



Internal Medicine Residency Policy and Procedure Manual

Reviewed and Approved By

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1 INTRODUCTION

This document has been developed by the Internal Medicine Residency Program in conjunction with the Department of Medical Education in order to familiarize trainees with Harnett Health System's (HHS) - Internal Medicine Residency Program. In addition to the Common Trainee Policy and Procedure Manual, this manual highlights standards for internal medicine trainees and their successful completion of the residency program.

As a member of the trainee staff, you are entitled to well-defined rights and privileges while you participate in the educational goals of the program you have selected. This manual is a guidebook to the goals, regulations and policies of the training program.

The goal of our training programs is to provide high quality programs that provide each trainee a foundation for future medical training while fulfilling the accrediting bodies and its specialty college requirements for the selected program.

Internal medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness.

1.1 Changes in Policies

This manual supersedes all previous trainee manuals and memos for the Internal Medicine Residency Training Program. While every effort is made to keep the contents of this document current, HHS reserves the rights to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in this manual with or without prior notice to trainees.

1.2 Educational Purpose

The Internal Medicine Training Program is structured to provide trainees with the fundamental knowledge and essential principles requisite to the practice of internal medicine. The basic techniques of physical examination, the necessary skills for performing clinical procedures, and the capability to communicate clearly with patients, their families and other members of the health care team are stressed in this residency.

1.3 General Goals and Objectives

The specialty of internal medicine consists of the prevention, diagnosis and treatment of diseases with emphasis on internal organs of the body in the adolescent and adult patient. The trainee will develop skills in building their scientific knowledge, scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of care that is derived from humanistic and professional values.

The major goal of the internal medicine residency program is to assure the provision of safe and effective care to the individual patient; assure each trainee's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and, establish a foundation for continued professional growth. In this residency program, trainees' are expected to achieve mastery in the following core competencies:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
 - a. Integrate osteopathic principles into the diagnosis and management of patients.
 - b. Apply osteopathic manipulative therapy to patient management where applicable.
2. Medical Knowledge
 - a. Demonstrate and apply clinical knowledge
 - i. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care.
 - b. Demonstrate knowledge of diagnostic testing and procedures.
 - i. Interprets complex diagnostic tests accurately.
 - ii. Understands the concepts of pre-test probability and test performance characteristics.
 - iii. Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures.
3. Patient Care
 - a. Gathers and synthesized essential and accurate information to define each patient's clinical problem(s).
 - i. Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion.
 - ii. Performs accurate physical exams that are targeted to the patient's complaints.
 - iii. Synthesizes data to generate a prioritized differential diagnosis and problem list.
 - iv. Effectively uses history and physical examination skills to minimize the need for further diagnostic testing.
 - b. Develops and achieves comprehensive management plan for each patient.

- i. Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences.
 - ii. Recognizes disease presentations that deviate from common patterns and require complex decision-making.
 - iii. Manages complex acute and chronic diseases.
 - c. Manages patients with progressive responsibility and independence.
 - i. Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes.
 - ii. Seeks additional guidance and/or consultation as appropriate.
 - iii. Appropriately manages situations requiring urgent or emergent care.
 - iv. Effectively supervises the management decisions of the team.
 - d. Skill in performing procedures.
 - i. Possesses technical skill and has successfully performed all procedures required for certification.
 - e. Requests and provides consultative care.
 - i. Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment.
 - ii. Appropriately weighs recommendations from consultants in order to effectively manage patient care.
- 4. Interpersonal and Communication Skills
 - a. Communicates effectively with patients and caregivers.
 - i. Identifies and incorporates patient preference in shared decision preference in shared decision-making across a wide variety of patient care conversations.
 - ii. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds.
 - iii. Incorporates patient-specific preferences into plan-of-care.
 - b. Communicates effectively in inter-professional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).
 - i. Consistently and actively engages in collaborative communication with all members of the team.
 - ii. Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care.
 - c. Appropriate utilization and completion of health records.
 - i. Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning.
 - ii. Health records are succinct, relevant, and patient specific.
- 5. Professionalism
 - a. Has professional and respectful interactions with patients, caregivers, and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals, and support personnel).

- i. Demonstrates empathy, compassion and respect to patients and caregivers in all situations.
 - ii. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers.
 - iii. Demonstrates a responsiveness to patient needs that supersedes self-interest.
 - iv. Positively acknowledges input of members of the inter-professional team and incorporates that input into plan of care as appropriate.
 - b. Accepts responsibility and follows through on tasks.
 - i. Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.
 - ii. Willingness to assume professional responsibility regardless of the situation.
 - c. Responds to each patient's unique characteristics and needs.
 - i. Recognizes and accounts for the unique characteristics and needs of the patient/caregiver.
 - ii. Appropriately modifies care plan to account for a patient's unique characteristics and needs.
 - d. Exhibits integrity and ethical behavior in professional conduct.
 - i. Demonstrates integrity, honesty, and accountability to patients, society and the profession.
 - ii. Actively manages challenging ethical dilemmas and conflicts of interest.
 - iii. Identifies and responds appropriately to lapses of professional conduct among peer group.
- 6. Practice-Based Learning and Improvement
 - a. Monitors practice with a goal for improvement.
 - i. Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice.
 - ii. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.
 - b. Learns and improves via performance audit.
 - i. Analyzes own clinical performance data and actively works to improve performance.
 - ii. Actively engages in quality improvement initiatives.
 - iii. Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients.
 - c. Learns and improves via feedback.
 - i. Solicits feedback from all members of the inter-professional team and patients.
 - ii. Welcomes unsolicited feedback.
 - iii. Consistently incorporates feedback.
 - d. Learns and improves at the point-of-care.

- i. Routinely translates new medical information needs into well-formed clinical questions.
 - ii. Utilizes information technology with sophistication.
 - iii. Independently appraises clinical research reports based on accepted criteria.
7. Systems-Based Practice
 - a. Works effectively within an inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).
 - i. Understands the roles and responsibilities of and effectively partners with, all members of the team.
 - ii. Actively engages in team meetings and collaborative decision-making.
 - b. Recognizes system error and advocates for system improvement.
 - i. Identifies systemic causes of medical error and navigates them to provide safe patient care.
 - ii. Advocates for safe patient care and optimal patient care systems.
 - iii. Activates formal system resources to investigate and mitigate real or potential medical error.
 - iv. Reflects upon and learns from own critical incidents that may lead to medical error.
 - c. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.
 - i. Consistently works to address patient specific carriers to cost-effective care.
 - ii. Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions).
 - iii. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests.
 - d. Transitions patients effectively within and across health delivery systems.
 - i. Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems.
 - ii. Proactively communicates with past and future care givers to ensure continuity of care.

[General Goals and Objectives](#)

1.4 Expected Outcome

The goal of the HHS' Internal Medicine Residency Program is to prepare physicians with the following special attributes:

- To produce outstanding clinicians in the field of general internal medicine.

- To produce clinicians who are grounded in evidence-based medicine.
- To produce clinicians who are compassionate and embody what it means to be a general internist.
- To view the patient in their entirety: mind, body and spirit.
- To produce clinicians who are proficient in all seven core competencies.
- To have a program that is compliant with all accrediting body's basic and specialty standards.
- To create an environment that fosters research opportunities as well as other scholarly pursuits.
- To train internists and prepare individuals for career goals in hospital-based medicine, ambulatory-based medicine or fellowship training.

The expected outcomes of the HHS' Internal Medicine Residency Program are:

1. To prepare physician trainees to be holistically minded physicians in the specialty of internal medicine. To be educationally well grounded in medical skills and scientific principles, and capable of providing quality comprehensive medical care to their patients.
2. To develop in physician trainees a sensitivity and understanding of the personal needs of individual patients and the interactions among the psychological, social and medical factors involved in patient care.
3. To provide opportunity for continual reexamination and evaluation of all facets of medical education so that the training offered remains current, effective and focused on the program objectives.
4. To provide opportunity for participants to develop leadership and teaching skills in the medical sciences as well as strengthen their own self-directed learning skills, so that they can effectively contribute to the education of their peers and physician trainees in the future.
5. To develop in physician trainees a strong understanding of the basic cognitive skills and knowledge that pertains to the physiology and pathophysiology of disease and their correlating clinical applications to medical diagnosis and management.
6. To exhibit progressive competencies in clinical and procedural medicine by performing procedures as well as learning appropriate interpretation skills as follows:
 - a. Required Procedures: Proficiency in the following procedures, including indications, contraindications, complications, limitations, and interpretation: abdominal paracentesis, ACLS, arthrocentesis, central venous line placement, drawing venous blood, drawing

arterial blood, electrocardiogram, incision and drainage of an abscess, lumbar puncture, nasogastric intubation, pap smear and endocervical culture, placing a peripheral venous line, pulmonary artery catheter placement, and thoracentesis. Proficiency will be documented by attending physicians, and record will be kept in trainees' files.

- b. Required Interpretations: Proficiency in interpretation of the following:
 - i. Joint injections.
 - ii. Biopsy of dermal lesions.
 - iii. Excision of subcutaneous lesions.
 - iv. Incision and drainage of abscess.
 - v. Cryosurgery of skin.
 - vi. Curettage of skin lesion.
 - vii. Laceration repair.
 - viii. Endometrial biopsy.
 - ix. Office microscopy.
 - x. Splinting.
 - xi. EKG interpretation.
 - xii. Office spirometry.
 - xiii. Toenail removal.
 - xiv. Defibrillation.
 - xv. Removal of cerumen from ear canal.
 - xvi. Endotracheal intubation.
7. Logs of Required Procedures and Interpretations: Logs must be kept of the trainees' caseload for each of the three years of training.
8. Logs of ambulatory experience: In addition, trainees must keep logs of their caseload for each of the three years of training

1.5 Appointment

Appointments to the Internal Medicine Residency Program are made on the recommendation of the Medical Education Committee, the Program Director and the Vice Ptrainee of Medical Education.

HHS is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin or handicapped persons who, with reasonable accommodation, can perform the essential functions of the job.

The residency application process at HHS is as follows:

- a. Interested applicants must apply through the National Residency Training Match Program (NRMP) via ERAS;
- b. Upon receipt of information requested on the NRMP and available on ERAS, (i.e. three letters of professional reference, letter from your medical school Dean stating you are a student in good standing, board scores, and transcripts, the Department of Medical Education will contact applicants to arrange an appointment for an interview;

- c. Trainee applicants are interviewed by the Program Director, Vice Ptrainee of Medical Education, and members of the Medical Education Selection Committee;
- d. Applicants are discussed at either the December or January Medical Education Committee Executive Session and either accepted or denied and a rank order list is generated;
- e. HHS completes the National Intern Registration Match forms that are returned within the appropriate timeframe, usually in January;
- f. Once the results of the Match are returned, trainee contracts are mailed out within the time allotted by the accrediting body's regulations.

[Appointment](#)

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1.6 Advanced Placement

The Internal Medicine Residency Program follows the guidelines for trainees requesting advanced placement of the accrediting body. The program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring trainee along with documentation of trainee evaluations. A request for advanced placement must be received from both the trainee and the program director at the advanced placement institution. This request must include the program director's assessment of the trainee's academic status/equivalency and the trainee's academic level in comparison to other trainees at the training level if advanced placement were to occur based on the accrediting body's Milestones assessments. Determination of advanced placement within these guidelines shall be made to the accrediting body for consideration.

1. Advanced placement from non-internal medicine fields: A maximum of one-month of credit may be awarded for each month of training in general internal medicine or its subspecialties taken under the direction of an internist or medical subspecialist in an approved residency-training program.
2. Advanced placement from ACGME approved internal medicine programs: A maximum of one (1) month of credit may be granted for each month of post graduate training satisfactorily completed in general or subspecialty internal medicine in an ACGME approved program as verified by the osteopathic program director.
3. Advanced placement from traditional osteopathic internship: One month of credit may be awarded for each month of training in internal medicine or a medical subspecialty taken under the supervision of an internist during an AOA rotating internship in an institution with an AOA or ACGME approved internal medicine residency. A maximum of six months credit may be granted under this provision.

4. A request for advanced placement must be received from both the trainee and the program director at the advanced placement institution. This request must include the program director's assessment of the trainee's academic status/equivalency and the trainee's academic level in comparison to other trainees at the training level if advanced placement were to occur. Determination of advanced placement within these guidelines shall be made by the Council on Education and Evaluation of the ACOI and reported to the COPT.

[Advanced Placement](#)

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1.7 Promotion Criteria

PGY-1:

Patient Care:

1. Consistently acquires accurate and relevant histories from patients.
2. Seeks and obtains data from secondary sources when needed.
3. Consistently performs accurate and appropriately thorough physical exams.
4. Uses collected data to define a patient's central clinical problem(s).
5. Consistently develops appropriate care plan.
6. Recognizes situations requiring urgent or emergent care.
7. Seeks additional guidance and/or consultation as appropriate.
8. Requires indirect supervision to ensure patient safety and quality care.
9. Provides appropriate preventive care and chronic disease management in the ambulatory setting.
10. Provides comprehensive care for single or multiple diagnoses in the inpatient setting.
11. Under supervision, provides appropriate care in the intensive care unit.
12. Initiates management plans for urgent or emergent care.
13. Possesses basic technical skill for the completion of some common procedures.
14. Provides consultation services for patients with clinical problems requiring basic risk assessment.
15. Asks meaningful clinical questions that guide the input of consultants.

Medical Knowledge:

1. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care form common medical conditions and basic preventive care.
2. Consistently interprets basic diagnostic tests accurately.
3. With assistance, understand the concepts of pre-test probability and test performance characteristics.
4. Fully understands the rational and risks associated with common procedures.

Practice-Based Learning Improvement:

1. Shows initiative in self-reflection and seeks assistance in acting upon those reflections.
2. Shows initiative in pursuing opportunities for learning and self-improvement.
3. Analyzes own clinical performance data and identifies opportunities for improvement.
4. Effectively participates in a quality improvement project.
5. Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients.
6. Solicits feedback only from supervisors.
7. Is open to unsolicited feedback.
8. Shows initiative to incorporate feedback.
9. “Slows down” to reconsider an approach to a problem, ask for help, or seek new information.
10. Can translate medical information needs into well-formed clinical questions independently.
11. Aware of strengths and weaknesses of medical information resources but utilizes information technology without sophistication.
12. Seeks assistance in appraising clinical research reports, based on accepted criteria.

Interpersonal and Communication Skills:

1. Engages patients in shared decision making in uncomplicated conversations.
2. Seeks assistance in facilitating discussions in difficult or ambiguous conversations.
3. Seeks guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds.
4. Engages in collaborative communication with appropriate members of the team.
5. Employs verbal, non-verbal, and written communication strategies that facilitate collaborative care.
6. Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning.

Professionalism:

1. Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations.
2. Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care.
3. Emphasizes patient privacy and autonomy in all interactions.
4. Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy.
5. Completes assigned professional responsibilities without questioning or the need for reminders.
6. Seeks to fully understand each patient’s unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference.

7. Modifies care plan to account for patient's unique characteristics and needs with partial success.
8. Honest and forthright in clinical interactions, documentation research, and scholarly activity.
9. Demonstrates accountability for the care of patients.
10. Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity.

Systems-Based Practice:

1. Understands the roles and responsibilities of all team members but uses them with assistance.
2. Participates in team discussions when required and seeks input from other team members when necessary.
3. Recognizes the potential for error within the system.
4. Identifies obvious or critical causes of error and notifies supervisor accordingly.
5. Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk.
6. Willing to receive feedback about decisions that may lead to error or otherwise cause harm.
7. Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care.
8. Minimized unnecessary diagnostic and therapeutic tests.
9. Has a basic understanding of cost-awareness of principles for a population of patients (e.g. screening tests).
10. Recognizes the importance of communication during times of transition.
11. Communication with future caregivers is present.

Second Year Trainee:

Patient Care:

1. 1 through 15 of PGY 1; and,
2. Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion.
3. Performs accurate physical exams that are targeted to the patient's complaints.
4. Synthesizes data to generate a prioritized differential diagnosis and problem list.
5. Effectively uses history and physical examination skills to minimize the need for further diagnostic testing.
6. Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences.
7. Recognized disease presentations that deviate from common patterns and require complex decision-making.
8. Manages complex acute and chronic diseases.

9. Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes.
10. Seeks additional guidance and/or consultation as appropriate.
11. Appropriately manages situations requiring urgent or emergent care.
12. Effectively supervises the management decisions of the team.
13. Possesses technical skill and has successfully performed all procedures required for certification.
14. Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment.
15. Appropriately weights recommendations from consultants in order to effectively manage patient care.

Medical Knowledge:

1. 1 through 4 of PGY 1; and,
2. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care.
3. Interprets complex diagnostic tests accurately.
4. Understands the concepts of pre-test probability and test performance characteristics.
5. Teaches the rational and risks associated with common procedures and anticipates potential complications when performing procedures.

Practice-Based Learning Improvement:

1. 1 through 12 of PGY 1; and,
2. Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice.
3. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.
4. Analyzes own clinical performance data and actively works to improve performance.
5. Actively engages in quality improvement initiatives.
6. Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients.
7. Solicits feedback from all members of the interprofessional team and patients.
8. Welcomes unsolicited feedback.
9. Consistently incorporates feedback.
10. Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information.
11. Routinely translates new medical information needs into well-formed clinical questions.
12. Utilizes information technology with sophistication.
13. Independently appraises clinical research reports based on accepted criteria.

Interpersonal and Communication Skills:

1. 1 through 6 of PGY 1; and,
2. Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations.
3. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds.
4. Incorporates patient-specific preferences into plan of care.
5. Consistently and actively engages in collaborative communication with all members of the team.
6. Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care.
7. Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning.
8. Health records are succinct, relevant, and patient specific.

Professionalism:

1. 1 through 10 of PGY 1; and,
2. Demonstrates empathy, compassion and respect to patients and caregivers in all situations.
3. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers.
4. Demonstrates a responsiveness to patient needs that supersedes self-interest.
5. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate.
6. Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.
7. Willingness to assume professional responsibility regardless of the situation.
8. Recognizes and accounts for the unique characteristics and needs of the patient/caregiver.
9. Appropriately modifies care plan to account for a patient's unique characteristics and needs.
10. Demonstrates integrity, honesty, and accountability to patients, society and the profession.
11. Actively manages challenging ethical dilemmas and conflicts of interest.
12. Identifies and responds appropriately to lapses of professional conduct among peer group.

Systems-Based Practice:

1. 1 through 11 of PGY 1; and,
2. Understands the roles and responsibilities of and effectively partners with all members of the team.
3. Actively engages in team meetings and collaborative decision-making.
4. Identifies systemic causes of medical error and navigates them to provide safe patient care.
5. Advocates for safe patient care and optimal patient care systems.

6. Activates formal system resources to investigate and mitigate real or potential medical error.
7. Reflects upon and learns from own critical incidents that may lead to medical error.
8. Consistently works to address patient specific barriers to cost-effective care.
9. Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions).
10. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests.
11. Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems.
12. Proactively communicates with past and future care givers to ensure continuity of care.

Third Year Trainee:

Patient Care:

1. 1 through 15 of PGY 2; and,
2. Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis.
3. Identifies subtle or unusual physical exam findings.
4. Efficiently utilized all sources of secondary data to inform differential diagnosis.
5. Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing.
6. Role models and teaches complex and patient-centered care.
7. Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles.
8. Manages unusual, rare, or complex disorders.
9. Maximizes patient comfort and safety when performing procedures.
10. Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice.
11. Teaches and supervises the performance of procedures by junior members of the team.
12. Switches between the role of consultant and primary physician with ease.
13. Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment.
14. Manages discordant recommendations from multiple consultants.

Medical Knowledge:

1. 1 through 5 of PGY 2; and,
2. Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complex conditions.
3. Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures.
4. Pursues knowledge of new and emerging diagnostic tests and procedures.

Practice-Based Learning Improvement:

1. 1 through 13 of PGY 2; and,
2. Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement.
3. Actively engages in self-improvement efforts and reflects upon the experience.
4. Actively monitors clinical performance through various data sources.
5. Is able to lead a quality improvement project.
6. Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients.
7. Performance continuously reflects incorporation of solicited and unsolicited feedback.
8. Able to reconcile disparate or conflicting feedback.
9. Searches medical information resources efficiently, guided by the characteristics of clinical questions.
10. Role models how to appraise clinical research reports based on accepted criteria.
11. Has a systematic approach to track and pursue emerging clinical questions.

Interpersonal and Communication Skills:

1. 1 through 8 of PGY 2; and,
2. Role models effective communication and development of therapeutic relationships in both routine and challenging situations.
3. Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds.
4. Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions.
5. Role models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient specific.

Professionalism:

1. 1 through 12 of PGY 2; and,
2. Role models compassion, empathy and respect for patients and caregivers.
3. Role models appropriate anticipation and advocacy for patient and caregiver needs.
4. Fosters collegiality that promotes a high-functioning interprofessional team.
5. Teaches others regarding maintaining patient privacy and respecting patient autonomy.
6. Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.
7. Assists others to improve their ability to prioritize multiple, competing tasks.
8. Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs.
9. Role models consistent respect for patient's unique characteristics and needs.

10. Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility.
11. Role models integrity, honesty, accountability, and professional conduct in all aspects of professional life.
12. Regularly reflects on personal professional conduct.

Systems-Based Practice:

1. 1 through 12 of PGY 2; and,
2. Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient.
3. Efficiently coordinates activities of other team members to optimize care.
4. Viewed by other team members as a leader in the delivery of high quality care.
5. Advocates for system leadership to formally engage in quality assurance and quality improvement activities.
6. Viewed as a leader in identifying and advocating for the prevention of medical error.
7. Teaches others regarding the importance of recognizing and mitigating system error.
8. Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources.
9. Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care.
10. Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes.
11. Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs.
12. Role models and teaches effective-transitions of care.

[Promotion Criteria](#)

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1.8 Eligibility Requirements

The program director will comply with the qualification requirements of the Institutional Requirements of the accrediting body.

Additional Eligibility Requirements for Trainees Transferring from another Program:

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada. Residency programs must receive

verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program.

A physician who has completed a residency program that was not accredited by ACGME, RCPSC, or CFPC may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director at the ACGME-accredited program may be advanced to the PGY-2 level based on ACGME Milestones assessments at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

A Review Committee may grant the exception to the eligibility requirements specified in Section III.A.2.b) for residency programs that require completion of a prerequisite residency program prior to admission.

Review Committees will grant no other exceptions to these eligibility requirements for residency education.

1.9 Terms of Service

The contract will be issued for a period of one year. Contracts for the next year of training will be issued following the Match of each year upon satisfactory performance during the current year. The Program Director, Vice Ptrainee of Medical Education and the Medical Education Committee will determine if continuation in the training program will be granted.

Under qualifying circumstances, residencies may be extended through the FMLA. All leaves must be reported to the Program Director and the Vice Ptrainee of Medical Education, the Medical Education Committee, Human Resources and the subcommittee on Residency Training of the accrediting body. All additional time taken off during residency must be made up at the end of the contract year and prior to the next level of training.

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2 **COMPORIMENT**

2.1 **Area of Responsibility**

- 1) Trainees are responsible for their respective service as noted in the curricula section of this manual.
- 2) Trainees are responsible for making sure orders are written and reviewed if written by a PGY-1 trainee for patients admitted to their service during the day and while on call for all unit patients on IM services or co-managed by IM physicians.
- 3) Trainees are required to review the admit notes of all admissions to their service and discuss them with the PGY-1 trainees and students. Trainees will have a note written to supplement the admit note on all unit patients on IM service or co-managed by an IM physician with a plan or recommendations when on call.
- 4) Trainees are to round on their service patients daily, unless scheduled off and either review the note written by the PGY-1 trainee/students or write the daily progress note.
- 5) Trainees when on an in-house rotation are to actively participate in morning report.
- 6) Trainees are to attend all in-house lectures, unless a patient's well-being is at risk.
- 7) Trainees are not to work more than 80 hours per week and must adhere to Duty Hour requirements as noted in the Common Trainee Policy and Procedure Manual throughout residency training.
- 8) Coverage of new trainees by junior or senior trainees shall be for a period initially of three (3) months.
- 9) When a trainee is called to admit a patient, a call must be made to the admitting physician.
- 10) It is not the responsibility of the trainee to review ER's, EKGs, or lab work on patients not admitted.
- 11) Medicine trainees are not responsible for pediatric patient care unless it is a "Code Blue".
- 12) It is not the trainee's responsibility to obtain DNR's on patients unless they are admitting the patient or it is a new change of the family's thinking or the patient's wishes. The trainee is not to discuss the DNR with families of patients that are not acquainted with their progress. This is the responsibility of the attending physician.
- 13) Trainees cannot take verbal orders from physicians that have patients in the unit. They must discuss the case with the IM physician or subspecialist who is managing the patient in the unit.
- 14) The trainees are to assume the role assigned by the attending physician when on service and to notify the attending of any acute change in the patient's condition.
- 15) Trainees are to respond to all codes within the hospital.
- 16) Attend all meetings as directed by the program director.
- 17) Participate in an assigned hospital committee and other committees as directed by the program director.
- 18) Participate each year in the annual Trainee In-Service Examination.

- 19) Maintain certification in advanced cardiac life support that must be kept current during the residency.
- 20) Attend continuing education program of respective college once during the training program.
- 21) Participate in a scholarly activity.
- 22) Complete formal written feedback about the program and teaching faculty.
- 23) Participate in an annual evaluation of program goals and curriculum.
- 24) Maintain and comply with all required documentation (e.g. including but not limited to: time logs, patient logs, procedure logs, etc.)
- 25) Function in an ethical and professional manner.

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2.2 Internal Medicine Program Director Job Description

Position Title: Program Director of Internal Medicine
Department: Medical Education
Responsible to: Director of Medical Education
Written/Revised: March 2016

JOB SUMMARY:

The Medical Education Committee will approve the hire and/or change in program director. The program director must comply with the following actions and procedures of the accrediting body: to undergo a site visit in the required time period; to follow directives associated with an approval action; to supply the accrediting body with requested information. The program director will have sufficient dedicated time to administer the training program and will be compensated.

ESSENTIAL JOB RESPONSIBILITIES:

- The program director will report to the director of medical education
- The program director will be responsible for verifying that each trainee is meeting or exceeding the minimum standards of the program
- The program director will oversee and ensure the quality of didactic and clinical education in all sites that participate in the program:
 - Will approve a local director at each participating site who is accountable for trainee education
 - Will monitor trainee supervision at all participating sites
 - Shall inform the base institution of participating institution arrangements so that affiliation agreement, memorandum of understanding (MOU), and program letter of agreement (PLA) can be properly executed
 - Must submit any additions or deletions of participating sites routinely providing an educational experience, required for all trainees, of one month full time equivalent (FTE) or more through the accrediting body's data system
- The program director will evaluate program faculty
 - Will approve the selection of program faculty as appropriate
 - Will approve the continued participation of program faculty based on evaluations
- The program director will oversee the program and trainees as described in accrediting

- body's standards.
- The program director will prepare required material for on-site program review and/or documentation as requested by the accrediting body
 - The program director will provide the trainee with all documents pertaining to the training program and shall also provide to the trainee the requirements for satisfactory completion of the program
 - The program director must approve and arrange supervision of the trainee's required scholarly activity
 - The program director shall ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution
 - The program director will provide verification of residency education for all trainees, including those who leave the program prior to completion
 - The program director will implement policies and procedures consistent with the institutional and program requirements for trainee duty hours and the working environment, including moonlighting
 - Will distribute policies and procedures to the trainees and faculty
 - Will monitor trainee duty hours monthly to ensure compliance with accrediting body's requirements
 - Will adjust trainee schedules as necessary to mitigate excessive service demands and/or fatigue
 - Will monitor the demands of at-home call (if applicable) and adjust schedules as necessary to mitigate excessive service demands and/or fatigue
 - The program director will monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged
 - The program director will comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of trainees, disciplinary action, and supervision of trainees
 - The program director will be familiar with and comply with accrediting body and Review Committee policies and procedures as outlined in the accrediting body's manual of policies and procedures
 - The program director will obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the accrediting body:
 - All applications for accrediting body's accreditation of new programs
 - Changes in trainee complement
 - Major changes in program structure or length of training
 - Progress reports requested by the Review Committee
 - Requests for increases or any change to trainee duty hours
 - Voluntary withdrawals of accredited programs
 - Requests of appeal of an adverse action
 - Appeal presentations to a Board of Appeal or the accrediting body
 - The program director will obtain DIO review and co-signature on all program application forms, as well as any correspondence or documents submitted to the accrediting body that addresses:
 - Program citations

- Request for changes in the program that would have significant impact, including financial, on the program or institution
- The program director will monitor trainee stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction
 - Both the program director and faculty will be sensitive to the need for timely provision of confidential counseling and psychological support services to trainees
 - Situations that demand excessive service or that consistently produce undesirable stress on trainees will be evaluated and modified
- The program director will be available and accessible to trainees at the primary teaching site
- The program director will oversee development of an effective trainee advising program
- The program director will have supervisory authority over all educational tracks in the internal medicine residency program
- The program director will conduct the internal medicine component of special educational tracks under the auspices of the Department of Internal Medicine
- The program director will ensure that the residency does not place excessive reliance on trainees for service as opposed to education
- The program director will participate in academic societies and in educational programs designed to enhance his or her educational and administrative skills

OTHER POSITION RESPONSIBILITIES:

- The program director is responsible for coordinating all schedules, including lectures and educational sessions, allocating appropriate time for trainee participation. The program director must provide a method to document trainee attendance at these meetings
- Participate in and foster an approach to continuously improving quality in the internal medicine residency program
- Maintain all required licensure, certifications and competencies for the position
- Ability to dedicate at least 50% of associated time for program director responsibilities
- The program director must review the results of the annual in-service examination with each trainee by the end of the training year
- Performs other duties as assigned

POSITION QUALIFICATIONS:

Education: An earned degree from an accredited college of osteopathic or allopathic medicine

Experience:

- Requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee
 - At least five (5) years of participation as an active faculty member in an ACGME-accredited internal medicine residency program
 - At least three (3) years of graduate medical education administrative experience prior to appointment
- A valid medical license and ability to obtain North Carolina licensure
- Current certification in the specialty by the American Board of Internal Medicine, or

specialty qualifications that are acceptable to the Review Committee

- Appropriate medical staff appointment
- Membership in good standing in all appropriate professional and governmental organizations
- Membership in good standing with specialty college and accrediting body
- Demonstrated record in teaching and leadership from an accredited medical school;
- Demonstrated potential for successful leadership of an residency training program; and,

Types of Contacts: The Program Director of Internal Medicine reports directly to the Vice Ptrainee of Medical Education of the Hospital.

Job Related Skills: Thorough and demonstrated knowledge of the clinical interventions and equipment necessary to meet the specific needs of the patient population served.

Interpersonal Skills: Excellent communication and human relation skills including the ability to interact effectively and professionally with co-workers, other employees, the medical staff, patients, families, and the general public.

2.3 Internal Medicine Associate Program Director Job Description

Position Title: Associate Program Director of Internal Medicine
Department: Medical Education
Responsible to: Internal Medicine Residency Program Director
Written/Revised: March 2016

JOB SUMMARY:

The Medical Education Committee will approve the hire and/or change in associate program director. The associate program director will have sufficient dedicated time to assist in the administration the internal medicine residency training program and will be compensated.

ESSENTIAL JOB RESPONSIBILITIES:

- The associate program director will dedicate an average of 20-hours per week to the administrative and educational aspects of the educational program
- The associate program director will report to the program director
- The associate program director will participate in academic societies and in educational programs designed to enhance their educational and administrative skills
- The associate program director will assist the program director in verifying that each trainee is meeting or exceeding the minimum standards of the program
- The associate program director will assist the program director in building quality didactic and clinical education at all participating training sites

POSITION QUALIFICATIONS:

Education: An earned degree from an accredited college of osteopathic or allopathic medicine

Experience:

- Must have a broad scope of knowledge of, experience with, and commitment to internal medicine as a discipline, patient centered care, and to the generalist training of trainee
- Must have a current board certification in either internal medicine or a subspecialty of medicine

2.4 Subspecialty Education Coordinators Job Description

The program director will identify a qualified individual (the Subspecialty Education Coordinator) in each of the following subspecialties of internal medicine: cardiology, critical care, endocrinology, hematology, gastroenterology, geriatric medicine, infectious diseases, nephrology, oncology, pulmonary disease, and rheumatology at each participating site. (This assignment can be given to a core faculty in the specialty they serve.)

The Subspecialty Education Coordinator must:

- Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities
- Demonstrate a strong interest in the education of trainees
- Administer and maintain an educational environment conducive to educating trainees in each of the accrediting body's competency areas
- Provide advising for trainees in the areas of educational goal-setting, career planning, patient care, and scholarship
- Meet professional standards of behavior
- Will report to the program director for coordination of the trainees' subspecialty educational experiences in order to accomplish the goals and objectives in the subspecialty.
- The subspecialty education coordinator must be licensed to practice medicine in the state in which the training site is located
- The subspecialty education coordinator must have appropriate medical staff appointment
- The subspecialty education coordinator must be certified in their area of specialty by the appropriate medical board
- Must be an active member in good standing in the department they are assigned
- Must establish and maintain an environment of inquiry and scholarship with an active research component
 - The subspecialty education coordinator must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences
 - Demonstrate scholarship by one or more of the following:
 - Peer-reviewed funding
 - Publication of original research or review articles in peer reviewed journals, or chapters in textbooks
 - Publication or presentation of case reports of clinical series at local, regional, or national professional and scientific society meetings

- Participation in national committees or educational organizations.
- Encourage and support trainees in scholarly activities
- Must complete all paperwork as dictated by the Department of Medical Education (annual reports, quarterly evaluations, etc.)
- All subspecialty education coordinators must follow the rules and regulations regarding supervision of trainee physicians by CMS.

2.5 Internal Medicine Teaching Faculty (Core Faculty) Job Description

At each participating site, there must be a sufficient number of teaching-faculty with documented qualifications to instruct and supervise all trainees at that location. Core faculty members will work closely with the program director, associate program director, and subspecialty education coordinator in developing and implementing the evaluation system, trainee education and mentoring of internal medicine trainees.

