

**MS3 Ambulatory Medicine Clerkship  
Olive View-UCLA  
Orientation**

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**Orientation Highlights for Clerkship Director**

1. Get pager #s, cell phone #s, and e-mail addresses.
2. Review schedules/tracks (Clinic A, MVHC and UC)
3. Clinics closed on weekends and government (county) holidays.
4. Notify Attendings when you will be in "Doctoring" beforehand.
5. Different approaches for Primary Care (Amb Med/MV) vs. Urgent Care
6. Take initiative; present thorough Assessment & Plan by problem
7. 2 patients per ½ day
8. Attend noon conferences and breakfast talks when at OV
9. Weekly Clinical Pearls at OVMC: DM, HTN, Dyslipidemia, HM, etc.
10. Morning clinic ends at noon, Afternoon clinic ends at 4:30
11. Don't pick up last patient beyond 3:30pm, unless easy pt in UC (e.g. – ear pain, derm complaint) then OK to around 4 PM.
12. Do a little wrap up before you leave (e.g. - "I finished my last patient, anything else to do?" or "could you sign my last note and read over my documentation and then I am done for the day")
13. Day 1: Shadow Intern/Resident
14. My goals & expectations
15. Feedback and evaluations (mid-block, end-of-clerkship, Mini-CEXs)
16. Computer basics
17. ORCHID

## **MS3 Ambulatory Medicine Clerkship Introduction**

1. Welcome to the Ambulatory Medicine Rotation at Olive View-UCLA Medical Center/Mid-Valley Comprehensive Health Center! By now, you should have received material from UCLA pertaining to the overall course rotation goals, grading, and evaluation system. Please bring to our attention any questions or concerns you may have during your rotation. Contact us as soon as possible if you are ill or need to arrive late so we may notify the clinic. Also, please remind your attendings of any other clinical activities you are required to attend (e.g. Doctoring or didactics at UCLA).
2. You will be assigned to rotation blocks in the Clinic A or Mid-Valley Primary Care Clinics, and the Urgent Care Center. During these blocks you are also assigned additional specialty clinics. Please refer to your clinic schedules for reporting instructions and contact information. Your contact person or a designee will orient you to the clinical areas when you report. **The clinics are closed on weekends and government holidays.**
3. You will be responsible for:
  - a. Attending all required conferences
  - b. While at Olive View, meeting weekly with the Clerkship Director or designee to discuss your progress and review Clinical Pearls
  - c. Asking for mid-clerkship and end-of-clerkship feedback with your attending or Clerkship Director.
  - d. Completing the Mini-Clinical Evaluation Exercise (mini-CEX) – due Friday of 4<sup>th</sup> week
  - e. Evaluating your Attending physicians and rotation experience at the end of your clerkship

### **Clinic Locations**

Clinic A (Primary Care, Derm, Renal, Endo) –

2<sup>nd</sup> floor, Room 2A-123 (x3125; back office = x5895, x5898)

Clinic E (Podiatry, Rheumatology) – 2<sup>nd</sup> floor, Room 2D-154 (x3676)

Clinic C (ID, Endocrine, Pulmonary, GI) – 2<sup>nd</sup> floor, Room 2A-140 (x3133)

Urgent Care – 2<sup>nd</sup> floor, Room 2B-114 (door access code 911\*)

Mid-Valley Comprehensive Health Center, Adult Primary Care (APC) -

2<sup>nd</sup> floor - 7517 Van Nuys Blvd., Van Nuys, 91405, (818) 947-4026

### **Olive View Conference Locations**

Amb Med Morning conferences – 7:30-8:00am usually in 6C-105

(schedule from Chief Residents)

Noon Conference – 12:15-1:00pm in the 1<sup>st</sup> Floor Auditorium (or in the Conference Dining Room [CDR] in back of Cafeteria)

Clinical Pearls – 12:15-1:00pm in Clinic A or the cafeteria, on Thursday or Friday

## Schedule

### CLINIC TRACKS:

Track	Wk. 1	Wk. 2	Wk. 3	Wk. 4
Student A	Clinic A	Clinic A	URG	URG
Student B	MV	MV	URG	URG
Student C	URG	URG	Clinic A	Clinic A
Student D	URG	URG	MV	MV

