



**Ascension**

Ascension St Vincent Indianapolis (Southern Region)  
Internal Medicine Residency ACGME# 1401700001

<https://www.stvincent.org/asvesouthernregion>

## Ascension St Vincent Internal Medicine Residency (Southern Region) Outpatient Daily Template

### **Morning Report: 7:30AM-8:00AM, EMOB3 Training Room**

Who: Outpatient Teams

Tasks: Erudite academic case based interactive discussion; Residents should prep their interns. Fourth year Students may present in their last week. This is not a venue for Third year students to present. **This time should never be preempted for routine administrative announcement or meetings.**

Work Product: Group Learning, Evidence Based discussion, Data driven management. Improved Academic Presentation skills

### **Clinical Care: 8:00 AM-11:15AM, EMOB3**

Who: Residents and preceptors +/- medical students

Tasks: Ambulatory Visits, Academic Patient Discussions, Verify Physical Findings, Resolve Consult recommendations, Evidence Based management discussions. This is time for decision making and Academic discussion, on residents 'patients- Present, and write your note, Focus on specific, relevant information and data that needed to make decisions.

Work Product: Address issues for this visit, plan for subsequent visits and Health care maintenance.

### **Outpatient Team Teaching: 11:30 AM-12:00 Noon, EMOB3 Precepting Rooms**

Who: Outpatient Teams

Tasks: Academic Patient Discussions, Verify Physical Findings, Resolve Consult recommendations, Evidence Based management discussions. This **is not** a time for routine non urgent work.

Work Product: Team all aware of current patient condition, plans, and complicating issues

### **Daily Core Curriculum: 12:00 Noon- 1-PM, 3 North Conference Room**

Who: Outpatient Teams

Tasks: Occurs in person in 3N North Conference Room. Cased based discussion of ABIM Blueprint Topics. Presentations should include at least 15 minutes of Boards style questions. Evidence Based Morbidity and Mortality Conference Evidence Based Medicine Journal Club. **In general routine needs for meetings should not replace Core Curriculum**, except Town Meetings

Work Product: Building Residents database, boards prep, Human factors approach to Quality and Case review

### **Clinical Care: 1-PM- 4:15, EMOB3**

Who: Outpatient Teams

Who: Residents and preceptors +/- medical students

Tasks: Ambulatory Visits, Academic Patient Discussions, Verify Physical Findings, Resolve Consult recommendations, Evidence Based management discussions. This is time for decision making and Academic discussion, on residents 'patients- Present, and write your note, Focus on specific, relevant information and data that needed to make decisions.

Work Product: Address issues for this visit, plan for subsequent visits and Health care maintenance.

### **Clinic Call, Home Call**

Who: Resident by weeklong rotations. Attending back up on schedule.

Tasks: Field patient calls, Screen and respond to after hours lab and diagnostic study results

Work Product; Night coverage, ED referral, Clinical questions response