The teaching faculty must:

- Devote 15-hours per week throughout the year to residency training
- Demonstrate a strong interest in the education of trainees
- Administer and maintain an educational environment conducive to educating trainees in each of the accrediting body's competency areas
- Provide advising for trainees in the areas of educational goal-setting, career planning, patient care, and scholarship
- Meet professional standards of behavior
- Report to the program director
- Attend training sessions on the evaluation and assessment of the accrediting body's competencies
- Review all trainee notes and write an attending note on all patients
- Perform monthly chart reviews with the trainees to ensure that the charts are in compliance with appropriate guidelines
- Be licensed to practice medicine in the state in which the training site is located
- Have appropriate medical staff appointment
- Be certified in their area of specialty by the appropriate medical board
- Be an active member in good standing in the department they are assigned
- Be clinically active (i.e. direct patient care or in the supervision of patient care)
- Supervise all procedures performed by trainees
- Establish and maintain an environment of inquiry and scholarship with an active research component
 - Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences
 - Demonstrate scholarship by one or more of the following:
 - Peer-reviewed funding
 - Publication of original research or review articles in peer reviewed journals, or chapters in textbooks

- Publication or presentation of case reports of clinical series at local, regional, or national professional and scientific society meetings
- Participation in national committees or educational organizations.
- Encourage and support trainees in scholarly activities
- Is responsible for clinical teaching during clinic sessions as well as at least one lecture per month to trainees on selected internal medicine topics. Internal Medicine Clinic Preceptors must be present at the internal medicine clinic at all times when trainees are seeing patients, i.e. when trainee clinics are in session
- Maintain adequate economic records at the internal medicine practice training site
- Be willing to precept medical students, interns and trainees on clinical rotations as the preceptor's schedule permits
- Complete all paperwork as dictated by the Department of Medical Education (annual reports, quarterly evaluations, etc.)
- Must follow the rules and regulations regarding supervision of trainee physicians by CMS. Additionally, review of documentation and trainee participation in cases is required for the trainee to demonstrate within their portfolio
- Complete monthly trainee evaluations and participates in annual review of trainee performance/advancement decisions. Trainees will also complete monthly faculty evaluations, which are reviewed by the DME and program director and reported to faculty members. 360-degree evaluations are also completed on each trainee on a semi-annual basis and quarterly evaluations are performed by the program director on each trainee
- Evaluate trainee procedural and patient care competency “real-time”

2.6 Chief Resident Job Description

The Chief Trainee for the Internal Medicine Residency Program will be nominated by the Program Director upon consultation and advice from the Graduate Medical Education Committee, Director of Medical Education and the Administrative DME (ADME).

The Chief Trainee position contains both a leadership and administrative position meant to improve and facilitate the training program for medical students, interns and trainees at Harnett Health.

Qualifications:

The Chief Trainee must:

- Be a trainee in good standing at Harnett Health preferably in their senior year of training
- Demonstrate an interest and participation in the educational programs at Harnett Health
- Demonstrate excellent rapport with peers

- Receive approval for acceptance of the position of Chief Trainee by the applicant's Program Director
- Demonstrate and participate in scholarly activity, as well as possessing the work habits appropriate and consistent with the mentoring responsibilities of the position
- Be willing and able to attend training and skill development session on the evaluation and assessment of the accrediting body's competencies

Responsibilities: (Inclusive of but not limited to)

1. Assist in development of the trainee rotation schedule.
2. Is responsible for scheduling topics for IM lectures, journal club and board review, etc.
3. Assist in development of and supervision of the trainee on-call schedule.
4. Act as liaison between the Department of Medical Education and all house staff, medical students and allied health students.
5. Act as liaison between trainees and nursing staff.
6. Attend all Graduate Medical Education Committee meetings.
7. Must keep all logs and inpatient and outpatient charts current.
8. Actively mentor trainees, medical students and allied health students in the areas of scholarly activity, professional/ethical behavior and work habits.
9. The Internal Medicine Chief Trainee(s) will report to the program director. In the absence of the program director, the chief trainee will report to the director of medical education, Administrative DME, the Chairperson of the Graduate Medical Education Committee, and the Vice Ptrainee of Medical Affairs, in this order.
8. Introduce all Guest Lecturers/Presenters at morning and noon lectures.
9. Serve as member of a peer review committee and subcommittee of the GMEC as needed.
10. Assist with the development and procurement of resources to support medical education activities at Harnett Health.
11. Attend House Staff meetings monthly.

Compensation:

Chief Trainee Stipend: The Chief Trainee will receive a stipend as commensurate with their level of training plus an additional \$1,000 per year (i.e. PGY 3 annual salary plus \$1,000)

Terms of appointment shall be for one year.

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2.7 Research Responsibility

Trainees may meet this requirement by demonstration and documentation (via Portfolio) of any three of the following:

1. Original research, accepted for publication by peer review journal – meets all requirements
2. Original Research, accepted and presented at Local, Regional or National Convention (poster presentation) – meets all requirements
3. Participation in Journal Club, inclusive of obtaining, assigning and presenting articles with written critique of articles submitted for review by program director twice annually. Trainee participation in Journal Club will be reviewed and evaluated twice annually by the program director
4. Participation in Review of Medical Literature Didactics, in conjunction with CUSOM, offered twice annually
5. Participation in and submittal of written reports reviewing the medical literature for Peer Review Activities in compliance with policies and procedures of the QM/UR Committee, Critical Care Committee or Department of Internal Medicine
6. Participation in and submittal of written reports, inclusive of medical literature review, in conjunction with the Quality Improvement Initiatives of Harnett Health.
7. Presentation of four (4) lectures annually inclusive of medical literature review and evaluation by member of FP Faculty of the presentation at either House Staff Formal Didactics, Local, Regional or National Conference, or Medical Staff/Departmental Meeting
8. Authoring a grant.

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3 PROGRAM SPECIFIC CURRICULUM

Goals: To create an internal medicine residency experience designed to prepare internal medicine trainees for practice in a community and/or rural based setting. The residency program will facilitate the diagnostic and therapeutic skills of physicians in training utilizing patients encompassing the total health care of the individual and the family. This includes the physiological, emotional, cultural, economic, psychological and environmental factors as they relate to the disease process.

3.1 General Internal Medicine Residency Curriculum (including Community Medicine Rotations)

At the completion of the training program, the graduate shall:

- A. Accurately identify potential medical problems.
 1. Describe the medical problems presented
 2. Define information in the patient record which aids in said description
 3. Elicit and record appropriate history which defines the problem
 4. Develops knowledge of diagnostic testing and procedures
 5. Perform an accurate physical examination to identify and confirm the problems
 6. Utilize and interpret laboratory and ancillary testing to define or discover problems
- B. Accurately diagnose problems.
 1. Describe potential etiologies for each presenting problem
 2. Gathers and synthesized essential and accurate information to define each patient's clinical problem(s)
 3. Develops and achieves comprehensive management plan for each patient
 4. Manages patients with progressive responsibility and independence
 5. Develops skill in performing procedures
 6. Requests and provides consultative care
 7. Identify signs and symptoms for each problem
 8. Prioritize findings with respect to potential etiologies
 9. Rank potential disorders by likelihood based on presence or absence of findings
- C. Confirm the diagnosis of the problem.
 1. Describe the diagnostic resources for each disorder;
 2. Generate a diagnostic plan to appropriately confirm the disorder;
 3. Perform diagnostic procedures where appropriate;
 4. Properly interpret results of testing, recognizing the relative sensitivity and specificity of the tests;
 5. Understand cost effective diagnostic planning.
- D. Competently treats the problems.
 1. Define the needs and circumstances of the patient
 2. Describe the conventional and alternative therapies for each problem

3. Generate treatment plans which are cost effective
 4. Monitors practice with a goal for improvement
 5. Learns and improves via performance audit
 6. Learns and improves via feedback
 7. Learns and improves at the point of care
 8. Monitor response to initiated treatment, including appropriate follow-up testing if needed
 9. Determine efficacy of chosen treatment
- E. Communicate effectively.
1. Use standard English effectively
 2. Use accepted medical terminology appropriately
 3. Communicates effectively with patients and caregivers
 4. Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals, and other support personnel)
 5. Appropriate utilization and completion of health records
 6. Develop listening skills for patient, family, and ancillary providers
 7. Effectively and sensitively respond to patient questions and fears or concerns
 8. Record data and plans clearly and completely in progress notes, summary reports, history and physical reports, and procedure reports
 9. Develop prompt responsiveness to requests for information or explanation
 10. Demonstrate reasonable facility in use of computer network information and record keeping systems
- F. Demonstrate professionalism.
1. Be characterized as competent, approachable, empathetic, conscientious, and cooperative;
 2. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel)
 3. Accepts responsibility and follows through on tasks
 4. Responds to each patient's unique characteristics and needs
 5. Exhibits integrity and ethical behavior in professional conduct
 6. Develop sensitive yet definitive leadership capabilities when dealing with house staff, students, or ancillary staff;
 7. Demonstrate honesty, reliability, and morality;
 8. Develop a commitment to the medical community and the advancement of medical care in the population.
- G. Develop strong work habits.
1. Demonstrate ability and commitment to use of continuing medical education tools, such as journals, computer-assisted instruction, and involvement in conference activities both as learner and instructor
 2. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals, and other support personnel)

3. Recognizes system error and advocates for system improvement
4. Identifies forces that impact the cost of health care, and advocates, for, and practices cost-effective care
5. Transitions patients effectively within and across health delivery systems
6. Recognize personal limitations and obtain appropriate assistance where necessary;
7. Perform all record keeping activities promptly and thoroughly;
8. Understand requirements of operating in the managed care environment, and how to maximize efficiency;
9. Recognize the medico-legal aspects of care, and manage risks appropriately.

3.2 Competency-Based Evaluation:

The ACOI global evaluation form will be completed by the attending and reviewed by the trainee to assess all seven-core competencies:

- a) Procedure Log
- b) End of service examination may be given at the discretion of the attending physician

Outcome Assessment:

The national in-service examination will be used to provide both the individual trainee and the attending with feedback on the rotation.

3.3 Rotation Curriculum

The internal medicine residency program will consist of the following rotations:

Critical care – minimum of three (3) blocks and no more than six (6) blocks
Internal medicine subspecialties and neurology – endocrinology, rheumatology, hematology/oncology, gastroenterology, infectious disease, cardiology, nephrology, pulmonology
Geriatric medicine – one (1) block
Continuity clinic – one half day per week (minimum of 30-distinct half-day out-patient sessions)
Emergency medicine – one (1) block
Block nights – minimum of one (1) block
Selective rotation – minimum of three (3) blocks (one per academic year)
Community-based medicine – minimum of one (1) block in PGY 1 year
Gynecology – minimum of one (1) block in PGY 1 year
General Surgery - minimum of one (1) block in PGY 1 year
Internal medicine – 15 in-patient block rotations

Vacation – four weeks per academic year

3.4 Procedures

Trainees are provided the opportunity to perform procedures as they arise. Trainees are expected to become proficient in the following procedures:

- 1) Sufficient experience and training to ensure proficiency in the following procedures, including indications, contraindications, complications, limitations and interpretation as specified by the American Board of Internal Medicine (ABIM):

	Indications; Contraindications; Recognition & Management of Complications; Pain Management; Sterile Techniques	Specimen Handling	Interpretation of Results	Requirements & Knowledge to obtain Informed Consent	Perform Safely and Competently
Abdominal paracentesis	X	X	X	X	
Advanced cardiac life support	X	N/A	N/A	N/A	X
Arterial line placement	X	N/A	X	X	
Arthrocentesis	X	X	X	X	
Central venous line placement	X	X	N/A	X	
Drawing venous blood	X	X	X	N/A	X
Drawing arterial blood	X	X	X	X	X
Electrocardiogram	X	N/A	X	N/A	
Incision and drainage of an abscess	X	X	X	X	
Lumbar puncture	X	X	X	X	
Nasogastric intubation	X	X	X	X	
Pap smear & endocervical culture	X	X	X	X	X
Placing a peripheral venous line	X	N/A	N/A	N/A	X
Pulmonary artery catheter placement	X	N/A	X	X	
Thoracentesis	X	X	X	X	

Formal lectures, hands-on labs and videotape procedure demonstrations are used to introduce the procedure and review anatomy and indications/contraindications of the procedure. Trainees are assigned or designated as the “procedure trainee” on the internal medicine rotation. This arrangement rotates on a monthly basis and trainees are directly supervised by attending staff until proficiency develops.

Trainees will develop procedural skills on elective rotations; such as, cardiology, pulmonary, nephrology, gastroenterology, radiology and hematology under the direct tutelage of the attending physicians. Additional skills in intubation and central lines are obtained, if needed, with the assistance of the anesthesiology department, by assigning the trainee to the department in the morning hours from 0700-1000 to perform intubations, central lines and peripheral IV access.

Mastery of skills is demonstrated during the second residency year on intensive care unit and internal medicine service, trainee logs are reviewed and the trainee is signed off as independent in the procedure and the medical staff office will be notified in writing.

- All procedures are done under the supervision of an attending physician who is responsible for the care of that patient. This supervision can be direct or indirect, depending on the experience of the trainee.
- Do not start any non-emergency procedure until you obtain permission from the responsible attending physician.
- PGY 1 trainees should have first opportunity to do procedures on patients assigned to their care.
- Informed consent must be obtained before starting unless it is an emergency.
- Procedure notes must be written immediately after the procedure.
- Procedure logs must be completed by the trainee and signed by the supervising trainee/attending.
- Each time a procedure log is reviewed, the program director will assign a privilege status as follows:
 - Level I = Direct supervision only – PGY 1
 - Level II = Perform and teach with indirect supervision – PGY 2
 - Level III = Perform with indirect supervision; can teach and certify others – PGY 3

Trainees unable to master their skill level as indicated above will be assigned additional procedure assignments until such time that the level is mastered. Those trainees in their PGY 3 level will not be eligible for graduation. Individual adjustments and accommodations are made on a case-by-case basis for those trainees unable to master the skills as indicated above and additional training options are constantly evaluated.

3.5 Call Responsibility

- 1) 1st, 2nd and 3rd year trainees will provide unit coverage from 7 p.m. – 7 a.m. daily. This includes IM admissions, as well as, complications that develop. 1st year trainees are not responsible for consults unless specified by the attending.
- 2) Trainees must see and write an admit note on all admissions while they are on call.
- 3) The emergency room physicians will discuss the patient with the attending first before the trainee is to be involved in that patient's care.
- 4) Trainees are not responsible for consultations (medical) at night (7 p.m. – 7 a.m.) unless it is urgent.
- 5) Trainees are not to have call more frequently than once every five days.
- 6) 1st year residents call is admitting days which is every other day. For 2nd and 3rd year residents, call would be from 7am-7am (24 hours)

- 7) Attending physicians are to be second on call for all trainees.
- 8) Trainees' call is between 7 p.m. – 7 a.m. on Monday through Friday and 7 a.m. – 7 a.m. on Saturday and Sunday. On designated holidays (i.e. 4th of July, Labor Day, Thanksgiving, Christmas, New Year's Day, and Memorial Day) call will be 7 a.m. – 7 a.m.
- 9) On weekends the trainees will evaluate all unit patients under IM service or with co-manage of IM and conduct daily care under the supervision and wishes of the respective attending.
- 10) If an internist has a patient in the unit who is critical, they may sign out to the evening trainee if that particular internist does not have a trainee or intern on their service. However, if a student/intern is on the service, they are also responsible to sign out to the evening trainee.
- 11) It is the duty of the medical trainee on call to evaluate all the patients in the unit who have an acute change, write a note, and notify the attending if warranted between 5 p.m. – 7 a.m. on call.
- 12) If an acute situation in the unit occurs and supervision or input is needed and the attending is unable to be reached, then either the Chairman of Medicine or the Director of the unit are to be called for that input or supervision until the attending has responded.
- 13) No patient is to be admitted to the unit unless verified or approved by the patient's respective attending (managing the patient in the unit).
- 14) Trainees are not to be called to order routine lab work, x-rays, or EKGs on patients when on call.
- 15) If a patient is directly admitted to the unit, orders are to be written by the attending or the attending is to call the trainee with a history and preliminary diagnosis and the trainee will write the orders.

3.6 Rotation Specific Curriculum

A. Continuity of Care Training

1. Continuity of care will be a major component of this residency-training program.
 - a) Each trainee is expected to maintain continuity of care for their patients when such patients require hospitalization or consultation with other health care providers. The trainee will maintain participation in the decision making process as it relates to the health of the patient.
 - b) For those patients unable to visit the continuity of care site, trainees will receive experience in home care and care in long-term care facilities.
2. The major focus of this training program is providing comprehensive primary care for patients in the ambulatory and in-patient setting.
4. The trainees will be required to monitor their patient population as it relates to age, gender, and ethnicity.
5. Each trainee will be assigned a designated panel of patients.
 - i. The trainee will be responsible, under supervision, for the health care needs of their assigned panel of patients.

- ii. The trainee will be identified as the healthcare provider for their panel of patients.
 - iii. As the skill and proficiency of the trainee increases, the trainee's schedule will be modified accordingly.
6. Trainees will see patients in their continuity of care site for a minimum of forty weeks per year.
7. It is the goal of the ambulatory care experience to train trainees to be both productive and efficient in a primary care setting. The trainee will become proficient in:
- a) The appropriate utilization of osteopathic principles and manipulative treatment
 - b) Diagnose and management of medical and surgical conditions
 - c) Their ability to perform office procedures
 - d) Incorporating preventive measures
 - e) Providing patient education
 - f) Providing counseling
 - g) Coordination of care
 - h) Managing consultations
 - i) Maintaining accurate and eligible medical records

B. Osteopathic Manipulative Medicine

Trainees will receive instruction in the clinical application of osteopathic manipulative medicine. At the end of the residency-training program, the trainee will:

- a) Become proficient in OMM
- b) Receive training in OMM in both the outpatient and inpatient setting
- c) Receive didactic instruction and hands on training
- d) Be exposed to multiple treatment technique approaches
- e) Understand coding and reimbursement as it relates to OMM

C. Inpatient Medicine

The trainee will become proficient in their ability to competently manage hospitalized patients. The trainee will be able to:

- a) Manage acute and chronic illness
- b) Obtain appropriate consultation
- c) Coordinate the care of the patient
- d) Manage transfer of care to and from the primary care setting
- e) Produce comprehensive medical records
- f) Organize utilization management and discharge planning

D. Emergency Medicine

The trainee will rotate 4-weeks in emergency medicine. Training shall include:

- a) Didactic and clinical training
- b) Triage emergency patients of all ages
- c) Certification in ACLS
- d) Stabilize and provide initial treatment for medical emergencies
- e) Stabilize and provide initial treatment for surgical emergencies

- f) Stabilize and provide initial treatment for psychiatric emergencies

E. Internal Medicine

The trainee will be provided clinical training in internal medicine. Training shall include:

- a) 14-blocks of inpatient experience
- b) Four weeks of training in critical care medicine
- c) Didactic training
- d) Exposure to the following disciplines, in either inpatient or outpatient settings:
 - 1. Cardiology
 - 2. Endocrinology
 - 3. Gastroenterology
 - 4. Hematology
 - 5. Infectious diseases
 - 6. Nephrology
 - 7. Neurology
 - 8. Oncology
 - 9. Pulmonology
 - 10. Rheumatology
- e) The trainee will be provided the opportunity to develop competency in:
 - 1. The management of hospitalized adult patients
 - 2. Cooperative management of patients with sub-specialists colleagues
 - 3. Pre-operative medical evaluation

F. Women's Health

The trainee will be provided 4-weeks of training in women's health. The trainee will receive training:

- a) Through didactic and clinical training experiences
 - b) In gender specific health care needs of women
 - c) In domestic violence identification and prevention
 - d) Gynecology
 - e) Obstetrics
 - f) Breast Disease
- 2. The gynecological portion of this training experience will include both ambulatory and in-hospital patient care. The trainee will become proficient in:
 - a) Family planning
 - b) Preventive medicine
 - c) Management of the abnormal PAP smear
 - d) Disorders of menstruation
 - e) Gynecological infections
 - 3. The obstetrical portion of this training experience will include both ambulatory and in-hospital patient care. The trainee will become proficient in:
 - a) Prenatal care
 - b) Labor and delivery
 - c) Postnatal care

- d) Medical complications of pregnancy

G. Surgery

The residency-training program will provide the trainee with 4-weeks of training in surgical disciplines. The trainee will gain experience in:

- a) Preoperative and post-operative care
- b) Training in the following sub-specialties, which may be ambulatory or inpatient
 - 1. Ophthalmology
 - 2. Orthopedics
 - 3. Urology
 - 4. ENT

H. Geriatrics

The residency-training program will provide the trainee with 4-weeks of training in the care of the geriatric patient. The trainee will gain experience in:

- a) Physiological changes of aging
- b) Pharmacokinetics in the elderly
- c) Functional assessment of the elderly
- d) ECF management
- e) Hospice
- f) Home care

I. Behavioral Medicine

The trainee-training program will provide the trainee training in behavioral science. At a minimum this shall include:

- a) Psychiatric and psychological diagnoses common to Internal medicine
- b) The treatment of substance abuse
- c) Didactic instruction and clinical experiences
- d) Interviewing skills
- e) Counseling skills
- f) Psychopharmacology
- g) Physician well being

J. Practice Management

- 1. The residency-training program will provide the trainee with structured educational experiences in practice management. This training shall include:

- a) Debt management.
- b) Retirement planning
- c) Financial planning
- d) Disability insurance
- e) Medical liability insurance
- f) Risk management
- g) Coding
- h) HIPAA requirements in the ambulatory setting

- i) OSHA requirements for private practices
- j) Payer mix and practice overhead management
- k) Personnel management
- l) The program will utilize actual practice financial data to teach the principals of office practice management

K. Community Medicine

The residency-training program will provide training in community medicine. This shall include time spent in any of the following experiences:

- a) Occupational health
- b) Mental health agencies
- c) Community based screening programs
- d) Public health agencies
- e) Community health centers
- f) Free clinics
- g) Drug and alcohol treatment centers
- h) School health programs
- i) Homeless shelters

L. Selectives

The residency-program will provide the trainee with the opportunity to partake supervised electives available to all trainees during the course of their residency training. All such rotations shall be approved by the Program Director the need for out rotations

M. Disease Prevention and Wellness

The residency-program will provide training in disease prevention and wellness promotion. Utilizing didactic and clinical experiences trainees shall become competent in:

- a) Selection, critique, and implementation of evidence based practice guidelines
- b) Provision of immunizations.
- c) Selection and interpretation of screening tests
- d) Counseling patients to promote weight loss, exercise, and smoking cessation

N. Patient Safety and Quality Improvement

The residency-program will provide training in patient safety and quality improvement. Upon completion of this training, the trainee will be able to:

- a) Identify and analyze inpatient and ambulatory measures of quality
- b) Provide utilization of quality measurements to improve patient care
- c) Participation in at least one national or regional quality improvement registry
- d) Training in the principles of the Patient Centered Medical Home (PCMH).

3.7 Osteopathic Manipulative Medicine and Osteopathic Principles and Practice

Educational Purpose: To provide the trainee, through didactic and clinical experiences in outpatient and inpatient settings, with educational experiences that will enhance their knowledge and skills in osteopathic manipulative medicine and osteopathic principles and practice.

Each goal listed will provide the foundational elements for this competency-based experience in osteopathic manipulative medicine (OMM). Each of these seven core competencies will be evaluated on every learning experience and service to which trainees are exposed.

A. Osteopathic Principles and Practice:

- 1) The learner shall integrate osteopathic principles into the diagnosis and management of patient clinical presentations.
- 2) The learner shall apply osteopathic manipulative therapy in patient management where applicable.
- 3) The learner shall emphasize the interactions of the neuromusculoskeletal and internal systems and the application of osteopathic principles and practices (OPP) as they relate to patients with varied clinical disorders.
- 4) The learner shall demonstrate implementation of OPP and OMM assessment through:
 - a) Pre and post self-efficacy assessment
 - b) “Osteopathic Principles” patient questionnaire
 - c) Faculty direct observation assessment and chart review

B. Patient Care:

- 1) Prioritize a patient’s problem
- 2) Prioritize a day of work
- 3) Monitor and follow up on patients appropriately
- 4) Demonstrate caring and respectful behaviors with patients and families
- 5) Gather essential/accurate information via interviews and physical exams and reviews other data
- 6) Provide services aimed at preventing or maintaining health
- 7) Work with all health care professionals to provide patient-focused care
- 8) Know indications, contraindications, and risks of invasive procedures
- 9) Competently performs invasive procedures
- 10) Understand and weight alternatives for diagnosis and treatment
- 11) Use diagnostic procedures and therapies appropriately
- 12) Elicit subtle findings on physical examination
- 13) Obtain a precise, logical and efficient history
- 14) Interpret results of procedures properly
- 15) Is able to manage multiple problems at once
- 16) Make informed decisions about diagnosis and therapy after analyzing clinical data
- 17) Develop and carry out management plans
- 18) Consider patient preferences when making medical decisions
- 19) Triage patients to appropriate location
- 20) Spend time appropriate to the complexity of the problem

C. Medical Knowledge:

- 1) Use written and electronic reference and literature sources to learn about patients’ diseases
- 2) Demonstrate knowledge of basic and clinical sciences

- 3) Apply knowledge to therapy
- 4) Is aware of indications, contraindications and risks of commonly used medications and procedures
- 5) Demonstrate knowledge of epidemiological and social-behavioral sciences
- 6) Demonstrate an investigatory and analytic approach to clinical situations

D. Practice-Based Learning Improvement:

- 1) Understand his/her limitations of knowledge
- 2) Elicit help when needed
- 3) Is self-motivated to acquire knowledge
- 4) Is able to identify strengths, deficiencies, and limits in one's knowledge and expertise
- 5) Set learning and improvement goals
- 6) Identify and perform appropriate learning activities
- 7) Analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- 8) Use information technology to optimize learning
- 9) Participate in the education of patients, families, students, trainees and other health professionals
- 10) Incorporate formative evaluation feedback into daily practice
- 11) Use PowerPoint, Word, Internet and other computerized sources of results and information such as, "Up-to-Date" to enhance patient care
- 12) Accept feedback and develop self-improvement plans
- 13) Undertake self-evaluation with insight and initiative
- 14) Facilitate the learning of students and other health care professionals
- 15) Analyze personal practice patterns systematically, and looks to improve
- 16) Compare personal practice patterns to larger populations
- 17) Locate, appraise and assimilate scientific literature appropriate to specialty
- 18) Apply knowledge of study design and statistics
- 19) Demonstrate the ability to investigate and evaluate the care of patients
- 20) Appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

E. Interpersonal and Communication Skills:

- 1) Write pertinent and organized notes
- 2) Has timely and legible medical records
- 3) Use effective listening, narrative and non-verbal skills to elicit and provide information
- 4) Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- 5) Act in a consultative role to other physicians and health professionals
- 6) Work effectively as a member of the health care team
- 7) Create and sustain therapeutic and ethically sound relationships with patients and families
- 8) Provide education and counseling to patients, families and colleagues
- 9) Is able to discuss end-of-life care with patient/families
- 10) Work effectively as a member or leader of the health care team
- 11) Work effectively as a leader of the health care team

F. Professionalism:

- 1) Establish trust with patients and staff
- 2) Does not refuse to treat patients
- 3) Demonstrate respect for patient privacy and autonomy
- 4) Is accountable to patients, society and the profession
- 5) Is honest, reliable, cooperative and accepts responsibility
- 6) Show regard for opinions and skills of colleagues
- 7) Is free from substance abuse or satisfactorily undergoing rehabilitation
- 8) Demonstrate respect, compassion and integrity
- 9) Is responsive to the needs of patients and society, which supersedes self-interest
- 10) Display initiative and leadership
- 11) Is able to delegate responsibility to others
- 12) Demonstrate commitment to on-going professional development
- 13) Demonstrate commitment to ethical principles pertaining to the provision or withholding of care, patient confidentiality, informed consent and business practices
- 14) Demonstrate sensitivity to patient culture, gender, age, preferences and disabilities
- 15) Acknowledge errors and works to minimize them
- 16) Is effective as a consultant

G. Systems-Based Practice:

- 1) Is a patient advocate
- 2) Make constructive comments
- 3) Advocate for high quality patient care and assists patients in dealing with system complexity
- 4) Apply knowledge of how to partner with health care providers to assess, coordinate and improve patient care
- 5) Use systematic approaches to reduce errors
- 6) Work in interprofessional team to enhance patient safety and improve patient care quality
- 7) Participate in developing ways to improve systems of practice and health management
- 8) Demonstrate ability to adapt to change
- 9) Provide cost effective care
- 10) Understand how individual practices affect other health care professionals, organizations and society
- 11) Demonstrate knowledge of types of medical practice and delivery systems
- 12) Practice effective allocation of health care resources that does not compromise the quality of care

[OMM/OPP](#)

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3.8 Substance Abuse

Educational Purpose: To provide the trainee, through didactic and clinical experiences in outpatient and inpatient settings, with educational experiences that will enhance their knowledge and skills in diagnosing and managing patients with substance abuse.

a. History:

- i. Define screening techniques for patients with or at risk for substance abuse;
 - ii. Define demographics and related psychosocial factors relating to substance abuse;
 - iii. Define diagnostic modalities for each major abused substance;
 - iv. Target agents: alcohol, prescription drugs, street drugs including toxins such as toluene, glues, methanol, etc., and tobacco
- b. Physical Exam:
- i. Perform systematic examination focusing on involved organ systems;
 - ii. Recognize classic findings of end organ toxicity for each abused agent
- c. Basic Principles
- i. Pharmacology of absorption, tolerance, dependence;
 - ii. Clinical withdrawal syndromes;
 - iii. Cognitive behavior effects;
 - iv. Laboratory aberrancies
- d. Diagnostic/Therapeutics
- i. Treatment of withdrawal syndromes;
 - ii. Emergency management of acute toxicity;
 - iii. Consider all appropriate alternative treatment strategies;
 - iv. Consider compliance issues, patient risk, and cost effectiveness;
 - v. Utilize community resources to assist in rehabilitation;
 - vi. Identify appropriate time for referral to specialized care;
 - vii. Initiate follow-up planning
- e. Health promotion
- i. Understand principles of relapse prevention;
 - ii. Psychosocial support;
 - iii. Osteopathic principles.
 - iv. Liver pump techniques;
 - v. Venous drainage maneuvers.
- f. Osteopathic principles.
- i. Liver pump techniques;
 - ii. Venous drainage maneuvers.

[Substance Abuse](#)

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3.9 Women's Medicine

Educational Purpose:

To provide the trainee with didactic and clinical experiences in both outpatient and inpatient settings. The trainee will be provided the knowledge and skill to manage obstetrical and gynecologic illnesses.

The trainee will demonstrate competency in their ability to:

- Manage low risk obstetrical patients in the inpatient and outpatient setting.

- Recognize early signs and symptoms of fetal and/or maternal distress during pregnancy.
 - Seek appropriate preventive or corrective measures to insure the health and safety of both the fetus and the mother.
 - Recognize medical and surgical problems in the obstetrical patient.
 - Manage common gynecologic problems.
 - Integrate the use of osteopathic manipulative treatment in the management of obstetrics and gynecologic disorders.
 - Obtain appropriate consultation.
-

- a. History
 - i. Complete menstrual history (onset, timing, volume, FDLMP, menopause);
 - ii. Pregnancy/birth history;
 - iii. Substance abuse or medications while pregnant;
 - iv. Vaginal protrusion/incontinence;
 - v. Vaginal discharge/itching/masses;
 - vi. Postmenopausal bleeding and character;
 - vii. PAP test, breast exam and mammogram history;
 - viii. Nipple discharge or breast changes;
 - ix. Identify impact of psychosocial factors on sexually transmitted disease, pregnancy, and general health
- b. Physical exam
 - i. Demonstrate complete breast exam;
 - ii. Describe breast masses with respect to location, size, mobility, nipple discharge or retraction, skin changes, lymph nodes;
 - iii. Perform adequate pelvic examination to include PAP smear and bimanual examination;
 - iv. Identify cystocele, rectocele, pediculosis, masses, lichen planus, cervicitis, vaginitis, warts, ulcers (herpetic), imperforate hymen, ovarian and uterine masses or malposition.
- c. Basic principles
 - i. Hirsutism;
 - ii. Menstrual dysfunction;
 - iii. Medical disorders of pregnancy;
 - iv. Pelvic infection/ sexually transmitted disease;
 - v. Postmenopausal osteoporosis;
 - vi. Impotence;
 - vii. Fertility control;
 - viii. Estrogen/progesterone therapy;
 - ix. PAP smear result interpretation.
- d. Diagnostics/therapeutics
 - i. Wet mount interpretation;
 - ii. PAP smear/colposcopy;
 - iii. Hormone evaluation.
- e. Health promotion

- i. PAP smear, mammography and breast exam surveillance;
- ii. Behavior modification;
- iii. STD prophylaxis;
- iv. Psychosocial supports for appropriate female ailments.

Core Competency 1: Osteopathic Principles

- i. Myofascial release to the sacrum;
- ii. Vasculo-lymphatic drainage techniques;
- iii. Thoracolumbar junction therapy for autonomic tone to pelvis;
- iv. Evaluation of Chapman's reflex points

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3.10 Adolescent Medicine

Educational Purpose:

To provide the trainee with didactic and clinical experiences in both outpatient and inpatient settings. To provide the trainee with educational experiences that will enhance their knowledge and skills in diagnosing and managing adolescent patients.

- a. History
 - i. Obtain adequate information to assess cognitive function, psychomotor skills, personality development, sexuality and psychosocial development;
 - ii. Understand the impact of the following on adolescent health: age, sex, race, socioeconomic status, and parity/gravity
- b. Physical exam
 - i. Recognize special findings indicating adolescents at particular risk
 - ii. Pelvic exam on sexually active females
 - iii. Structural exam
- c. Basic principles
 - i. Biologic maturity;
 - ii. Morbidity and mortality;
 - iii. Mental health problems.
- d. Diagnostics/therapeutics.
 - i. Interpretation of lab and X-ray values which are unique to the adolescent.
- e. Health maintenance.
 - i. Immunization schedule;
 - ii. Behavior modification and diet;
 - iii. Psychosocial support for disruptive behavior.

[Adolescent Medicine](#)

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3.11 Allergy/Immunology

Educational Purpose:

To provide the trainee with didactic and clinical experiences in both outpatient and inpatient settings. To provide the trainees with educational experiences that will enhance their knowledge and skills in diagnosing and managing the medical component of the disease.

