

## Ambulatory Medicine Learning Objectives

### Conferences:

Education is a priority at UT Houston. We therefore mandate Conference Attendance take precedence over service duties.

#### At LBJ:

- a. Residents and Interns are expected in Noon Conference at 12pm
  - i. Travel to/from UTPB Continuity Clinic or Quentin Mease are the only accepted reasons for excused absence from Noon Conference
- b. Residents and Interns are expected in 1pm Conference Mon, Wed, and Fri
  - i. Accepted early departure from Resident Intake Report (RIR) on Monday is at 1:30pm
  - ii. Accepted early departure from Intern Conference (IC) and Consultant Conference (CC) on Wednesday and Friday is at 1:20pm
  - iii. Afternoon Continuity Clinic is the only accepted reason for excused absence from 1pm conference

#### At UTPB:

- a. Residents are expected in Noon conference at 12pm
  - i. Travel to/from LBJ Continuity Clinic or Quentin Mease is the only accepted reason for excused absence from Noon Conference
- b. Residents are expected in 1pm Conference Mon, Wed, and Fri
  - i. Afternoon Continuity Clinic is the only accepted reason for excused absence from 1pm conference on Monday and Friday

*Any Housestaff with <70% attendance rate at Conferences (tallied throughout the month and finalized on the last day of the month) will meet the following:*

*1<sup>st</sup> Violation: meet with their Associate Program Director, have a letter placed in their file, be assigned and complete a Core Curriculum Program (CCP) Exam, and be assigned Holiday Jeopardy*

*2<sup>nd</sup> violation: Housestaff will be required to repeat the month*

### Daily Work

1. As a guideline, Residents will be expected to see 6-8 patients in a half day of clinic
2. As a guideline, Interns will be expected to see 3-5 patients in a half day of clinic

### Evaluations

A verbal mid-month evaluation will be given by the attending to Housestaff

1. An end of month verbal and written evaluation will be given by the Attending to Housestaff
2. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

*Poor Performance on a specific rotation or in a particular Subspecialty on the October Inservice Training Exam will render assignment to that subject's Core Curriculum Program (CCP) Exam.*

*If the Resident fails the CCP or is a No-Show to take the assigned CCP, then the Resident must meet with their Associate Program Director for an Oral Exam*

### The primary roles of the Attending Faculty:

1. The faculty must regularly participate in organized clinical discussions.
2. Patient based teaching must include direct interaction between resident and attending, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions.

3. Residents have protected educational time for their Conferences per the conference schedule.
4. Teaching Faculty must clearly state their expectations at the beginning of the clinic to the housestaff
5. The faculty are expected to provide a verbal mid-month evaluation to all Housestaff on the team
6. The faculty are expected to provide a verbal and written end-of-month evaluation to all Housestaff

Educational Guidelines/Topics:

1. Routine Care of Healthy Patients
  - a. Age-specific Recommendations (General Health Maintenance)
  - b. Immunizations
2. Common Symptoms/Complaints
  - a. Headache
  - b. Dyspepsia
  - c. Acute Cough
  - d. Chronic Cough
  - e. Dizziness
  - f. Insomnia
  - g. Dyspnea
  - h. Musculoskeletal Pain
  - i. Chest Pain
3. Hyperlipidemia
4. Obesity
  - a. Epidemiology
  - b. Risk Factors
  - c. Primary Prevention
  - d. Screening
  - e. Diagnosis and Evaluation
  - f. Treatment
5. Genitourinary
  - a. Sexual Dysfunction
  - b. Urinary Incontinence
  - c. Benign Prostatic Hyperplasia
6. Dermatologic Disorders
  - a. Pruritis
  - b. Urticaria
  - c. Acne
  - d. Contact Dermatitis
  - e. Psoriasis
  - f. Herpes Zoster
  - g. Skin Cancer
  - h. Warts
  - i. Bites and Stings
7. Eye Disorders
  - a. Red eye
  - b. Macular degeneration
  - c. Glaucoma
  - d. Cataracts
  - e. Dry eyes
  - f. Eye emergencies
8. Ear, Nose, Mouth and Throat Disorders
  - a. Hearing loss
  - b. Tinnitus Otitis Media and Externa
  - c. URIs/Bronchitis
  - d. Epistaxis

- e. Sinusitis
  - f. Rhinitis
  - g. Dental Disease
  - h. Pharyngitis
  - i. Hoarseness
9. Mental Health
- a. Depression
  - b. Anxiety disorders
  - c. Eating disorders
  - d. Somatization disorders
10. Perioperative Medicine
- a. General Approach
  - b. Preoperative Lab testing
  - c. Perioperative Management of Medications
11. Women's Health
- a. Breast Mass
  - b. Breast Pain
  - c. Contraception
  - d. Menopause
  - e. Dysmenorrhea and Abnormal Uterine Bleeding
  - f. Vaginitis
  - g. Pelvic pain