> a. Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient
		3	<ul style="list-style-type: none"> a. Role model gathering subtle and reliable information from the patient for junior members of the healthcare team when applicable.
PGY LEVEL			GOAL – Develops and achieves comprehensive management plan for each patient OBJECTIVES
1			<ul style="list-style-type: none"> a. Consistently develops appropriate care plan b. Recognizes situations requiring urgent or emergent care c. Seeks additional guidance and/or consultation as appropriate
	2		<ul style="list-style-type: none"> a. Appropriately modifies care plans based on patient’s clinical course, additional data and patient preferences b. Recognizes disease presentations that deviate from common patterns and require complex decision making c. Manages complex acute and chronic diseases
		3	<ul style="list-style-type: none"> a. Role models and teaches complex and patient centered care b. Develops customized prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles.
PGY LEVEL			GOAL – Manages patients with progressive responsibility and independence OBJECTIVES
1			<ul style="list-style-type: none"> a. Requires direct supervision to ensure patient safety and quality care b. Seeks additional guidance and/or consultation as appropriate
	2		<ul style="list-style-type: none"> a. Requires indirect supervision to ensure patient safety and quality care
		3	<ul style="list-style-type: none"> a. Independently manages patients across clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndrome
PGY LEVEL			GOAL – Skill in performing procedures OBJECTIVES
1			<ul style="list-style-type: none"> a. Awareness of indications, contraindications, risks and benefits of common invasive procedures
	2	3	<ul style="list-style-type: none"> b. Appropriately perform invasive procedures and provide post-procedure management for common procedures when applicable.
PGY LEVEL			GOAL – Requests and provides consultative care OBJECTIVES
1			<ul style="list-style-type: none"> a. Provides consultative services for patients with clinical problems requiring basic risk assessment b. Asks meaningful clinical questions that guide the input of consultants
	2	3	<ul style="list-style-type: none"> a. Provides consultative services for patients with basic and complex clinical problems requiring detailed risk assessment b. Appropriately weighs recommendations from consultants in order to effectively manage patient care
Evaluation Methods			

Faculty evaluation, Direct observation			
CORE COMPETENCY: MEDICAL KNOWLEDGE			
PGY LEVEL		GOAL – Clinical Knowledge	
		OBJECTIVES	
1			a. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care
	2	3	a. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PGY LEVEL		GOAL – Knowledge of diagnostic testing and procedures.	
		OBJECTIVES	
1			a. Consistently interprets basic diagnostic tests accurately b. Needs assistance to understand the concepts of pre-test probability and test performance characteristics
	2		a. Interprets complex diagnostic tests accurately b. Understands the concepts of pre-test and test performance characteristics
		3	b. Interprets complex diagnostic tests accurately c. Understands the concepts of pre-test and test performance characteristics d. Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures
Evaluation Methods			
Faculty evaluation, Direct observation, Conference Attendance			
CORE COMPETENCY: SYSTEMS BASED PRACTICE			
PGY LEVEL		GOAL – Works effectively within an interprofessional team	
		OBJECTIVES	
1			a. Identifies roles of other team members but does not recognize how/when to utilize them as resources b. Frequently requires reminders from team to complete physician responsibilities.
	2		a. Understands the roles and responsibilities of all team members but uses them ineffectively b. Participates in team discussions when required but does not actively seek input from other team members
		3	a. Understands the roles and responsibilities of and effectively partners with, all members of the team. b. Actively engages in team meetings and collaborative decision making
PGY LEVEL		GOAL – Recognizes system error and advocates for system improvement	
		OBJECTIVES	
1			a. Does not recognize the potential for system error
	2		a. Recognizes the potential for error within the system b. Identifies obvious or critical causes of error and notifies supervisor accordingly c. Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk d. Willing to receive feedback about decisions that may lead to error or otherwise cause harm
		3	a. Identifies systemic causes of medical error and navigates them to provide safe patient care b. Advocates for safe patient care and optimal patient care systems c. Activates formal system resources to investigate and mitigate real or potential medical error d. Reflects upon and learns from own critical incidents that may lead to medical error
PGY LEVEL		GOAL – Identifies forces that impact that cost of health care, and advocates for, and practices cost-effective care	
		OBJECTIVES	
1			a. Does not consider limited health care resources when ordering diagnostic or therapeutic interventions