The trainee will demonstrate competency in their ability to:

- Understand the physiology of the allergic response
 - Understand immunosuppression
 - Understand the mechanism of desensitization
 - Care for the allergic patient
 - Understand the role of somatic dysfunction and the relationship of osteopathic principles and treatment on the immune system
-

- a. History.
 - i. Describe the symptoms of urticaria, acute and chronic;
 - ii. Obtain accurate and complete environmental exposure history;
 - iii. Thorough family history of atopy, urticaria, and immune deficiency;
 - iv. Recognize occurrence patterns of symptoms consistent with allergic response;
 - v. Obtain history of blood transfusions and transplants;
 - vi. Obtain history of prior immunotherapy and immunosuppressive therapy;
 - vii. Obtain complete immunization history;
 - viii. Obtain a history to categorize the severity of asthma.
- b. Physical examination.
 - i. Recognize the characteristic skin lesions of immune disorders;
 - ii. Define the normal distribution of lymph nodes and the characteristics of abnormal nodes;
 - iii. Recognize the phase characteristics of Raynaud's phenomenon;
 - iv. Describe signs of uveitis and scleritis;
 - v. Detect fever patterns and diurnal variations;
 - vi. Detect joint and synovial inflammation and dysfunction;
 - vii. Recognize the pulmonary auscultatory findings with interstitial allergic disorders;
 - viii. Recognize the signs of asthma;
 - ix. Recognize atopic disease of the skin to include urticaria, angioedema, atopic dermatitis and drug rash.
- c. Basic principles.
 - i. Anaphylaxis;
 - ii. Allergic bronchopulmonary aspergillosis;
 - iii. Asthma;
 - iv. Atopic eczema;
 - v. Contact dermatitis;
 - vi. Drug reaction-allergic and non-allergic;
 - vii. Erythema nodosum;
 - viii. Stevens-Johnson syndrome;

- ix. Allergic rhinitis
- x. Immune complex disorders:
 1. Serum sickness;
 2. Mixed cryoglobulinemia;
 3. Anticardiolipin syndrome;
 4. Serologic markers for HIV infection, and the appropriate tepwise screen and confirmatory testing;
 5. Serologic testing for connective tissue disorders (refer to Rheumatology Section);
 6. Urticaria, angioedema, and hereditary angioedema;
 7. Food and gastrointestinal allergy;
 8. Chronic fatigue;
 9. Hyper-immunoglobulin E syndrome;
 10. Hypereosinophilia syndrome;
 11. Vasculitis;
 12. Hymenoptera sensitivity.
 - i. Sinusitis;
 - ii. Otitis media;
 - iii. Nasal polyps;
 - iv. Immunoglobulin deficiencies and other primary deficiencies;
 - v. Hypersensitivity pneumonitis.
- d. Diagnostics/therapeutics.
 - i. Ige testing;
 - ii. T and B cell assay and interpretation;
 - iii. Testing for neutrophil and macrophage function;
 - iv. Tissue typing principles (esp. Blood);
 - v. RAST testing;
 - vi. Schirmer test;
 - vii. Synovial biopsy;
 - viii. Skin testing for immediate hypersensitivity;
 - ix. Serum protein electrophoresis;
 - x. Skin testing for delayed hypersensitivity (Tine and PPD, anergy panel);
 - xi. Coombs testing-direct and indirect;
 - xii. Cryoglobulin;
 - xiii. Complement component measurement and interpretation;
 - xiv. Drug challenge;
 - xv. Immunotherapy principles-desensitization;
 - xvi. Plasmapheresis indications;
 - xvii. Appropriate use of steroids;
 - xviii. Appropriate use of antihistamines;
 - xix. Appropriate use of nonsteroidal anti-inflammatory
 - xx. Appropriate use of immunoglobulin;
 - xxi. Immunotherapy.
- e. Health maintenance.
 - i. Immunization principles in adults;
 - ii. Prophylaxis in splenectomy patients;

- iii. Emergency bee sting kit education;
- iv. Family screening for heritable immune deficiency syndromes
- v. Travel vaccine.

[Allergy/Immunology](#)

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3.12 Behavioral Medicine/Science

Educational Purpose:

To provide the trainee with didactic and clinical experiences in both outpatient and inpatient settings. To provide the trainee with educational experiences that will enhance their knowledge and skills in diagnosing and managing the psychological component of disease. To provide training so the trainee will understand the importance of their own well-being and the prevention of impairment.

The trainee will demonstrate competency in their ability to:

- Understand psychological growth and development
 - Utilize appropriate interviewing skills
 - Utilize appropriate counseling skills
 - Diagnose and manage substance abuse
 - Diagnose and manage eating disorders
 - Diagnose and manage common psychiatric disorders
 - Manage the emotional aspects of non-psychiatric disorders
 - Recognize signs of family violence including abuse, and neglect
 - Recognize the role of ethics in patient care
 - Understand the importance of being sensitive to gender, age, race, and cultural differences within their patient population
 - Demonstrate knowledge of psychopharmacology
 - Demonstrate an understanding of situations that have the potential of leading to their impairment
-

- a. History.
 - i. Complete medical history with recognition of the role medical illness may play in psychiatric or behavioral disorders;
 - ii. Family history, to include social or psychiatric dysfunction in current family unit or first degree relatives;
 - iii. Sexual history;
 - iv. Risk factor identification;
 - v. Social stimuli which may impact behavior or psychologic status;
 - vi. Markers to identify illness as early or advanced;
 - vii. Specific historical features of each illness listed in basic principles section;
- b. Physical examination
 - i. Body habitus affect;

- ii. Complete physical examination with emphasis on aspects demonstrating underlying behavioral or psychologic dysfunction;
- iii. Neurologic examination focus;
- iv. Mental status evaluation.
- c. Basic principles.
 - i. LEVEL I
 - 1. Primary degenerative dementia, senile onset;
 - 2. Multi-infarct dementia;
 - 3. Tobacco dependence;
 - 4. Dysthymic disorder;
 - 5. Panic disorder;
 - 6. Somatization disorder;
 - 7. Hypochondriasis;
 - 8. Simple psychosexual dysfunction;
 - 9. Death and dying;
 - 10. Anorexia nervosa/bulimia;
 - 11. Substance-induced organic mental disorders;
 - 12. Major depression;
 - 13. Cyclothymic disorder;
 - 14. Phobic disorders;
 - 15. Generalized anxiety disorder;
 - 16. Spouse or other family member abuse.
 - ii. LEVEL II
 - 1. Mild to profound mental retardation;
 - 2. Schizophrenic disorders;
 - 3. Paranoid disorders;
 - 4. Bipolar disorder;
 - 5. Complex psychosexual disorder;
 - 6. Marital dysfunction;
 - 7. Parent-child dysfunction;
 - 8. Psychoimmunology.
- d. Diagnostics/Therapeutics.
 - i. Basic neuropsychologic testing;
 - ii. Minnesota Multiphasic Personality Inventory;
 - iii. Mini-mental status examination;
 - iv. Beck depression inventory;
 - v. Patient self-monitoring techniques;
 - vi. Basic counseling approaches to appropriate illnesses;
 - vii. Recognition of appropriate point of referral;
 - viii. Identification of the role of therapists including:
 - ix. Psychiatrist;
 - x. Psychologist;
 - xi. Social worker;
 - xii. Counselors;
 - xiii. Clergy;
 - xiv. Substance abuse team.

- xv. Use of psychotropic medication for illnesses specified:
- xvi. Analgesics;
- xvii. Neuroleptics;
- xviii. Anxiolytics;
- xix. Antidepressants;
- xx. Stimulants.
- xxi. Behavior modification techniques.
- e. Health maintenance.
 - i. Recognition of social factors affecting condition;
 - ii. Medical compliance;
 - iii. Behavior modification compliance;
 - iv. Establishment of appropriate psychosocial support systems.

[Behavioral Medicine](#)

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3.13 Palliative Medicine

Educational Purpose:

To provide the trainee with didactic and clinical experiences in both outpatient and inpatient settings. To provide the trainee with educational experiences that will enhance their knowledge and skills in diagnosing and managing the patient's disease.

- a. History.
 - i. Obtain a complete history of pain including, site, character, and intensity;
 - ii. Obtain history of the primary disease(s), including treatment history;
 - iii. Obtain a psychosocial history from patient and family.
- b. Physical Exam.
 - i. Assess hydration;
 - ii. Assess mental status;
 - iii. Perform a thorough skin exam, including perineal areas;
 - iv. Perform a thorough oral exam;
 - v. Examination pertinent to primary disease(s).
- c. Basic principles.
 - i. Death and dying;
 - ii. Grief and loss;
 - iii. Family dimension of death and dying, including psychosocial and spiritual impact;
 - iv. Integrated health care; home care, hospice, skilled nursing facility, acute care;
 - v. Pathophysiology of pain;
 - vi. Classification of pain; somatic, visceral, neuropathic;
 - vii. Total pain;
 - viii. Anorexia in cancer and HIV;
 - ix. Terminal confusion and agitation.
- d. Diagnostics/therapeutics.
 - i. Use of diagnostic aides with the goal of improving symptoms;

- ii. Disease specific treatments with the goal of improving symptoms;
 - iii. Use of the World Health Organization ladder;
 - iv. Use of narcotic pain medications;
 - v. Use of alternative routes of administration of symptomatic medications;
 - vi. Treatment of neuropathic pain;
 - vii. Treatment and prevention of constipation and obstipation;
 - viii. Treatment and prevention of bowel obstruction in the terminally ill;
 - ix. Treatment of dyspnea and pulmonary secretions in the terminally ill.
- e. Health maintenance.
- i. Bereavement
- f. **Core Competency 1: Osteopathic Principles**
- i. Soft tissue;
 - ii. Stain counter strain;
 - iii. Muscle energy

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3.14 Internal Medicine

Educational Purpose:

The general internal medicine rotation is structured to provide trainees with the fundamental knowledge base of internal medicine, the essential principles in the approach to internal medicine in-patients, the basic techniques of physical examination, the necessary skills in performing clinical procedures, and the capability to communicate clearly with patients, their families and other members of the health care team.

To provide the trainee, through didactic and clinical experiences in outpatient and inpatient settings, educational experiences that will expand their knowledge and skills in the management of adult medical diseases.

The trainee will demonstrate competency in their ability to:

- Recognize those patients who should be managed in a hospital setting.
- Manage patients in the hospital setting.
- Manage hospitalized patients after discharge.
- Seek specialty consultation when appropriate and maintain direct responsibilities for the management of the patient.
- Perform specific medical procedures as outlined in the procedure section of each discipline.
- Understand and utilize appropriate pharmacologic interventions.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods - The trainees are expected to use a major textbook of medicine to obtain the necessary knowledge about their patients' medical

problems. In addition, trainees will also gather more information/teaching at morning report, attending rounds, noon conferences, grand rounds, subspecialties consultations, and board review sessions.

- a. Team Structure - Attending Physician, Trainee, Trainee, Medical Student
- b. Roles of Team Members:

Faculty Attending: The attending will make rounds with their team at 10:00 a.m. every weekday. The on-call attending will do rounds with the on-call team during the weekend or holidays. The trainees or medical students present new admissions to the attending, which will discuss patient history, clinical findings, and results of laboratory tests. The attending will help the trainees to develop a working diagnosis, and a therapeutic plan. At the bedside, the attending will interview and examine the patient to verify or modify any abnormal findings reported by the trainees. The attending will do formal teaching rounds on non-post call days on topics in general internal medicine. The attending will supervise the trainees when the upper level trainee is not available.

Trainee: The trainee is responsible for running the general medicine team on a day-to-day basis. The upper level trainee will also be responsible for direct supervision of the trainees and medical students. The trainee is expected to conduct work rounds, which are separate from those of the attending. The trainee will be responsible for dictating the discharge summary, providing scholarly activities such as literature searches, or coordinating presentations on specific topics.

Trainee/Medical Student: The team trainees will be responsible for admitting all patients to the team and performing a complete history and physical exam. The trainees will be responsible for day-to-day management of the team patients. They will be responsible for documenting and reporting to the trainee or team attending about patients' status, recording daily notes, discharging the patients from the team, and coordinating outpatient follow-up. The trainees may help the trainee dictate discharge summary of their patients.

II. Core Competency 5: Patient Care

- a. Objectives:
 - 1. Obtain a complete history and recognize common abnormal physical findings.
 - 2. Construct a master problem list, a working diagnosis, and a group of differential diagnoses.
 - 3. Be familiar with different diagnostic tools such as the electronic thermometer, sphygmomanometer, ophthalmoscope, EKG machine, pulse oximetry, and defibrillator.
 - 4. Become familiar with the concept of pre-test and post-test probabilities of disease.

5. Be able to perform various clinical procedures such as venipuncture, thoracentesis, paracentesis, lumbar puncture, arthrocentesis, skin punch biopsy, bone-marrow aspiration, endotracheal intubation, and central line placement. Trainees should know indications of potential complications of each of these procedures.
 6. Understand how to improve patient/physician relationships in a professional way. Trainees should be compassionate, but humble and honest, not only with their patients, but also with their co-workers.
 7. Trainees are encouraged to develop leadership in teaching and supervising trainees and medical students.
 8. Actively participate in all phases of patient care. Trainees are encouraged to read on related topics, to share new learning with their colleagues and to keep their fund of knowledge up-to-date.
 9. Learn to use the computer for literature searches, to read and analyze scientific articles.
- b. Evaluation of Patient Care - Trainees will be evaluated using the following criteria:
1. Completeness and accuracy of medical interviews and physical examinations.
 2. Thoroughness of the review of the available medical data on each patient.
 3. Performance of appropriate maneuvers and procedures on patients.
 4. Accuracy and thoroughness of patient assessments.
 5. Appropriateness of diagnostic and therapeutic decisions.
 6. Soundness of medical judgment.
 7. Consideration of patient preferences in making therapeutic decisions.
 8. Completeness of medical charting.

III. **Core Competency 2: Medical Knowledge**

- a. Objectives - Objectives will be taught through bedside teaching, attending rounds and the trainee's readings relating to specific patient problems:
1. *Human Growth, Development, and Aging*: adolescent medicine, aging and introduction to geriatric medicine, management of common problems in the elderly.
 2. *Preventive Medicine*: principles of preventive medicine, immunization, alcohol and substances abuse.
 3. *Principles of Diagnosis and Management*: clinical approach to the patient, clinical decision-making, interpretation of laboratory data.
 4. *Cardiovascular Diseases*: Congestive heart failure, cardiac arrhythmias, hypertension, coronary heart disease, interpretation of EKG, interpretation of echocardiogram, nuclear medicine imaging, indication for cardiac catheterization.
 5. *Respiratory Diseases*: Respiratory failure, COPD, asthma, pulmonary embolism, pleural effusion, interpretation of pulmonary function

tests.

6. *Renal Diseases*: disorders of electrolytes and acid-base, acute renal failure, chronic renal failure, glomerulonephritis, tubulointerstitial diseases, vascular disorders.
 7. *Gastrointestinal Diseases*: gastrointestinal bleeding, small bowel obstruction, large bowel obstruction, ischemic bowel diseases, pancreatitis, and diarrhea.
 8. *Diseases of the Liver and Hepatobiliary Tract*: Viral hepatitis, cirrhosis and portal hypertension, and hepatic failure.
 9. *Hematologic Diseases*: Anemias, interpretation of the peripheral blood smear, transfusion of blood and blood products, neutropenia, disorders of the platelets, disorders of blood coagulation.
 10. *Oncology*: Acute leukemias, oncologic emergencies, and lymphomas.
 11. *Metabolic Diseases*: Hyperlipoproteinemias, gout.
 12. *Nutritional Diseases*: Principles of nutritional support, parenteral nutrition.
 13. *Endocrine Diseases*: Diabetes mellitus, diabetic keto-acidosis, adrenal disorders, thyroid diseases, and osteoporosis.
 14. *Musculoskeletal and Connective Tissue Diseases*: Arthritis, SLE, and vasculitic syndromes.
 15. *Infectious Diseases*: Septic shock, principles of antimicrobial therapy, pneumonias, UTI, soft tissue infections, osteomyelitis, infective endocarditis, bacterial meningitis, enteric infections, tuberculosis, fungal infections, HIV infection, treatment of AIDS and related disorders.
 16. *Neurology*: The neurologic examination, radiologic imaging, cerebrovascular accident, dementias, sleep disorders, seizures.
- b. Evaluation of Medical Knowledge - The following will assess the trainee's medical knowledge:
1. The trainee's ability to answer directed questions and to participate in attending rounds.
 2. The trainee's presentation of patient history and physical exam, where attention is given to differential diagnosis and pathophysiology.
 3. When time permits, trainees may be assigned short topics to present at attending grounds. These will be examined for completeness, accuracy, organization and the trainees understanding of the topic.
 4. The trainee's ability to apply the information learned from attending round sessions to the patient care setting.
 5. The trainees interest level in learning.

IV. Core Competency 3: Professionalism

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objective:
 1. The trainee should continue to develop their ethical behavior, and must show the humanistic qualities of respect, compassion,

integrity and honesty.

2. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
3. The trainee must be responsible and reliable at all times.
4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
5. The trainee must maintain a professional appearance at all times.

V. Core Competency 4: Interpersonal & Communication Skills

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should learn when to call a sub-specialist for evaluation and management of a patient.
 2. The trainee should be able to clearly present a case to the attending staff in an organized and thorough manner.
 3. The trainee must be able to establish rapport with a patient and listen to the patient's complaints to promote the patient's welfare.
 4. The trainee should provide effective education and counseling for patients.
 5. The trainee must write organized legible notes.
 6. The trainee must communicate any patient problems to the attending staff in a timely fashion.

VI. Core Competency 6: System-Based Practice

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should improve in the utilization of and communication with many health services and professionals such as nurses, dieticians, respiratory therapists, physical therapists, social workers as well as other medical consultants.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of systems improvement if problems are identified.

VII. Core Competency 7: Practice Based Learning Improvement

- a. Objectives and Evaluation - The trainee's performance will be evaluated on their willingness and ability to attain the following objectives:
 1. The trainee should use feedback and self-evaluation in order to improve performance.
 2. The trainee should read pertinent required material and articles provided to enhance learning.
 3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.
 4. The trainee should use information provided by senior trainees and attending physicians from rounds and consultations to improve performance and enhance learning.

- VIII. Educational Materials
 - a. Mandatory Reading
 - 1. Appropriate sections in Hospitals Medicine, 2nd edition; AND,
 - 2. Appropriate sections in Harrison's Principles of Internal Medicine; OR,
 - 3. Appropriate sections in Cecil's Textbook of Medicine
 - b. Suggested Readings
 - 1. Pertinent sections of MKSAP booklets.
 - 2. Principles of Geriatric Medicine and Gerontology.
 - c. Medical Literature - The trainee is encouraged to read current medical literature particularly articles that pertain to current patient problems. Examples of appropriate current medical literature are the New England Journal of Medicine, Society of Hospitals Medicine, Annals of Internal Medicine, Archives of Internal Medicine and Journal of the American Medical Association.
- IX. Evaluation
 - a. Trainee Evaluation
 - 1. The attending will closely supervise and monitor the ward team activities and the performance of trainees.
 - 2. The attending is expected to give constructive suggestions and/or criticisms as soon as the attending identifies any significant deficiencies.
 - 3. The attending will provide trainees with a mid-rotation evaluation to comment on their performance.
 - 4. The attending will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies.
 - b. Program Evaluation
 - 1. The trainee will fill out an evaluation of the rotation at the end of the month.
 - 2. Any constructive criticism, improvements or suggestions to further enhance training are welcome at any time.
- X. Feedback
 - a. Trainees are encouraged to discuss with the faculty advisor, attending physician, program director their learning experiences, difficulties or conflicts.
 - b. Faculties are encouraged to use the feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation.

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3.15 Critical Care Unit

Educational Purpose:

The critical care rotation is a one-month rotation in which the principles of critical care medicine and evaluation and treatment of critically ill patients are emphasized. Trainees are required to complete three rotations during their three years of training; ideally, one rotation each year. Critical illness does not respect socioeconomic boundaries, however, many critically ill patients do present with additional complications of substance abuse or lack of timely medical care. Ethical issues concerning the intensity of care are often encountered. The appropriate environmental precautions and hazards are frequently discussed when isolation of patients is required. Aspects of care unique to the intensive care unit are also emphasized.

To complete the Critical Care rotation, the resident must:

- Receive satisfactory end of rotation evaluation by the supervising faculty member.
- Complete assigned readings.
- Attend all outpatient clinic activities (excluding scheduled time away, required clinics and emergencies).
- Complete required case report abstracts and/or posters assigned by the supervising faculty member.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

I. Principal Teaching Methods:

The critical care team generally consists of an upper and lower level trainee allowing the team to structure different tasks according to individual team member skills. The upper level trainee will teach lower level trainees; the attending intensivist teaches the entire team during didactic sessions as well as during daily rounds. Reading assignments are distributed based on rotation goals as well as particular disease entities encountered. During these rounds and conferences, the pathogenesis of conditions is reviewed and the particular skills needed for evaluation and management of critically ill patients are reviewed. The importance of including family members in these discussions and compassionate care for individuals is emphasized.

- a. The trainees will work under supervision of a critical care attending.
- b. Rounds typically begin in the critical care unit conference room for a formal presentation of the new admissions.
- c. The team then makes rounds on all patients. Diagnostic and treatment strategies are discussed at the bedside.
- d. If time allows, patient discussion is complemented by small, informal lectures on critical care medicine given by the faculty. The hospitalist attending two (2) times a week also provides formal teaching lectures.
- e. Reading assignments and literature searches are given to each and every trainee on the team, and they are to be discussed after working rounds are completed.
- f. Time to go to noon conference is always provided to the whole team, the trainee will be available to the nurses for emergencies. Lectures by subspecialty faculty are to stress critical aspects of their specialty.

II. Core Competency 5: Patient Care

- a. Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
 2. Gather essential and accurate information about their patients
 3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
 4. Develop and carry out patient management plans
 5. Counsel and educate patients and their families
 6. Use information technology to support patient care decisions and patient education
 7. Perform competently all medical and invasive procedures considered essential for the area of practice
 8. Provide health care services aimed at preventing health problems or maintaining health
 9. Work with health care professionals, including those from other disciplines, to provide patient-focused care
- b. Disease Mix:
All aspects of critical illness may be evaluated and managed by residents on this rotation. Particular emphases include:
1. Consultation and management of critically ill patients
 2. Ventilator and airway management
 3. Management of acute respiratory failure, including adult respiratory distress syndrome
 4. Systemic inflammatory response states, including sepsis
 5. Nutrition in the critically ill patient
 6. Interventions to decrease the risk of secondary complications in the critically ill patient
- c. In this rotation, trainees evaluate patients for whom consultations is requested in the critical care units. These patients generally manifest high illness acuity in a wide range of pulmonary, cardiac, neurologic and infectious problems. During this rotation, residents are excused from their outpatient continuity clinic in order to be involved continuously in the care of their patients. Trainee supervision is constantly present in the hospital for lower level trainees; attending supervision likewise is constantly present with the hospital and through daily team rounds.

III. Core Competency 2: Medical Knowledge

- a. Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:
1. Demonstrate an investigatory and analytic thinking approach to clinical situations

2. Know and apply the basic and clinically supportive sciences which are appropriate to their discipline
- b. Objectives
1. Central line placement
 2. Thoracentesis
 3. Chest Tube placement
 4. Bronchoscopy
 5. Tracheotomy management
 6. Understand blood gas results and respond appropriately.
 7. Understand cardiovascular hemodynamics in a wide range of disease states.
 8. Management of congestive heart failure and cardiogenic shock.
 9. Basics of conventional mechanical ventilation.
 10. Nutritional support of the critically ill.
 11. Management of acute myocardial ischemia.
 12. Acute renal failure - diagnosis and treatment.
 13. Acute endocrinology emergencies.
 14. Acute lung injury.
 15. Sepsis and the sepsis syndrome.
 16. Acute treatment of cardiac arrhythmias.
 17. Management of acute gastrointestinal bleeding.
 18. Management of common neurologic emergencies.
 19. Management of common toxicology emergencies.
- c. Procedural Skills
1. Cardiopulmonary resuscitation
 2. Endotracheal intubation
 3. Central venous access
 4. Hemodynamic monitoring (Pulmonary Artery Catheterization)
 5. Paracentesis
 6. Lumbar puncture
 7. Arterial cannulation
 8. Placement of a temporary transvenous and transcutaneous pacemaker

IV. Core Competency 3: Professionalism

- a. Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Trainees are expected to:
 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
 3. Demonstrate sensitivity and responsiveness to patients' culture, are, gender, and disabilities.

- b. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 - 1. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty. In the ICU, these goals are met in several ways:
 - a) Sensitive handling of a do-not resuscitates order.
 - b) Respect and compassion for the depersonalized, intubated, non-communicative patient.
 - c) Appropriate use of consultants and paramedical personnel.
 - d) Compassionate handling of families and development of rapport with them.
 - e) Trainees should learn to ask permission for an autopsy in a forthright, non-threatening way and should be available to family members to discuss autopsy findings.
 - f) The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 - g) The trainee must be responsible and reliable at all times.
 - h) The trainee must always consider the needs of patients, families, colleagues, and support staff.
 - i) The trainee must maintain a professional appearance at all times.

V. Core Competency 4: Interpersonal and Communication Skills

- a. Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:
 - 1. create and sustain a therapeutic and ethically sound relationship with patients
 - 2. use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
 - 3. work effectively with others as a member or leader of a health care team or other professional group

VI. Core Competency 6: System-Based Practice

- a. Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:
 - 1. understand how their patient care and other professional practices affect other
 - 2. health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
 - 3. know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
 - 4. practice cost-effective health care and resource allocation that does not compromise quality of care
 - 5. advocate for quality patient care and assist patients in dealing with system complexities

6. know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance
- b. Objectives - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should improve in the utilization of and communication with colleagues and other health professionals.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error, which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of systems' improvement if problems are identified.
- c. Educational Materials - Mandatory Reading:
 1. MKSAP 14. Pulmonary and Critical Care.
 2. Executive Summary: Global Strategy for the Diagnosis, Management and Prevention Of COPD. January 2008
 3. Rivers E, et al. Early goal-directed therapy in the treatment of severe sepsis and septic shock. *NEJM* 2001;345:1368-77.
 4. Lange RA, Hillis LD. Cardiovascular complications of cocaine use. *NEJM* 2001;345:351-8.
 5. Jacobi J, et al. Clinical practice guidelines for the sustained use of sedatives and analgesics in the critically ill adult. *Crit Care Med* 2002;30:119-41.
 6. Recommended Text: The ICU Book by Paul Marino
 7. Current literature as assigned by the faculty supervisor Medical Literature - References of basic (classic and recent) articles in critical care medicine are provided. These are to be read and discussed with the team.
- d. Pathological Material and Educational Resources
Trainees are encouraged to review the results of diagnostic biopsies and therapeutic procedures. If an autopsy is performed on a patient for whom they have been providing consultation, they are encouraged to view the autopsy
- e. Website Resources:
Use the following website resources to review the following topics:
 1. Acute Respiratory failure
 2. Shock
 3. Sepsis
 4. Weaning from mechanical ventilation
 5. http://www.learnicu.org/Quick_Links/Pages/default.aspx
 6. http://www.uptodateinc.com/online/content/topic.do?topicKey=cc_medi/2523&selectedTitle=19&source=search_results
 7. <http://www.chestnet.org/education/guidelines/currentGuidelines.php#ebg>
 8. <http://www.thoracic.org>

9. <http://www.chestnet.org/education/cs/index.php>
10. <http://www.thoracic.org/sections/career-development/fellow-and-fellowships/atsreading-list-intro.html>

VII. Core Competency 7: Practice Based Learning Improvement

- a. Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:
 1. Analyze practice experience and perform practice-based improvement activities using a systematic methodology
 2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
 3. Obtain and use information about their own population of patients and the larger population from which their patients are drawn
 4. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
 5. Use information technology to manage information, access on-line medical information; and support their own education
 6. Facilitate the learning of students and other health care professionals
- b. Objectives
 1. The trainee should use feedback and self-evaluation in order to improve performance.
 2. The trainee should read the required material and articles provided to enhance learning.
 3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.

VIII. Evaluation

- a. Monthly evaluations by faculty of trainees and by trainees of faculty are submitted. Trainee evaluations are written with input from the nursing staff, patients or families as regards specific attitudes towards the critically ill patients. Faculty supervises most of the daytime procedures done on the critical care unit and evaluation and feedback here is immediate and ongoing. Areas to be evaluated include:
 1. Required completion of required reading list.
 2. Completion of assigned learning topics.
 3. Demonstrated competence in basic ventilator and airway management.
 4. Faculty member observation of trainee obtained history and exam
- b. Level
 1. PGY 1 Residents are responsible for:
 - a. Gathering relevant patient data
 - b. Performing and interpreting physical examination findings
 - c. Performing basic procedures and interpret data
 - d. Interpreting laboratory tests
 - e. Interpreting basic radiographic students
 2. PGY II Residents will have improved competence and demonstrate:

- a. Improved data gathering and physical examination skills
 - b. Improved knowledge
 - c. Improved decision making skills
 - d. Enhanced ability to counseling
3. PGY III Residents will approach mastery and demonstrate the ability to function as a consultant
- IX. Feedback
- a. At the midway point of the rotation, trainees are given feedback (informally) on their performance to date. Areas and methods of improvement are suggested. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation.
 - b. Checklist
 1. [Critical Care Rotation Checklist – PGY I](#)
 2. [Critical Care Rotation Checklist – PGY II](#)
 3. [Critical Care Rotation Checklist – PGY III](#)

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3.16 Ambulatory Medicine Clinic

Educational Purpose:

To provide the trainee guidance and supervision as they develop a timely clinical approach to the patient in the outpatient setting. This would include the ability to formulate differential diagnoses based on the patient's specific complaints, the art of effective and appropriate communication with patients and other members of the health care delivery team.

The trainee will demonstrate competency in their ability to:

- Promote and teach the principles of preventive medicine
- Primary and secondary prevention in screening of asymptomatic adults

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. Trainees are assigned to the ambulatory teaching clinic and will be assigned on a regular basis to the ambulatory teaching clinic. The attending supervisor will oversee the activities of the trainee. The attending will review and discuss each case with the clinic trainees. The attending will supervise no more than four trainees in any given clinic.
 - b. The patients seen in the ambulatory clinics are primarily indigent, community patients.
 - c. The trainee will also see insured and Medicare/Medicaid patients.
 - d. The trainee will be assigned to the ambulatory clinic based on program requirements.
 - e. Teaching attending physicians will provide didactic guidance during case reviews that is relevant to their field of study. Trainees will be provided with

website resources.

II. Core Competency 5: Patient Care

- a. Objectives - These objectives will be taught in relation to specific patients whenever possible in the clinic or while on the in-patient service. Otherwise, they will be discussed in the scheduled didactic sessions.
 1. Evaluate complaints from a symptom-oriented approach in terms of developing a management plan with the patient and establishing a diagnosis. Perform an efficient and thorough history, physical examination and diagnostic evaluation.
 2. Become familiar with common complaints of ambulatory patients.
 3. Perform concise and targeted histories and physical examinations. Perform a focused and targeted laboratory evaluation, including demonstrating reasonable discretion in terms of when to order expensive diagnostic tests.
 4. Communicate effectively, using the telephone or other techniques, with physicians, patients and nurses.
- b. Evaluation of Patient Care - The trainee will be evaluated using the following criteria:
 1. Accuracy and completeness of history taking, medical interviewing and physical examination appropriate to the outpatient setting.
 2. Thoroughness of the review of the available medical data on each patient.
 3. Performance of appropriate maneuvers and procedures on patients.
 4. Accuracy and thoroughness of patient assessments.
 5. Appropriateness of diagnostic and therapeutic decisions.
 6. Consideration of patient preferences in making therapeutic decisions.
 7. Completeness of medical charting.
 8. The trainee will gain experience in technical procedures as available in the subspecialty clinics, such as: arthrocentesis, lumbar puncture, anoscopy, rectal and pelvic examinations and OMT/OPP skills.
 9. Ability to identify the patient who needs emergent attention versus the patient whose complaints can be evaluated over a longer period of time.
 10. Completeness of medical charting.
 11. Participation in the AOA CAP program per training program guidelines.

III. Core Competency 2: Medical Knowledge

- a. Objectives - These objectives will be taught through the didactic sessions and at bedside teaching as they relate to specific patients in the clinic.
 1. Diabetes - Classification, pathogenesis, diagnosis, management, comprehensive preventive care, management and identification of complications in accordance with the ADA guidelines.
 2. Lipid Disorders - Classification, pathogenesis, diagnosis, screening, therapy and monitoring of lipid disorders in accordance with the ATP III guidelines.

3. Anticoagulation management - Pathogenesis, INR goal achievement, indications, length of treatment, complications of anticoagulation therapy in accordance with the most recent ACCP Consensus Conference on Antithrombotic Therapy (CHEST guidelines).
 4. Hypertension - Diagnostics, classification. Identification of screening interventions for secondary hypertension, management and pathogenesis. Understand the metabolic syndrome and causes of resistant hypertension in accordance with JNC 7 guidelines.
 5. Congestive heart failure - Pathogenesis, classification, diagnosis, management and prognostication in accordance with ACC guidelines.
 6. Osteoporosis - Pathogenesis, diagnosis, causes of secondary osteoporosis, and management in accordance with National standards.
 7. Osteoarthritis - Pathogenesis, diagnosis and management in accordance with National Standards.
 8. Headache - Pathogenesis, diagnosis and management.
- b. Evaluation of Medical Knowledge - The trainee's medical knowledge of endocrinology will be assessed by the following:
1. The trainee's ability to answer directed questions and participate in didactic sessions.
 2. The trainee's ability to apply the information learned in the resources to the patient care setting.
 3. The trainee's participation in the AOA CAP program.

IV. Core Competency 3: Professionalism

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should continue to develop their ethical behavior and must show the humanistic qualities of respect, compassion, integrity, and honesty.
 2. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 3. The trainee must be responsible and reliable at all times.
 4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 5. The trainee must maintain a professional appearance at all times.

V. Core Competency 4: Interpersonal and Communication Skills

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should learn when to call a subspecialist for evaluation and management of a patient.
 2. The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
 3. The trainee must be able to establish a rapport with the patients and listen to the patient's complaints to promote the patient's

welfare.

4. The trainee should provide effective education and counseling for patients.
5. The trainee must write organized and legible notes.
6. The trainee must communicate any patient problems to the staff in a timely fashion.
7. The trainee will demonstrate empathy, compassion, patience and concern for the patient in relation to their medical complaints.
8. The trainee will learn how to deal with psychosocial issues including depression, poverty and family abuse on an outpatient basis.
9. The trainee will learn how to communicate in a clear, concise and polite manner with physicians, patients, nurses and other healthcare providers.
10. The trainee will listen carefully to patient complaints and determine the appropriate course of action for those complaints, which occasionally may require no more than reassurance and understanding.
11. The trainee will build on the attitudes developed in the ambulatory clinic to foster the belief in working cooperatively with physicians from other fields as well as other health professionals for the benefit of the patient.
12. The trainee will gain an appreciation for multifaceted differences in approach that various healthcare practitioners have in the outpatient setting. They will learn to respect these differences and work with other healthcare professionals for the common good of the patient.

