



Rotation Director: Elizabeth Robinson, MD, PICC 3509, ear5s@virginia.edu

EDUCATIONAL PURPOSE

The goal of this rotation is to equip the University of Virginia Health System Internal Medicine Resident with the specific knowledge, skills, and attitudes necessary to care for adolescents / young adults. This includes improving the internal medicine resident's ability to manage the common health concerns affecting young adults and to deliver preventive services appropriately tailored to this population.

LOGISTICS

- The Medical Services clinic hours are 8:00AM-5:00PM Monday through Friday. Internal Medicine residents are expected to be in clinic for the entire day unless approved for time off because of other house staff requirements. Internal Medicine residents are excused from clinic for noon conferences/grand rounds and when they have previously scheduled clinic duties elsewhere. Communication with the front desk secretarial staff is expected regarding any scheduling changes/conflicts (434-982-3915).
- Internal Medicine residents will receive extensive orientation to the clinic and its electronic health record system on the first day of the rotation. Unless otherwise arranged through communication with Dr. Robinson. Internal Medicine residents should arrive at 8:00AM on the first day of the rotation.
- One week prior to the start of the rotation, each internal medicine resident should complete the required IT (Information Technology) and Workday modules assigned to them.
- Internal Medicine residents may rotate only during the UVA academic school year, excluding the student winter break. **Internal Medicine residents should not be scheduled to rotate 5/15-8/15 or 12/15-1/15 each year.**
- Maximum trainee limits (per month): 1-2 Internal Medicine residents, 1 additional resident (Pediatrics, Family Medicine)
- There are no call duties.
- There is no on-site parking available for residents.
- Location: 550 Brandon Avenue, Charlottesville, VA 22908

CURRICULAR MILESTONES TO BE ACHIEVED

By the end of this rotation, the Internal Medicine resident should be able to:

Patient Care

1. Diagnose and treat outpatient conditions affecting young adults.
2. Demonstrate appropriate knowledge, attitudes, and skills in the delivery of clinical preventive services targeted at young adults.

Medical Knowledge

3. Demonstrate knowledge of normal anatomy and physiology relevant to adolescents/ young adults.
4. Obtain a history pertinent to common complaints and health maintenance in this population.
5. Demonstrate improved skill in the physical examination of adolescents/ young adults.
6. Access, analyze, and assimilate clinical information relevant to the care of adolescents/ young adults.

Practice-Based Learning and Improvement

7. Learn and improve through performance reviews and feedback.
8. Locate, evaluate and assimilate evidence from scientific studies.
9. Use information technology to manage information, access online medical information and support own education.

10. Facilitate the learning of colleagues and other healthcare professionals.

Interpersonal and Communication Skills

11. Communicate effectively and demonstrate caring and respectful behavior toward patients and family members.
12. Demonstrate effective interpersonal skills, sensitivity, and cultural awareness when communicating with young adults.
13. Create a therapeutic and ethically sound relationship with patients and families.
14. Demonstrate competence in counseling regarding health issues affecting young adults, including sexual and mental health issues, and substance abuse.
15. Communicate effectively with all team members.
16. Demonstrate appropriate knowledge, skills, and attitudes in integrating the psychosocial aspects of diagnosis and therapeutics.
17. Demonstrate the ability to report and document a history, physical examination, assessment, and plan accurately and efficiently.

Professionalism

18. Exhibit respect, compassion, integrity, and ethical behavior in professional conduct toward patients and families, colleagues, and other members of the health care team, including respect for patient confidentiality.
19. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, disabilities and individual needs and preferences.
20. Demonstrate a commitment to excellence.
21. Accept responsibility and follow through on tasks.

Systems-Based Practice

22. Advocate for quality patient care and assist patients in dealing with system complexities.
23. Recognize system error and advocate for system improvement.
24. Identify forces that impact the cost of health care, and advocate for and practice cost-effective care.
25. Transition patients effectively and safely within and across health care delivery systems.

Educational Conferences

Medical Services CME Conference, 2 Tuesdays each month, 8:00-9:00 AM, Student Health 1st Floor Conference room or by Zoom.

READING LIST/RESOURCES

Sports Medicine

1. Bachmann LM, Kolb E, Koller MT, et al. Accuracy of Ottawa ankle rules to exclude fractures of the ankle and mid-foot: systematic review. *BMJ* 2003;326:417-423.
2. Garrick JG. Knee problems in adolescents. *Pediatr Rev* 1983;4:235-243.
3. Griffin LY, ed. *Essentials of Musculoskeletal Care*, 4th edition. Review these topics: Sprains and Strains, Shoulder, Hand and Wrist, Knee and Lower Leg, Foot and Ankle

Vaccines

4. [Immunization Recommendations for College Students \(unm.edu\)](https://www.unm.edu)

Sexual Health

5. [https://www.acha.org/documents/resources/guidelines/ACHA Best Practices for Sexual Health Promotion and Clinical Care in College Health Settings Jan2020.pdf](https://www.acha.org/documents/resources/guidelines/ACHA_Best_Practices_for_Sexual_Health_Promotion_and_Clinical_Care_in_College_Health_Settings_Jan2020.pdf)

Infections

6. CDC – HIV PREP Guidelines: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
7. Chow AW, et al. IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults. Clin Infect Dis 2012;54:1041-1045.
8. Luzuriaga K, Sullivan JL. Infectious mononucleosis. NEJM 2010;362:1993-2000.

Dermatology

9. Strauss JS, et al. Guidelines of care for acne vulgaris management. J Am Acad Derm 2007;56:651-663.
10. Eichenfield LF, et al. Evidence-based recommendations for the diagnosis and treatment of pediatric acne. Pediatrics 2013;131 Supp 3:S163-S186.

Eating Disorders

11. Rosen DS, and the American Academy of Pediatrics Committee on Adolescence. Identification and management of eating disorders in children and adolescents. Pediatrics 2010;126:1240-1253.
12. Hay P, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. Aust and NZ J of Psych 2014;48:977-1008.
13. Rome ES, Ammerman S. Medical complications of eating disorders: an update. J Adol Health 2003;33:418-426.

Travel

14. CDC travel web site: <http://wwwnc.cdc.gov/travel/>

Updated: 10/2022