	2		<ul style="list-style-type: none"> a. Recognizes that external factors influence a patient’s utilization of health care and may act as barriers to cost effective care b. Minimizes unnecessary diagnostic and therapeutic tests c. Possesses an incomplete understanding of cost awareness principles for a population of patients
		3	<ul style="list-style-type: none"> a. Consistently works to address patient specific barriers to cost effective care b. Advocates for cost conscious utilization of resources c. Incorporates cost awareness principles into standard clinical judgments and decision making including screening tests
PGY LEVEL		GOAL – Transitions patients effectively within and across health delivery systems	
		OBJECTIVES	
1			a. Written and verbal care plans during times of transition are incomplete or absent
	2		<ul style="list-style-type: none"> b. Communication with future caregivers is present but with lapses in pertinent or timely information c. Recognizes the importance of communication during times of transition
		3	<ul style="list-style-type: none"> a. Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems b. Proactively communicates with past and future care givers to ensure continuity of care.
Evaluation Methods			
Faculty Evaluation			
CORE COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT			
PGY LEVEL		GOAL – Monitors practice with a goal for improvement	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Unable to self-reflect upon one’s practice or performance b. Misses opportunities for learning and self-improvement
	2		<ul style="list-style-type: none"> a. Inconsistently acts upon opportunities for learning and self-improvement b. Inconsistently self reflects upon one’s practice or performance and inconsistently acts upon those reflections
		3	<ul style="list-style-type: none"> a. Regularly self reflects upon one’s practice or performance and consistently acts upon those reflections to improve practice b. Recognizes sub-optimal practices or performance as an opportunity for learning and self-improvement
PGY LEVEL		GOAL – Learns and improves via feedback	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Rarely seeks feedback b. Responds to unsolicited feedback in a defensive fashion c. Temporarily or superficially adjusts performance based on feedback
	2		<ul style="list-style-type: none"> a. Solicits feedback only from supervisors b. Is open to unsolicited feedback c. Inconsistently incorporates feedback
		3	<ul style="list-style-type: none"> a. Solicits feedback from all members of team and patients b. Consistently incorporates feedback c. Welcomes unsolicited feedback
PGY LEVEL		GOAL – Learns and improves at the point of care	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Has limited awareness of or ability to use information technology b. Rarely “slows down” to reconsider an approach to a problem, ask for help, or seek new information c. Can translate medical information needs into well-formed clinical questions with assistance
	2		<ul style="list-style-type: none"> a. Inconsistently “slows down” to reconsider an approach to a problem, ask for help, or seek new information b. Can translate medical information needs into well-formed clinical questions independently

		3	<ul style="list-style-type: none"> a. Routinely “slows down” to reconsider an approach to a problem, ask for help, or seek new information b. Routinely translates new medical information needs into well-formed clinical questions.
Evaluation Methods			
Faculty Evaluation, Direct Observation			
CORE COMPETENCY: PROFESSIONALISM			
PGY LEVEL		GOAL – Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Inconsistently demonstrates empathy, compassion and respect for patients and caregivers b. Inconsistently considers patient privacy and autonomy c. Inconsistently demonstrates responsiveness to patients’ and caregivers’ needs in an appropriate fashion
	2		<ul style="list-style-type: none"> a. Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations b. Emphasizes patient privacy and autonomy in all interactions c. Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care
		3	<ul style="list-style-type: none"> a. Demonstrates empathy, compassion and respect to patients and caregivers in all situations b. Demonstrates a responsiveness to patient that supersedes self-interest c. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers d. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate.
PGY LEVEL		GOAL – Accepts responsibility and follows through on tasks	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Completes most assigned tasks in a timely manner but may need multiple reminders or other support b. Accepts professional responsibility only when assigned or mandatory
	2		<ul style="list-style-type: none"> a. Completes patient care tasks in a timely manner in accordance with local practice and/or policy b. Completes assigned professional responsibilities without questioning or the need for reminders
		3	<ul style="list-style-type: none"> a. Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner b. Willingness to assume professional responsibility regardless of the situation
PGY LEVEL		GOAL – Responds to each patient’s unique characteristics and needs	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter b. Requires assistance to modify care plan to account for a patient’s unique characteristics and needs
	2		<ul style="list-style-type: none"> a. Seeks to fully understand each patient’s unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference. b. Modifies care plan to account for a patient’s unique characteristics and needs with partial success
		3	<ul style="list-style-type: none"> a. Recognizes and accounts for the unique characteristics and needs of the patient/caregiver b. Appropriately modifies care plan to account for a patient’s unique characteristics and needs
PGY LEVEL		GOAL – Exhibits integrity and ethical behavior in professional conduct	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Honest in clinical interactions and documentation. Requires oversight for professional actions b. Has a basic understanding of ethical principles, formal policies and procedures and does not intentionally disregard them
	2		<ul style="list-style-type: none"> a. Honest and forthright in clinical interactions and documentation b. Demonstrates accountability for the care of patients