VI. Core Competency 6: System-Based Practice

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should improve in the utilization of and communication with many health services and professionals such as the nutritionist, the nurse clinician, podiatrist, ophthalmologist, physical therapist, surgeon, and nuclear medicine specialist.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of systems' improvement if problems are identified.

VII. Core Competency 7: Practice Based Learning Improvement

- a. Objectives and Evaluation - The trainee's performance will be evaluated on their willingness and ability to obtain the following objectives:
 1. The trainee should use feedback and self-evaluation in order to improve performance.
 2. The trainee should read the required material and articles provided

to enhance learning.

VIII. Educational Materials

- a. Mandatory Reading - Trainees are encouraged to read appropriate textbook material that is germane to the types of medical problems that they see in clinic. The respective subspecialist in that clinic may give trainees that rotate in the subspecialty clinics additional readings.
- b. Suggested Reading and videos
 1. MKSAP booklet on Primary Care
 2. Primary Care Medicine. Noble, Greene, et al 2001 3rd edition
 3. Teaching series videos (skin biopsy, effective communication, arthrocentesis technique).
 4. U.S. Preventive Task Force
- c. Medical Literature - A collection of updated review articles will be available which address basic areas of general ambulatory medicine. The trainee is encouraged to read as many of these articles as possible.

IX. Evaluation

- a. Trainee Evaluation - The faculty will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies.
- b. Program Evaluation
 1. The trainees will fill out an evaluation of the clinic rotation at the end of the month.
 2. Any constructive criticism, improvements, or suggestions to further enhance the training, are welcome at any time.

X. Feedback

- a. The trainee should receive frequent (generally daily) feedback in regards to his or her performance during the ambulatory medicine rotation. Feedback should be sought from each faculty member on a daily basis.
- b. The faculty is encouraged to use feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is to be done twice annually.

[Ambulatory Medicine Clinic](#)

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3.17 Cardiology

Educational Purpose:

To provide the trainees with formal intensive instruction and clinical experience

To provide the opportunity to acquire expertise in the evaluation and management of cardiovascular disorders

The trainee will demonstrate competency in their ability to:

- Understand the variety of management strategies for cardiac disease.
- Recognize symptoms of cardiac disease.
- Understand the cardiac effects of pulmonary disease.

- Understand cardiac manifestations of systemic diseases.
 - Understand the indications for open-heart surgery.
 - Understand the role of somatic dysfunction in cardiac disease.
 - Integrate osteopathic manipulative treatment into the management of patients with cardiac disease.
 - Perform a preoperative cardiac assessment.
-

- a. History.
 - i. Dyspnea (exertional, resting, orthopnea, platypnea, nocturnal);
 - ii. Chest pain;
 - iii. Edema;
 - iv. Exercise intolerance and functional class;
 - v. Heart murmur or rheumatic fever;
 - vi. Family history of cardiac illness;
 - vii. Hypertension;
 - viii. Congestive heart failure;
 - ix. Ischemic cardiac disease;
 - x. Arrhythmia with or without syncope;
 - xi. Previous cardiac testing;
 - xii. Claudication;
 - xiii. Deep venous thrombosis/embolus;
 - xiv. Chest trauma/surgery;
 - xv. Stroke/TIA.
- b. Physical exam.
 - i. Proper five phase BP measurement;
 - ii. Detect conditions which affect accurate determination of BP: auscultatory gap, atherosclerosis, limb position, cuff size, arrhythmia;
 - iii. Obtain BP in all extremities and in two positions;
 - iv. Demonstrate technique and understanding of the principles for detecting pulsus paradoxicus, pulsus bisferiens, pulsus tardis et parvus, pulsus alternans;
 - v. Detect signs of right and left ventricular failure;
 - vi. Describe heart murmurs as to location, timing, quality, radiation, intensity, and determine the valvular lesion by the type;
 - vii. Detect left and right ventricular heaves by palpation, along with placement of PMI and presence of thrills;
 - viii. Detect normal and variant S1, S2, S3 and S4;
 - ix. Detect opening snap, systolic click, pericardial rub, and normal or paradoxical splitting of S2;
 - x. Detect differential swelling of extremities and edema.
- c. Basic principles.
 - i. LEVEL I
 1. Congestive heart failure;
 2. Cardiac arrhythmias;
 3. AV block;

4. PSVT;
 5. Atrial tachycardia/flutter/fibrillation;
 6. Junctional rhythm/tachycardia;
 7. Ventricular rhythm/tachycardia/fibrillation;
 8. Bundle branch block;
 9. Angina/infarction;
 10. Pericarditis/tamponade;
 11. Valvular heart disease;
 12. Dressler syndrome;
 13. Cardiomyopathies: restrictive, dilated, hypertrophic;
 14. Myocarditis/endocarditis;
 15. Cor pulmonale;
 16. Pulmonary embolism/hypertension;
 17. Orthostatic hypotension/syncope;
 18. Hypertension/hypertensive heart disease;
 19. Raynaud's phenomenon;
 20. Varicose veins/venous thrombosis/postphlebitic syndrome;
 21. Vasculitis;
 22. Atherosclerosis/risk factors.
- ii. LEVEL II.
 1. Atrial myxoma;
 2. Constrictive pericarditis;
 3. Aortic aneurysm;
 4. Anomalous AV conduction (WPW); (5) acute arterial occlusion;
 5. A V fistula;
 6. Recurrent ventricular tachycardia;
 7. Aortitis/Takayasu's;
 8. Thromboangitis obliterans;
 9. Coarctation;
 10. Subclavian steal syndrome;
 11. Leriche syndrome;
 12. Hypertrophic obstructive cardiomyopathy;
 13. Cardiogenic shock;
 14. Ventricular aneurysm;
 15. Lymphedema.
- d. Diagnostics/therapeutics.
 - i. Echocardiography interpretation;
 - ii. Chest X-ray interpretation;
 - iii. Exercise stress test performance and interpretation;
 - iv. ECG performance and interpretation;
 - v. Swan Ganz catheterization assist or perform;
 - vi. D.C. cardioversion perform;
 - vii. Temporary transvenous pacemaker insertion assist or perform;
 - viii. Pericardiocentesis assist;
 - ix. Structural evaluation: perform and interpret.
 - e. Health maintenance.

- i. Risk factor modification;
- ii. Low fat diet;
- iii. Cholesterol/BP screening;
- iv. Smoking cessation;
- v. Stress reduction/exercise prescription.

Core Competency 1: Osteopathic Concepts

- i. Reflex inhibition to thoracic trigger points T1 T5, predominantly for sympathetic discharge which may affect tachydysrhythmias or spasm;
- ii. Occipito-atlantal therapy for parasympathetic outflow with potential effect in bradyarrhythmias;
- iii. Limb fascial release for vascular insufficiency.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods - The trainee will receive individual instruction by the cardiology physicians through seeing patients in the cardiology outpatient clinics (if applicable), the consult service, and didactic teaching sessions.
 - a. The trainee will see a wide variety of patients from various ages, socioeconomic, educational, and cultural backgrounds.
 - b. Each patient will be evaluated by the trainee, and then discussed and seen with the staff cardiologist. The trainee must complete a thorough progress note on every patient and staff cardiologist must countersign this.
 - c. All cardiology inpatient consults will be seen on a daily basis. The cases must be discussed with the cardiology attending who will then see the patient with the trainee, do bedside teaching rounds, and complete the consultation note.
 - d. The cardiology staff will give didactic teaching lectures weekly.
 - e. The trainees will be responsible for monitoring the stress tests for the month of their rotation.
 - f. Daily interpretation of ecgs (coach-and-pupil method and independent interpretation).
 - g. Exposure to Echocardiograms and Nuclear cardiology studies will occur as part of the daily responsibilities.

II. Core Competency 2: Medical Knowledge

- a. Objectives - These objectives will be taught through the didactic sessions and at bedside teaching as they relate to specific patients on the service.
 1. Arrhythmias
 - a. Distinction of supraventricular tachyarrhythmias on the basis of response to carotid sinus massage and IV adenosine.
 - b. Diagnosis and management of narrow-QRS tachycardias.
 - c. Diagnosis and management of wide-QRS tachycardias.
 - d. Usefulness of Holter monitoring.
 - e. Usefulness of event recording.
 2. ECG and diagnostic modalities
 - a. Recognition of ventricular pre-excitation and differentiation from bundle branch block and accelerated idioventricular rhythm.

- b. Recognition of various patterns of AV and IV conduction disturbances.
 - c. Recognition of patterns of acute myocardial infarction.
 - d. Recognition of patterns found in electrolyte abnormalities.
 - e. Indications and contraindications to.
 - f. Treadmill exercise tests.
 - g. Pharmacologic nuclear "stress" testing.
 - h. Echocardiogram and Transesophageal echocardiogram.
3. Preoperative evaluation of the non-cardiac surgical patient.
 4. Acute coronary syndromes, classification, pathophysiology and identification of high-risk criteria.
 5. The importance of peripheral arterial disease and their implication in the morbidity and mortality of the cardiac patient.
 6. Endocarditis and the Duke criteria.
 7. Therapeutics (all therapies will be applied according to the most current AHA/ACC guidelines when available).
 - a. Management of acute coronary syndromes.
 - b. Identifications of differences in symptoms and signs, and in the management of systolic and diastolic cardiac failure.
 - c. The current indications for temporary and permanent cardiac pacing will be discussed.
 - d. Antibiotic prophylaxis and therapy of infective endocarditis.
 - e. Management of lipid disorders.
 - f. Management of heart disease in pregnancy.
 - g. Medical therapy and indications for Percutaneous and surgical intervention of the most common valvular problems; aortic stenosis and regurgitation and mitral stenosis.
 - h. Medical therapy and classification of hypertension.
 - i. Relationship of diabetes mellitus and cardiac disease and importance of aggressive therapy in this group.
- b. Practice and Procedural Skills
 1. Development of proficiency in examination of the cardiovascular system, in general and cardiac auscultation, in particular.
 2. Preoperative evaluation of cardiac risk in-patients undergoing non-cardiac surgery.
 3. The appropriate way to answer cardiac consultations.
 4. The appropriate follow-up, including use of substantive progress notes, of patients who have been seen in consultation.
 5. Outpatient cardiac care.
 6. Differential diagnosis of chest pain.
 - c. Attitudes, Values and Habits
 1. Keeping the patient and family informed on the clinical status of the patient, results of tests, etc.
 2. Frequent, direct communication with the physician who requested the consultation.
 3. Review of previous medical records and extraction of information

relevant to the patient's cardiovascular status. Other sources of information may be used, when pertinent.

4. Understanding that patients have the right to either accept or decline recommendations made by the physician.
 5. Education of the patient.
- d. Lifelong Learning Habits
1. Appropriate request and use of consultations.
 2. Use of the medical literature in the diagnosis and management of the patient.
 3. Medical education of the physician is forever.
- e. Medical Knowledge - The trainee's Medical knowledge of cardiology will be assessed by the following:
1. The trainee's ability to answer directed questions and to participate in the didactic sessions.
 2. The trainee's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and the trainee understands of the topic.
 3. The trainee's ability to apply the information learned in the didactic sessions to the patient care setting.
 4. The trainee's interest level in learning.

III. Core Competency 3: Professionalism

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 2. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 3. The trainee must be responsible and reliable at all times.
 4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 5. The trainee must maintain a professional appearance at all times.

IV. Core Competency 4: Interpersonal & Communication Skills

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should learn when to call a subspecialist for evaluation and management of a patient with a cardiovascular disease.
 2. The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
 3. The trainee must be able to establish a rapport with the patients and listens to the patient's complaints to promote the patient's welfare.
 4. The trainee should provide effective education and counseling for patients.
 5. The trainee must write organized and legible notes.
 6. The trainee must communicate any patient problems to the staff in

a timely fashion.

- V. **Core Competency 6: System-Based Practice**
- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should improve in the utilization of and communication with many health services and professionals such as the nutritionist, the nurse clinician, podiatrist, ophthalmologist, physical therapist, surgeon, and nuclear medicine specialist.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of systems' improvement if problems are identified.
- VI. **Core Competency 7: Practice Based Learning Improvement** - The trainee's performance will be evaluated on their willingness and ability to obtain the following objectives:
- a. Objectives
1. The trainee should use feedback and self-evaluation in order to improve performance.
 2. The trainee should read the required material and articles provided to enhance learning.
 3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.
- VII. Educational Materials
- a. Mandatory Reading
1. The Heart, Braunwald et al; AND,
 2. Section on cardiovascular disease in Harrison's Principle of Internal Medicine; OR,
 3. Section on cardiovascular disease in Cecil's Textbook of Medicine
- b. Suggested Reading
1. MKSAP booklet on Cardiology
- c. Medical Literature - A collection of updated review articles references will also be provided which address basic areas of cardiology. The trainee is strongly encouraged to read as many of these articles as possible.
- VIII. Evaluation
- a. Trainee Evaluation - The faculty will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies as related to cardiology.
- b. Program Evaluation
1. The trainees will fill out an evaluation of the cardiology rotation at the end of the month.
 2. Any constructive criticism, improvements, or suggestions to further enhance the training in cardiology are welcome at any time.
- IX. Feedback
- a. The trainee should receive frequent (generally daily) feedback in regards to

his or her performance during the cardiology rotation. The trainee will be informed about the results of the evaluation process, and input will be requested from the trainee in regards to his or her evaluation of the cardiology rotation.

- b. The faculty is encouraged to use feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation.

[Cardiology](#)

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3.18 Dermatology

Educational Purpose:

To provide the trainees with formal intensive instruction and clinical experience

To provide the opportunity to acquire expertise in the evaluation and management of cutaneous disorders

The trainee will demonstrate competency in their ability to:

- Recognize and manage common dermatological conditions.
 - Identify allergic etiologies of dermatologic lesions.
 - Know the indications for dermal biopsy.
 - Recognize dermatologic manifestations of systemic disease.
-

- a. History
 - i. Describe lesions by color, size, distribution;
 - ii. Sensory findings;
 - iii. Familial occurrence;
 - iv. Exposure history;
 - v. Question regarding the following: acne, discoloration, changes in moles, warts, cysts, corns/calluses, rashes, ulcers, blisters, pain/itching, nodules, masses, sore toenails, hair changes, toxic topical exposures.
- b. Physical exam.
 - i. Recognize macule, papule, bulla, plaque, nodule, wheal, vesicle, pustule, cyst, atrophy, ulcer, scaling, crusts, purpura, petechiae, stria, tumor;
 - ii. Detect the difference between primary and secondary bulla;
 - iii. Detect normal and abnormal hair patterns;
 - iv. Demonstrate proper lighting technique and full skin examination;
 - v. Recognize common nail disorders.
- c. Basic principles.
 - i. Drug eruption;
 - ii. Skin cancer;
 - iii. Immune mediated skin disorders;
 - iv. Skin infections;
 - v. Photosensitivity syndromes;

- vi. AIDS lesions (Kaposi's).
 - vii. Diagnostics/therapeutics.
 - viii. Utilize laboratory for above disorders where appropriate;
 - ix. KOH slide for fungi;
 - x. Appropriate therapy for each disorder above.
- d. Health maintenance
- i. Education on sunscreen use;
 - ii. Surveillance of suspicious lesions.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
- a. The trainee will receive individual instruction by private practice dermatologists in a private practice or Dermatology Clinic setting.
 - b. The trainee will see a wide variety of patients from various ages, socioeconomic, educational, and cultural backgrounds.
 - c. Outpatients will be evaluated by the trainee, and then discussed and seen with the dermatologist.
 - d. All dermatology inpatient consults will be seen and discussed with the dermatologist.
 - e. The dermatologists will give didactic teaching lectures weekly, as the dermatologists and the trainees schedule allows... The schedule will vary according to how the patient schedule runs on any particular week. A variety of lecture topics will be available for the trainee.
 - f. The trainees will be responsible for reviewing a current journal review article on a dermatology topic or be asked to do some simple research on a dermatology topic and give a short presentation on these topics.
 - g. Additional instruction on how to set up and manage a private practice office will be available for those interested.

II. Core Competency 5: Patient Care

- a. Objectives - These objectives will be taught in relation to specific patients whenever possible in the clinic or on the consult service. Otherwise they will be discussed in the didactic sessions.
 - 1. To become familiar with dermatology terminology and jargon.
 - 2. To be able to reliably recognize primary and secondary skin lesions.
 - 3. To learn how to categorize dermatologic conditions into sub-groups based on pathophysiology.
 - 4. To gain a basic understanding of the diagnosis and management of the most common dermatology conditions, which the trainee will encounter.
 - 5. To gain a working knowledge of various systemic and topical therapies used in the treatment of skin disease.
 - 6. To learn how to perform diagnostic tests such as the use of the Wood's lamp, KOH prep, scabies prep, Tzanck prep.
 - 7. To learn the indications for and the techniques necessary to

- perform shave, punch, scissors-snip and excisional biopsies.
8. To learn indications for and the techniques necessary to safely perform liquid nitrogen treatments, intralesional steroid injections, electrodesiccation and wound care.
 9. To understand the appropriate use of steroid agents in dermatologic therapy.
 10. To understand the basics of dermatologic surgery and Mohs surgery.
 11. To understand the principles and applications of ultraviolet light therapy.
 12. To learn the importance of an appropriate diagnosis being made before treatment is instituted.
- b. Patient Care - The trainee will be evaluated using the following criteria:
1. Completeness and accuracy of medical interviews and physical examinations.
 2. Thoroughness of the review of the available medical data on each patient.
 3. Performance of appropriate tests and procedures on patients.
 4. Accuracy and thoroughness of patient assessments.
 5. Appropriateness of diagnostic and therapeutic decisions.
 6. Soundness of medical judgment.
 7. Consideration of patient preferences in making therapeutic decisions.
 8. Completeness of medical charting.
 9. Ability to establish a trusting, non-adversarial, communicative and satisfying relationship with the patient.
 10. The trainee's timeliness, punctuality and attendance for the rotation.

III. **Core Competency 2: Medical Knowledge**

- a. Objectives - These objectives will be taught through the didactic sessions and at bedside teaching as they relate to specific patients in the clinic and on the consult service.
1. The trainee should learn the pathogenesis, diagnosis, and treatment of: Acne, Rosacea, Contact dermatitis, Atopic Dermatitis, Nummular eczema, Dyshidrotic eczema, Psoriasis, Seborrheic dermatitis, Pityriasis Rosea, Warts, Molluscum contagiosum, Herpes Simplex, Herpes Zoster, Impetigo, Folliculitis, Furuncles, Erythrasma, Tinea infections, Candida infections, Pityriasis Versicolor, Scabies, Cutaneous reaction to fleabites, Seborrheic keratosis, Keratoacanthoma, Moles, Blue nevus, Cherry angioma, Spider angioma, Pyogenic granuloma, Dermatofibroma, Keloids, Skin tags, Epidermoid cysts, Trichilemmal cysts, Milium, Digital myxoid cyst, alopecia areata, Androgenic alopecia, Sunburn, dermatoheliosis, Solar Lentigo, Solar keratosis, Phototoxic reaction, Photo allergic reaction, Polymorphous Light Eruption, Lichen Planus, Granuloma annulare, Infectious exanthema, Rocky

Mountain Spotted Fever, Rubella, Measles, Scarlet fever, Varicella, Sporotrichosis, Leprosy, Tuberculosis, Leishmaniasis, Lyme disease, Cellulitis, Gonorrhea, Syphilis, Chancroid, Genital warts, Genital Herpes, Kaposi's Sarcoma, Erythroderma, Urticaria, Erythema multiforme, Erythema Nodosum, Lupus, Vasculitis, Sarcoidosis, Xanthelasma, Exanthematous Drug eruptions, Fixed drug eruptions, Vitiligo, Melasma, Melanoma, Basal Cell Carcinoma, Squamous Cell Carcinoma, Paget's disease.

- b. Evaluation of Medical Knowledge - The trainee's Medical knowledge of dermatology will be assessed by the following:
 - 1. The trainee's ability to answer directed questions and to participate in the didactic sessions.
 - 2. The trainee's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and the trainee's understanding of the topic.
 - 3. The trainee's ability to apply the information learned in the didactic sessions to the patient care setting.
 - 4. The trainee's interest level in learning.

IV. **Core Competency 3: Professionalism**

- 1. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 - a. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 - b. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 - c. The trainee must be responsible and reliable at all times.
 - d. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 - e. The trainee must maintain a professional appearance at all times.

V. **Core Competency 4: Interpersonal & Communication Skills**

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 - 1. The trainee should learn when to call a sub specialist for evaluation and management of a patient with a dermatologic disease.
 - 2. The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
 - 3. The trainee must be able to establish a rapport with the patients and listens to the patient's complaints to promote the patient's welfare.
 - 4. The trainee should provide effective education and counseling for patients.
 - 5. The trainee must write organized and legible notes.
 - 6. The trainee must communicate any patient problems to the staff in a timely fashion.

- VI. Core Competency 6: System-Based Practice**
- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 - 1. The trainee should improve in the utilization of and communication with many health services and professionals such as the nutritionist, the nurse clinician, podiatrist, family physician, allergist, physical therapist, surgeon, and hematologist.
 - 2. The trainee should improve in the use of cost effective medicine.
 - 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 - 4. The trainee will assist in development of systems' improvement if problems are identified.
- VII. Core Competency 7: Practice Based Learning Improvement** - The trainee's performance will be evaluated on their willingness and ability to achieve the following objectives.
- a. Objectives
 - 1. The trainee should use feedback and self-evaluation in order to improve performance.
 - 2. The trainee should read the required material and articles provided to enhance learning.
 - 3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.
- VIII. Educational Materials**
- a. Mandatory Reading: Fitzpatrick T. *Color Atlas and Synopsis of Clinical Dermatology*
 - b. Suggested Reading: MKSAP booklet on Dermatology
 - c. Medical Literature: A collection of updated review articles will also be provided which address basic areas of dermatology. The trainee is strongly encouraged to read as many of these articles as possible.
- IX. Evaluation**
- a. Trainee Evaluation - The faculty will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies as related to dermatology.
 - b. Program Evaluation - The trainees will fill out an evaluation of the dermatology rotation at the end of the month. Any constructive criticism, improvements, or suggestions to further enhance the training in dermatology are welcome at any time.
- X. Feedback**
- a. The trainee should receive frequent (generally daily) feedback in regards to his or her performance during the dermatology rotation. The trainee will be informed about the results of the evaluation process, and input will be requested from the trainee in regards to his or her evaluation of the dermatology rotation.
 - b. The faculty is encouraged to use feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is to be done at the end of

the rotation.

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3.19 Endocrinology

Educational Purpose:

To provide the trainees with formal intensive instruction and clinical experience

To provide the opportunity to acquire expertise in the evaluation and management of endocrine disorders

The trainee will demonstrate competency in their ability to:

- Diagnose and manage uncomplicated endocrine disorders.
 - Understand the indications for surgery in the management of endocrine disorders.
-

- a. History.
 - i. Genital maturation/menarche;
 - ii. Growth and development;
 - iii. Thyroid dysfunction;
 - iv. Steroid use;
 - v. Endocrine surgery/trauma;
 - vi. Weight variation;
 - vii. Edema;
 - viii. Radiation exposure;
 - ix. Family history of DM, goiter, growth defects, obesity.
- b. Physical exam.
 - i. Height/weight/ proportion;
 - ii. Skin fold thickness.
 - iii. Hyperpigmentation, stria, acne;
 - iv. Hirsutism;
 - v. Exophthalmous;
 - vi. Thyroid nodule, size texture;
 - vii. Voice changes, breath odor;
 - viii. Inappropriate breast development;
 - ix. Genital structure and health.
- c. Basic principles.
 - i. LEVEL I:
 1. Adrenal insufficiency;
 2. Hyperadrenalism endogenous/exogenous;
 3. Hyperaldosteronism;
 4. Diabetes mellitus;
 5. Diabetic ketoacidosis;
 6. Hyperosmolar coma;
 7. Hypoglycemia/insulinoma;

8. Thyroid imbalance;
 9. Goiter hypo and hyperfunctioning;
 10. Thyroid nodules/thyroiditis;
 11. Parathyroid imbalance;
 12. SIADH;
 13. Diabetes insipidus;
 14. Osteoporosis;
 15. Calcium imbalance/Paget's disease of bone;
 16. Protein calorie malnutrition;
 17. Vitamin deficiencies;
 18. Obesity/anorexia/bulimia;
 19. Pheochromocytoma;
 20. Hyperlipidemia;
 21. Polycystic ovarian disease/amenorrhea;
 22. Impotence.
- ii. LEVEL II:
 1. Reidel's struma;
 2. Thyroid carcinoma;
 3. Acute suppurative thyroiditis;
 4. Carcinoid;
 5. Dwarfism;
 6. Hypogonadism;
 7. Porphyrias;
 8. Wilson disease;
 9. Panhypopituitarism.
- d. Diagnostics/therapeutics.
 - i. Suppression/stimulation testing;
 - ii. Fasting stress (insulinoma);
 - iii. TRH;
 - iv. ACTH;
 - v. Dexamethasone suppression;
 - vi. Water deprivation.
 - vii. Special lab tests:
 - viii. Glycosylated hemoglobin;
 - ix. Glucose tolerance test;
 - x. Serum hormone levels;
 - xi. Insulin and c-peptide;
 - xii. Serum catecholamines;
 - xiii. Plasma renin activity/ aldosterone;
 - xiv. Urine VMA/metanephrines;
 - xv. Urine HCG.
 - e. Imaging procedures:
 - i. Sella turcica x-ray/MRI;
 - ii. Thyroid radionuclide study;
 - iii. Ultrasound thyroid;
 - iv. Structural exam.

- f. Health maintenance.
 - i. Dietary support for diabetics;
 - ii. Hypertension control
-

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. The trainee will receive individual instruction by the endocrine attendings through seeing patients in the endocrine outpatient clinics and inpatient consultation.
 - b. The trainee will see a wide variety of patients from various ages, socioeconomic, educational, and cultural backgrounds.
 - c. Each outpatient will be evaluated by the trainee, and then discussed and seen with the staff endocrinologist. The trainee must complete a thorough progress note on every outpatient and the staff endocrinologist must countersign this.
 - d. All endocrinology inpatient consults will be seen and consultation notes completed by the trainee. The cases must be discussed with the endocrinology attending who will then see the patient with the trainee, do bedside teaching rounds, and complete the consultation note.
 - e. The endocrinology staff will give didactic teaching lectures weekly.
 - f. The trainees will be responsible for reviewing 2-3 general endocrine topics for the month and giving short presentations on these topics.
- II. **Core Competency 5: Patient Care**
 - a. Objectives - These objectives will be taught in relation to specific patients whenever possible in the clinic or on the consult service. Otherwise they will be discussed in the didactic sessions.
 - 1. Recognize symptoms of hyperglycemia and hypoglycemia. Seek pertinent physical exam and laboratory information to identify systemic complications that occur as a result of diabetes such as diabetic retinopathy, neuropathy, nephropathy, CAD, or gastroparesis.
 - 2. Become familiar with the nutritional treatment of diabetes, aspects of home glucose monitoring, and the adjustments of hypoglycemic therapy required in association with abnormal glucose levels, exercise, concurrent illness, surgical procedures, etc.
 - 3. The trainee will be taught to do an appropriate and thorough foot exam of diabetic patients, including the use of the monofilament for neuropathy testing.
 - 4. Identify signs and symptoms of thyrotoxicoses and hypothyroidism. The trainee will be taught perform an adequate examination of the thyroid gland and this will be specifically demonstrated during this rotation.
 - 5. The trainee may observe or have the technique of fine needle aspiration for sampling thyroid nodules explained if none are done

during the month.

6. Identify signs and symptoms of lipid disorders and their management, including the use of the National Cholesterol Education Program guidelines for treatment.
 7. Identify signs and symptoms of adrenal disorders and their management, including the use of the cosyntropin stimulation test.
 8. Identify signs and symptoms of pituitary disorders and their management.
 9. Identify signs and symptoms of bone and calcium disorders and their management including interpretation of bone density tests.
 10. Identify signs and symptoms of gonadal disorders and their management.
 11. Use and interpretation of endocrine/metabolic testing. This is an important and practical component of this rotation. The trainee will become familiar with the appropriate and cost effective laboratory and radiologic work up of the endocrine disorders listed in the knowledge objectives and their interpretation.
 12. The trainee should learn the importance of preventative medicine in routine health care and specifically in the area of diabetes management.
- b. Evaluation of Patient Care - The trainee will be evaluated using the following criteria:
1. Completeness and accuracy of medical interviews and physical examinations.
 2. Thoroughness of the review of the available medical data on each patient.
 3. Performance of appropriate maneuvers and procedures on patients.
 4. Accuracy and thoroughness of patient assessments.
 5. Appropriateness of diagnostic and therapeutic decisions.
 6. Soundness of medical judgment.
 7. Consideration of patient preferences in making therapeutic decisions.
 8. Completeness of medical charting.

III. Core Competency 2: Medical Knowledge

1. Objectives - These objectives will be taught through the didactic sessions and at bedside teaching as they relate to specific patients in the clinic and on the consult service.
 1. Diabetes - Classification, pathogenesis, diagnosis, complications, and treatment of DM1 and DM2.
 2. Thyroid Disease - Pathogenesis, diagnosis, and treatment of Hypothyroidism, Hyperthyroidism, Thyroid Nodules, Goiters, and Thyroid Cancer.
 3. Lipid Disorders - Classification, pathogenesis, diagnosis, complications, and therapy of lipid disorders.
 4. Adrenal Disease - Pathogenesis, diagnosis, and treatment of Adrenal Insufficiency, Pheochromocytoma, Primary

- Hyperaldosteronism, and Incidental Adrenal Lesions.
5. Pituitary Disease - Pathogenesis, diagnosis, and treatment of Cushing's Syndrome, Acromegaly, Hyperprolactinemia/Prolactinomas, Glycoprotein- Secreting Tumors, Non-functioning Tumors, and Hypopituitarism.
 6. Metabolic Bone Disease - Pathogenesis, diagnosis, and treatment of Osteoporosis, Paget's disease, and Osteomalacia.
 7. Hypercalcemia - Pathogenesis, diagnosis, and treatment of Primary, Secondary and Tertiary Hyperparathyroidism, Hypercalcemia of Malignancy, and related disease
 8. Male Hypogonadism and Gynecomastia - Pathogenesis, diagnosis, and treatment of primary and secondary hypogonadism and gynecomastia.
 9. Female Gonadal Diseases - Pathogenesis, diagnosis, and treatment of Premature Ovarian Failure, Menopause, Hirsutism, and Virilization.
 10. Hyponatremia - Pathogenesis, diagnosis, and treatment of Central and Nephrogenic DI.
 11. Hypoglycemia - Pathogenesis, diagnosis, and treatment of Insulinoma, Factitious Hypoglycemia and related disorders.
2. Evaluation of Medical Knowledge - The trainee's Medical knowledge of endocrinology will be assessed by the following:
1. The trainee's ability to answer directed questions and to participate in the didactic sessions.
 2. The trainee's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and that the trainee understands the topic.
 3. The trainee's ability to apply the information learned in the didactic sessions to the patient care setting.
 4. The trainee's interest level in learning.

IV. Core Competency 3: Professionalism

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 2. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 3. The trainee must be responsible and reliable at all times.
 4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 5. The trainee must maintain a professional appearance at all times.

V. Core Competency 4: Interpersonal & Communication Skills

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should learn when to call a subspecialist for evaluation

- and management of a patient with an endocrine disease.
 2. The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
 3. The trainee must be able to establish a rapport with the patients and listens to the patient's complaints to promote the patient's welfare.
 4. The trainee should provide effective education and counseling for patients.
 5. The trainee must write organized and legible notes.
 6. The trainee must communicate any patient problems to the staff in a timely fashion.
- VI. **Core Competency 6: System-Based Practice**
- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should improve in the utilization of and communication with many health services and professionals such as the nutritionist, the nurse clinician, podiatrist, ophthalmologist, physical therapist, surgeon, and nuclear medicine specialist.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of systems' improvement if problems are identified.
- VII. **Core Competency 7: Practice Based Learning Improvement** - The trainee's performance will be evaluated on their willingness and ability to obtain the following objectives:
- a. Objectives
 1. The trainee should use feedback and self-evaluation in order to improve performance.
 2. The trainee should read the required material and articles provided to enhance learning.
 3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.
- VIII. Educational Materials
- a. Mandatory Reading
 1. Section on endocrine-metabolic disease in Harrison's Principle of Internal Medicine; OR,
 2. Section on endocrine-metabolic disease in Cecil's Textbook of Medicine.
 - b. Suggested Reading
 1. MKSAP booklet on Endocrinology
 - c. Medical Literature - A collection of updated review articles will also be provided which address basic areas of endocrinology. The trainee is strongly encouraged to read as many of these articles as possible.
- IX. Evaluation

- a. Trainee Evaluation
 1. The faculty will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies as related to endocrinology.
 - b. Program Evaluation
 1. The trainees will fill out an evaluation of the endocrine rotation at the end of the month.
 2. Any constructive criticism, improvements, or suggestions to further enhance the training in endocrinology are welcome at any time.
- X. Feedback
- a. The trainee should receive frequent (generally daily) feedback in regards to his or her performance during the endocrinology rotation. The trainee will be informed about the results of the evaluation process, and input will be requested from the trainee in regards to his or her evaluation of the endocrinology rotation.
 - b. The faculty is encouraged to use feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation.