### CLINIC A:

	MON.	TUES.	WED.	THURS.	FRI.
AM	ENDO (w/ Dr. M) (Clinic A)	Clinic A	Clinic A	RENAL (Clinic A)	DERM (Clinic A)
PM	Clinic A	Clinic A	Clinic A	PODIATRY (Clinic E)	Clinic A

### MID VALLEY:

	MON.	TUES.	WED.	THURS.	FRI.
AM	MidValley	MidValley	RHEUM (Clinic E)	ID (Clinic C)	DERM (Clinic A)
PM	MidValley	MidValley	MidValley	PODIATRY (Clinic E)	MidValley

### URGENT CARE:

	MON.	TUES.	WED.	THURS.	FRI.
AM	Pulm / GI (Clinic C)	URG	URG	URG	RHEUM (Clinic E)
PM	URG	URG	URG	URG	Endo (Clinic C)

## MS3 GUIDE TO CLINIC A

### Basics:

- In Clinic A, the General Medicine clinic, you will primarily see primary care patients. Most patients have some combination of diabetes, hypertension and hyperlipidemia, with a variety of other chronic and acute medical problems. You will mainly see return pts, but may see some new (Initial Health Assessment = IHA) and urgent/same day patients as well.
- During each ½ day session, there are usually 2-3 attendings and 6 interns/residents. For each session, try to present one patient to each attending (goal of 2 patients per ½ day session). You will be given a lot of responsibility and autonomy.

### Step by step approach to the patient and what you will contribute to the medical record (ORCHID):

1. Ask the attending which patient would be most appropriate for you to see (may depend on time during the year, what you've seen so far, your skill with other languages, etc). You usually will help one of the busier 2<sup>nd</sup> or 3<sup>rd</sup> year residents who have more patients scheduled. If there are 3 attending (usually the case), you will work with the attendings only. If there are only 2 attendings, please discuss with the resident first (ideally an R3).
2. When you're assigned a patient, take 5-10 minutes to review old notes, vital signs and labs. Jot down your notes. You may want to print out the last appointment to refer to and take notes on (often very helpful).
  - Nurses will take VS in the exam room and will leave the pt in the room. Video and telephone interpreters are available for most languages.
3. Enter the exam room, introduce yourself, and perform an interview and physical exam:
  - Interview basics: Always start with an open ended question (e.g., "*How are you doing since we last saw you in clinic? Are you having any problems you'd like to discuss today?*"). Other ROS (at a minimum) = recent weight loss/gain, chest pain, SOB, and then specific to their medical conditions or treatments (e.g., polys for DM, HA/dizziness for HTN meds, nocturia for BPH, etc).
  - For patients with multiple complaints or a very "positive" ROS, try to prioritize what is most important to the patient.
  - Review Health Maintenance (HM) to see if it's up to date.
  - Medication Reconciliation: One of the most important parts of the interview. Need to establish what the patient is actually taking (with specific doses), as opposed to what we think the patient is taking based on the medical record. Ask the patient if they brought their medication bottles, and always ask the patient what refills are needed. You can prescribe up to 3 months at a time for most medicines if filled at our pharmacy, with up to 3 refills.
  - Minimum exam: cardiac, pulmonary, abdomen, and LEs. Then focus on whatever else the patient needs based on the medical problems or new complaints. Remember to check feet in diabetics. New patients need a more thorough exam.
4. Leave the patient in the exam room and present the case to the attending. Start with a brief summary of the major medical problems, e.g., "*Ms. Flores is a 49 year old Hispanic Female with a history of DM and HTN and presents today complaining of...(list the most important complaints here)*". Present the rest in this order: Subjective, Vitals, Physical, Labs/Studies, and then the Assessment & Plan for each problem (include HM).

5. The attending will briefly see the patient with you after your presentation (always ask if you want them to review any specific issue/exam for teaching purposes as well). Complete the dispo process and then your note afterwards:
  - Complete the Medications and other orders with the attending, including f/u labs/studies, consults and appt time.
  - Finish your visit with the patient, summarizing any recommendations or changes in therapy and patient counseling/education. Afterwards, have the patient wait in the waiting room to free the exam room up for another patient, and discuss with the MA what f/u care is needed.
  - Send your note to the attending to sign.