		3	<ul style="list-style-type: none"> a. Demonstrates integrity, honesty and accountability to patients b. Actively manages challenging ethical dilemmas and conflicts of interest c. Identifies and responds appropriately to lapses of professional conduct among peer groups
Evaluation Methods			
Faculty Evaluation, Peer Evaluation, Direct Observation			
CORE COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS			
PGY LEVEL		GOAL – Communicates effectively with patients and caregivers	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Engages patients in discussion of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences b. Defers difficult or ambiguous conversations to others c. Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful
	2		<ul style="list-style-type: none"> a. Engages patients in shared decision making in uncomplicated conversations b. Requires assistance facilitating discussions in difficult or ambiguous conversations c. Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds
		3	<ul style="list-style-type: none"> a. Incorporates patient specific preferences into plan of care b. Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations c. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
PGY LEVEL		GOAL – Communicates effectively in interprofessional teams	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Uses unidirectional communication that fails to utilize the wisdom of the team b. Resists offers of collaborative input
	2		<ul style="list-style-type: none"> a. Inconsistently engages in collaborative communication with appropriate members of the team b. Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care
		3	<ul style="list-style-type: none"> a. Consistently and actively engages in collaborative communication with all members of the team b. Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care.
PGY LEVEL		GOAL – Appropriate utilization and completion of health records	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Health records are disorganized and inaccurate
	2		<ul style="list-style-type: none"> a. Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning
		3	<ul style="list-style-type: none"> a. Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning b. Health records are succinct, relevant and patient specific
Evaluation Methods			
Faculty Evaluation			

ROTATION STRUCTURE

STARTING THE ROTATION

Before the first day on service, please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website (uscmmedicine.blog / Resources / Rotation Orientation & Objectives / +1 Clinic Weeks).

DAILY SCHEDULE

8:00 AM – 12:00 PM	Morning Clinic
12:00 PM – 1:00 PM	Lunch/Conference (Grand Rounds, M&M, CPC)
1:00 PM – 5:00 PM	Afternoon Clinic

Clinic Assignments

Please check your AMION schedule daily for the most updated schedule and clinic assignments. Keep in mind that there may be a syncing lag time between the calendar on your phone and AMION. The Chief Residents may contact you for any last minute, day-of schedule changes, but these will be kept to a minimum.

DAYS OFF

The +1 Clinic Week rotation is primarily an outpatient rotation. Days off on this rotation occur on the weekends unless otherwise specified.

CURRICULUM

EDUCATIONAL PLAN

The purpose of this rotation is to train residents comprehensively in ambulatory medicine. The rotation is designed to increase diagnostic skills, reasoning ability, therapeutic acumen, objective knowledge, and overall patient care skills. In Primary Care Clinic, it is your responsibility to facilitate appropriate treatment, patient education, and interactions with subspecialty providers.