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3.20 Gastroenterology

Educational Purpose:

To provide the trainees with formal intensive instruction and clinical experience

To provide the opportunity to acquire expertise in the evaluation and management of gastroenterological disorders

The trainee will demonstrate competency in their ability to:

- Screen appropriately for colorectal cancer.
 - Understand the role of osteopathic principals and treatment in the diagnosis and management of gastrointestinal disease.
 - Understand the indications for surgery in gastrointestinal disease.
 - Manage uncomplicated diseases of the gastrointestinal system.
-

- a. History.
 - i. Family history of inflammatory bowel disease, peptic ulcer, bowel cancer or polyps, celiac disease or lactase deficiency;
 - ii. Sexual history;
 - iii. Mouth and tongue symptoms including bleeding, pain, soreness, ulcer, swelling, lumps;
 - iv. Dysphagia, eructation, dyspepsia, odynophagia;
 - v. Vomiting/nausea/anorexia;
 - vi. Abdominal pain/bloating/swelling;

- vii. Blood in stool, constipation, diarrhea, stool changes;
- viii. Anal discharge;
- ix. Anal pruritis/worms;
 - x. Pain or mass in rectum or perirectal area;
 - xi. Jaundice;
 - xii. Weight loss or gain;
 - xiii. Food intolerance.
- b. Physical exam.
 - i. Abdominal shifting dullness/ballottement;
 - ii. Sequential exam of the acute abdomen: auscultation first, light palpation least tender area next, then most tender area;
 - iii. Ebound, guarding, spasm;
 - iv. Know importance of serial abdominal exam;
 - v. Rectal/pelvic exam;
 - vi. Light/deep palpation for masses, hernia;
 - vii. Auscultation for bruits;
 - viii. Palpatory examination of the spleen, liver, abdominal aorta, hernias of the abdominal wall, masses;
 - ix. Detection of voluntary vs. Involuntary guarding, rigidity;
 - x. Performance and understanding of the iliopsoas and obturator tests.
- c. Basic principles.
 - i. Reflux esophagitis/varices;
 - ii. Hiatal hernia;
 - iii. Acid peptic disease;
 - iv. Upper and lower GI bleeding;
 - v. Postoperative ileus;
 - vi. Diarrhea: acute, chronic, physiologic;
 - vii. Diverticular disease;
 - viii. Inflammatory bowel disease;
 - ix. Irritable bowel syndrome;
 - x. Esophageal motility disorder;
 - xi. Diabetic gastropathy and enteropathy;
 - xii. Gut infections bacterial, parasitic, viral;
 - xiii. Pseudomembranous colitis;
 - xiv. Hemorrhoids/anal fissures/pruritis ani;
 - xv. Hyperbilirubinemias conjugated and unconjugated familial;
 - xvi. Drug induced cholestasis;
 - xvii. Cirrhosis alcoholic, cardiac;
 - xviii. Hepatitis A E, toxic, chronic persistent and chronic active;
 - xix. Cholangitis/cholecystitis/cholelithiasis;
 - xx. Pancreatitis/pseudocyst/cancer;
 - xxi. Malnutrition/malabsorption;
 - xxii. Volvulus/Meckel's diverticulum;
 - xxiii. Ischemic bowel;
 - xxiv. Gay bowel syndrome;
 - xxv. Hernias.

- d. Diagnostics/therapeutics.
 - i. Flexible sigmoidoscopy;
 - ii. Paracentesis;
 - iii. Insertion of central venous catheter for parenteral nutrition;
 - iv. Insertion of nasogastric tube;
 - v. Liver biopsy assist;
 - vi. Structural examination and therapy;
 - vii. Interpretation of appropriate laboratory tests to confirm findings in areas listed above;
 - viii. Understand indications for appropriate surgical procedures to include:
 - ix. Cholecystectomy;
 - x. Peptic ulcer surgery;
 - xi. Hiatal hernia repair;
 - xii. Abdominal wall herniorrhaphy;
 - xiii. Exploratory laparotomy;
 - xiv. Bowel resection;
 - xv. Enterostomy/gastrostomy;
 - xvi. Peritoneal shunts;
 - xvii. Endoscopic procedures assist:
 - xviii. Esophageal dilation;
 - xix. Sclerotherapy for esophageal variceal bleeding;
 - xx. Palliative therapy for esophageal, gastric and colonic tumors;
 - xxi. Sphincterotomy of the Ampulla of Vater;
 - xxii. Stenting of bile duct;
 - xxiii. Polypectomy.
- e. Health maintenance.
 - i. Recommended bowel screening protocol;
 - ii. Colonic surveillance for polyps;
 - iii. Dietary management of colonic disease and malabsorption;
 - iv. Psychosocial support for gut dysfunction.
- f. **Core Competency 1: Osteopathic Concepts**
 - i. Liver pump drainage technique;
 - ii. Direct myofascial release to rectus abdominus and psoas spasm;
 - iii. Focus paraspinal areas for sympathetic reflexes;
 - iv. T5 T9 for gastric and esophageal motility;
 - v. T12 L2 for bowel function and IBS;
 - vi. Occipito-atlantal therapy for parasympathetic outflow with nausea and gastroparesis.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods - Formal instruction includes emphasis on the pathogenesis, manifestations and complications of gastrointestinal disorders. The impact of different modes of therapy and the appropriate utilization of laboratory tests and procedures is stressed.
 - a. Patients with gastrointestinal disorders and clinical problems are seen by

trainees during their internal medicine ward rotations, gastroenterology consult service rotation, and in the outpatient clinics - trainees may either call in consults or perform consults, depending upon their current rotation.

- b. Gastroenterology faculty provide didactic teaching and teaching on rounds.
- c. Trainees rotating on the consultative service see all Gastroenterology consultations and also participate in outpatient care at the weekly gastroenterology clinic.
- d. Trainees become familiar with diagnostic and therapeutic upper endoscopy, colonoscopy, ERCP, capsule endoscopy, liver biopsy, and esophageal motility studies in our modern endoscopy unit and radiology department.

II. Core Competency 5: Patient Care

- a. Trainees will have formal instruction, clinical experience, and opportunities to acquire expertise in the evaluation and management of patients with most of the following clinical problems:
 - 1. Dysphagia
 - 2. Abdominal pain
 - 3. Acute abdomen
 - 4. Nausea and vomiting
 - 5. Diarrhea
 - 6. Constipation
 - 7. Gastrointestinal bleeding
 - 8. Jaundice
 - 9. Abnormal liver chemistries
 - 10. Cirrhosis and portal hypertension
 - 11. Malnutrition
 - 12. Genetic/inherited disorders
 - 13. Surgical care of gastrointestinal disorders
- b. Trainees will have instruction in the indications, contraindications, complications, limitations and exposure to the interpretation of the following diagnostic and therapeutic procedures:
 - 1. Imaging of the digestive system including: ultrasound procedures, computed tomography, nuclear medicine procedures, vascular radiology procedures, and magnetic resonance imaging.
 - 2. Endoscopic procedures including EGD, PEG, sclerotherapy, variceal banding, electrocoagulation, esophageal dilation, colonoscopy, polypectomy, ERCP including sphincterotomy and therapeutic procedures, and capsule endoscopy.
 - 3. Specialized dilation procedures
 - 4. Percutaneous cholangiography
 - 5. Percutaneous endoscopic gastrostomy
 - 6. Liver and mucosal biopsies
 - 7. Gastrointestinal motility studies
 - 8. Enteral and parenteral alimentation
- c. Opportunities will be provided for the trainee to gain competence in the performance of the following procedures:
 - 1. The abdominal examination

2. Paracentesis
3. Sengstaken-Blakemore tube placement
4. Rigid and/or flexible sigmoidoscopy, EGD and colonoscopy

III. Core Competency 2: Medical Knowledge

- a. Knowledge Objectives - Trainees will have formal instruction, clinical experience, and opportunities to acquire expertise in the evaluation and management of some or all of the following disorders:
 1. Diseases of the esophagus
 2. Acid-peptic disorders of the gastrointestinal tract
 3. Motor disorders of the gastrointestinal tract
 4. Irritable bowel syndrome and other functional GI disorders
 5. Disorders of nutrient assimilation
 6. Inflammatory bowel diseases
 7. Vascular disorders of the gastrointestinal tract
 8. Gastrointestinal infections
 9. Gastrointestinal and pancreatic neoplasms
 10. Gastrointestinal diseases with an immune basis
 11. Pancreatitis
 12. Gallstones and cholecystitis
 13. Alcoholic liver disease
 14. Viral and immune hepatitis
 15. Cholestatic syndromes
 16. Drug-induced hepatic injury
 17. Hepatobiliary neoplasms
 18. Chronic liver disease
 19. Gastrointestinal manifestations of HIV infections
- b. Evaluation of Medical Knowledge - Trainees will be evaluated on their performance in the following manner:
 1. Consults will be reviewed with the attending physicians.
 2. Patient presentations and conference presentations will be reviewed.
 3. Procedures done by the trainee will be documented, giving the indications, outcomes, diagnoses, level of competence and assessment by the supervisor of the ability of the trainee to perform it independently.
 4. Mid-rotation evaluation session with the faculty member working with the trainee.
 5. The trainees will also fill out an evaluation of the Gastroenterology rotation at the end of the month.

IV. Core Competency 3: Professionalism

- a. The program wishes to develop the following attitudes, values and habits:
 1. Respect for the risks and benefits of diagnostic and therapeutic Procedures.
 2. Prudent, cost-effective and judicious use of special instruments, test and therapy in the diagnosis and management of gastroenterological disorders.

3. Appropriate method of calling gastroenterology consults.
4. Need for continually reading current literature on gastroenterology–liver diseases to stay current in terms of diagnosis and treatment of diseases.

V. Core Competency 4: Interpersonal and Communication Skills

- a. Trainees should develop the following lifelong learning habits to insure their continuing development and education:
 1. The ability to ask gastroenterology consultants a precise and clear question.
 2. The development of critical reading skills for the gastroenterology literature.
 3. Ability to give clear patient presentations to consultants and at conferences in gastroenterology.

VI. Core Competency 6: System Based Practice

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should improve in the utilization of and communication with many health services and professionals such as the nutritionist, the nurse clinician, surgeon, radiologist and pathologist.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of system’s improvement if problems are identified.
- b. Educational Materials - The trainee will be oriented to the major textbooks and journals in gastroenterology and hepatology available in the Library. Articles related to major topics will also be made available.

VII. Core Competency 7: Practice Based Learning Improvement

- a. The trainee’s performance will be evaluated on their willingness and ability to obtain the following objectives:
 1. The trainee should use feedback and self-evaluation in order to improve performance.
 2. The trainee should read the required material and articles provided to enhance learning.
 3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.

VIII. Evaluation

- a. Trainee Evaluation
 1. The faculty will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies as related to gastroenterology.
- b. Program Evaluation
 1. The trainees will fill out an evaluation of the gastroenterology rotation at the end of the month.

2. Any constructive criticism, improvements, or suggestions to further enhance the training in gastroenterology are welcome at any time.
- IX. Feedback - Trainees will receive feedback with respect to achieving the desired level of proficiency and working out ways in which they can enhance their performance when the desired level of proficiency has not been achieved. The faculty is encouraged to use feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation.

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3.21 Hospitalist Internal Medicine

Educational Purpose:

To provide a learning opportunity in a hospital setting to assure competence in caring for the hospitalized patient

The trainee will demonstrate competence in their ability to:

- Identify and define the severity of significant medical problems in patients on non-medical services and provide evidence-based recommendations for optimal management;
- Develop the professional and social skills necessary for effective interdisciplinary communication and patient care; and,
- Perform a comprehensive preoperative evaluation of patients for non-cardiac surgery, to help optimally manage them preoperatively, and be available for close follow-up postoperatively.
- Manage hospitalized patients.
- Appropriately seek consultation and participate in patient care with the consultant.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. On the inpatient consultation service, the trainee will obtain the patient's history, examine the patient, review the laboratory data and present the findings to the general medicine attending on the consult service for that month. After the attending physician reviews this information and performs a physical examination, a consultation response is developed. The findings and recommendations are summarized on the consultation report, which is then signed and placed on the chart. An annotation may be entered at this point on the Progress Record reflecting the date and time of the consultation.
 - b. General medicine consultations are also performed in the outpatient setting. The trainee who is on the consultation for that month will be in the outpatient clinic on Monday and Thursday afternoon to see patients referred from other services for medical problems as well as outpatient preoperative

evaluation and surgical risk assessment. The trainee interviews the patient, performs a physical examination, and then presents the case to the general medicine faculty attending in the clinic. After reviewing the history and physical exam, the findings and recommendations are completed.

- c. The body of knowledge for internal medicine consultants is a rapidly growing and changing literature that requires continuous review to insure current, evidence-based care for our patients. Each trainee who rotates on the consultation service should become familiar with this literature. Selected references will be given to assist the trainee toward this end. During the rotation, readings regarding preoperative evaluation and consultation will be reviewed during rounds and in individual teaching conferences.

II. Educational Objectives

a. Knowledge - Trainees should be able to:

1. Recognize and assess risk, particularly as it pertains to the evaluation of the preoperative surgical patient.
2. Describe important aspects of surgery and anesthesiology as they pertain to the management of patients with medical conditions. Our trainees are not expected to know technical aspects of surgery. However, they should gain an appreciation of the effects the length and type of surgery and various aspects of anesthesiology on the patient's medical condition.

b. Skills - Trainees should demonstrate specific skills, including:

1. Application of technical skills acquired in internal medicine training to the consultation service. Specifically they will learn how to obtain a history and physical exam with a focus on a comprehensive preoperative evaluation.
2. Communication in a timely manner with the physician requesting the consultation. The trainee will become familiar with ethical principles of consultation such as answering consultations punctually, communicating effectively with the requesting physician, respecting the relationship between requesting physicians and their patients, and successful resolution of conflict resolution when differences of opinion are encountered.

c. Attitudes - Trainees should demonstrate attitudes that:

1. Stress efficiency, specificity and patient advocacy.
2. Demonstrate willingness to help the requesting physician while not interfering with the relationship between the requesting physician and her/his patient.
3. Recognize the important and necessary role of medical consultation, particularly in the surgical patient and develop an appreciation for patient problems that are not in the normal internal medicine domain.

d. Self-Directed Learning - Trainees should master and practice self-directed life-long learning habits that include:

1. The ability to access and utilize information systems and resources efficiently to obtain current information on issues and clinical

questions relevant to the diagnosis and medical management of adult patients.

2. An appreciation of how the effective internal functions in the absence of complete data to anticipate problems and appropriately monitor a patient's post-operative course.
3. Application of knowledge and information gained from the medicine consultation service and preoperative evaluations throughout the broad scope of the practice of general internal medicine.

III. Educational Material

- a. Essential Reading. Each attending on the consultation service will assist the trainee with literature and selected references which may be helpful in managing specific patient related problems encountered during the rotation. There are a few key references that tend to form the basis of much of the response to consultation requests. Review of these references by all trainees is recommended. They include:

1. Goldman L, Lee T, Rudd P. Ten commandments for effective consultations. *Arch Trainee Med* 1983;143:1753-1755.
2. Goldman L, Caldera DL, Nussbaum SR, et al. Multifactorial index of cardiac risk in non-cardiac surgical procedures. *N Engl J Med* 1977;297:845-850.
3. Eagle KA et al. Guidelines for perioperative cardiovascular evaluation for non-cardiac surgery. Report of the ADD/AHA Task Force on Practice Guidelines (Committee on Perioperative Cardiovascular Evaluation for Non-cardiac Surgery). *Circulation* 1996;93:1278-1317.
4. Hirsch IB, Paauw DS, Brunzell J. Inpatient management of adults with diabetes. *Diabetes Care* 1995;18:870-878.
5. Jacober SJ, Sowers JR. An update on perioperative management of diabetes. *Arch Trainee Med.* 1999;159:2405-2411.
6. Torbey MT, Bhardwaj A. How to manage blood pressure in critically ill neurologic patients: controlling the critical interaction with cerebral blood flow. *J Crit Illness* 2001;16(4):179-192.

- b. Additional Reading. Other sources of reference material including medical texts concerning general medicine consultation and preoperative evaluation are available in the Library. Trainees are encouraged to peruse these references for additional guidelines for the evaluation of patients on the consultation service. Included in this category are:

1. Gross, RJ, Caputo GM, Eds. *Kammerer and Gross' Medical Consultation: The Internal on Surgical, Obstetric, and Psychiatric Services*, 3rd Edition. Williams & Wilkins. Baltimore, 1998.
2. Goldman, Brown, Levy, Slap, Sussman, Eds. *Medical Care of the Surgical Patient: A problem oriented approach to management*. J. B. Lippincott Company, Philadelphia. 1982.
3. Lubin MF, Walker HK, Smith RB, Eds. *Medical Management of the Surgical Patient*, 3rd Edition. J. B. Lippincott Company,

Philadelphia 1995.

4. Breslow MJ, Miller CF, Rogers M. Eds. *Perioperative Management*. C.V. Mosby Company, St. Louis, 1990.
 5. Goldman DR, Brown F, Guarnieri D, Eds. *Perioperative Medicine*, 2nd Edition. McGraw-Hill, Inc, New York. 1994.
- IV. Evaluation - All trainees in the department of internal medicine receive formal evaluations on standardized evaluation forms. Evaluation and feedback will occur during the rotation.
 - V. Feedback - Trainees will receive feedback from the attending physician during the consultation rotation. Review is especially encouraged at the midpoint and at the end of the rotation, when the trainee and attending should schedule a face-to-face discussion of the learning experience on the consultation service.
 - VI. Resources - General Medicine consultation is frequently requested from Anesthesiology, Orthopedics, General Surgery, and OB/GYN. Patients from these services provide the Internal Medicine trainee with a broad experience in delivering consultation concerning a vast array of problems.

[Hospitals Internal Medicine Consultation](#)

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3.22 Hematology/Oncology

Educational Purpose: To give the trainees formal instruction, clinical experience, and the opportunity to acquire expertise in the evaluation and management of malignant disorders.

Hematology:

The trainee will demonstrate competency in their ability to:

- Manage common Hematologic disorders.
 - Understand hematopoiesis.
 - Understand the diagnosis and management of coagulopathies.
-
- a. History.
 - i. Fatigue, early exhaustion, anorexia, weight loss;
 - ii. Abnormal bleeding;
 - iii. Skin lesions, lumps, swellings, masses;
 - iv. Family history of tumors;
 - v. Medications, drug use, alcohol, toxin exposure, smoking;
 - vi. Fever of unknown origin;
 - vii. Trauma and prior surgery.
 - b. Physical exam.
 - i. Observe changes in fundi, sclera, conjunctiva, mouth, nose;
 - ii. Lymph nodes;
 - iii. Nails and nail beds;
 - iv. Tongue;
 - v. Bones and joints;

- vi. Liver and spleen;
- vii. Structural examination.
- c. Basic concepts.
 - i. Iron deficiency anemia and sideroblastic anemia;
 - ii. Megaloblastic anemia;
 - iii. Bone marrow failure;
 - iv. Aplastic anemia and myelophthisis;
 - v. Anemia of chronic disease;
 - vi. Hemolytic anemia;
 - vii. Hemoglobinopathies;
 - viii. Platelet disorders;
 - ix. Clotting/bleeding disorders;
 - x. Blood typing and transfusion medicine;
 - xi. Polycythemia vera;
 - xii. Myeloproliferative disorders;
 - xiii. Diseases of the reticuloendothelial system;
 - xiv. Acute and chronic leukemia;
 - xv. Hodgkin's disease/lymphoma;
 - xvi. Myeloma/gammopathy;
 - xvii. AIDS and its cancers.
- d. Diagnostics/therapeutics.
 - i. Bone marrow aspiration and core biopsy;
 - ii. Peripheral blood smear interpretation;
 - iii. Template bleeding time;
 - iv. Lumbar puncture for intrathecal therapy assist;
 - v. Thoracentesis, paracentesis, skin biopsy for diagnostic purposes;
 - vi. Osteopathic structural examination.
- e. Health promotion.
 - i. ACS cancer screening protocols for GI, GYN, prostate, breast cancer;
 - ii. Hospice;
 - iii. Chronic pain management;
 - iv. Advanced directives.

Oncology:

The trainee will demonstrate competency in their ability to:

- Screen for and diagnose common cancers.
 - Participate with the oncologist in the care of cancer patients.
 - Utilize a team approach for the care of cancer patients.
 - Utilize Hospice in the management of the terminally ill patient.
-

- a. History.
 - i. Carcinogens in environment/workplace;
 - ii. Family history and genetic predisposition;

- iii. Exposure to radiation, toxins, drugs, hormones;
- iv. Tobacco use;
- v. Sun exposure;
- vi. Fatigue, weakness, weight loss, anorexia;
- vii. Bleeding;
- viii. Masses, lumps, changes in skin lesions;
- ix. Bowel habit change, bloating;
- x. Fever, sweats;
- xi. Dysphagia, mouth sores;
- xii. Jaundice, abdominal pain;
- xiii. Dyspnea, edema;
- xiv. Mental status change, delirium, neurologic abnormalities, personality change;
- xv. Chronic cough.
- b. Physical exam.
 - i. Masses;
 - ii. Pallor;
 - iii. Edema;
 - iv. Skin changes;
 - v. Complete lymph node examination;
 - vi. Ectal exam and occult blood testing;
- c. Basic concepts.
 - i. Pathophysiology of neoplasia: growth patterns, doubling time, etiologies;
 - ii. Cancer chemotherapy principles: first and second order cell kill, marrow salvage;
 - iii. Breast cancer;
 - iv. Ovarian cancer;
 - v. Genital cancer/testicular cancer;
 - vi. Prostatic hypertrophy and malignancy;
 - vii. Skin cancers;
 - viii. Paraneoplastic syndrome;
 - ix. Oncologic emergencies including hemorrhage, sepsis, hypercalcemia, seizures, coma, cauda equina syndrome;
 - x. Hemochromatosis;
 - xi. Liver/gall bladder/ductal carcinoma;
 - xii. GI tract cancer and pancreas;
 - xiii. Lung cancer;
 - xiv. Urinary tract cancer;
 - xv. Radiation injury;
 - xvi. Endocrine neoplasms: Zollinger-Ellison, gastrinoma, carcinoid thyroid/parathyroid cancer;
 - xvii. CNS tumors.
- d. Diagnostics/therapeutics.
 - i. Bone marrow aspiration/biopsy;
 - ii. Thoracentesis/paracentesis;
 - iii. Osteopathic structural exam.

- e. Health promotion.
 - i. Hospice care;
 - ii. Pain management;
 - iii. Psychosocial support;
 - iv. Rehabilitation;
 - v. Nutritional support.
- f. **Core Competency 1: Osteopathic Concepts**
 - i. Liver/spleen pump techniques;
 - ii. Lymphatic drainage techniques.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. The trainee will receive individual instruction by the hematology/oncology attending through seeing patients in the hematology/oncology outpatient clinic. The trainee will also be responsible for patients on the oncology inpatient service and the inpatient consult service. The attending or fellows will provide didactic teaching sessions.
 - b. The trainee will see a wide variety of patients from various ages, socioeconomic, educational, and cultural backgrounds.
 - c. Each outpatient will be evaluated by the trainee, and then discussed and seen with the staff hematologist/oncologist. The trainee will review the medical records, evaluate, and examine each patient; followed by discussion with hematology/oncology staff that will examine the patient and reassess the patient care and follow-up plan. The trainee must complete the history and physical examination on the outpatient visit sheet and complete the recommendations after discussion with the attending.
 - d. The trainee will also be responsible for the inpatient oncology service to include admission history and physical examination and daily rounds (Monday through Friday). The trainee will dictate all discharge summaries for the month they are on service.
 - e. All inpatient hematology/oncology consults will be seen and consultation notes completed by the trainee Monday through Friday. The trainee will perform a complete history, physical exam, and review pertinent laboratory, radiologic and pathologic data. The case will be presented to the attending along with a discussion of the primary diagnosis and differential diagnosis, as well as a suggested therapeutic plan. The attending will then see the patient with the trainee, do bedside teaching rounds, and write the recommendations on the consultation form.
- II. **Core Competency 5: Patient Care**
 - a. Objectives: - These objectives will be taught in relation to specific patients in the clinic or on the consult service:
 - 1. Recognize the signs and symptoms of oncologic emergencies (fever and neutropenia; hypercalcemia; tumor lysis syndrome; hyperleukocytosis; spinal cord compression; superior vena cava syndrome). Seek pertinent physical exam, laboratory information,

- radiographic, and pathology reports necessary to identify the oncologic emergency.
2. Become familiar with the evaluation of hematologic disorders (anemia, thrombocytopenia, leukocytosis, coagulopathies). Seek pertinent history, physical exam, and laboratory information necessary to identify the oncologic emergency.
 3. Become familiar with the hematologic malignancies (leukemias, non-Hodgkin's lymphomas, Hodgkin's disease, multiple myeloma). Seek pertinent physical exam, laboratory information, radiographic, and pathology reports necessary to identify the hematologic malignancies.
 4. Become familiar with the common solid tumors to include breast, colon, lung and prostate cancer. Seek pertinent physical exam, laboratory information, radiographic, and pathology reports necessary for formulating a therapeutic plan.
 5. Become familiar with the complications of cancer treatment. Seek pertinent physical exam, laboratory information, radiographic, and pathology reports necessary to identify the complications.
 6. Recognize the common paraneoplastic syndromes: hypercalcemia, SIADH, Eaton Lambert, ectopic ACTH. Seek pertinent physical exam, laboratory information, radiographic, and pathology reports necessary to identify the paraneoplastic syndrome.
 7. Become familiar with management of metastatic disease. Seek pertinent physical exam, laboratory information, and radiographic studies to identify the metastatic disease.
 8. Learn the concepts of pain management. Seek pertinent physical exam, radiographic studies necessary to manage pain appropriately.
 9. Become familiar with hospice care and end of life issues. Learn when referral to hospice is appropriate.
- b. Evaluation of Patient Care - The trainee will be evaluated using the following criteria:
1. Completeness and accuracy of medical interviews and physical examinations.
 2. Thoroughness of the review of the available medical data on each patient.
 3. Performance of appropriate maneuvers and procedures on patients.
 4. Accuracy and thoroughness of patient assessments.
 5. Appropriateness of diagnostic and therapeutic decisions.
 6. Soundness of medical judgment.
 7. Consideration of patient preferences in making therapeutic decisions.
 8. Completeness of medical charting.

III. **Core Competency 2: Medical Knowledge**

- a. Objectives - These objectives will be taught at bedside teaching as they relate to specific patients in the clinic and on the consult service.
1. *Breast cancer* - Screening, diagnosis, treatment, and follow up after

- completion of therapy, according to the guidelines as established by the National comprehensive Cancer Network (NCCN) guidelines.
2. *Colon cancer* - Screening, diagnosis, treatment, and follow up after completion of therapy, according to the guidelines as established by the National comprehensive Cancer Network (NCCN) guidelines.
 3. *Lung cancer* - Determination of respectability, appropriate therapy for cell type and stage according to the guidelines as established by the National comprehensive Cancer Network (NCCN) guidelines.
 4. *Oncologic emergencies* - Recognition of signs and symptoms and appropriate management of hypercalcemia, superior vena caval syndrome, neutropenic fever, tumor lysis syndrome, hyperleukocytosis, spinal cord compression.
 5. *Hematologic disorders* - Importance of an accurate and complete history and physical examination. Appropriate laboratory studies needed for diagnosis of anemia and coagulopathies
 6. *Hematologic malignancies* - Develop an understanding of the principles of therapy for acute leukemia, multiple myeloma, myelodysplastic syndromes, myeloproliferative disorders, non-Hodgkin's lymphoma and Hodgkin's disease
 7. *Complications of cancer treatment* - Identification and management of common chemotherapy induced complications; identification and management of common radiotherapy associated complications; Identification and management of common biologic therapy associated complications.
 8. *Paraneoplastic Syndromes* - Identify the signs and symptoms of common paraneoplastic syndromes like SIADH, hypercalcemia, Ectopic ACTH, Eaton-Lambert syndrome.
 9. *Metastatic Cancer* - Become familiar with the diagnosis and management of metastatic cancer, diagnosis and management of bone, lung, liver, and brain metastases. Diagnosis and management of pleural effusions and ascites.
- b. Evaluation of Medical Knowledge - The trainee's Medical knowledge of Hematology/Oncology will be assessed by the following:
1. The trainee's ability to answer directed questions and to participate in case management.
 2. The trainee's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and that the trainee understandings the topic.
 3. The trainee's ability to apply the information to the patient care setting.
 4. The trainee's interest level in learning.

IV. Core Competency 3: Professionalism

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and

honesty.

2. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
3. The trainee must be responsible and reliable at all times.
4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
5. The trainee must maintain a professional appearance at all times.

V. **Core Competency 4: Interpersonal and Communication Skills**

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should learn when to call a subspecialist for evaluation and management of a patient with hematology or oncologic problem.
 2. The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
 3. The trainee must be able to establish a rapport with the patients and listen to the patient's complaints to promote the patient's welfare.
 4. The trainee should provide effective education and counseling for patients.
 5. The trainee must write organized and legible notes.
 6. The trainee must communicate any patient problems to the staff in a timely fashion.

VI. **Core Competency 6: Systems-Based Practice**

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should improve in the utilization of and communication with many health services and professionals such as the radiologist, surgeon, and pathologist.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of systems' improvement if problems are identified.

VII. **Core Competency 7: Practice Based Learning Improvement** - The trainee's performance will be evaluated on their willingness and ability to achieve the following objectives:

- a. The trainee should use feedback and self-evaluation in order to improve performance.
- b. The trainee should read the required material and articles provided to enhance learning.
- c. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases

VIII. Educational Material

- a. Harrison's Principles of Internal Medicine; OR,

- b. Cecil's Textbook of Medicine
 - c. MKSAP (Oncology & Hematology booklets)
 - d. New England Journal of Medicine (www.nejm.org)
 - e. Journal of Clinical Oncology (www.jco.org)
 - f. Blood (www.bloodjournal.org)
 - g. Understanding the benefits of adjuvant chemotherapy in Breast and Colon cancer patients (www.adjuvantonline.com)
- IX. Evaluation
- a. Trainee Evaluation - The faculty will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies as related to hematology/oncology.
 - b. Program Evaluation - The trainees will fill out an evaluation of the hematology/oncology rotation at the end of the month. Any constructive criticism, improvements, or suggestions to further enhance the training in hematology/oncology are welcome at any time
- X. Feedback
- a. The trainee should receive frequent feedback in regards to his or her performance during the hematology/oncology rotation. The trainee will be informed about the results of the evaluation process, and input will be requested from the trainee in regards to his or her evaluation of the hematology/oncology rotation.
 - b. The faculty is encouraged to use feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation.

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3.23 Infectious Diseases

Educational purpose:

To provide the trainee with didactic and clinical experiences in both outpatient and inpatient settings.

To provide educational experiences that will expand their knowledge and skills in the management of infectious diseases.

The trainee will demonstrate competency in their ability to:

- Diagnose and manage common infectious diseases.
 - Understand the epidemiology of infectious diseases.
 - Appreciate the role of the health care team in the control of infectious disease.
 - Understand the role of the immune system in health and disease.
 - Understand the role of antibacterial, anti-fungal, and anti-viral agents in the management of infectious disease.
-

- a. History.

- i. Fever curve;
 - ii. Recent patient contacts;
 - iii. Travel and family history;
 - iv. Complete sexual history;
 - v. Work/environmental exposures;
 - vi. Surgical/dental procedures or trauma;
 - vii. Detection of immunocompromising disorders (diabetes, carcinoma, steroid use, alcohol, etc.);
 - viii. Drug abuse/smoking;
 - ix. Discharges, odors, sores, swellings, and rashes.
- b. Physical exam.
- i. Skin lesions typical of specific organisms;
 - ii. Typical fever patterns of specific organisms;
 - iii. Identify and differentiate findings for the following:
 - iv. Skin abscess, cellulitis, lymphangitis, phlebitis;
 - v. Conjunctivitis, sty, uveitis, blepharitis, periorbital cellulitis;
 - vi. Pharyngitis and pharyngeal abscess;
 - vii. Otitis externa, media, and serous otitis;
 - viii. Bronchitis, pneumonia, abscess, empyema;
 - ix. Peritonitis, cholangitis, pelvic infection, abscess;
 - x. Septic joint, bursitis, osteomyelitis;
 - xi. Urethritis, cystitis, nephritis, abscess;
 - xii. Sialoadenitis, thyroiditis;
 - xiii. Paronychia/felon;
 - xiv. Meningitis, brain and epidural abscess;
 - xv. Botulism, Guillian-Barre, transverse myelitis;
 - xvi. Infectious mononucleosis;
 - xvii. Food poisoning;
 - xviii. Systemic fungemias;
 - xix. Osteopathic structural examination.
- c. Basic concepts.
- i. Septic shock;
 - ii. Iatrogenic infections;
 - iii. Infected prosthetic devices or central lines;
 - iv. Endocarditis;
 - v. Toxic shock;
 - vi. Human and animal bites;
 - vii. Infectious pericarditis/mediastinitis;
 - viii. Travel related immunizations;
 - ix. AIDS;
 - x. Urinary tract infections;
 - xi. Gram negative sepsis;
 - xii. Tuberculosis;
 - xiii. Sexually transmitted diseases;
 - xiv. Antibiotic associated colitis;
 - xv. Fever of unknown origin.

