

Wound Care Clinic Rotation Curriculum

Introduction: The senior ID fellow will attend the Wound Care clinic weekly over a period of 3 months, permitting them to follow wound care patients from evaluation through therapy. Fellows will evaluate between 6 to 8 patients during each clinic encounter which will include a combination of new and return patients. Fellows will be exposed to patients with the following type of illness:

- Diabetic foot infections
- Surgical wound infections
- Venous stasis ulceration
- Ischemic wound infections
- Wounds associated with chronic lymphedema

A. Competency Based Goals and Objectives

1. Patient Care – fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of nutritional health problems and the promotion of nutritional health. When a deficiency is observed trainees will be counseled on ways to make improvements. Trainees will be monitored during the rotation and over the *continuum of the program* on the following:

1. Compassionate, appropriate and effective history and physical examinations skills.
2. Ability to identify specific signs of wounds and their possible disease associations.
3. Ability to educate patients and their families regarding the diagnosis and testing that may be required.
4. Ability to obtain all necessary medical history by chart review, discussion with the consulting medical or surgical service and then to relay this information in an effective manner to patients and their families.

2. Medical Knowledge – Fellows must demonstrate knowledge of the established and evolving literature in the area of wound infectious. Fellows are expected to learn the scientific

method of problem solving; evidence-based decision making, a commitment to lifelong learning and an attitude of caring that are derived from humanistic and professional values.

1. Trainees' knowledge, including problem solving, and evidence based decision making, will be accessed by periodic questioning and answering sessions with faculty. Trainees will also review and discuss key and recent articles related to wound healing and management with faculty.
2. All faculty will be encouraged to lead by example ensuring each trainee has an enthusiasm for lifelong learning and possesses humanistic and professional values related to patient care, understanding that these skills will evolve during the continuum of the fellows training.

3. Practice –based Learning and Improvement – Fellows must be able to demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Trainees are expected to develop skills and habits to be able to meet the following goals: identify strengths, deficiencies and limits in ones knowledge and expertise; set learning and improvement goals; identify and perform appropriate learning activities; systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; incorporate formative evaluation feedback into daily practice; locate, appraise and assimilate evidence from scientific studies related to their patients' health problems; use information technology to optimize learning; and, participate in the education of patients, families, students, fellows and other health professionals.

1. Trainees will be asked by faculty at the start of the rotation to list their specific learning goals/objectives as well as topics or areas of deficiency that they would like to improve during the course of the rotation. The trainee with the mentorship of the faculty will formulate a plan for learning including use of web based programs and use of key journals and texts.
2. Practice improvement projects will be completed by each fellow.
3. Trainees will use computer search engines such as Up-to- Date to aid in practice based leaning.
4. Trainees are encouraged to consult other physicians via telephone to aid in a patient's care.

4. Interpersonal Skills and Communication – trainees must demonstrate interpersonal and communication skills that results in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows are expected to: communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and culture backgrounds; communicate effectively with physicians, other health

care team or other professional group; work effectively as a member or leader of a health care team or other professional group; act in a consultative role to other physicians and health professionals; and maintain comprehensive, timely, and legible medical records, if applicable.

1. Trainees will be observed by faculty during the course of the rotation to ensure interpersonal skills and communication is optimal. When a deficiency is observed, faculty will be providing suggestions for improvement.
2. Faculty will lead by example.
3. Timely communication with referring clinicians will be encouraged and monitored.

5. Professionalism – trainees must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate: compassion, integrity and respect for others; responsiveness to patient needs that supersede self-interest; respect for patient privacy and autonomy; accountability to patients, society and the profession; and sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.

1. Faculty will lead by example
2. Trainees will be on time for clinic to minimize patient waiting time.
3. Patients will be addressed as Mr. and Ms.
4. Religious and culture needs of patients will be recognized and honored.
5. Trainees will be observed by faculty during the course of the rotation to ensure professional behavior. When a deficiency is observed faculty will be provide suggestions for improvement.
6. The demographics and diversity of our patient population and faculty offers a good educational environment to promote this core competency.

6. Systems-based Practice - trainees must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Trainees are expected to: Work effectively in various health care delivery settings and systems relevant to their clinical specialty; coordinate patient care within the health care system relevant to their clinical specialty; incorporate considerations of cost awareness and risk-benefit analysis in patient and /or population-based care as appropriate; advocate for quality patient care and optimal patient care systems; work in interprofessional teams to enhance patient safety and

improve patient care quality; and, participate in indentifying system errors and implementing potential systems solutions.

1. Trainees will learn how to coordinate care of patients using a risk-benefit analysis approach when they choose diagnostic testing their patients. An example: may be the ordering of a barium study instead of an endoscopy in a patient with dysphagia.
2. By working with an interprofessional team of clinicians and allied health staff trainees will learn how to enhance patient safety by recommending the correct diagnostic test and develop measures to follow up on laboratory test results.

B. Teaching Methods

1. Supervised Patient Care and Case-Based Teaching is the main teaching method during the rotation. Discussions with the supervising faculty about clinical presentation, examination, differential diagnosis, and management will occur with each patient encounter. The faculty will help the trainee indentify area where additional knowledge is required, and guide them to appropriate textbooks or other resources.
2. Clinical evaluation exercises: supervising staff witnesses the entire patient encounter, confirms examination findings, assesses trainee's ability to generate a differential diagnoses and choose the appropriate diagnostic testing (Mini CEX).
3. Reading materials such as procedure manual, slide sets, text books, MKSAP and computer support will be available as ancillary teaching materials.
4. Chart reviews: the supervising staff will assess the adequacy of patient evaluations, appropriate documentation, communication and follow-up through the patient's entire encounter at the outpatient clinic by reviewing the medical record. The fellow will also be evaluated on efficiency of communication of the trainee via written correspondence with the patient and referring physician.
5. Patient feedback questionnaires; feedback from the patient regarding their encounter with the trainee for the evaluation of professionalism, interpersonal and communication skills.