LEARNING OBJECTIVES

Primary Care

	PGY 1	PGY 2/ PGY3
Patient Care	<ul style="list-style-type: none"> • Develop patient/physician relationship, become coordinator of care in acute and chronic illnesses • Skills in focused patient visit to manage acute problems (simple) • Able to identify patient needs • Keeping up-to-date records • Time Management • Preventive healthcare • Compassion • Procedures including skin biopsy, Joint aspiration & injections, pap/pelvic, breast exam, ABG and interpretation, PFT & EKG 	<ul style="list-style-type: none"> • Develop patient/physician relationship, become coordinator of care in acute and chronic illnesses • Skills in focused patient visit to manage acute problems (simple) • Able to identify patient needs • Keeping up-to-date records • Time Management • Preventive healthcare • Compassion • Procedures including skin biopsy, Joint aspiration & injections, pap/pelvic, breast exam, ABG and interpretation, PFT & EKG
Medical Knowledge	<ul style="list-style-type: none"> • Demonstrate open & analytical approach of knowledge application to patient care • Increased knowledge in common ambulatory problems epidemiology, diagnosis, treatment prognosis, signs and symptoms of illnesses <p>The resident is expected to:</p> <ol style="list-style-type: none"> 1. Perform age appropriate cancer screening. 2. Administer age appropriate immunizations. 	<ul style="list-style-type: none"> • Demonstrate open & analytical approach of knowledge application to patient care • Increased knowledge in common ambulatory problems epidemiology, diagnosis, treatment prognosis, signs and symptoms of illnesses

	<ol style="list-style-type: none"> 3. Diagnose obesity and the metabolic syndrome. Be able to calculate BMI. Identify treatment strategies including approaches to diet control and indications for bariatric surgery. 4. Identify domestic violence screening/intervention. 5. Perform alcohol/substance abuse screening. 6. Identify JNC VII guidelines for diagnosis and treatment of hypertension. 7. Identify NCEP guidelines for treating hyperlipidemia. 8. Identify and administer vaccines for traveling outside the United States. 	
Practice Based Learning and Improvement	<ul style="list-style-type: none"> • Identification of knowledge gap and learning through literature search, peer interaction and attending supervision • Able to monitor patient compliance and therapeutic modification based on knowledge 	<ul style="list-style-type: none"> • Identification of knowledge gap and learning through literature search, peer interaction and attending supervision • Able to monitor patient compliance and therapeutic modification based on knowledge
Interpersonal and Communication Skills	<ul style="list-style-type: none"> • Improved skills to obtain better history, coordinate chronic and preventive care • Better record keeping, medication/preventive screen, diagnosis/progress notes • Improved and effective coordination for consultation • Demonstrate ability to work with colleagues and clinic staff 	<ul style="list-style-type: none"> • Improved skills to obtain better history, coordinate chronic and preventive care • Better record keeping, medication/preventive screen, diagnosis/progress notes • Improved and effective coordination for consultation • Demonstrate ability to work with colleagues and clinic staff
Professionalism	<ul style="list-style-type: none"> • Interaction with patients in conducive manner 	<ul style="list-style-type: none"> • Interaction with patients in conducive manner

	<ul style="list-style-type: none"> • Responsiveness to other cultures/beliefs, poverty, age, gender, durability • Respectful attitude in relation to peers, attending, and staff • Promptness in coming to the clinic and completing paperwork 	<ul style="list-style-type: none"> • Responsiveness to other cultures/beliefs, poverty, age, gender, durability • Respectful attitude in relation to peers, attending, and staff • Promptness in coming to the clinic and completing paperwork
Systems Based Practice	<ul style="list-style-type: none"> • Demonstrates awareness of community support system involving social service, home health care, triage nurse, pharmacist and electronic medical records • Apply cost effective care using literature and knowledge base 	<ul style="list-style-type: none"> • Demonstrates awareness of community support system involving social service, home health care, triage nurse, pharmacist and electronic medical records • Apply cost effective care using literature and knowledge base

Specialty Clinics

	PGY 1/ PGY 2/ PGY3
Patient Care	<ul style="list-style-type: none"> • Effectively interview ambulatory patients • Effectively examine ambulatory patients • Maintain focus and timeliness in the evaluation and management of ambulatory problems • Understand and implement appropriate strategies for disease prevention and health promotion <ul style="list-style-type: none"> • Develop strategies to efficiently evaluate and manage common ambulatory medical problems in certain subspecialties • Gain confidence/skill in common ambulatory procedures (e.g. pelvic exams)
Medical Knowledge	<ul style="list-style-type: none"> • Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of ambulatory patients • Access and critically evaluate current medical information and scientific evidence relevant to ambulatory patient care • Expand knowledge base in the following medical specialties as mentioned below: <ol style="list-style-type: none"> 1. AIDS Clinic 2. Allergy Clinic 3. Cardiology Clinic 4. Endocrine Clinic 5. Hematology Clinic 6. Hepatitis Clinic 7. Liver Clinic 8. Neurology Clinic