- d. Diagnostic/therapeutics.
 - i. X-ray interpretation: chest, bone, soft tissue;
 - ii. Nuclear scan interpretation: gallium, indium technetium;
 - iii. Cytology;
 - iv. Serology;
 - v. Antibiotic utilization: cost effectiveness, indications, dosing monitoring;
 - vi. Specimen collection;
 - vii. Gram staining.
- e. Health promotion.
 - i. Screening/immunizations.
- f. **Core Competency 1: Osteopathic Concepts**
 - i. Lymphatic drainage techniques;
 - ii. Myofascial release in peripheral infections

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching methods
 - a. The trainee will receive individual instruction by the Infectious Diseases (ID) attending while evaluating patients at the ID/HIV clinic and on the consult service and by didactic teaching sessions.
 - b. The trainee will see a wide variety of infectious processes in a heterogeneous population.
 - c. The trainee will review the medical record and examine each patient followed by discussion with the ID staff that will examine the patient and reassess the medical problems, patient care and follow up plan. The trainee must complete a thorough note that will be countersigned by the ID staff.
 - d. For in-patient ID consultations, the trainee will perform a complete history and physical examination and establish a diagnostic/therapeutic plan. The cases must be discussed with the ID staff with discussion of findings, bedside teaching, review of data and complete the consultation note. The ID staff must countersign the trainee's consult note.
 - e. The ID attending will give didactic teaching lectures each week.
 - f. The trainee will review a topic of infectious disease or review the literature in an interesting ID case diagnosed or followed by the ID service.
 - g. The trainee will spend two (2) sessions, one (1) hour each, in the Microbiology lab to be familiar with the routine preparation of body fluid specimens. The trainee will be trained to perform and interpret Gram stains by the microbiology laboratory coordinator.
- II. **Core Competency 2: Medical Knowledge and Core Competency 5: Patient Care**
 - a. Objectives - These objectives will be taught in relation to specific patients whenever possible in the outpatient clinic or in-patient consult service:
 - 1. Acquire the skills to construct chronologies of symptoms in a febrile patient, recognizing possible exposures or risk factors and treatment that the patient may have received.
 - 2. Become familiar with the workup of a febrile patient and

- differentiate from non-infectious causes of fever.
3. Suggest a logical and chronological evaluation of a patient with fever of unknown origin and expand on the differential diagnosis.
 4. Recognize and interpret the importance of certain life styles and life events in the risk for specific infections, including intravenous drug abuse, sexual orientation or behavior, socioeconomic status, travel, animal exposure and environmental exposure.
 5. Identify sign and symptoms and management of patients presenting with primary HIV infection and follow the Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.
 6. Identify clinical manifestations of patients with HIV infection presenting with an opportunistic infection.
 7. Identify sign and symptoms and management of patients that present with skin and soft tissue infections.
 8. Recognize and appropriately manage patients with infected medical devices.
 9. Recognize physical signs of intravascular infections including infective endocarditis and select appropriate treatment.
 10. Distinguish common rashes associated with infectious and antibiotic therapy.
 11. Recognize the role of the following underlying medical conditions in various infectious entities: Advanced age, diabetes mellitus, renal failure, malnutrition, alcoholism, COPD and cardiovascular disease, congenital or acquired immunodeficiency (including HIV infection).
 12. Select appropriate antimicrobial therapy in a variety of infectious entities both in community acquired or nosocomial infections. This requires knowledge of general antimicrobial therapy with an understanding of the risks and benefits of specific antibiotics and current understanding of the current resistance pattern.
 13. Recognize and identify differential diagnosis for fever in association with other symptoms such as headache, altered mental status, abdominal pain, cough, shortness of breath, dysuria, back pain, arthralgia/arthritis, rash and new neurological deficit.
 14. Recognize and understand the natural course and pathogenesis of sepsis syndrome.
 15. Recognize and understand the natural and pathogenesis of sepsis associated with infection at specific organ system:
 - a. Upper and lower respiratory tract infections
 - b. Urinary tract infections and genitourinary tract (including STDs)
 - c. Bone and joint infections
 - d. CNS infections (including meningitis, encephalitis, brain abscess, epidural abscess)
 - e. Gastrointestinal infections (food poisoning, hepatitis, colitis,

- pancreatitis)
 - f. Intra-abdominal infections (Including peritonitis)
 - 16. Infections of the eye.
 - 17. Understanding end-of-life issues that pertain to the management of opportunistic and Hospitals-acquired infections.
 - 18. Perform and interpret Gram stains.
 - 19. Understand basic fundamental of microbiologic procedures.
- III. Evaluation of Medical Knowledge - The trainee's Medical Knowledge of Infectious Diseases will be evaluated by their:
- a. Ability to perform and adequate consultation and plan of care.
 - b. Capacity to participate in didactic infectious diseases discussions.
 - c. Ability to apply the information learned in the didactic sessions to the patient care setting.
- IV. **Core Competency 3: Professionalism** - The performance of the trainees will be evaluated according to their ability to:
- a. Understand the ethical conflict between the care of an individual and the welfare of the community.
 - b. Understand the ethical conflicts pertaining to antimicrobial therapy, preventive measures and vaccination.
 - c. Acknowledge medical errors and determine how to avoid future mistakes.
 - d. Be responsible and timely with the consulting staff and with patients.
 - e. Maintain a professional appearance at all times.
 - f. Understand how personal and cultural characteristic impacts the efforts to control the spread of communicable diseases.
 - g. Develop ethical behavior and humanistic qualities of respect, compassion, integrity, and honesty.
- V. **Core Competency 4: Interpersonal and Communication Skills** - The performance of the trainees will be evaluated according to their ability to:
- a. Communicate with the personnel of the microbiology laboratory to obtain pertinent microbiologic data form patient's samples.
 - b. Appropriately call a subspecialist for evaluation and management of a patient with an infectious disease.
 - c. Ask precise questions of infectious diseases consultants.
 - d. Understand the essential elements of a thoughtful consult report and organize it in a systematic manner to be useful for the consultant physician and the patient.
 - e. Establish a rapport with the patients.
 - f. Provide efficient education and counseling to the patients.
 - g. Write legible and organized consultation notes.
 - h. Clearly present problems to consultants and at infectious diseases conferences.
- VI. **Core Competency 6: System-Based Practice** - The performance of the trainees will be evaluated according to their ability to:
- a. Familiarize with the system to provide intravenous antibiotic in the outpatient setting.
 - b. Understand the issues implicated with the transmission of an infectious agent

- and the responsibility of the physician to protect uninfected individuals.
- c. Apply evidence-based, cost-effective strategies for prevention, diagnosis and disease management.
- VII. **Core Competency 7: Practice Based Learning Improvement** - The performance of the trainees will be evaluated according to their ability to:
- a. Identify parameters to monitor care.
 - b. Maintain currency with patient's clinical progress.
 - c. Keep up to date with medical literature related to interesting cases seen in the consult service.
- VIII. Educational materials
- a. Mandatory reading:
 - 1. Principles and Practice of Infectious Disease. Mandell, Douglas, Bennett.
 - 2. Section on Infectious Diseases in Harrison's Principles of Internal Medicine.
 - 3. A practical approach to Infectious Diseases. Richard Reese and Robert Betts
 - b. Suggested reading:
 - 1. Section on Infectious Diseases in MKSAP – (current edition)
 - 2. Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents. Dept. Of Health and Human Resources. (Available online at: <http://www.aidsinfo.nih.gov>).
- IX. Evaluation
- a. Trainee evaluation
 - 1. Trainees are formally evaluated at the end of the infectious diseases rotation. The faculty will complete a standard written evaluation form used by the department.
 - 2. Mid-rotation evaluation session between the trainee and the infectious diseases staff will also be conducted.
 - b. Program evaluation - The trainees will complete a formal written evaluation of the infectious diseases rotation at the end of the month.
- X. Feedback - Trainees will receive frequent feedback concerning their performance during the infectious diseases rotation. Ways in which they can enhance their performance will be discussed when the desired level of proficiency has not been met. The faculty is encouraged to use feedback throughout the rotation.

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3.24 Nephrology

Educational Purpose:

To train the trainee in the identification, subsequent work-up and care of the patient with renal disease in conjunction with the nephrology subspecialist.

Another goal of the rotation is to teach medicine house staff and medical students, basic renal physiology and pathophysiology with application toward the care of patients with a variety of renal ailments.

The trainee will demonstrate competency in their ability to:

- Understand electrolyte and acid-base disturbances.
 - Understand the etiology and diagnosis of nephritic diseases.
 - Diagnose and manage common medical disorders of the kidney.
 - Utilize pharmacologic agents appropriately in patients with renal disease.
-

- a. History.
 - i. Urine frequency/volume/color/odor;
 - ii. Dysuria, change in stream, hesitancy, urgency, dribbling;
 - iii. Urinary incontinence;
 - iv. Hematuria;
 - v. Flank pain, groin pain;
 - vi. Stones, abscesses;
 - vii. Family history of renal disease;
 - viii. Edema/hypertension;
 - ix. Sexual activity.
- b. Physical exam.
 - i. Uremic "frost";
 - ii. Renal masses;
 - iii. Phimosis;
 - iv. Urinalysis;
 - v. Lloyd's sign;
 - vi. Edema;
 - vii. Urethral discharge;
 - viii. Prostate evaluation;
 - ix. Genital skin lesions;
 - x. Scrotal contents abnormalities.
- c. Basic concepts.
 - i. LEVEL I:
 1. Prostatitis/epididymitis/orchitis;
 2. Testicular torsion/varicocele/tumor/hydrocoele;
 3. Erectile dysfunction;
 4. Prostatic hypertrophy/masses;
 5. Balanitis/genital ulcers;
 6. Condyloma/genital granulomas;
 7. Basic infertility;
 8. Hypertension: essential, secondary, accelerated, malignant, crisis;
 9. Primary glomerulopathies: histology, natural history;
 10. Nephrotic and nephritic syndrome;
 11. Diabetic kidney;

12. Immune complex nephropathy;
 13. Hepatorenal syndrome;
 14. Myeloma/amyloid kidney;
 15. Vasculitis;
 16. AIDS;
 17. Interstitial nephritis;
 18. Nephrolithiasis;
 19. Obstructive uropathy;
 20. Hereditary tubular disorders;
 21. Acute and chronic renal failure;
 22. Renal osteodystrophy;
 23. Vitamin D metabolism;
 24. Renin-aldosterone axis;
 25. Renal tubular acidosis;
 26. Electrolyte management;
 27. Acid/base;
 28. Hemodialysis/peritoneal dialysis/transplantation.
- ii. LEVEL II
 1. Genital neoplasms;
 2. Prostatic abscess;
 3. Priapism;
 4. Urethral stenosis;
 5. Phimosis;
 6. Prostatic malignancy;
 7. Peyronie's disease.
- d. Diagnostics/therapeutics.
 - i. Renal function evaluation: glomerular filtration rate, urine/serum osmolarity, fractional excretion of sodium, renal failure index, creatinine clearance;
 - ii. Renal imaging: IVP, ultrasonography, renal scan;
 - iii. Renal biopsy assist;
 - iv. Urinalysis with microscopic;
 - v. Arterial blood gas analysis;
 - vi. Temporary vascular access for hemodialysis assist;
 - vii. Insertion of peritoneal dialysis catheter (temporary);
 - viii. Peritoneal dialysis;
 - ix. Osteopathic structural exam.
 - e. Health promotion.
 - i. Outpatient dialysis prescription;
 - ii. Support group advising for dialysis patients;
 - iii. Donor acquisition for transplant program;
 - iv. Dietary management for chronic renal failure.
 - f. **Core Competency 1: Osteopathic Concepts**
 - i. Lower thoracic and upper lumbar segmental reflexes in ureteral spasm and adjunct pain management;
 - ii. Upper lumbar segmental reflexes for bladder dysfunction and spasm
-

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. The trainee will receive individual instruction by the nephrology attendings through evaluation of patients in renal outpatient clinics and on the consult service and at didactic teaching sessions. The trainee will attend renal outpatient clinics and an outpatient dialysis center with the supervising nephrologist.
 - b. The trainee will see patients referred from the outpatient clinics, local private practitioners, and other services such as surgery, outpatient orthopedics, OBG, and neuropsychiatry. The trainee will also attend outpatient dialysis clinic at least once during the rotation.
 - c. Each patient will be evaluated by the trainee, and then discussed and seen with the staff nephrologist. The trainee must complete a thorough progress note on every patient and this must be completed and countersigned by the staff nephrologist with whom the patient was discussed.
 - d. All nephrology inpatient consults will be seen and consultation notes completed by the trainee. The cases will be discussed with the renal attending that then sees the patient with the trainee, does bedside teaching rounds, and completes the consultation note.
 - e. The nephrology staff will give didactic teaching lectures weekly.
 - f. The trainee will be assigned one or two topics to prepare and present per week.
- II. **Core Competency 5: Patient Care**
 - a. Objectives
 1. Take a good history including family and social history, drug history and systemic review in order to recognize and diagnose renal disease.
 2. Do a complete physical examination and recognize physical signs relevant to kidney disease.
 3. Learn to do simple urinalysis and microscopy, which is instrumental to diagnosing presence and types of renal disease.
 4. Develop a problem list, working diagnosis and differential diagnoses.
 5. Formulate a management plan following the above steps in the comprehensive evaluation of patients with suspected or known renal disease.
 6. Understand the special patient-doctor relationship and then learn how to foster and strengthen it in order to perform in a professional manner.
 7. Participate fully and actively in all aspects of patient care; from initial consultation to follow-up in both in-patient and outpatient care settings.
 - b. Evaluation of Patient Care - The trainee will be evaluated with the following criteria:

1. Accuracy and completeness of history taking and physical examination.
2. Thoroughness of the review of available medical data on each patient.
3. Performance of appropriate maneuvers and procedures (when relevant) on each patient.
4. Accuracy and thoroughness of patient assessments.
5. Appropriateness of diagnostic and therapeutic decisions.
6. Soundness of medical judgments.
7. Consideration of patient preferences in making therapeutic decisions.
8. Completeness and neatness of medical charting.

III. Core Competency 2: Medical Knowledge

- a. Objectives - The following objectives will be taught through didactic sessions, at bedside teachings both in the ambulatory care clinics and consult service on the wards, and the trainee's mandated readings when assigned:
 1. Classification of renal failure into acute and chronic types.
 2. Staging of chronic kidney disease into Stages 1 to 5 according to the NKF/DOQI Guidelines.
 3. Primary and secondary Glomerulopathies; their etiologies, pathogenesis, pathology, clinical presentation, diagnosis and treatment.
 4. Tubulo-interstitial disorders; their etiologies, pathogenesis, pathology, clinical presentation, diagnosis and treatment.
 5. Obstructive nephropathy both acute and chronic and their management.
 6. Hereditary nephropathy especially Autosomal Dominant Polycystic Kidney Disease (ADPKD) and Alport's Syndrome.
 7. Special attention and consideration towards diabetic nephropathy, primary and secondary hypertension, lupus nephritis and nephritic syndrome; details on their diagnosis, work-up and treatment strategies will be emphasized.
 8. Types of acid-base disorders and their management will be taught and discussed.
 9. Fluid and electrolyte disorders and their management will also be taught.
 10. The role & importance of urinalysis and microscopy will be taught hands-on.
 11. Kidney biopsy indications for diagnosis and management of kidney disease will be taught and the trainee will be able to watch the attending perform ultrasound guided renal biopsy when it is done.
 12. Acute and chronic dialysis indications, principles of dialysis procedures and complications of dialysis will be taught. The trainee will be able to see dialysis being performed.
 13. The basics about renal transplantation will also be taught to the trainee.

- b. Evaluation of Medical Knowledge - The trainee's medical knowledge of nephrology topics will be assessed by the following:
 - 1. The trainee's ability to answer directed questions and to participate in didactic sessions, attending rounds and in clinics.
 - 2. The trainee's presentations of assigned topics and their display of understanding of the topic.
 - 3. That the trainee understands pathophysiology, differential diagnosis and management issues of the various aspects of nephrology; this will evaluate their application of information learned didactically to actual patient care.
 - 4. The trainee's enthusiasm and motivation for learning.

IV. Core Competency 3: Professionalism

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 - 1. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 - 2. The trainee should be willing to accept errors and determine how to avoid them in the future.
 - 3. The trainee should always be responsible and reliable.
 - 4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 - 5. The trainee must maintain a professional appearance at all times.

V. Core Competency 4: Interpersonal and Communication Skills

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 - 1. The trainee should learn when to consult a sub-specialist for evaluation and management of a patient with renal disease.
 - 2. The trainee should be able to fully and properly present the consult cases to the attending staff.
 - 3. The trainee should be able to develop a rapport with the patients and take patient preferences and concerns into consideration at all times.
 - 4. The trainee should provide effective education and counseling to patients.
 - 5. The trainee should keep proper records in patient's charts.
 - 6. The trainee must communicate any patient problems to the attending staff in a timely manner.

VI. Core Competency 6: Systems-Based Practice

- a. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 - 1. The trainee should improve the utilization of good communication with other health services/professionals like nurses, nutritionists, therapists, surgeons, and administrative staff.
 - 2. The trainee should improve in the practice of cost effective medicine.

3. The trainee will assist in determining the root cause of any error identified and methods for avoiding future recurrence.
 4. The trainee will assist in development of systems improvement if problems are identified.
- VII. Core Competency 7: Practice Based Learning Improvement**
- a. Objectives and Evaluation - The trainee's performance will be evaluated on their willingness and ability to attain the following objectives:
 1. The trainee should use feedback and self-evaluation to improve their performance.
 2. The trainee should read the required material and articles provided to enhance learning.
 3. The trainee should use medical literature search tools in the library and elsewhere to find appropriate articles related to relevant cases.
- VIII. Educational Materials**
- a. Mandatory Reading
 1. Section on Renal Diseases in Harrison's Principles of Internal Medicine
 2. Section on Renal Diseases in Cecil's Textbook of Medicine
 - b. Suggested Readings
 1. Relevant section in MKSAP booklets on Nephrology.
 2. A collection of articles on various Nephrology topics will be provided to the trainee at the start of the rotation. They are expected to read as many of these as possible.
 3. The trainee is also encouraged to read current medical literature/text from the medical library and programs such as "Up-To-Date," in (Nephrology topics/Hypertension).
- IX. Evaluation**
- a. Trainee Evaluation
 1. Faculty will give constructive criticisms/suggestions at all times and will provide mid-rotation evaluation to the trainee as well.
 2. At the end of the rotation, faculty will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies as related to Nephrology.
 - b. Program Evaluation
 1. The trainee will fill out an evaluation of the Nephrology rotation at the end of the month.
 2. Any constructive criticism or suggestions towards improving or enhancing any part of the Nephrology training program will be welcome.
- X. Feedback**
- a. The trainee will get frequent, regular feedback with regard to their performance during the nephrology rotation.
 - b. Faculty is encouraged to use feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is done at the end of the rotation.

3.25 Pulmonary & Critical Care Medicine

Educational Purpose:

The trainees will be provided with the knowledge and skills to manage pulmonary diseases.

To have the trainees learn to diagnose and manage patients with commonly seen acute and chronic pulmonary diseases, and for them to know when to seek pulmonary subspecialty consultations.

The trainee will demonstrate competency in their ability to:

- Perform a preoperative pulmonary assessment.
- Diagnose and manage common pulmonary diseases.
- Understand the role of osteopathic manipulation in the treatment of pulmonary disease.

-
- a. History.
 - i. Dyspnea: exertional, positional, rest;
 - ii. Cough: productive, dry, character, frequency, pattern changes, color, quantity of sputum;
 - iii. Wheezing, stridor;
 - iv. Environmental exposures;
 - v. Past history of lung or functional disorder;
 - vi. Previous pulmonary testing;
 - vii. Snoring, hypersomnolence;
 - viii. Hemoptysis;
 - ix. Voice changes;
 - x. Chest pain.
 - b. Physical exam.
 - i. Extrapulmonary findings in lung disease:
 - ii. Cyanosis;
 - iii. Clubbing;
 - iv. Chest configuration;
 - v. Respiration patterns:
 - vi. Cheyne-Stokes;
 - vii. Kussmaul;
 - viii. Accessory muscle use/abdominal paradox;
 - ix. Thoracic structural abnormalities;
 - x. Detection and character of crackles, wheezes, rhonchi, post-tussive crackles, tubular breath sounds;
 - xi. Pleural friction rub;

- xii. Differentiation of effusion from consolidation with percussion in multiple positions, egophony, ("e" to "a");
- xiii. Subcutaneous emphysema;
- xiv. Diaphragmatic immobility.
- c. Basic concepts.
 - i. LEVEL I
 - 1. Aspiration pneumonitis;
 - 2. Lung abscess/pneumonia/bronchitis/colonization;
 - 3. Hypersensitivity pneumonitis;
 - 4. Bronchiolitis/tracheitis;
 - 5. Allergic bronchopulmonary aspergillosis;
 - 6. Infiltrate with eosinophilia;
 - 7. Emphysema/chronic bronchitis/asthma;
 - 8. Pulmonary embolism/infarction;
 - 9. Bronchopulmonary hemorrhage;
 - 10. Sleep apnea;
 - 11. Pulmonary contusion/rib fracture/burns/drowning;
 - 12. Pneumothorax;
 - 13. ARDS;
 - 14. Atelectasis;
 - 15. Basic physiology of respiration;
 - 16. Pulmonary function testing;
 - 17. Rheumatoid lung and other connective tissue disorders;
 - 18. Cor pulmonale.
 - ii. LEVEL II
 - 1. Mediastinitis/tumors;
 - 2. Empyema;
 - 3. Alveolar proteinosis/BOOP;
 - 4. Desquamative interstitial pneumonitis;
 - 5. Eosinophilic granulomatosis;
 - 6. Sarcoidosis;
 - 7. Churg-Strauss syndrome/vasculitis;
 - 8. Wegener's granulomatosis;
 - 9. Goodpasture's syndrome;
 - 10. Fungal/TB granulomatosis;
 - 11. Foreign body;
 - 12. Hemosiderosis;
 - 13. Cystic fibrosis;
 - 14. Flail chest;
 - 15. Primary pulmonary hypertension.
- d. Diagnostics/therapeutics.
 - iii. LEVEL I
 - 1. Ventilator management/physiology/weaning parameters/modes/adjustments/trouble shooting;
 - 2. Arterial blood gas performance and interpretation;
 - 3. Pleural biopsy: assist;

4. Thoracentesis;
 5. Simple spirometry;
 6. Pleural fluid analysis;
 7. Sputum induction;
 8. Direct fluorescent Legionella antibody in sputum/urine;
 9. Gram stain;
 10. Basic hypersensitivity testing;
 11. Endotracheal intubation;
 12. Chest tube drainage;
 13. Lung scan/gallium scan;
 14. Pre-operative evaluation;
 15. Osteopathic structural evaluation.
- iv. LEVEL II
1. Bronchoscopy/biopsy/lavage;
 2. Fluoroscopy;
 3. MRI/CT of chest;
 4. Lung biopsy or aspiration;
 5. Pulmonary angiography;
 6. Cardiopulmonary stress testing;
 7. Complete pulmonary function testing with methycholine challenge;
 8. Tracheotomy;
 9. Mediastinoscopy;
 10. Lung transplantation protocol.
- e. Health maintenance.
- i. Smoking cessation;
 - ii. Immunizations;
 - iii. Rehabilitation;
 - iv. Support groups;
 - v. Screening exams.
- f. **Core Competency 1: Osteopathic Concepts**
- i. Thoracic pump;
 - ii. Rib raising techniques;
 - iii. Diaphragmatic release techniques;
 - iv. Appropriate chest physiotherapy on ventilated patients

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. The trainee will receive individual instruction by the pulmonary attendings through seeing patients in the pulmonary outpatient clinic and the inpatient consults service.
 1. Each outpatient will be evaluated by the trainee, and then discussed and seen with the staff pulmonologist. The trainee will complete a thorough visit note on every outpatient seen and this will be completed and countersigned by the staff pulmonologist with whom the patient was seen.

2. All pulmonary inpatient consults will be seen and a consultation note completed by the trainee. The case will then be discussed with the pulmonary attending that would be seeing the patient along with the trainee. Appropriate bedside teaching will take place at that time and ultimately the attending faculty will complete the consultation note.
 3. The trainee will be carrying out daily follow up rounds on the consult service and writing notes accordingly. This will take place under the immediate supervision of the pulmonary attending.
- b. The rotation will provide the environment and resources for the trainee to acquire knowledge in the indications for and interpretation of:
1. Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume loops, lung volumes, diffusion capacity, airways resistance, and arterial blood gases. Towards this goal one half day per week will be spent along with the trainee in the review and interpretation of all pulmonary function tests performed the previous week.
 2. Diagnostic and therapeutic procedures, including their indications, performance and interpretation will be discussed with the trainee.
 3. Radiological imaging procedures including chest x-rays, computed axial tomograms of the chest and ventilation/perfusion lung scans will be individually reviewed with the trainee.

II. **Core Competency 5: Patient Care**

- a. Objectives - The pulmonary rotation will provide the educational environment and resources to allow the trainee to learn to care for patients with acute and chronic pulmonary disorders in both the outpatient and Hospitals setting.
- b. Practical Skills - At the completion of their rotation, the trainee would have gained the ability to properly perform a clinical history, including a thorough review of the patients occupational exposure, a review of systems with emphasis on respiratory symptoms and a thorough physical exam with emphasis on pulmonary findings and be adept at interpretation of radiologic imaging procedures and basic pulmonary function tests.
- c. Procedural Skills - The trainee will be taught the indications and performance of common procedures related to the pulmonary specialty. These will include thoracentesis and needle biopsy of pleura.
- d. Attitudes and Values
 1. The trainee should gain insight and appreciation of the psychosocial effects of acute and chronic pulmonary illnesses.
 2. The trainee will improve in the utilization of and communication with the Public Health Services and other professionals including the microbiologists, radiologists, pathologists and chest surgeons.
 3. The trainee will learn the importance of preventive medicine in routine health care and specifically in the area of tuberculosis, lung cancer and C.O.P.D.
 4. The trainee will become familiar with dealing with the difficulties of

disease management within different age groups, different socioeconomic, educational and cultural backgrounds that are seen.

5. The trainee will improve in the use of cost-effective medicine.

III. Core Competency 2: Medical Knowledge

a. Objectives - These objectives will be taught in relation to specific patients whenever possible in the clinic or on the consult service. Otherwise they will be discussed in the didactic sessions:

1. Pulmonary infections, including fungal infections, and those in the immuno-compromised host.
2. Tuberculosis, including all aspects of management, epidemiology and prevention.
3. Obstructive lung diseases including asthma, bronchitis, emphysema and Bronchiectasis.
4. Malignant diseases of the lung, pleura and mediastinum, both primary and metastatic.
5. Pulmonary vascular disease with emphasis on pulmonary embolism.
6. Pleuro-pulmonary manifestations of systemic diseases with emphasis on collagen vascular diseases.
7. Respiratory failure, including the acute respiratory distress syndrome.
8. Occupational and environmental lung disease.
9. Diffuse interstitial lung disease.
10. Disorders of the pleura and mediastinum, including pneumothorax and empyema
11. Sleep-induced disorders of breathing.

IV. Core Competency 3: Professionalism

a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:

1. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
2. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
3. The trainee must be responsible and reliable at all times.
4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
5. The trainee must maintain a professional appearance at all times.

V. Core Competency 4: Interpersonal and Communication Skills

a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:

1. The trainee should learn when to call a subspecialist for evaluation and management of a patient with a pulmonary disease.
2. The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
3. The trainee must be able to establish a rapport with the patients

and listens to the patient's complaints to promote the patient's welfare.

4. The trainee should provide effective education and counseling for patients.
5. The trainee must write organized and legible notes.
6. The trainee must communicate any patient problems to the staff in a timely fashion.

VI. Core Competency 6: Systems-Based Practice

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should improve in the utilization of and communication with many health services and professionals such as the nutritionist, the nurse clinician, podiatrist, ophthalmologist, physical therapist, surgeon, and nuclear medicine specialist.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of systems' improvement if problems are identified.

VII. Core Competency 7: Practice Based Learning Improvement

- a. Objectives
 1. The trainees will receive frequent informal feedback from the attending physician in regards to their performance during their rotation. The trainees will be informed about the results of their evaluation, and input will be requested from the trainee in regard to means of improving on their experience. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation. The trainee should read the required material and articles provided to enhance learning.
 2. The trainee should read the required material and articles provided to enhance learning.
 3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.

VIII. Educational Materials

- a. Mandatory Reading
 1. Section on Pulmonary diseases in Harrison's Principles of Internal Medicine.
 2. Basics of Pulmonary Function Interpretation.
- b. Medical Literature – A select collection of current review articles and clinical guidelines that address pulmonary issues will be provided.
- c. Pathology - All surgical specimens obtained by the staff pulmonologist will be reviewed along with the trainee in the Pathology Laboratory.

IX. Evaluation

- a. Trainee Criteria for Evaluation
 1. The general quality of care provided by the trainee to pulmonary

patients in different settings.

2. The fund of knowledge in basic pulmonary medicine achieved by the trainee during the rotation as evidenced by the understanding of patient problems displayed by the trainee in discussions with the staff.

- b. Program Evaluation - The trainee will fill out an evaluation of the pulmonary rotation at its conclusion.

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3.26 Rheumatology

Educational Purpose:

To provide the trainees with formal intensive instruction and clinical experience

To provide the opportunity to acquire expertise in the evaluation and management of rheumatologic disorders

The trainee will demonstrate competency in their ability to:

- Diagnose and manage common disorders of the musculoskeletal system.
 - Diagnose diffuse connective tissue disease.
 - Understand the role osteopathic manipulation plays in the management of patients with rheumatologic disease.
-

- a. History.
 - i. Joint pain, stiffness, motion dysfunction, swelling, muscle pain;
 - ii. Neck, low back and thoracic spine pain and motion dysfunction;
 - iii. Weakness, joint instability or locking;
 - iv. Sensory dysfunction;
 - v. Functional limitations ADL's;
 - vi. Occupational and athletic history;
 - vii. Prior treatment and responses;
 - viii. Family history;
 - ix. Joint symmetry/asymmetry-distribution.
- b. Physical examination.
 - i. Erythema, Heberden's nodes, Bouchard nodes, ulnar deviation, Dupuytren's contracture, tophi, thenar atrophy, foot drop, varus/valgus deformity;
 - ii. Osteopathic evaluation including bulge, ballottement, crepitus, stability, range of motion, strength, spinal loading, spasm, stretch testing;
 - iii. Posture, gait, movement;
 - iv. Chest expansion for spondylitis;
 - v. Leg length;
 - vi. Sacroiliac motion testing;
 - vii. Anal sphincter tone;

- viii. Sensory and reflex examination
 - ix. Warmth, effusion, deformity, range of motion all joints, nodules;
 - x. Proximal and other muscle strength/weakness;
 - xi. Skin changes, including Raynaud's;
 - xii. Range of motion of cervical, thoracic, lumbar spine.
- c. Basic concepts.
- i. Laboratory use:
 - ii. Rheumatoid factor;
 - iii. ANA;
 - iv. Cryoglobulins;
 - v. Sedimentation rate;
 - vi. Immunogenetics--anti-DNA, anti-ENA, ANCA
 - vii. CBC, routine urinalysis, biochemistry profile;
 - viii. X-ray interpretation
 - ix. Non-articular rheumatism:
 - x. Fibromyalgia;
 - xi. Bursitis/tendonitis;
 - xii. Polymyalgia rheumatica;
 - xiii. Carpal tunnel syndrome/other entrapment syndromes;
 - xiv. Reflex sympathetic dystrophy.
 - xv. Mono-articular disease:
 - xvi. Infectious arthritis;
 - xvii. Crystal deposition disease;
 - xviii. Internal derangement;
 - xix. Bursitis/tendonitis.
 - xx. Malignancy associated disease:
 - xxi. Hypertrophic pulmonary arthropathy;
 - xxii. Palmar/plantar fasciitis;
 - xxiii. Seronegative rheumatoid arthritis;
 - xxiv. Dermatomyositis;
 - xxv. Amyloidosis;
 - xxvi. Osteoarthritis;
 - xxvii. Gout.
 - xxviii. Polyarticular disease:
 - xxix. Rheumatoid arthritis;
 - xxx. Juvenile chronic polyarthritis;
 - xxxi. Seronegative spondyloarthropathies including enteropathic arthropathies, reactive arthritis, psoriatic arthritis;
 - xxxii. Systemic lupus erythematosus;
 - xxxiii. Vasculitis:
 - 1. Hypersensitivity angitis;
 - 2. Giant cell arthritis;
 - 3. Necrotizing angitis;
 - 4. Sjogren's;
 - 5. Systemic sclerosis;
 - 6. Viral arthritis, parvovirus, Hepatitis B, Aids.

xxxiv. Metabolic bone disease - osteoporosis, Paget's, hyperparathyroidism.

xxxv. Immunology:

1. Complement;
2. Mediators/lymphokines;
3. Cellular immunology.

d. Diagnostics/therapeutics.

- i. Joint aspiration;
- ii. Joint injection;
- iii. Polarizing microscopy;
- iv. Osteopathic evaluation and treatment.

e. Health maintenance.

- i. Screening;
- ii. Immunizations;
- iii. Physical therapy.

f. **Core Competency 1: Osteopathic Concepts**

- i. Range of motion therapy;
 - ii. Myofascial release, especially in fibromyalgia;
 - iii. Counter strain techniques for fibromyalgia
-

The trainees will obtain competency in all of the above goals by meeting the following criteria:

I. Principal Teaching Methods

a. The trainee will receive individual instruction by the Rheumatology attendings through seeing patients in the Rheumatology outpatient clinic and on the consult service, and didactic teaching sessions. The trainee will attend the outpatient clinics.

1. The trainee will see a wide variety of patients from various ages, socioeconomic, educational, and cultural backgrounds.
2. Each outpatient will be evaluated by the trainee, and then discussed and seen with the staff rheumatologist. The trainee must complete a thorough progress note on every outpatient and the staff rheumatologist must countersign this.
3. All rheumatology inpatient consults will be seen and consultations notes completed by the trainee. The cases must be discussed with the Rheumatology attending who will see the patients with the trainee, do bedside teaching rounds, and complete the consultation note.
4. The rheumatology staff will give didactic teaching lectures weekly.
5. The trainee will be responsible for reviewing 2-3 rheumatology topics for the month and give short presentations on these topics. These topics are chosen from the cases seen on consult service.

II. **Core Competency 5: Patient Care**

a. Objectives - These objectives will be taught in relation to specific patients whenever possible in the clinic or on the consult service. Otherwise they will be discussed in the didactic sessions.

1. Recognize the symptoms of acute monoarticular arthritis. The

trainee will be taught how to differentiate arthritis from extra-articular causes of joint pain by performing an adequate joint examination and this will be specifically demonstrated during this rotations. Seek pertinent physical exam and laboratory information to identify the various causes of acute monoarticular arthritis such as septic arthritis, crystal induced arthritis, traumatic, osteoarthritis, onset of a systemic inflammatory process. The trainee will observe how to aspirate a joint and thereafter perform one or more under my supervision. Become familiar with the appropriate initial workup and procedures required to identify the above causes and then start the appropriate therapy promptly.

2. Recognize the articular and systemic features of RA. Differentiate these from osteoarthritis. Learn to order appropriate laboratory tests in patients with undiagnosed arthritis to differentiate RA from other symmetrical chronic polyarthropathies.
3. Identify sign and symptoms of Systemic Lupus Erythematosus. Learn to order appropriate laboratory tests and learn to interpret them. Learn the management of SLE based on organ involvement.
4. Recognize the clinical features of Antiphospholipid Antibody Syndrome and learn how the order, interpret laboratory tests and treat the condition.
5. Identify sign and symptoms of Idiopathic Inflammatory Myopathy. Learn to differentiate from other myopathies. Learn the appropriate workup and management.
6. Identify the signs and symptoms of Scleroderma. Learn to order appropriate tests to recognize organ involvement and start therapy.
7. Recognize and treat seronegative spondyloarthropathies. Learn the essential features that help diagnose Ankylosing Spondylitis, Psoriasis, Reactive arthritis, HIV and Inflammatory bowel disease associated arthritis.
8. Recognize and manage crystal-induced arthritis, acute and chronic. Identify monosodium urate and CPPD crystals on polarized microscopy. Learn the appropriate therapy.
9. Identify signs and symptoms of vasculitis. Learn to identify diseases that may mimic vasculitis (infection, drugs). Learn the diagnostic procedures and management.
10. Identify the different causes of soft tissue rheumatism by history, physical examination and special studies. Learn injection of bursitis and tendonitis by observing the attending do one and then doing one under supervision.
11. Use and interpretation of rheumatology testing. This is an important and practical component of this rotation. The trainee will become familiar with the appropriate and cost effective laboratory and radiologic work up of the rheumatologic disorders listed in the knowledge objectives and their interpretation.

b. Evaluation of Patient Care - The trainee will be evaluated using the following

criteria:

1. Completeness and accuracy of medical interviews and physical examinations.
2. Thoroughness of the review of the available medical data on each patient.
3. Performance of appropriate maneuvers and procedures on patients.
4. Accuracy and thoroughness of patient assessments.
5. Appropriateness of diagnostic and therapeutic decisions.
6. Soundness of medical judgment.
7. Consideration of patient preferences in making therapeutic decisions.
8. Completeness of medical charting.