C. Method of Evaluation

1. Trainee evaluation. Multiple evaluators (e.g. faculty, peers, and patients, self and other professional staff) will be used for fellows' evaluations. The fellow's performance will be directly

observed and evaluated by each supervising clinician at the end of the rotation by completing a division evaluation form. This will include evaluations by the physician, desk staff and nurses. These will be reviewed by the ID fellowship program director and discussed with the fellow during regular meetings with the program director. Patient care will be evaluated using clinical evaluation exercise, patient feedback questionnaire and chart reviews. Medical knowledge will be evaluated using clinical evaluation exercise and chart reviews. Interpersonal and communication skills and professionalism will be evaluated using patient feedback questionnaires. Practice based learning improvement will be evaluated with practice improvement projects.

2. The fellow will evaluate the educational experience of the rotation by completing a confidential evaluation form after the rotation. The fellow will also evaluate the teaching performance of the supervising faculty by completing a confidential written evaluation. The fellow may also give the program director feedback on the rotation during regular meetings or at any time. This information will be used to improve the educational merits of the rotation.

Competency Based Ambulatory Curriculum: Wound Care Clinic

Competency	Curriculum (Goals/Objectives)	Teaching Method	Evaluation Method
Patient Care	<ul style="list-style-type: none"> Describe the role of a consultant Provide appropriate primary and secondary preventive care Perform Office Based Procedures See above	<ul style="list-style-type: none"> Supervised Patient Interaction 	<ul style="list-style-type: none"> Preceptor Evaluation Mini- CEX Procedure Log
Medical Knowledge (see above)	<ul style="list-style-type: none"> Evaluate and treat patients with soft tissue wounds Demonstrate knowledge of nutrition and nutritional deficiencies Describe the indications, contraindications, interpretations, and complications of GI procedures 	<ul style="list-style-type: none"> Ambulatory morning report Didactics Noon Conferences Self -guided study with access to texts and databases 	<ul style="list-style-type: none"> Preceptor Evaluations

Practice-Based Learning and Improvement	<ul style="list-style-type: none"> • Identify deficiencies in one's knowledge, skills, and attitudes and develop strategies to improve • Use information technology for patient care and learning • Retrospectively evaluate admissions and determine where outpatient care failed • Constructively evaluate pre-mortem care for deceased patients 	<ul style="list-style-type: none"> • Chart Review • QI projects • Access to medical databases, texts 	<ul style="list-style-type: none"> • Self-Evaluation and Discussion with Preceptor
Interpersonal and Communication Skills	<ul style="list-style-type: none"> • Communicate in a sensitive and effective manner with patients and families from diverse ethnic and socioeconomic backgrounds • Ensure patients questions have been answered • Communicate effectively with members of the health care team • Document completely and legibly every interaction with or for the patient 	<ul style="list-style-type: none"> • Patient Interaction 	<ul style="list-style-type: none"> • Patient Surveys • Preceptor Evaluation • Chart Review
Professionalism	<ul style="list-style-type: none"> • Display ownership of patients and clinic • Display Accountability/Responsibility for inter-visit follow-up • Be Punctual • Display Respect for health care team • Be committed to excellence • Wear appropriate attire 	<ul style="list-style-type: none"> • Access to Patient Records 	<ul style="list-style-type: none"> • Patient Survey • Preceptor Evaluation • 360 Evaluation
Systems-Based Practice	<ul style="list-style-type: none"> • Describe interaction between local and larger health care system • Practice cost effective medicine • Advocate for quality patient care • Identify resources for patients • Identify barriers to health for individual patients, such as social/economic/ or cultural 	<ul style="list-style-type: none"> • Information provided regarding available resources • Insurance specific formularies available for resident review 	<ul style="list-style-type: none"> • Patient Survey • 360 survey

	factors <ul style="list-style-type: none"> • Work effectively with other health care providers 		
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D. Faculty who will assume both educational and supervisory responsibilities during the rotation.

Dr.Christine Miller

E. Mix of Diseases, Patient Characteristics and Clinical Encounters

The fellow will see patients for their first specialty evaluation (primary care or first referral) as well as complex patients who have already seen other practitioners (tertiary referral). The fellow is the primary internist who will coordinate the evaluation of patients for new appointments. The fellow will complete a comprehensive history and physical exam, formulate a differential diagnosis and plan for evaluation, and review the case with the supervising staff physician. The fellow should review current documentation guidelines and ensure that their dictation includes all information required for reimbursement. The staff physician will interview and exam the patient, dictate a supervising note and discuss the case with the fellow. The fellow will then order necessary test and consultations. At the end of the consultation the fellow will see the patient in a return visit appointment to review results, and teach the patient about the diagnosis and therapies. The fellow will discuss the return visits with the staff physician. The fellow is responsible for communicating findings with the referring physician. If the patient requires ongoing wound care, the fellow will see the patient back in the continuity clinic in a timely fashion.

The fellow will manage men and women from a wide range of socioeconomic and ethnicity of patients as reflected by our referral patient base and geographic location. These will include professionals form the metropolitan Jacksonville area and the lower socioeconomic patients from the inter city.

F. Contact Persons

Dr. Christine Miller
 Dr. Michael Sands – ID fellowship program director
 Nancy Culpepper – ID fellowship program coordinator