	<ul style="list-style-type: none"> 9. Oncology Clinic 10. Rheumatology Clinic 11. Pulmonary Clinic 12. Gynecology Clinic 13. VA - Ophthalmology Clinic 14. VA - Orthopedic Clinic 15. VA - Otolaryngology Clinic 16. VA – Complementary Medicine
Practice Based Learning and Improvement	<ul style="list-style-type: none"> • Identify and acknowledge gaps in personal knowledge and skills in the care of ambulatory patients • Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting
Interpersonal and Communication Skills	<ul style="list-style-type: none"> • Communicate effectively with patients and families across a broad range of socioeconomic and ethnic backgrounds • Communicate effectively with physician colleagues and members of other health care professions to assure comprehensive patient care
Professionalism	<ul style="list-style-type: none"> • Behave professionally toward patients, families, colleagues, and all members of the health care team
Systems Based Practice	<ul style="list-style-type: none"> • Understand and utilize the multidisciplinary resources necessary to care optimally for ambulatory patient care • Collaborate with other members of the health care team to assure comprehensive ambulatory patient care • Use evidence-based, costconscious strategies in the care of ambulatory patients • Begin to understand the business aspects of practice management in a variety of settings

AIDS Clinic

The resident is expected to:

1. Order Labs/screening tests in a newly diagnosed HIV/AIDS patient.
2. Identify the different classes of anti-virals.
3. Know the correct approach to an HIV patient with fever.
4. Manage the screening and treatment of latent tuberculosis infection in an HIV patient.
5. Identify the AIDS defining diseases.
6. Distinguish ethical and legal issues—informing sexual partners of patients with HIV and AIDS.

Allergy Clinic

The resident is expected to:

1. Distinguish the indications for allergy testing.
2. Identify the treatment strategies for seasonal allergic rhinitis.
3. Recognize asthma—establishing diagnosis and treatment.
4. Distinguish how and when to treat hypogammaglobulinemia.
5. Identify pre-treatment regimens for patients who have documented or suspected allergy to contrast.
6. Manage penicillin allergy testing and the desensitization process.

Cardiology Clinic

The resident is expected to:

1. Recognize the New York Heart Association's classification of congestive heart failure.
2. Understand the role of beta blockers in the treatment of CHF.
3. Understand the difference between systolic and diastolic dysfunction.
4. Recognize the treatment modalities for congestive heart failure secondary to diastolic and systolic dysfunction.
5. Identify the major clinical and laboratory signs of endocarditis.
6. Dispense antibiotic prophylaxis for endocarditis in patients undergoing dental procedures.
7. Approach to the patient with newly diagnosed atrial fibrillation.
8. Recognize the different anti-anginal medication and their mechanisms of action (beta-blockers, nitrates, calcium channel blockers).
9. Indications for coronary artery bypass graft.
10. Recognize the different modalities to diagnose coronary artery disease.

Endocrine Clinic

The resident is expected to:

1. Recognize the different insulin analogs with respect to their peak onset of action, dosing schedules, compatibility with other agents.
2. Identify the clinical presentations of pituitary tumors.
3. Manage the treatment of prolactinomas.
4. Perform a Cosyntropin stimulation test.
5. Manage out-patient screening of adrenal insufficiency in patients who are on steroids.
6. Ascertain the work-up for hirsutism.
7. Diagnose and manage the treatment of polycystic ovarian syndrome.
8. Identify the screening process for Cushing's syndrome.
9. Identify the screening process for pheochromocytoma.
10. Effectively approach the patient with Galactorrhea.
11. Learn how to examine the thyroid and obtain a history directed toward possible thyroid illness.
12. Understand the use and interpretation of basic tests of thyroid function.
13. Understand the therapeutic approach the hyper- and hypothyroidism.