III. **Core Competency 2: Medical Knowledge**

- a. Objectives - These objectives will be taught through the didactic sessions and at bedside teaching as they relate to specific patients in the clinic and on the consult service:
 1. Acute Monoarticular Arthritis - Differential diagnosis, initial evaluation, appropriate laboratory orders, and therapy
 2. Osteoarthritis - Classification, pathogenesis, and therapy
 3. Rheumatoid arthritis - Pathogenesis, diagnosis, complications, and treatment
 4. Systemic Lupus Erythematosus - Classification, Pathogenesis, diagnosis, complications and treatment
 5. Antiphospholipid syndrome - Pathogenesis, diagnosis, and treatment
 6. Inflammatory and metabolic myopathies - Classification, pathogenesis, diagnosis and therapy
 7. Scleroderma - Classification, pathogenesis, diagnosis, complications, and therapy
 8. Seronegative arthropathies - Classification, pathogenesis, diagnosis, complications and therapy
 9. Crystal induced arthritis - Classification, pathogenesis, diagnosis, and therapy
 10. Vasculitis - Classification, pathogenesis, diagnosis, and therapy
 11. Fibromyalgia and soft tissue rheumatism - Pathogenesis, diagnosis and therapy
- b. Evaluation of Medical Knowledge - The trainee's Medical knowledge of Rheumatology will be assessed by the following:
 1. The trainee's ability to answer directed questions and to participate in the didactic sessions.
 2. The trainee's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and that the trainee understands the topic.
 3. The trainee's ability to apply the information learned in the didactic sessions to the patient care setting.
 4. The trainee's interest level in learning.

IV. Core Competency 3: Professionalism

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 2. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 3. The trainee must be responsible and reliable at all times.
 4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 5. The trainee must maintain a professional appearance at all times.

V. Core Competency 4: Interpersonal and Communication Skills

- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should learn when to call a subspecialist for evaluation and management of a patient with rheumatologic disease.
 2. The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
 3. The trainee must be able to establish a rapport with the patients and listen to the patient's complaints to promote the patient's welfare.
 4. The trainee should provide effective education and counseling for patients.
 5. The trainee must write organized and legible notes.
 6. The trainee must communicate any patient problems to the staff in a timely fashion.

VI. Core Competency 6: Systems-Based Practice

- a. Objective & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
1. The trainee should improve in the utilization of and communication with many health services and professionals such as the nutritionist, the nurse clinician, podiatrist, ophthalmologist, physical therapist, surgeon, and nuclear medicine specialist.
 2. The trainee should improve in the use of cost effective medicine.
 3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
 4. The trainee will assist in development of systems' improvement if problems are identified.

VII. Core Competency 7: Practice Based Learning Improvement - The trainee's performance will be evaluated on their willingness and ability to obtain the following objectives.

- a. Objectives
1. The trainees should use feedback and self-evaluation in order to improve performance.

2. The trainee should read the required material and articles provided to enhance learning.
 3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.
- VIII. Educational Material
- a. Mandatory Reading
 1. Section on musculoskeletal disease in Harrison's Principles of Internal Medicine
 2. Section of rheumatology in Cecil's Textbook of Medicine
 - b. Suggested Reading - MKSAP booklet on Rheumatology.
 - c. Medical Literature - The textbook Primer on the rheumatic disease will also be provided which address all basic areas of rheumatology. The trainee is strongly encouraged to read as many of these chapters as possible.
 - d. Pathology - the trainee and staff rheumatologist will review all synovial fluid aspirations, synovial biopsy or any pathology pertaining to rheumatology with the pathologist.
- IX. Evaluation
- a. Trainee Evaluation - The faculty will fill out the standard evaluation form using the criteria for evaluations as delineated above to grade the trainee in each of the six competencies as related to rheumatology.
 - b. Program Evaluation
 1. The trainee will fill out an evaluation of the rheumatology rotation at the end of the month.
 2. Any constructive criticism, improvements, or suggestions to further enhance the training in rheumatology are welcome at any time.
- X. Feedback
- a. The trainee should receive frequent (generally daily) feedback in regards to his or her performance during the rheumatology rotation. The trainee will be informed about the results of the evaluation process, and input will be requested from the trainee in regards to his or her evaluation of the rheumatology rotation.
 - b. The faculty is encouraged to use feedback throughout the rotation. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation.

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3.27 Emergency Medicine

Educational Purpose:

The trainee will learn about the practice of emergency medicine in a busy medical center. The rotating trainee will be taught prioritization of care and triage. The trainee will learn how to interact with ambulance and other emergency service personnel. The trainee will learn the basic approach to common emergencies, traumatic, medical, and adult.

To provide educational experiences that will expand their knowledge and skills in the management of emergent patients.

The trainee will demonstrate competency in their ability to:

- Demonstrate the appropriate triage of emergency patients.
- Provide emergency care for stabilization and initial treatment of emergency patients.
- Successfully pass ACLS.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. The rotating trainee will provide direct patient care in the Emergency Dept. The trainee is expected to perform the assigned reading and attend the regular EM conferences, unless excused to attend parent department conferences or clinic.
 - b. The trainee will practice all aspects of patient care in the ED. The rotating trainee will work in an environment with several trainees present at the same time. The rotator will not supervise students or other trainee physicians in the ED. Each shift the rotator will be informed at check in rounds of their responsibilities for the shift.
- II. Educational Content
 - a. The trainee will have direct on site supervision by the attending staff, with graded progression of decision-making responsibility as the trainee's abilities allow.
 1. All of the resources of the ED will be available to the rotating trainee during this rotation.
 2. Daily review is conducted of important and instructive encounters.
 3. Weekly core lecture series is mandatory for all rotating trainees.
 - b. Competencies
 1. The rotating trainee will develop competency in understanding the environment of the ED as it pertains to the health care system. The following are specifically noted. It is anticipated that standard evaluation forms by the rotator's home department will include an evaluation relevant to that department's general and discipline specific competencies. The following are noted.
 2. Patient Care is evaluated as part of the monthly ED evaluation. Procedure Logs will be utilized for specific procedural skills required by that discipline. 360 evaluations will also be utilized for rotating trainees as well.
 3. Medical Knowledge is also assessed through the monthly ED evaluations.
- III. Evaluation
 - a. Trainees will be evaluated in the performance in the following manner:
 1. Patient evaluations will be reviewed with the attending physicians.
 2. Patient presentations and conference presentations will be

- reviewed.
3. Procedures done by the trainee will be documented giving the indications, outcomes, diagnoses, level of competence and assessment by the supervisor of the ability of the trainee to perform it independently.
 4. Mid-rotation evaluation session between the faculty members working with the trainee and the ED service attending for the month.
- IV. Feedback - Trainees will receive feedback with respect to achieving the desired level of proficiency and working out ways in which they can enhance their performance when the desired level of proficiency has not been achieved. Evaluation and feedback will occur during the rotation. In addition, we are developing a real time evaluative tool for trainee performance. It is anticipated that this will improve feedback.

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3.28 Geriatrics

Educational Purpose:

Trainees will learn about the principles of aging and become proficient in the application of this information.

Trainees will learn to recognize, understand, and manage certain geriatric syndromes.

The trainee will become proficient in the diagnosis, management, and evaluation of certain common diseases, disorders and health concerns of the elderly.

The trainee will demonstrate competency in their ability to:

- Understand the physiologic changes that occur with aging.
- Differentiate between normal age-related changes and disease pathology.
- Recognize atypical presentations of diseases in elderly individuals.
- Utilize basic geriatric assessment tools in clinical practice.
- Assess and assign appropriate levels of long-term care for elderly persons.
- Understand the differences among the continuum of care for elders.
- Manage the elderly patient in various levels of care.
- Understand the role of the family in the care of the elderly.
- Perform a functional assessment of elderly.
- Understand the role of a multidisciplinary team in the care of the elderly.
- Access available community resources to care for frail and/or homebound elderly patients.
- Utilize osteopathic manipulative treatment (with special attention to myofascial release, strain counter strain, and muscle energy) in the treatment of the elderly patient.

- Understand the role of and utilize hospice in the care of the dying patient.
 - Understand the use of appropriate immunizations in the elderly patient.
 - Understand the issue of self-determination including advanced directives.
 - Understand strategies to optimize quality of life.
 - Understand appropriate pain management in the elderly.
 - Understand pharmacokinetics in the elderly.
 - Recognize the importance of being an advocate for accessibility to health care for all elderly patients.
-

- a. History.
 - i. Obtain data to evaluate mental function, physical function, and social dynamic;
 - ii. Recognize the presentation of dementia, delirium, auditory and visual impairment, frailty and fatigue, dysautonomia;
 - iii. Identify important additional sources of information such as family, significant others, health care providers, friends;
 - iv. Recognize the importance of home visits to obtain most helpful information regarding general condition;
 - v. Understand the impact of the following on the elderly: age, race, sex, socioeconomic status, marital status, and parity/gravity.
- b. Physical exam.
 - i. Note the unique aspects pertaining to the elderly: normal skin, structural, and organ changes with aging;
 - ii. Understand the effects of aging on interpretation of findings;
 - iii. Focus on mobility, frailty, and general health, nutrition, and sense organ disease.
- c. Basic principles.
 - i. Herpes zoster;
 - ii. Decubitus ulcer, non-surgical;
 - iii. Stasis and ischemic ulcers
 - iv. Senile purpura;
 - v. Xerosis and benign skin lesions;
 - vi. Cerumen impaction;
 - vii. Hiatal hernia/reflux;
 - viii. Malnutrition/failure to thrive;
 - ix. Diverticular disease;
 - x. Fecal impaction, constipation, incontinence;
 - xi. Mesenteric ischemia;
 - xii. Anemia;
 - xiii. Hypertension;
 - xiv. Dementia/delirium/mental status change;
 - xv. Parkinsonism;
 - xvi. Cerebral ischemic syndromes;
 - xvii. Falls/drop attacks;
 - xviii. Dysautonomia;

- xix. Urinary tract infection/incontinence/colonization/ dysfunction;
 - xx. Estrogen deficiency atrophic vaginitis, osteoporosis;
 - xxi. Degenerative joint disease/ arthritis;
 - xxii. Rheumatologic disorders (temporal arthritis, polymyalgia, rheumatoid);
 - xxiii. Atrial fibrillation;
 - xxiv. Myocardial ischemic syndromes;
 - xxv. Aortic stenosis;
 - xxvi. Congestive heart failure;
 - xxvii. Venous insufficiency;
 - xxviii. Thrombophlebitis/pulmonary embolism;
 - xxix. Peripheral arterial disease/aortic occlusive disease/aneurysm;
 - xxx. Aspiration acute and chronic;
 - xxxi. Influenza;
 - xxxii. Hyperosmolar state (DM);
 - xxxiii. Thyroid dysfunction;
 - xxxiv. Hypo and hyperthermia;
 - xxxv. Polypharmacy/drug toxicity/drug interaction;
 - xxxvi. Insomnia/depression/anxiety;
 - xxxvii. Elder abuse.
- d. Diagnostics/therapeutics.
 - i. Specific tools for each content area above;
 - ii. Fall prevention strategies;
 - iii. Exercise prescription;
 - iv. Hormone replacement therapy.
 - e. Health promotion.
 - i. Cancer screening;
 - ii. Immunization;
 - iii. Behavior modification.
 - f. **Core Competency 1: Osteopathic Concepts**
 - i. Primary use of muscle energy techniques, fascial release and counter strain rather than high velocity thrust;
 - ii. Goal is to maintain mobility and functional status rather than to focus on reversal of dysfunction;
 - iii. Posture and strengthening exercises to maintain mobility and reduce energy expenditure.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. Inpatient: The typical geriatric patient on the inpatient service is frail with multiple medical problems and usually very ill. These patients will be seen on the general medicine wards services, internal medicine consults services, and the subspecialty-consult services. This rotation also provides experience in the problems of frail geriatric patients living in the community. Patients are seen in the nursing home. An interdisciplinary team consisting of geriatrics, psychiatry, social work, physical therapy, and erotological caseworkers will

meet weekly in conference to discuss cases; the main focus of the conference will be teaching, and case management.

b. A core series of lectures in Geriatrics is regularly scheduled.

II. **Core Competency 5: Patient Care**

a. Objectives

1. The trainee will learn the specific approach to the geriatric patient, including the fundamentals of geriatric assessment, how to deal with families of the elderly, the surgical evaluation of the elderly patient and the care of the dying patient.
2. The trainee will learn to recognize problem behaviors in long term care settings and learn how to deal with demented patients and their families.
3. Trainees will learn the necessary practical and technical skills required to evaluate and treat geriatric disorders. These skills will include lumbar spinal tap, arthrocentesis, thoracentesis, paracentesis, breast exam, pelvic exam, pap smear, joint exam, ear exam and skin biopsies.
4. The trainee will develop an appreciation and understanding of the principles of aging.
5. Trainees will understand the importance of the psychosocial interview and caring for patients with dementia and neurobehavioral disorders.
6. The trainee will learn to appreciate differences in management of disorders in the elderly, as opposed to the non-elderly population.

b. Evaluation of Patient Care - The trainee will be evaluated using the following criteria:

1. Completeness and accuracy of medical interviews and physical examinations.
2. Thoroughness of the review of the available medical data on each patient.
3. Performance of appropriate maneuvers and procedures on patients.
4. Accuracy and thoroughness of patient assessments.
5. Appropriateness of diagnostic and therapeutic decisions.
6. Soundness of medical judgment.
7. Consideration of patient preferences in making therapeutic decisions.
8. Completeness of medical charting.

III. **Core Competency 2: Medical Knowledge**

a. Objectives

1. Trainees will learn important principles of aging, including biology and physiology of aging, psychology and demography of aging, pharmacology, preventive geriatrics (including principles of rehabilitation, long-term care, ethical and legal issues) and financing and reimbursement issues.
2. Trainees will learn about dementia, neurobehavioral disorders, delirium, urinary incontinence, hearing and visual impairment,

- osteoporosis, injury due to falls, pressure ulcers and sleep disorders.
3. The trainee will become familiar with organ system related diseases of the elderly, including cardiovascular diseases, musculoskeletal disorders, neurologic problems, infectious diseases, respiratory diseases, gastrointestinal disorders, endocrine and metabolic disorders, hematologic disorders, renal diseases, and dermatologic problems.
- b. Evaluation of Medical Knowledge - The trainee's Medical knowledge of geriatrics will be assessed by the following:
 1. The trainee's ability to answer directed questions and to participate in the didactic sessions.
 2. The trainee's presentation of assigned short topics. These will be examined for their completeness, accuracy, organization, and that the trainee understandings the topic.
 3. The trainee's ability to apply the information learned in the didactic sessions to the patient care setting.
 4. The trainee's interest level in learning.
- IV. Core Competency 3: Professionalism**
- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 2. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 3. The trainee must be responsible and reliable at all times.
 4. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 5. The trainee must maintain a professional appearance at all times.
- V. Core Competency 4: Interpersonal and Communication Skills**
- a. Objectives & Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
 1. The trainee should learn when to refer to a geriatrician for evaluation and management of a patient with geriatric disease.
 2. The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
 3. The trainee must be able to establish a rapport with the patients and listens to the patient's complaints to promote the patient's welfare.
 4. The trainee should provide effective education and counseling for patients.
 5. The trainee must write organized and legible notes.
 6. The trainee must communicate any patient problems to the staff in a timely fashion.
- VI. Core Competency 6: Systems-Based Practice**
- a. Objectives & Evaluation - The trainee will be evaluated on their ability to

demonstrate the following objectives:

1. The trainee should improve in the utilization of and communication with many health services and professionals such as the nutritionist, the nurse clinician, podiatrist, ophthalmologist, physical therapist, occupational therapist, speech therapist, and pharmacist.
2. The trainee should improve in the use of cost effective medicine.
3. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
4. The trainee will assist in development of systems' improvement if problems are identified.

VII. Core Competency 7: Practice Based Learning Improvement

a. Objectives

1. The trainee will learn the importance of continued scholarship in the areas of principles of aging. Reference to geriatric texts and journals will be utilized.
 2. The trainee will learn to recognize his or her own limitations and request appropriate consultation and support.
 3. The trainee will learn the importance of staying abreast of the medical literature addressing the various diseases and problems of the elderly.
- b. Evaluation of Practice Based Improvement - The trainee's performance will be evaluated on their willingness and ability to obtain the following objectives.
1. The trainee should use feedback and self-evaluation in order to improve performance.
 2. The trainee should read the required material and articles provided to enhance learning.
 2. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.

VIII. Educational Materials

a. Mandatory Reading

1. Section on Geriatric disease in Harrison's Principle of Internal Medicine; AND,
2. Section on Geriatric disease in Cecil's Textbook of Medicine

b. Suggested Reading

1. Trainees are encouraged to read appropriate articles regarding geriatric problems. The specific readings pertain to dementia, drug use in the elderly and preoperative evaluation on geriatric patients.
2. MKSAP booklet on Geriatrics

IX. Evaluation

- a. Evaluations will be similar to that utilized in other areas of the internal medicine training program and will have both formal and informal components. The formal evaluations will consist of written evaluations by faculty attendings on each trainee when they are in various settings such as the ambulatory clinic and nursing home. Informal evaluations are based on

interactions that the trainees have with faculty members.

- b. Program Evaluation
 1. The trainees will fill out an evaluation of the geriatric rotation at the end of the month.
 2. Any constructive criticism, improvements, or suggestions to further enhance the training in geriatrics are welcome at any time.

X. Feedback

- a. Trainees should receive feedback on their knowledge in geriatrics from a number of sources. This can come from the attending or other members of the team such as the therapists, pharmacists, and nurses. Finally, the trainees receive feedback about their knowledge in geriatrics by assessing their performance when various lectures and board reviews are given, as well as when they take the in-training examination.
- b. The trainee will obtain feedback on the acquisition of skills from interactions with attendings, trainees and nurses during their rotations. Trainees may also assess their attainment of certain skills by comparing their progress with that espoused in the geriatric lecture series.
- c. Faculty in the form of evaluations as well as meetings will also provide feedback with the trainee.

[Geriatrics](#)

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3.29 Neurology

Educational Purpose:

To provide the trainees with formal intensive instruction and clinical experience

To provide the opportunity to acquire expertise in the evaluation and management of neurological diseases

The trainee will demonstrate competency in their ability to:

- Diagnose and manage common disorders of the nervous system.
 - Understand the role osteopathic manipulation plays in the management of neurologic disorders.
-

- a. History.
 - i. Nature of dysfunction and mode of onset;
 - ii. Toxins or other environmental exposures;
 - iii. Trauma/infections;
 - iv. Activities of daily living;
 - v. Family history.
- b. Physical exam.
 - i. Complete cranial nerve evaluation;
 - ii. Muscular tone, strength, fasciculations, wasting;
 - iii. Reflex testing, clonus, Babinski, Chaddock, Bing;

- iv. Cerebellar testing;
- v. Gait observation;
- vi. Sensory testing to include pain, light touch, temperature,
- vii. Ibratory, position, neglect;
- viii. Mental status exam.
- c. Basic concepts.
 - i. Cephalgia: tension, vascular, cluster;
 - ii. Vertigo;
 - iii. CNS infections, hemorrhage, trauma, edema;
 - iv. Concussion, epidural and subarachnoid hematoma;
 - v. Seizures: status epilepticus, classification, evaluation, indications for treatment;
 - vi. Coma;
 - vii. Cerebrovascular disease: CVA, TIA, RIND, stroke in evolution, intracranial; hemorrhage and aneurysms;
 - viii. Fluent and non-fluent aphasia;
 - ix. Dementia: multi-infarct, metabolic, Alzheimer's, degenerative, toxic;
 - x. Meningitis, encephalitis;
 - xi. Movement disorders: Parkinsonism, tardive dyskinesia, essential and secondary tremor;
 - xii. Multiple sclerosis;
 - xiii. Muscular dystrophies;
 - xiv. Polyneuropathy, mononeuritis, myasthenia gravis, Guillian Barre;
 - xv. Neuro-ophthalmology: normal fundus, papilledema, Marcus Gunn pupil;
 - xvi. Syncope;
 - xvii. Pituitary adenoma;
 - xviii. Spinal cord compression, corda equina syndrome;
 - xix. Primary and secondary brain tumors;
 - xx. Eaton-Lambert syndrome.
- d. Diagnostics/therapeutics.
 - i. Lumbar puncture;
 - ii. EEG assist;
 - iii. Cerebral angiography interpretation;
 - iv. CT/MRI scanning interpretation;
 - v. Myelography: assist;
 - vi. Evoked potentials interpret;
 - vii. EMG assist;
 - viii. Doppler ultrasound of carotids interpret;
 - ix. Osteopathic structural exam.
- e. Health promotion.
 - i. Psychosocial support;
 - ii. Genetic counseling.
- f. **Core Competency 1: Osteopathic Concepts**
 - i. Focus on secondary structural changes and spasm with myofascial release, counter strain, and mobility therapy;
 - ii. Cervical myofascial release for tension cephalgia;

iii. Short leg syndrome therapy

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods - Trainees will receive individual instruction by neurology physicians while interviewing patients at the outpatient clinics, and the private office, and in the consultation services.
 - a. Trainees will see a wide variety of patients from various ages, social economic, educational, and cultural backgrounds.
 - b. Trainees will evaluate patients and will discuss findings by staff neurologists. Trainees must complete a thorough progress note on every outpatient and the neurology staff in charge of the patient must countersign this.
 - c. Trainees will initially see the inpatient consults, and gather information from chart, radiology and laboratory reports. Trainees then will discuss all this information with the staff neurologists as part of the bedside teaching round. Trainees will follow these patients as their own until patients are released.
 - d. The neurology staff will give teaching lectures weekly. There is a basic neuro imaging review.
 - e. Trainees will be responsible for reviewing one general Neurology topic per week and giving a short presentation during the morning lecture.

II. **Core Competency 5: Patient Care**

- a. Objectives
 1. Interpreting the significance of neurological symptoms.
 2. Performing a neurological examination.
 3. Interpreting the signs obtained in the examination.
 4. Localization of diseases process in the nervous system.
 5. Integration of symptoms and signs into neurological syndromes and recognizing neurological illnesses.
 6. Making a differential diagnosis.
 7. Learning the basis of neuro imaging (CT scan, MRI), and electro diagnostic studies (EEG's and EMG's).
 8. Utilizing laboratory data to complete topographic and etiologic diagnoses.
 9. Defining pathophysiologic mechanisms of disease processes.
 10. Formulating plan for investigation and management.
 11. Assessing prognosis.
 12. Understanding main neurological manifestations of systemic diseases.
 13. Identifying emergencies and need for expert assistance.
- b. Evaluation of Patient Care - Trainee will be evaluated using the following criteria:
 1. Completeness and accuracy of medical interviews and physical examination.
 2. Thoroughness of the review of available medical data obtained from patients.
 3. Performance of appropriate procedures on patients.

4. Accuracy and thoroughness of patient's assessment.
 5. Appropriateness of diagnosis and therapeutic decisions.
 6. Soundness of medical judgment.
 7. Consideration of patient's preferences in making therapeutic decisions.
 8. Completeness of medical charting.
- c. At the completion of the rotation trainees should be able to manage neurological disease such as epilepsy, migraine headaches, vertigo, dizziness, strokes, dementia, Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis, neuropathies, head and spinal cord injuries and neurological complication of systemic diseases. These skills are acquired in the inpatient consultation service, inpatients, and outpatient visits.

III. **Core Competency 2: Medical Knowledge**

- a. Objectives - These objectives will be taught through didactic sessions, and at bedside teaching.
1. Classification, pathogenesis, diagnosis, complications and treatment of Epilepsy (seizure disorder)
 - a. Syncope
 - b. Headache
 - c. Vertigo/dizziness
 - d. Stroke
 - e. Brain and spinal tumors
 - f. Head and spinal injuries
 - g. Dementia
 - h. Parkinson's disease
 - i. Multiple sclerosis
 - j. Motor neuron disease
 - k. Infection diseases of the nervous system
 - l. Neuropathies
 - m. Diabetic neuropathies
 - n. Acute and chronic inflammatory demyelinating neuropathies
 - o. Toxic neuropathies
 - p. Toxic neuropathies
 - q. Neuropathies due to systemic diseases
 - r. Neuromuscular junction diseases
 - s. Myopathies
 - t. Hereditary
 - u. Acquired
 2. Neurological complications of systemic diseases
 3. Adverse effects, pharmacokinetics and pharmacodynamics
Antiepileptic drugs Antiparkinson drugs Immunomodulator IV
Immunoglobulins Antihypertensive medicines Psychotropic
medicines Neurotropic medicines Anticoagulant medicines
- b. Evaluation of Medical Knowledge - Trainees' medical knowledge of Neurology will be assessed by their ability to:
1. Answer specific questions and to participate in didactic sessions.

2. Properly present assigned topics (these will be examined for completeness, accuracy, organization, and trainee's understanding of the subject).
3. Apply the learned information in patient care setting.
4. Give more than their share and demonstrate interest, and enthusiasm in learning.

IV. Core Competency 3: Professionalism

- a. Objectives and Evaluation - Trainees will be evaluated on their ability to demonstrate the following objectives:
 1. Development of ethical behavior and humanistic qualities of respect, compassion, integrity, and honesty.
 2. Willing to acknowledge errors & determine how to prevent them in the future.
 3. Responsibility and reliability at all times.
 4. Consideration of needs from patients, families, colleagues and support staff.
 5. Professional appearance at all times.

V. Core Competency 4: Interpersonal and Communication Skills

- a. Objectives and Evaluation
 1. Trainees should be able to decide when to call another specialist for evaluation and management on a patient with a neurological disease.
 2. Trainees should be able to clearly present the problem to the consultant and ask a precise question to the consultant.
 3. Trainees should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, empathy, and rapport with patients and family to promote the patient's welfare.
 4. Trainees should provide effective education and counseling to patients.
 5. Trainees must write organized and legible notes.
 6. Trainees must communicate to the staff in a timely fashion any problem or conflict that arouse during interaction with the patients.

VI. Core Competency 6: Systems-Based Practice

- a. Objectives and Evaluation
 1. Trainees should gain insight into and appreciation of the psychosocial effects of chronic illness.
 2. Trainees should enhance their utilization of communication with many health services and professionals such as nutritionists, nurse clinicians, physician assistants, social workers podiatrist, ophthalmologist, physical therapist, surgeon, and radiologist and nuclear medicine specialist.
 3. Trainees should learn the importance of preventive medicine in routine health care and specifically in the area of neurological disease management.
 4. Trainees should be knowledgeable on the use of cost effective medicine

5. Trainees will assist in development of systems of improvements to correct identified problems.

VII. Core Competency 7: Practice Based Learning Improvement

- a. Performance will be judged by ability to:
 1. Use feedback and self-evaluation to improve performance.
 2. Read the required material from textbook, journals and handouts.
 3. Use medical literature search tools at the library and through on-line to find appropriate articles that apply to interesting cases.

VIII. Educational Material

- a. Mandatory Reading
 1. Gilmans, Newman SW: Maner and Gatz's Essentials of clinical neuro anatomy and neurophysiology.
 2. Adams RD, Victor M: Principles of Neurology, current edition.
 3. Section on Neurology in Harrison's Principles of Internal Medicine.
 4. Section on Neurology in Cecil's Textbook of Medicine.
 5. All handouts provided through the course
- b. Suggested Reading
 1. The Neurologic Examination. Russell De Yong.
 2. Patten J. Neurological differential diagnosis. Springer
 3. Patten and Posner, Stupor and coma.
 4. Medical Literature: A collection of updated review articles will also be provided which address all basic areas of Neurology. Trainees are strongly encouraged to read as many of these articles as possible. In addition trainees are encouraged to read basic neurological journals such as Neurology, Archives of Neurology and Annals of Neurology.
- c. Neuro imaging: There is a formal instruction to interpret of neuro imaging techniques with teaching cases provided by the Department of Radiology.

IX. Evaluation

- a. Trainees Evaluation - The Faculty will fill out the standard Evaluation Form using the criteria for evaluations as delineated above to grade the trainees' performance in each category of competency.
- b. Program Evaluation - The trainees will fill out an evaluation of the Neurology rotation at the end of the month. This will include constructive criticism for improvement; or suggestions to further enhance training.

- X. Feedback - Trainees should receive frequent (generally daily) feedback in regards to their performance during the rotation. Trainees will be informed about the results of the evaluation process and input will be requested from trainees in regards to their evaluation of the Neurology rotation. There will be a formal evaluation and verbal discussion with the trainee at the end of the rotation.

[Neurology](#)

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3.30 Community Medicine

Educational Purpose:

To provide the trainee, through didactic and clinical experiences in outpatient and inpatient settings, with educational experiences that will enhance their knowledge and skills in health promotion disease prevention, including appropriate strategies such as immunizations, healthful lifestyle changes, and other community related programs.

The trainee will demonstrate competency in their ability to:

- Utilize community resources to assist in the management of patients.
 - Understand the role of local health departments in the management of patients.
 - Utilize evidence-based principles to determine appropriate strategies for care.
 - Identify modifiable risk factors for the prevention of disease.
 - Understand how physicians' personal behavior affects the patient's perception of them as a role model for responsibility in their own health.
 - Understand the importance of patient education in the area of injury prevention, especially motor vehicle accidents, accidents in the home, sports injuries, and domestic violence.
 - Understand the role of and utilize Hospice in the care of the dying patient.
 - Understand the importance of recognizing cultural diversity among the patient population and within the community.
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3.31 General Surgery

Educational Purpose:

The trainee will demonstrate competency in their ability to:

- Recognize and manage, with the surgeon, conditions requiring surgical care. Provide pre-hospital preparation of the elective surgical patient.
 - Integrate osteopathic principles and manipulative treatment in the management of surgical patients.
 - Perform specific surgical procedures as outlined in these basic standards.
-

3.32 Practice Management

Educational Purpose:

To prepare the trainee for entry into the health care environment

The trainee will demonstrate competency in their ability to:

- Enter into contractual arrangements with health care systems.
- Understand issues of medical jurisprudence.
- Understand community systems and agencies that enter into aspects of health care.

- Understand risk management.
 - Understand principles of office management.
 - Understand the principles of reimbursement, and coding, including coding for osteopathic manipulative treatment.
 - Understand the differences of Group Practice versus Private Practice versus Employment as part of a hospital system.
-

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. The trainee's continuity of care training site experience to illustrate the basic economic principles of medical practice.
 1. Timely statements indicating the volume of patients seen
 2. Revenue generated per patient visit
 3. Gross Charges
 4. Contractual adjustments
 5. Balance billing
 6. Overhead costs
 7. Prorated economic data
- II. Structured Curriculum
 - a. Personal and practice financial management education
 1. Debt consolidation
 2. Student loan repayment
 3. Retirement planning
 4. Financial planning

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3.33 Practice-Based Learning and Improvement

Educational Purpose:

To give the trainees formal instruction and the opportunity to acquire expertise in epidemiology, bibliography retrieval and assessment of medical literature

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. The trainee will receive instruction through conferences by Librarian and physicians and outside speakers in epidemiology, bibliography retrieval and assessment of medical literature.
 - b. The trainee will also obtain insight in epidemiology, bibliographic retrieval and assessment of medical literature through articles discussed with staff on their rotations.
 - c. The trainee will gain expertise in epidemiology, bibliographic retrieval and assessment of medical literature during their experiences in research and

through the conferences they will give.

II. Core Competency 2: Medical Knowledge

- a. The trainee will learn how bias and change affect the accuracy of observations on individual patients.
- b. The trainee should be stimulated to continue to use the medical literature for gaining further medical knowledge and self-improvement.
- c. The trainee will learn how to assess the validity of original research concerning diagnosis, prognosis, treatment and prevention.
- d. The trainee will learn the strengths and weaknesses of randomized clinical trials, case-control studies, cohort studies (retrospective, prospective) and meta-analysis.
- e. The trainee will be able to judge the validity of colleagues' synthesis of clinical evidence such as review articles, continuing medical education courses, or consultant advice.
- f. The trainee will learn the meaning, uses, and limitations of statistical power, P-values and confidence intervals, relative risk, attribute risk, and "number needed to treat".
- g. The trainee should be able to describe how to estimate the pretest probability of a disease and how to use Bayes' theorem to estimate post-test probability.
- h. The trainee should be able to define and use sensitivity specificity, and likelihood ratio of diagnostic information.
- i. The trainee should know and be able to detect potential biases in estimates of sensitivity and specificity.
- j. The trainee should understand the value of decision trees and expected value of decision-making.
- k. The trainee should understand and utilize sensitivity analysis and cost effectiveness analysis.
- l. The trainee should be stimulated to continue to use the medical literature for gaining further medical knowledge and self-improvement.
- m. The trainee will become familiar with library systems and data based retrieval methods

III. Core Competency 4: Interpersonal and Communication Skills

- a. The trainee should gain insight and appreciation of the uses for clinical epidemiology and critical assessment of medical literature.
- b. The trainee should be able to assess the validity of published evidence.
- c. The trainee should improve in the use and communications with many health services and professionals.

IV. Ethics

- a. The trainee should use feedback and self-evaluation in order to improve performance.
- b. The trainee should learn when to call the ethics committee for end of life issues.
- c. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
- d. The trainee must always consider the needs of patients, families, colleagues, and support staff.

- e. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 - f. The trainee must be responsible and reliable at all times.
 - g. The trainee must maintain a professional appearance at all times.
 - h. The trainee should improve in the use of cost effective medicine.
- V. Educational Materials - Biostatistics in Clinical Medicine. Ingelfinger, Mosteller.
- VI. Feedback - Each trainee will receive frequent feedback regarding his or her performance in all areas. Among more valuable examples are feedback given by attending staff in clinics and inpatient services, monthly written evaluation of attending staff, comments and lectures.

