

## **"Longitudinal Ambulatory Rotation"(LAR)--Dr. C. Ling**

### **Objectives**

1. to enhance Resident Education and Training in the " longitudinal "management of patients in the ambulatory setting
2. to improve continuity of care to patients

### **Of note , the CBD Transition To Practice(last 6 months of residency) EPA #1 describes these objectives well.**

- Demonstrate a commitment to high-quality care of their patients
- Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
- Recognize and respond to the complexity, uncertainty, and ambiguity inherent in obstetrics and gynecology practice
- Prioritize a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
- Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
- Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements
- Communicate effectively with physicians and other colleagues in the health care professions
- Contribute to a culture that promotes patient safety
- Allocate health care resources for optimal patient care
- Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients
- Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession
- Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice

### **For Whom**

--for senior residents (PGY 5) as they are consolidating knowledge and applying it to clinical practice in preparation for "real world"

--staff who are interested in this form of Ambulatory clinics would be asked to participate and would be committing to same resident one clinic per week x 6 months ( the residents are asked for their input for whom they wish to be paired )

Advantage to this form of Ambulatory rotation is that the staff and resident can build on knowledge of clinical assessments/technical skills/management counselling/navigating the EMR/office layout gained over the 6 months. (don't need to "start over" each clinic day) .

It will hopefully be instrumental for our senior residents as they transition into practice and the "real world ". (as is the goal of "Transition to Practice" in new CBD system) , The goal is exposure to both the clinical aspects of practice but also to practice management with billing ,scheduling of pts, office flow, etc

#### Particulars:

—minimum of 6 months duration for PGY5 residents (can always be longer as rotations allow).

--each resident is assigned to one staff for clinics one day/week for 6 months and is expected to attend that clinic irrespective of their rotation. They will be excused from their rotation on that day every week. (As a result, this 6 month block should ideally not overlap with Chief Gyne or Gyne Onc or MFM rotations)

\*\*\*\*\*—It may not be possible to meet the requirements of certain rotations if a resident is absent on the same day each week. During these rotations, the options are to go to the preceptor's ambulatory rotation for a half day or change the day of the week they are attending the preceptor's clinic. This may need to be assessed on an ongoing basis based on staff vacations/conferences, hospital closures, etc. **(please keep this flexible )**

--The rotation supervisors will have been contacted ahead of time (I will send an email)

**--The residents will contact the rotation supervisors 2 weeks in advance of the block to get the schedule of the block and then can confirm /determine the days (or half days) they will attend the preceptor's clinic.** Also in the past I have had LAR residents who skipped a month of coming to my LAR clinic because it would be hard to gain the objectives in the ongoing clinical rotation This is fine and there resident should just let your preceptor know.

—Residents will then be able to see and evaluate new pts in the office, review their results and bring them back to discuss management and then for fu in 3-4 months to assess the progress.

--for surgical management pts, it may be quite educational to follow them to the OR **(please note that if the PGY5 resident is coming to OR as part of longitudinal rotation, they are not to displace the core/ chief resident on rotation--they can assist)**

--will allow residents to be involved in analyzing pts results and management decisions

--any pt that a resident sees on call in ER/wards can be brought to that Resident's/Staff's clinic for FU instead of CTU for continuity of care and involvement in next steps in management.

Note: the Ambulatory rotation as it now exists could continue for the junior residents as the junior residents are already away from their core rotations for academic half day and Surgical Foundations . As a result, if certain staff are not comfortable with having the same resident each week he/she could still participate in Ambulatory rotation as it presently exists.

**revised May 2020**