

KBIM Longitudinal Care Clinic

1.0 INTRODUCTION

1.1 The Aim of KBIM residency is to provide comprehensive clinical training for our KBIM residents rotating at different sites and dedicated teaching via different well-structured rotations. Therefore, we implemented a longitudinal care clinic through the Internal Medicine continuity clinic at different sites.

2.0 DEFINITIONS

2.1 Longitudinal care clinic is an internal medical outpatient clinic at different sites, run by R4-R5 KBIM residents and supervised by a KBIM clinical tutor at that particular site; currently the affiliated hospitals are: Jaber Al-Ahmed Hospital, Mubarak Al-Kabeer Hospital, Farwaniya Hospital, Amiri Hospital and Jahra Hospital.

2.2 Description, schedule and frequency:

2.2.1 This clinic is present at all hospitals affiliated to KBIM once weekly.

2.2.2 It is a 12-month block rotation that begins on April 1st of each academic year and should end by 31st of March of the following academic year.

2.3 Objective of the Longitudinal Care Clinic:

2.3.1 The number of patients and responsibility of residents gradually advance throughout the five years of training. Therefore, we introduced this a robust primary care experience, which includes caring for stable patient with acute/chronic illness.

2.4 Skills and Behaviors:

2.4.1 Residents will:

2.4.1.1 Evaluate and manage patients with the range of problems encountered by the physicians.

2.4.1.2 Pursue the robust set of physical examination skills essential to the practice of outpatient internal medicine.

2.4.1.3 Demonstrate communication skills necessary for effective medical interviewing and patient counseling.

- 2.4.1.4 Organize the longitudinal care of primary care patients, including follow-up, and collaboration with consultants, and other paramedical specialties (nutritionists, social workers and various community services).
- 2.4.1.5 Establish strategies to convert the emerging information needs into well-formed clinical questions and to efficiently acquire, appraise and apply medical information.
- 2.4.1.6 Illustrate the highest standards of ethics all the times in patient, professional and interpersonal interactions.

2.5 Knowledge:

2.5.1 Residents will:

- 2.5.1.1 Understand the presentation, evaluation and management strategies of chronic diseases and acute illnesses encountered by primary care physicians.
- 2.5.1.2 Understand the basic principles for requesting and interpreting diagnostic tests, including probability revision and cost-effectiveness.

2.6 Attitudes:

2.6.1 Residents will:

- 2.6.1.1 Appreciate the rewards and responsibilities of assuming the primary care of a group of patients, including the importance of patient support.
- 2.6.1.2 Consider their role as primary care physicians in the larger contexts of medicine in general, society, and their family and social networks.

3.0 DESIGN, VENUE AND OPERATION

- 3.1 The longitudinal Care Clinic should be in the outpatient department of the hospital under the name of KBIM resident/KBIM clinical tutor at that site.
- 3.2 Bookings to this clinic, will be via the registration department of the hospital.
- 3.3 The resident must have a private room separate from the clinical tutor room preferably on the same day of clinical tutor clinic day, where the resident interviews the patient and conducts physical examination independently in the presence of the nurse.

4.0 RESIDENT JOB DESCRIPTION

- 4.1 The KBIM resident will initially see the new patients: 3-5 patients per clinic in the first clinic.
- 4.2 In following clinics, the resident can see the follow-up patients in addition to the new patients.
- 4.3 The total number of patients per clinic should not exceed 8 patients: new cases and follow-up cases.
- 4.4 The residents MUST discuss each patient with their supervising clinical tutor; both new and old, whom they see in the longitudinal care clinic.
 - 4.4.1 They should feel free to have the clinical tutor confirm any uncertain physical findings.
 - 4.4.2 Both the resident and clinical tutor MUST meet the patient together and conduct the agreed plan for the patient.

5.0 CLINICAL TUTOR JOB DESCRIPTION

- 5.1 The KBIM clinical tutor will review pertinent history and/or physical examination findings with the resident and the patient.
- 5.2 The KBIM clinical tutor MUST certify his/her occurrence with the plan of diagnostic and therapeutic intervention by the resident, either by co-signing or by mentioning in writing in the file/electronic system.

6.0 ROTATION EVALUATION

- 6.1 KBIM clinical tutor evaluates the resident verbally on a quarterly basis (every 8 weeks).
- 6.2 The final evaluation will be by the end of the rotation.

7.0 FOLLOW-UP AND LONG-TERM DISCHARGE PLANS

- 7.1 Patients can be followed up by KBIM resident as indicated per the clinical condition of the patient. By the end of the rotation, if the patient needs further follow-up/long term follow up at the hospital, the patient will be transferred to KBIM clinical tutor clinic. If the clinical issue is no longer need a secondary health care (example: controlled mono-morbidity like dyslipidemia), the patient can be referred back to his general practitioner at the primary health care.