[Practice-Based Learning and Improvement](#)

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3.34 Case Management/UM-QM/Quality Improvement

Educational Purpose:

During residency training, practiced-based learning occurs on a daily basis in patient care and education, teaching rounds, morning report, clinics, outpatient services, chart reviews, informal talks, review of charts by Quality Resource Management and Quality Improvement Services. The trainees will also be required each year to review their continuity patient charts for quality of care. The purpose is to improve the quality of medical care given by the trainee through many modalities such as mentoring, self-assessment, 360° evaluations, and structured conferences.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. The residency program strives to develop the following lifelong learning habits (learning never ends). Trainees will learn the ability to understand the patient's health needs, the needs of their families, respecting the patient's confidentiality, improvement of the patient care skills, appropriate inpatient and outpatient care, need for keeping up with the literature, avoiding inappropriate tests and consults, avoiding unnecessary or risky procedures which are of marginal or no benefit to the patient. The costs of doing or not doing certain tests, procedures, unnecessarily short/long hospital stays should be considered.
 - b. The trainees will have the opportunity to improve their interview techniques, physical examination skills, clinical assessments, proper use of lab tests and personnel, recording of differential diagnosis and plan of management. They will also be taught good bedside manners, proper record keeping (time, procedure notes, consults), and timeliness.
 - c. They will learn appropriateness, inappropriateness, benefits, and risks of various exams, tests, and procedures. The appropriate methods for obtaining proper consents, writing do not resuscitate notes, proper process for transfer to other patient care facilities, and documentation of use of restraints will be taught.

- d. During this month rotation each year the trainees will review inpatient records with Case Managers and Medical Legal/Risk. Additionally the trainee will review their own inpatient records and outpatient record in their continuity clinic panel and fill in a chart which documents the completeness of their primary care and preventative medicine procedures ordered for each patient.

II. Core Competency 2: Medical Knowledge & Core Competency 5: Patient Care

- a. The trainee will assist in determining the root cause of any error, which is identified, and methods for avoiding such problems.
- b. The trainee will assist in development of systems' improvement if problems are identified.
- c. Procedures
 - 1. During the three years of residency training, trainees will have ample opportunity to learn about indications, contraindications, complications, and interpretation of the following procedures and tests: intravenous lines, central lines, lumbar punctures, bone marrow aspiration and bone marrow biopsies, paracentesis, thoracentesis, foley catheters, nasogastric tubes, arterial blood gases, plain x-rays, contrast radiography, ultra sound, CAT-scans, and MRI scans.
 - 2. More specialized procedures or additional procedures will be taught/practiced/interpreted in some particular rotations or electives. Examples include: Swan-Ganz catheterization in ICU/CCU, flexible sigmoidoscopy, esophagogastroduodenoscopy in gastroenterology, etc.
- d. Practice Skills - Trainees will be evaluated continually by supervising attending staff and senior trainees as well as the consultants, nursing, and QRM personnel. The following will be assessed, deficiencies identified, and means of improvement will be pointed out:
 - 1. Histories and physicals/bedside manners
 - 2. Politeness, respect to the patient/patient confidentiality
 - 3. Assessment of patient health
 - 4. Development of a management plan
 - 5. Need for admission
 - 6. Need for continued care
 - 7. Discharge planning
 - 8. Follow up care
 - 9. Purpose and use of supporting staff, lab facilities, nursing home, and hospice care
 - 10. Cost effectiveness, usefulness, limitations, benefits, and alternatives of invasive or non-invasive procedures

III. Core Competency 4: Interpersonal and Communication Skills & Documentation Skills

- a. The trainee should improve in the utilization of and communication with many health services and professionals.

- b. The trainee must be able to establish a rapport with the patients and listens to the patient's complaints to promote the patient's welfare.
 - c. The trainee should provide effective education and counseling for patients.
 - d. The trainee must be able to effectively communicate with colleagues and support staff.
 - e. The trainee must write organized and legible notes.
 - f. The trainee must communicate any patient problems to the staff in a timely fashion.
- IV. Ethics
- a. The trainee should use feedback and self-evaluation in order to improve performance.
 - b. The trainee should learn when to call the ethics committee for end of life issues.
 - c. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 - d. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 - e. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 - f. The trainee must be responsible and reliable at all times.
 - g. The trainee must maintain a professional appearance at all times.
- V. Educational Material - During the ward, ICU/CCU or outpatient experience, didactic teaching, teaching at bedside, attending physician rounds, consultations, morning report and conferences are the major ways of improving the quality of care provided.
- VI. Evaluation
- a. This is an ongoing process, which starts at the beginning of residency and continues through graduation. The major means of evaluation are constant evaluation of quality of care by attending staff and supporting staff.
 - b. Practiced based medicine and improvement goals will be discussed at the trainees' meetings with their advisors and the program director. The trainees will be expected to improve their abilities from year to year. The trainees' performance on their continuity clinic patient preventative medicine practices will be evaluated annually and methods for improvement discussed with them.
 - c. Identifiable problems
 - 1. Once an actual or potential problem has been identified a determination will be made as to whether it will be assessed prospectively, concurrently or retrospectively. Possible areas that will be evaluated for problems include:
 - a. All readmissions within 30 days of prior admission and ending in death
 - b. Abnormal lab studies not addressed by trainees
 - c. Patients refusing treatment/leaving AMA
 - d. Hospitals induced events like drug reactions or transfusion reactions and patient injuries

- e. Deaths
 - f. Cardiac or respiratory arrests while patient is Hospitalized for other reasons
 - g. Complications of procedures
 - h. Response to consultation
 - i. Sub-therapeutic/toxic dosing of medications
 - j. Inappropriate medication prescriptions
 - k. Patient care (histories and physicals, tests, procedures, progress notes, consultations) and interpersonal skills (peers, supporting staff, supervisors).
2. Appropriate action will be implemented to eliminate or reduce the identified issue. These include:
- a. Medical staff educational programs
 - b. Implementation of new/revised policy or procedure
 - c. Staffing changes
 - d. Equipment or facility changes
 - e. Practitioner counseling/guidance as needed
 - f. Peer action.
- d. M & M Conference - M&M conferences are held at least quarterly with faculty and house staff in attendance. An appropriate case(s) is/are chosen which has/have potential learning objectives and presented by the house staff. The house staff will be evaluated on their presentation and their presentation skills of the M & M conference. The house staff will learn through examples non-optimal patient outcomes due to known complications, potential errors, or systems problems. The root cause will be identified and possible actions to avoid future events will be discussed.
- e. QA and Risk Management Talks - Quality assessment meetings are held at least quarterly with faculty and house staff in attendance. Coordinators maintain minutes. Reports from various committees (e.g. Tissue and transfusion, pharmacy and therapeutics, infection control and medical records) are reviewed and recommendations made.
- VII. Feedback - Each trainee will receive frequent feedback regarding his or her performance in all areas. Among more valuable examples are feedback given by attending staff in clinics and inpatient services, monthly written evaluation of attending staff, comments and lectures. Concurrent and retrospective reviews of medical records are conducted on a regular basis and focused review of individual cases, identified patterns or trends are also done from time to time.

[Case Management/UM-QM/Quality Improvement](#)

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3.35 Professionalism

Educational Purpose:

To give the trainee's formal intensive instruction and clinical experience in making ethical decisions as related to patient care and to understand and practice in a professional manner.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. Instruction is provided by a core series of lectures through the year.
 - b. During the intensive care rotation, issues of ethics that come up serve as opportunities to instruct and review the knowledge base in ethics.
 - c. The trainees are encouraged to read the medical ethics section of their medicine textbook.
- II. **Core Competency 2: Medical Knowledge**
 - a. The trainee should read the required material and articles provided to enhance learning.
 - b. The trainee will assist in determining the root cause of any error, which is identified, and methods for avoiding such problems.
 - c. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.
 - d. The trainee will assist in development of systems' improvement if problems are identified.
 - e. The trainee will learn the prognostic side of medical ethics.
 1. Definitions and concepts of medical futility
 2. The persistent vegetative state
 3. Post-anoxic brain injury
 4. APACHE data on prognosis versus number and duration of organ failures
 5. Medical and ethical issues related to the feasibility of domiciliary care for seriously ill persons, issues of medical and social suitability for hospice care.
 - f. Trainees will learn the social side of medical ethics.
 1. The extent and limits of the patient's right to self-determination
 2. Informed Consent
 3. The right to refuse treatment, limitations on that right in the case of children, ethical and legal implications in the case of the patient leaving "against medical advice".
 4. Religious beliefs as circumscribers of medical care; Jehovah's Witnesses and Christian Scientists.
 5. The ethical and legal basis for the family's right to "substituted judgment," for a patient unable to decide for himself.
 6. Ethical and legal issues relating to medical decisions to be made for permanently incompetent persons.
 7. Ethical and legal issues related to abuse of patients by their friends or relatives.
 - g. The trainee will learn the limits to care.
 1. Limits to care as posted in "living wills" "do not resuscitate."
 2. The ethical and legal basis for decision to withdraw life support
 3. The legal definition of brain death.
 - h. The trainee will learn about conflict of interest - Ethical problems related to

temptations.

- III. **Core Competency 4: Interpersonal and Communication Skills & Documentation Skills**
- a. The trainee must be able to establish a rapport with the patients and listen to the patient's complaints to promote the patient's welfare.
 - b. The trainee should provide effective education and counseling for patients.
 - c. The trainee must write organized and legible notes.
 - d. The trainee must communicate any patient problems to the staff in a timely fashion.
 - e. The trainee should improve in the utilization of and communication with many health services and professionals.
- IV. Ethics
- a. The trainee should use feedback and self-evaluation in order to improve performance.
 - b. The trainee should learn when to call the ethics committee for end of life issues.
 - c. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 - d. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 - e. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 - f. The trainee must be responsible and reliable at all times.
 - g. The trainee must maintain a professional appearance at all times.
 - h. The trainee should improve in the use of cost effective medicine.
- V. Educational Materials
- a. Mandatory Reading - Sections on Ethics, Decision Making, and Economic Issues in Harrison's Principle of Internal Medicine.
 - b. Suggested Reading
 - 1. The American College of Physicians Ethics Manual
 - 2. On Doctoring edited by R. Reynolds and J. Stone.
 - 3. My Own Country: A Doctor's Story. By A. Verghese.
- VI. Evaluation
- a. On each rotation, the trainee's compassion and integrity and ethical approach to medicine are part of the evaluation.
 - b. The faculty advisor plays an important role in using trainee evaluations from other rotations to see how the trainee is developing as an ethical person.
 - c. Annual meetings with the Program Director at the time of the annual trainee evaluation provide an opportunity to emphasize and reinforce the trainee's development as an ethical and compassionate physician with sound knowledge of medical ethics.
- VII. Feedback - The trainee should receive frequent feedback in regards to his or her performance during the rotation in regards to the ethical and professional approach to medical care. The trainee will be informed about the results of the evaluation process and input will be requested from the trainee in regards to his or her evaluation.

3.36 Systems-Based Practice

Educational Purpose:

LEGAL MEDICINE - Trainees will learn to identify factors, which precipitate medical malpractice lawsuits. Trainees will learn risk management measures, which will minimize the risk of being sued. The trainee will understand the significance of documentation in relation to its effect on medical malpractice. The trainee will know what to expect should a malpractice lawsuit be brought against him/her.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. Lectures, conferences, seminars
 - b. Case studies
 - c. Faculty instruction in clinical settings
- II. Knowledge Objectives
 - a. The trainee should provide effective education and counseling for patients.
 - b. The trainee will become proficient at obtaining 'Informed Consent'.
 - c. They will learn to avoid actions which might lead to anger, distrust, or, inappropriate expectations from the patient.
 - d. The trainee will learn an appreciation for our judicious system and defense attorneys.
 - e. Trainees will learn to recognize factors that might serve to precipitate a malpractice lawsuit.
 - f. Trainees will identify such factors and, when possible, prevent or minimize their effects.
 - g. The trainee will understand the various parties involved in a lawsuit.
 - h. The trainee will learn the proper steps to take when notified of a potential lawsuit.
 - i. The trainee will learn the various components of pre-trial, trial and post-trial events.
 - j. The trainee will learn proper preparation for himself, assistance for his attorney and provide, when appropriate, suggestions for defense experts, literature, etc.
 - k. The trainees will learn appropriate conduct during depositions and in the courtroom.
- III. **Core Competency 4: Interpersonal and Communication Skills & Documentation Skills**
 - a. Demonstrate open communication and honesty with patients.
 - b. The trainee should improve in the utilization of and communication with many health services and professionals.
 - c. The trainee will learn respect for the patient and learn to communicate in a

- d. The trainee will learn how documentation or the lack thereof can help or adversely affect a malpractice lawsuit.
 - e. The trainee will demonstrate appropriate documentation and will learn inappropriate forms of communication (such as open disagreement in front of the patient or "finger pointing" in the chart).
 - f. The trainee will demonstrate proper documentation by including appropriate details of date and time, the patient's understanding and attitude towards the situation, and what information was given to the patient.
 - g. The trainee should understand that his written word is his best defense in a medical malpractice situation.
- IV. Ethics
- a. The trainee will learn proper conduct and empathy towards patients.
 - b. Trainees will develop appropriate relationships between themselves, their patients and staff.
 - c. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 - d. The trainee should continuously develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 - e. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 - f. The trainee must be responsible and reliable at all times.
 - g. The trainee must maintain a professional appearance at all times.
- V. Educational Material - A series of lectures will be provided for the trainees. These will include a yearly Legal Workshop for Physicians with required attendance as well as bi-annual lectures provided by the defense attorneys of the institution.
- VI. Evaluation - Trainees will be asked to express their opinions of the lecture series to the Program Director. Preceptors are asked on a monthly basis to evaluate trainees rotating on their team in such areas as Patient Relationships and Record keeping. M & M Conferences will be held on a regular basis to point out problems in documentation, inappropriate actions or treatment, etc.
- VII. Feedback - Attendance will be taken at each lecture. The trainee will be notified on a monthly basis if attendance is satisfactory. Inappropriate conduct, witnessed by attendings during the year, will be documented and will then be brought to the attention of the Program Director.

[Systems-Based Practice](#)

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3.37 Case Management, Billing, Coding & Reimbursement

Educational Purpose:

To train the trainee in current managed care systems with regard to DRG coding, reimbursements, length of stay issues, and denials.

The trainees will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods
 - a. In both the first and third years, the trainees will meet with a case manager for small group presentation, which gives an overview of inpatient practices.
 - b. During all three years, the trainee will attend at least one day of case management rounds and daily ICU case management rounds per week.
 - c. The trainee will attend lectures provided by the personnel in the outpatient billing department to learn outpatient billings and coding practices.
- II. Knowledge Objectives
 - a. Understand the meaning of DRG and CPT coding.
 - b. Become familiar with the current managed care systems.
 - c. Become familiar with the methods of reimbursement in the inpatient and outpatient settings.
 - d. Understand Length of Stay and how it ties to reimbursement issues.
 - e. Learn common reasons for denials and what can be done to prevent them.
 - f. Understand how improved documentation impacts on reimbursement.
 - g. The trainee should read the required material and articles provided to enhance learning.
 - h. The trainee will improve in using case managers and social workers to facilitate discharge planning.
- III. **Core Competency 4: Interpersonal and Communication Skills & Documentation Skills**
 - a. The trainee must be able to establish a rapport with the patients and listen to the patient's complaints to promote the patient's welfare.
 - b. The trainee should provide effective education and counseling for patients.
 - c. The trainee must communicate any patient problems to the staff in a timely fashion.
 - d. The trainee will learn to write organized and legible notes.
 - e. The trainee will learn to improve documentation to increase reimbursement.
 - f. The trainee should improve in the utilization of and communication with many health services and professionals.
- IV. Ethics
 - a. The trainee should use feedback and self-evaluation in order to improve performance.
 - b. The trainee should put into practice the suggested changes in order to improve coding and billing of services.
 - c. The trainee should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty.
 - d. The trainee must always consider the needs of patients, families, colleagues, and support staff.
 - e. The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
 - f. The trainee must be responsible and reliable at all times.
 - g. The trainee must maintain a professional appearance at all times.
 - h. The trainee should improve in the use of cost effective medicine.
- V. Evaluation - Trainees will be asked to complete a written evaluation of their time

spent with the case manager and the coders. Attendings are asked, on a monthly basis, to evaluate trainees rotating on their teams in systems based practice.

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4 CONTINUITY CLINIC

Goals: To create an Internal Medicine Clinic experience designed to prepare internal medicine trainees a continuity of care experience. The continuity clinic will facilitate the diagnostic and therapeutic skills of physicians in training utilizing patients encompassing the total health care of the individual and the family. This includes the physiological, emotional, cultural, economic, psychological and environmental factors as they relate to the disease process.

4.1 Overview

Rotation Goals & Objective:

Longitudinal care is a half-day of internal medicine ambulatory care experience throughout residency. The ambulatory clinical experience will begin by focusing on the acquisition of a small panel of patients under the supervision of the internal medicine attending physician. The attending physician will help the trainee identify a panel of patients for whom the trainee will assume greater and greater responsibility throughout the longitudinal care experience. This will facilitate continuity of care. A requirement of the longitudinal curriculum will be that the trainee must acquire responsibility for patients at different stages of lifecycle. In addition, efforts will be made to insure that each trainee's panel represents variance in patient characteristics such as gender, socioeconomic status, and ethnicity.

The goals of this experience for the trainee are:

1. Gain an appreciation for the primary care practitioner's role as the physician on first contact who delivers holistic, family-oriented, comprehensive and continuous medical care to those patients entering the health care system;
2. Develop greater confidence in providing quality medical care in ambulatory settings;
3. Understand family systems concepts, the impact that family functioning and psychosocial factors have on health and illness, and the importance of involving the family in the treatment of the patient in order to provide effective overall health care;
4. Appreciate the use of computers to access current medical literature to complete learning as well as information about community resources for utilization in case management, disease prevention, health maintenance, and patient education;
5. Enhance diagnostic, interpersonal communications, procedural, OMT, and practice management skills to improve patient care;
6. Increase knowledge about the etiology, appropriate intervention and treatment, and possible complications of diseases and conditions commonly presented by patients and their families in the primary care setting;
7. Gain better understanding of the moral, ethical, political, legal, economic, and minority health issues affecting the practice of internal medicine; and,
8. Nurture a sense of responsibility for lifelong learning in medicine and the advancement of the osteopathic profession through scholarly endeavors and community service.

Upon completion of the residency, the trainee will be able to:

1. Complete a thorough osteopathic assessment of a patient, determine the need for manipulative medicine, and perform osteopathic manipulative techniques;
2. Demonstrate knowledge of the indications, contraindications, interactions, pharmacokinetic, side effects, and special instructions to patients for drugs commonly prescribed for patients seen in a medical practice;
3. Demonstrate the ability to perform common clinical procedures, tests and skills;
4. Construct a differential diagnosis and develop a treatment or management plan for diseases commonly presented by patients seen in a medical practice;
5. Demonstrate knowledge of the prevention, diagnosis, treatment and management of conditions commonly presented by patients seen in a medical practice;
6. Evaluate problems commonly presented by patients seen in a medical practice;
7. Recognize and respond appropriately to patients presenting with issues/concerns commonly encountered in a medical practice;
8. Demonstrate knowledge of the ethical, moral, and social challenges that may confront the patient, family, or physician when dealing with health care issues;
9. Demonstrate knowledge of the role of family dynamics in the delivery of health care;
10. Assess a patient's living conditions (e.g., environment, family members, health related behavior, etc.) and their impact on treatment strategies and medical care for the patient;
11. Identify community support agencies and how they can be utilized by the physician in his/her preventive care/health promotion efforts with patients and their families;
12. Develop preventive medicine and health maintenance protocols for patients based on current information sources and utilize patient education skills and compliance monitoring skills in the process of implementing those protocols with patients;
13. Demonstrate interpersonal communication skills with patients and their families to build rapport and facilitate a positive physician-patient relationship;
14. Utilize computers as a tool to enhance learning in the clinical setting;
15. Identify and provide patient education information and preventive care strategies appropriate to the primary care setting, and;
16. Demonstrate an understanding of medical record documentation.

The trainees will be supervised by a board certified physician. Cases will be discussed and all charts will be reviewed. The trainee will be exposed to a broad spectrum of medical diagnoses and will be taught to apply the concepts of disease prevention and health maintenance.

Trainees are required to maintain an ambulatory log that will be maintained in each trainee's personnel file through New Innovations. These logs must contain the patient's medical record number, diagnosis and the activity and/or procedure performed on each visit.

Number of patients seen per half day period, will be as follows:

PGY 1 = 2 new patient; 4 existing patients (1 – ½ day clinic per week for a total of 52 ½ day clinics)

PGY 2 = 2 new patients; 6 existing patients

PGY 3 = 2 new patients; 8 existing patients

Trainees will maintain approximately 50 patients per year in their patient panel.

Trainees will be evaluated on a semi-annual basis using the 360° evaluation process. Trainees will be evaluated by their attending physician, clinic staff and their patients.

The trainee will be exposed to osteopathic concepts, behavioral and psycho-social aspects of medical care, medical ethics, medical-legal implications and practice management throughout the course of their training through lectures and discussions.

Trainees will be notified of the patient's admission and will follow their patient's admission throughout the course of the patient's stay.

The attending physician will evaluate the trainee on their ability to perform a comprehensive history and physical examination, including structural examination for somatic dysfunction, pelvic exam, rectal exam, breast exam and male genital exam.

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4.2 Teaching Objectives

Trainees will learn skills required to:

1. Deliver osteopathic care to patients in an ambulatory setting;
2. Manage effectively a normal caseload during a scheduled day;
3. Develop medical practice management skills;
4. Increase his/her expertise in:
 - a. Methods of referring patients
 - b. Methods of counseling
 - c. Providing patient education
 - d. Delivery of osteopathic manipulative treatment
 - e. Diagnosis and treatment of patients in all age groups
 - f. Providing preventative measures for a varied patient population
 - g. Diagnosing and managing medical and surgical problems
5. Develop a thorough understanding of family oriented care;
6. Become familiar with the evaluation of industrial injury and criteria for returning to work;
7. Become familiar with the basic guidelines for reporting communicable diseases;
8. Become familiar with the use of community resources in total patient care;
9. Learn how to be a part of a health care team; and,
10. Demonstrate team leadership skills.

4.3 Trainee Patient Schedules

Trainees are expected to progressively expand their patient base and clinical skills with advancing academic year. As such, their individual clinic schedules will vary by postgraduate year as follows:

<Note these represent approximate Schedules and may vary on individual trainee and patient needs>

	PG-1	PG-2	PG-3
1:00	Overview	Overview	Overview
1:15	New Patient / Consult	Recheck	Recheck
1:30	#	Recheck	Recheck
1:45	#	Recheck	New Patient/ Consult
2:00	#	Recheck	#
2:15	Recheck	New Patient / Consult	Recheck
2:30	New Patient / Consult	#	Recheck
2:45	#	#	New Patient/ Consult
3:00	#	New Patient / Consult	#
3:15	#	#	Recheck
3:30	Recheck	#	Recheck
3:45	Recheck	Recheck	Recheck
4:00	Recheck	Recheck	Recheck
4:15	Chart Completion	Chart Completion	Chart Completion

Time Allotments	New Patient/Consult	Recheck	Procedures	Annual Physical
PG-1	60 Minutes	20 Minutes	30 Minutes	60 Minutes
PG-2	45 Minutes	15 Minutes	30 Minutes	45 Minutes
PG-3	30 Minutes	15 Minutes	30 Minutes	30 Minutes

4.4 Continuity Clinic Evaluation

Trainees will be evaluated quarterly with respect to participation in didactic sessions, quality of charting, overall progress in clinic, attitude, professionalism and procedural skills. The trainee will provide evaluations of preceptors and constructive feedback for the preceptors and staff at this time as well.

The 360° continuity clinic evaluation is conducted at least twice each year by the Internal Medicine Residency Clinic trainer(s). The evaluation form is presented as a model, which utilizes the accrediting body's core competency requirements.

Trainer(s) should discuss the evaluation with the trainee, highlighting strengths and weaknesses and pointing out areas that can be improved. The evaluation process should be an opportunity for teaching by the trainers resulting in personal and professional growth by the trainee. Serious deficiencies need to be documented along with a plan for improvement.

A scoring grid is provided for those programs that have multiple trainers in their ambulatory clinic who each fill out an evaluation. The grid serves to illustrate to the trainee how their performance has been rated by several supervisors and adds some validity to the evaluation when there is agreement in scores.

The accrediting body has adopted the six core competencies with an additional section for Osteopathic Concepts. This evaluation, along with the Trainee Patient Evaluation, groups the questions into categories based on these competencies. While there is considerable overlap between the competencies, this format serves to illustrate how we are evaluating these items while acting as a guideline for shaping our curriculum.

Medical knowledge and patient care issues are still paramount, but a successful physician needs more than good knowledge. Assessment of professionalism and interpersonal communication is often difficult, especially since the evaluating physician sees the trainee in only one context.

A 360° evaluation compiles subjective information from several sources to obtain a 'well rounded' view of the trainee. Evaluation forms may be filled out by the trainee's patients and peers, as well as by clinic staff. The clinic supervisor may decide how many evaluations to solicit, with the understanding that three (3) or more evaluations from each source will likely provide better data.

The scoring grid may be used to compile the results of all the evaluations and will act as a valuable resource to promote personal growth and change in our trainees. A discussion between the clinic supervisor and the trainee concerning these results is an essential part of this process.

4.5 Clinic Didactics

Teaching during clinic sessions occurs informally with discussion of various internal medicine topics as they pertain to the diagnoses of the patients seen in the clinic. Trainee notes are reviewed by the supervising clinic attending physicians and teaching points are reviewed with the trainee.

4.6 Charting

Charting will be in standard SOAP format. Additionally, clinical trials/research will be conducted from the Internal Medicine Clinic with additional documentation requirements being requested of the participating trainee/preceptor. All charting by trainees are reviewed and countersigned by the trainee's teaching attending and are completed during the assigned clinic. All charting will be completed prior to vacations or graduation.

Feedback regarding the trainee's documentation will occur during the clinic session and a compiled for inclusion in the trainee's annual performance review will be made.

4.7 Clinic "After Hours"

After hours the Chief Internal Medicine Trainee or attending physician in conjunction with the Clinic Director will arrange coverage. Schedules will be created and distributed on a quarterly basis. The hours of Internal Medicine Clinic call are 5 p.m. – 9 a.m. Documentation of patient calls is mandatory. Call Logs will be distributed to trainees for maintaining this documentation with copies placed on the patient chart. Calls requiring more detailed documentation will be dictated on the hospital stat dictation line and a message left at the clinic indicating the patient name, phone number and direction to the staff to obtain the dictated notation. If calling from your private phone, remember to first dial *67 to block caller ID.

4.8 Procedures

Trainees will develop proficiency in various procedures. The preceptor will supervise all procedures performed in the Internal Medicine Clinic. The trainee is responsible for staffing and performing the procedure under the direct supervision of the attending physician, notification of the attending 24-hours prior to the procedure and dictation of procedure documentation.

Trainees are required to document procedures performed in the trainee tracking system. Each procedure shall be forwarded to the supervising physician to document level of competency.

4.9 Vacation/Time Off from Clinic

All vacation requests will be filed in compliance with Medical Education Policy with a copy being provided to the Internal Medicine Clinic by the trainee at least 4 weeks prior to the requested time. Any canceled clinic days, require 2 weeks advanced notice and will be made up by the trainee in discussion with the Clinic Director and

staff. The only exception is emergencies, which require immediate notification of the Clinic Director.

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5 CLINICAL EXPECTATIONS

5.1 Electives

PGY-1 - Elective must be chosen at the beginning of the program year. Electives may be out-of-house, but if so, should be in a specialty area not available in-house. Electives must be within other Harnett Health Graduate Medical Education Programs. You must be available to take call at **6:30 p.m.** if on an outside elective. Out of town electives will not be allowed. **The Program Director, in conjunction with the Director of Medical Education must approve all electives at least three months in advance.**

PGY-2 and above - Elective must be chosen at the beginning of the program year. Electives may be out-of-house, but if so, must be with an affiliated training institution. **The Program Director and the Director of Medical Education must approve all electives at least three months in advance.**

Harnett Health requires all rotations to be arranged at the beginning of the academic year.

Prior to any elective rotations, the trainee **MUST** confirm the elective with the Administrative Director of Medical Education to ensure all requirements for the elective have been met, i.e. affiliation agreements, if applicable; trainee program requirements are met.

5.2 Floor Coverage

When a nursing floor requires a physician for a specific patient problem, coverage is as follows:

1. The PGY-1 that is covering Emergent Floor calls as designated in the monthly call schedule packet.
2. The House Staff Physician designated on patient's chart as following this patient. This includes all services, i.e. Surgery, EENT, IM, and OB etc.
3. The Attending Physician of record.

Emergent coverage is designated in the monthly call schedule.

5.3 Night Coverage

Night coverage is 7 p.m. to 7 a.m. Weekend nights coverage is 7 p.m. to 7 a.m. for PGY 2 and 3 residents ***Friday; and Saturday and Sunday are 24-hour shifts; 7 AM to 7 AM.***

Night residents must immediately notify the operator regarding which resident is covering which specific area, if changes in the printed call coverage have occurred.

Night residents are expected to participate in all a.m. lectures throughout the year.

The attending physician on call is responsible for the admission, and must be contacted by the house officer. Attending physicians are encouraged to call the house officer prior to each admission. PGY-1s should participate in admissions and discuss cases with the admitting trainee.

Use your discretion, but it is always better to call than NOT call if there are any questions. Attending physicians are responsible for their patients and want to be informed of significant changes in their status.

All procedures are to be performed by a trainee who has been “signed off” by their program director to perform the procedure. Prior to being “signed-off”, trainees must have attending or senior trainee supervisor the procedure.

If you feel uncomfortable and/or feel you are in trouble, DO NOT get in over your head - **ANTICIPATE**. You should notify the appropriate trainee on call in these situations and/or the attending physician for the patient.

5.4 Response to Floor Calls

Trainees shall respond as soon as possible during the day or night when called to see a patient.

Instructions for giving medications and treatments may be given over the phone to the nurses only when the trainee cannot report in person. Subsequently, he/she must respond when able and write all orders on the chart and sign and date. In addition, the trainee must write a progress note on all patients requiring orders and evaluation.

During the hours 7 a.m. to 7 p.m., floor call is directed to the trainee directly caring for the patient. In their absence, the attending physician for the patient will be contacted. During the hours 7 p.m. to 7 a.m., floor call is directed to the trainee assigned to nights. ***Patients will be seen ACCORDING TO HIGHEST PRIORITY FIRST.*** When handling a floor call, review the chart, pay attention to age, race, why the patient is here, what procedures have been done, vitals, and lab studies, then go see the patient. If indicated, do not be afraid to ask for a set of fresh vital signs. *Then it is your responsibility to write the orders and a progress note (SOAP format). Finally, it is your responsibility to follow-up with the orders until you are sure the problem is solved, keep the attending notified of the patient's status.*

5.5 Rounds

The trainee should make rounds on all assigned cases each morning and write his/her progress notes at that time. The house officer will make rounds with the attending staff and specifically with the staff member to whom he/she is assigned, on a daily basis. He/she will receive instruction, information, advice, suggestions and assistance from the staff that thus contributes to his/her bedside teaching. Prior to rounds, the trainee should report to the attending physician all patients who present any new or unusual symptoms, unforeseen developments, emergencies or any dissatisfaction expressed by patients in

regard to treatment, food, nursing, surroundings, or annoyances. After each patient visit, the house officer must make appropriate notes in the patient's chart.

Assigned patients are to be visited as soon as possible after admission regardless of the hour. The attending physician is to be called at this time and be notified of the patient's condition.

5.6 Admission

The admission process is presently set up to:

1. Provide the attending physician with name of the trainee who is responsible for the admission at the time the admission is being called to the Hospital. The attending physician can then, prior to the patient getting to the hospital, notify the responsible trainee with information that is essential to facilitate the evaluation of the patient; such as labs, X-rays already done, severity of patients condition, consults, or other physicians who need to be notified.
2. Provide a more service-oriented admission process.
3. Provide for trainees performing admissions, not just H & P's.
4. Provide more intern and trainee supervision of students.
5. Improve communication between the house staff and the attending physician.
6. Improved patient care and avoid untimely evaluation of severely ill patients.

In order for the Admitting Department to appropriately assign your patient to the correct house officer, they need to know:

1. The admitting physician's name.
2. The preliminary diagnosis and unit of admission.
3. Consulting physician(s) and levels of participation.

After seeing the patient, the house officer doing the admission is to notify the attending physician of his/her findings and go over the appropriate orders.

PLEASE NOTE: It is our desire to make sure the attending physician knows which trainee is in charge of the admission at the time they call the admission in. This is to encourage the attending physician to notify the trainee in charge of their admission of any information that may be helpful to him/her in facilitating the admission, i.e. needs to be seen right away, etc.

The Admitting Department needs only to notify the respective house officer that they are in charge of the admission, and that name should be on the face sheet.

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5.7 Admission Orders

If you have written any STAT or “now” orders, notify the unit secretary or appropriate nurse so that undue delays do not occur. Always date, time and sign your orders. Include your printed name and pager number to facilitate nursing follow up of orders.

The attending physician may request consultations for his/her patient. This order must be written as the following:

- a) **Consultation only** which leaves management to the attending physician and prohibits consultants from writing orders on the chart.
- b) **Consultation and management of a specific entity or procedure** in which the consultant may write orders to manage the special entity or procedure but overall responsibility remains with the attending physician.
- c) **Consultation and co-management** which permits the attending physician and the named physician to write orders, however, overall chart responsibility remains with the attending physician.
- d) **Consultation and full management** where the consultant assumes full responsibility for writing orders and management of the patient and prohibits the attending physician from writing orders.
- e) **Transfer of management** to another named physician in which case the patient care responsibilities in the hospital are transferred to the named physician and the admitting physician may no longer write orders.

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6 ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Harnett Health’s Internal Medicine Residency Manual, and I do commit to read and follow these policies.

I am aware that if, at any time, I have questions regarding Harnett Health’s Internal Medicine Residency policies I should direct them to my Program Director, Director of Medical Education or the Administrative Director of Medical Education.

I know that Harnett Health’s Internal Medicine Residency policies and other related documents do not form a contract of employment and are not a guarantee by Harnett Health of the conditions and benefits that are described within them. Nevertheless, the provisions of such Harnett Health policies are incorporated into the acknowledgment, and I agree that I shall abide by its provisions.

I also am aware that Harnett Health, at any time, may on reasonable notice, change, add to, or delete from the provisions of the company policies.

Trainee’s Printed Name

OGY Level

Trainee’s Signature

Date

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7 APPENDICES

7.1 Common Trainee Policy and Procedure Manual

7.2 ACGME Milestones

7.3 ACGME Internal Medicine Standards

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