Goal:
The purpose of Academic Half Days is to provide internal medicine residents with education related to ambulatory topics. As most IM specialties take place in the outpatient setting, the goal is to provide enriching didactics that help residents learn about outpatient management of disease and primary care related topics. Elements of academic half day are tailored to each PGY year, and the general curriculum will be repeated on a 2-year basis.

Objectives:
By the end of residency, IM residents will:

Ambulatory patient care:
1. Review the logistics of working at their respective primary care clinics (both at VUMC and the VA).
2. Learn the basics of managing a primary care message basket or VA alerts.
3. Accurately bill and code outpatient visits.
4. Develop the skills to properly prescribe controlled substances.

Practice Based Learning and Improvement:
1. Introduce learners to the basic concepts of quality improvement
2. Introduce learners to the Institute for HealthCare Improvement Model for Improvement
3. Execute small tests of change within continuity clinic practice setting (microsystem)
4. Be part of larger tests of change within the institutional practice setting (macrosystem)
5. Meet the AGCME and RRC requirements for the core competencies of Practice-Based Learning and Improvement and Systems-based Practice
6. Set learning and improvement goals each year and share with clinic preceptors.
7. Learn skills in giving feedback.

Medical Knowledge:
1. Learn about a variety of ambulatory topics on a 2-year repeating curriculum.
2. Each academic half-day will have a subspecialty or overarching educational theme including: pulmonary, geriatrics, gastroenterology, nephrology, endocrine, rheumatology, medical education, hematology/oncology, sports medicine, neurology/psychiatry, social medicine, medical education, point of care ultrasound.
3. PGY-3 residents will actively participate in journal club to develop skills related to critical appraisal of medical literature.

Interpersonal and Communication Skills:
1. Work in teams for case-based activities.
2. Give an ambulatory case presentation or journal club presentation.

Systems-Based Practice:
1. Learn how to manage a continuity clinic panel with regards to preventive care and chronic disease management.

Professionalism:
1. Receive microaggression and peer bystander training.

**Educational Strategies:**

<table>
<thead>
<tr>
<th>Educational Strategy</th>
<th>Skills (taught and/or assessed)</th>
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<tbody>
<tr>
<td>Didactic Lectures</td>
<td>- Medical Knowledge Topics</td>
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<tr>
<td>Case Based Learning Series</td>
<td>- Working in teams with coresidents</td>
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<tr>
<td></td>
<td>- Clinical Reasoning</td>
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<tr>
<td>Journal Club</td>
<td>- Critical Appraisal of the Literature</td>
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<td></td>
<td>- Presentation and communication skills</td>
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<td>- Working in teams with coresidents</td>
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<tr>
<td>Quality Improvement</td>
<td>- Articulate 3 compelling reasons for residents to be involved in quality improvement efforts</td>
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<td></td>
<td>- List the 6 IOM aims of care and the 6 ACGME core competencies</td>
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</tbody>
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For each quality improvement project, develop:
- Aim statement with SMART qualities
- Process-map and flow chart of current process, confirmed by walking the process
- Fishbone diagram of contributing factors
- Measures: process, outcomes, balancing
- Ideas for change

Implement ideas for change through PDSA cycle and evaluate change based on predefined measures
- Work effectively with a team to devise and implement quality improvement projects

**Suggested Reading and/or Resources:**

None