

Internal Medicine Clinic (IMC) – Goals & Objectives

- **Participating Site(s):** General Internal Medicine Clinic (outpatient)
- **Duration:** 2-4 weeks (3 months total over 36 months of residency)
- **Required or Elective:** Required

Rotation Overview

This rotation provides residents with structured exposure to outpatient internal medicine, including preventive care, chronic disease management, acute problem evaluation, and continuity of care. Emphasis is placed on outpatient workflow, patient communication, clinical decision-making, high-value care, interdisciplinary collaboration, and safe, effective documentation. This dedicated IMC rotation augments the continuity clinic experience that occurs throughout the 36 months of residency.

Overall Rotation Goal

The goal of this rotation is for residents to progressively demonstrate the knowledge, clinical skills, and professional behaviors necessary to manage common and complex outpatient internal medicine conditions, provide preventive care, coordinate care effectively, and deliver patient-centered, high-value ambulatory care. The rotation also provides exposure to telehealth, particularly in the PGY-2 and PGY-3 years.

Educational Objectives (Aligned with ACGME Competencies)

Patient Care

Residents will be able to:

- Obtain comprehensive histories and perform focused physical examinations for common outpatient conditions, including cardiovascular, musculoskeletal, dermatologic, neurologic, endocrine, and ocular disorders
- Diagnose and manage acute and chronic conditions commonly seen in the outpatient setting, including diabetes, hypertension, hyperlipidemia, arthritis, vertigo, mood disorders, and preventive health issues
- Perform preoperative assessments, cardiovascular risk evaluation, and age-appropriate preventive screening
- Provide patient-centered counseling, including medication management, lifestyle modification, reproductive health, and adherence strategies

Medical Knowledge

Residents will be able to:

- Explain the pathophysiology, presentation, and management of common outpatient internal medicine conditions
- Apply evidence-based guidelines to preventive care, chronic disease management, and high-value diagnostic and therapeutic decisions
- Recognize limitations and appropriate indications for advanced testing, referral, and procedural interventions

Practice-Based Learning and Improvement

Residents will be able to:

- Identify personal learning needs in ambulatory care and develop targeted learning goals

- Incorporate feedback from faculty and clinical outcomes into patient care improvement
- Reflect on workflow, efficiency, and care coordination to enhance future practice

Interpersonal and Communication Skills

Residents will be able to:

- Communicate clearly and effectively with patients, families, and caregivers in routine and complex situations
- Present cases concisely to supervising faculty, incorporating relevant history, exam, and plan
- Coordinate care collaboratively with interdisciplinary team members, including nursing, pharmacy, and social work

Professionalism

Residents will be able to:

- Demonstrate accountability, respect, and integrity in all outpatient encounters
- Recognize and manage ethical issues, including patient autonomy, informed consent, and refusal of care
- Maintain confidentiality, timeliness, and documentation standards in all clinical interactions

Systems-Based Practice

Residents will be able to:

- Utilize clinic resources, electronic health record tools, and community services effectively
- Manage patient communication, in-basket messages, and follow-up care in a timely manner
- Coordinate care across outpatient, inpatient, and specialty services to ensure continuity and high-value care

PGY-Level Expectations

PGY-1:

- Staff all patient encounters with attending supervision
- Learn outpatient workflow, in-basket management, scheduling, and documentation requirements
- Participate actively in preventive care, chronic disease management, and acute visit assessment
- Patient volume is a maximum of 6 patients per half day

PGY-2:

- Develop independent patient management plans under indirect supervision
- Apply guideline-directed therapy and high-value care principles to outpatient conditions
- Assist in teaching and workflow support for junior residents
- Patient volume is a maximum of 7 patients per half day

PGY-3:

- Independently manage routine outpatient cases with attending oversight
- Lead team workflow efficiency, patient education, and interdisciplinary coordination
- Mentor junior residents in clinic processes and patient care delivery
- Patient volume is a maximum of 8 patients per half day

Teaching and Learning Activities

- Morning and afternoon outpatient clinic sessions
- Supervised patient encounters with attending feedback

- Review of diagnostic testing, preventive care, and management plans
- Case-based discussions emphasizing high-value care and evidence-based practice
- Independent reading aligned with ACP and IM core topics

Evaluation and Feedback

Resident performance is evaluated through:

- Direct faculty observation
- End-of-rotation faculty evaluation
- Assessment of clinical reasoning, workflow, documentation, and communication
- Milestone-based assessment tools

Residents receive ongoing formative feedback and summative feedback at the conclusion of the rotation.

Supervision

Faculty supervision is provided in accordance with ACGME supervision guidelines and is based on resident demonstrated competence, PGY level, and patient acuity.