Hematology Clinic

The resident is expected to:

1. Manage the evaluation of a patient with thrombocytopenia.
2. Distinguish between normal and abnormal red blood cells on a peripheral smear.
3. Diagnose and manage treatment of anti-phospholipid syndrome.
4. Identify the major factor/co-factor deficiencies and their associated risks for bleeding and thrombus formation.
5. Manage the treatment of a patient with a prolonged protime or prothrombin time.
6. Diagnose and manage the treatment of pernicious anemia.
7. Distinguish between primary and secondary polycythemia.
8. Identify the diagnostic criteria for myelodysplastic syndrome and the subtypes of this condition.

Hepatitis Clinic

The resident is expected to:

1. Manage the appropriate work-up for a patient who tests HCV antibody positive.
2. Identify the risk factors for hepatitis B and C.
3. Identify the major side effects of alpha-interferon and ribavirin.
4. Understand the factors that are taken into consideration before considering someone a candidate for interferon based antiviral therapy.

5. Administer appropriate lifestyle counseling for a patient who is newly diagnosed with chronic viral hepatitis.
6. Identify the indicated immunization schedule for a patient who tests positive for hepatitis B and C.
7. Interpret the different serologic tests for hepatitis B and C.

Liver Clinic

The resident is expected to:

1. Identify the screening tests available to establish the diagnosis of hemochromatosis.
2. Ascertain how to diagnose and treat non-alcoholic fatty liver disease.
3. Distinguish the basic approach to a patient who is referred for evaluation of elevated liver enzymes.
4. Identify the Child's-Pugh classification of liver cirrhosis.
5. Recognize the indications and for liver transplantation including fulminant hepatitis.
6. Identify the risk factors and treatment of hepatic encephalopathy in a cirrhotic patient.
7. Understand the significance of the serum-ascites albumin gradient (SAAG).
8. Ascertain the major causes of high and low SAAG ascites.
9. Identify how to diagnose and treat spontaneous bacterial peritonitis.
10. Classify the indications for antibiotic prophylaxis in a patient with ascites.
11. Classify the indications for TIPS procedure.

Neurology Clinic

The resident is expected to:

1. Diagnose and identify the treatment of Bell's palsy.
2. Perform a rapid, comprehensive neurologic exam and stroke risk assessment.
3. Identify risks and benefits of different anti-platelet agents in primary and secondary stroke prevention.
4. Diagnose and identify the treatment of carpal tunnel syndrome.
5. Identify the presenting signs and symptoms of Multiple Sclerosis.
6. Diagnose and identify the management of restless leg syndrome (periodic limb movement disorder).
7. Recognize the presenting signs and symptoms of Parkinson's disease.

Oncology Clinic

The resident is expected to:

1. Recognize the significance of the BRCA1 and BRCA2 gene mutations.
2. Identify pain management in cancer patients.
3. Assess performance status.
4. Identify neutropenic precautions.
5. Manage the treatment of anemia and leukopenia in patients undergoing chemotherapy.
6. Identify treatment options for nausea in patients undergoing chemotherapy.
7. Recognize and manage oncologic urgencies/emergencies including tumor lysis, hypercalcemia, neutropenic fever, cord compression, and brain metastases.

Pulmonary Clinic

The resident is expected to:

1. Classify the work-up of a patient with newly diagnosed restrictive lung disease.
2. Recognize the indications for inhaled steroids and beta agonists in patients with chronic obstructive pulmonary disease (COPD.)
3. Identify the classifications of asthma and the appropriate treatment modalities.

4. Recognize the signs, symptoms, and management of central/obstructive sleep apnea.
5. Distinguish the indications for home oxygen.
6. Identify the radiographic signs of interstitial lung disease and chronic obstructive pulmonary disease (COPD.)
7. Diagnose and manage a patient with a solitary pulmonary nodule.

Rheumatology Clinic

The resident is expected to:

1. Recognize the radiographic features of rheumatoid arthritis.
2. Be familiar with the diagnostic criteria for systemic lupus erythematosus (SLE.)
3. Diagnose and manage the treatment of Gout.
4. Recognize the different disease modifying anti-inflammatory medications for treatment of rheumatoid arthritis and their major side effects.
5. Identify the characteristics of synovial fluid from degenerative, traumatic, inflammatory and infectious joints.
6. Understand the significance of various auto-antibodies in the ANA panel used in the diagnosis of connective tissue diseases

VA Clinics

The resident is expected to:

1. Learn about different aspect of complementary medicine including: yoga, nutrition, biofeedback, acupuncture and wellness
2. Learn the differential diagnosis of red eye
3. Learn the four leading causes of blindness
4. Feel comfortable doing an ophthalmologic exam
5. Gain comfort in various joint exams
6. Learn indications for surgical consultation in evaluating back, shoulder, hip and knee pain
7. Diagnosis and treatment of chronic sinusitis
8. Diagnostic approach to vertigo

Gynecology Clinic

The resident is expected to escribe and carry out the diagnosis and management of:

1. Vulvovaginitis
2. PID
3. Dysfunctional uterine bleeding
4. Female contraception
5. Prenatal Care
6. Post Coital Conception in Women
7. Breast Mass and Pain

CONFERENCES

Primary Care Clinic Didactics

Primary Care Clinic Didactics are held every afternoon at 1:00 PM. These sessions are held prior to the start of afternoon Primary Care Clinic and attendance is mandatory. Please check your email and AMION for assignments of presentations.

Rheumatology Pre-Clinic Lectures

Pre-clinic lectures are held every Tuesday morning in Lupus clinic at 8:00 AM prior to the start of the clinic. If you are scheduled for Tuesday morning Rheumatology clinic, attendance at this lecture is mandatory.

Neurology Pre-Clinic Lectures

Pre-clinic lectures are held every Wednesday morning in the A4A conference room at 8:30 AM prior to the start of the clinic at 9:00 AM. If you are scheduled for Wednesday morning Neurology clinic, attendance at this lecture is mandatory.

EDUCATIONAL METHODS

Preceptoring by faculty will be done multiple times throughout each clinical encounter. After initial evaluation of a patient by the trainee, presentation to the supervising attending will occur. It is during this timeframe, that the supervising attending reviews and critiques the resident's interpretation of diagnostic studies and formulation of assessments and plans. You will also have direct observations of the patient care encounter during the year.

EVALUATION TOOLS

The attending physicians of the Primary Care clinics are responsible for providing verbal feedback and must submit evaluations of the resident physicians in MyEvaluations. Evaluations will be completed every 6 months.

PATIENT CARE

LOCATION & PATIENT CHARACTERISTICS

The ambulatory block is at the LAC-USC hospital clinics. The patient population at LAC+USC Medical Center is very diverse, with multiple ethnic and socioeconomic groups represented. The spectrum of these encounters will be from primary presentation of new disease processes, chronic diseases, acute presentations of illness. You will be serving in both the primary care and consultative role for these patients, depending on the assignment.

Clinic	Location	Start time	
AIDS/ID	Rand Schrader 5p21	Mon	8:30 AM
		Tues	8:30 AM, 1:00 PM
		Weds	9:00 AM, 1:00 PM
Cardiology	A4A	Mon	1:00 PM
		Weds	1:00 PM
Endocrine	A4B	Weds	9:00 AM
		Thurs (Thyroid)	8:00 AM
		Fri	1:00 PM
GI/Liver	5p1	Mon (Hepatitis)	8:00 AM
		Weds (GI)	8:00 AM
		Fri (Hepatology)	8:00 AM
Hematology	A4A	Tues (Malignant)	1:00 PM
		Thurs	8:00 AM, 1:00 PM
Neurology	A4A A4B	Mon	9:00 AM
		Weds	9:00 AM
		Fri (Epilepsy)	9:00 AM
Oncology	A2C	Mon (Breast)	8:00 AM, 1:00 PM
		Tues (GI)	8:00 AM
		Weds (Misc.)	8:00 AM
		Thurs (GU, Lung)	8:00 AM
Pulmonology Sleep Medicine	A4B	Weds	1:00 PM
Renal	5p1	Tues	1:00 PM
		Thurs	1:00 PM
Rheumatology	5p1	Mon	1:00 PM
		Tues	8:00 AM

DOCUMENTATION

All documentation must be completed electronically in ORCHID. Each note needs to end with "Discussed with Attending Dr. [Name]" and be forwarded to the attending with whom you staffed the patient for review. The appropriate clinic header should be used as the note type.