



**Traditional Year Policy and Procedure Manual**

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**Trainee Manual Version Control**

Version	Date	Author	Change Description
1	07/01/2015	Dawn Stull	New
2	03/08/2016	Dawn Stull	Review/Revised
<b>Approved by Medical Education Committee:</b>			<b>Date:</b>

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### 1 INTRODUCTION

This document has been developed by the Department of Medical Education in order to familiarize trainees with Harnett Health's Traditional Year training program. In addition to the Common Trainee Policy and Procedure Manual, program specific manuals highlights standards for trainees and their successful completion of their assigned training 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 this training program.

The goal of our training programs is to provide high quality training that provides each trainee a foundation for future medical training while fulfilling the accrediting body's requirements for the selected program. In conjunction with Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM), we believe our organization has developed a curriculum that meets the goals and objectives of the accrediting body and provides a comprehensive base for future medical training.

This Traditional Year (TY) Policy and Procedure Manual encompasses rotation curriculum for the TY. Trainees will refer to their rotation schedule for the assignment for a particular month. Each assignment, for example – internal medicine or practice management, will be described in this manual.

#### 1.1 Changes in Policies

This manual supersedes all previous trainee manuals and memos for the Traditional Year 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 the manual with or without prior notice to trainees.

#### 1.2 Educational Purpose

The Traditional Year Training Program is structured to provide trainees with the fundamental knowledge and essential principles requisite to further training in the TY's field of study. 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 training program.

#### 1.3 Format

Osteopathic principles and manual medicine skills are incorporated into each section where appropriate. Finally, a section regarding bio-psychosocial aspects is presented. Each section is organized into five broad objectives:

1. Aspects of history
2. Aspects of physical examination
3. Basic scientific or clinical principles
4. Diagnostics/Therapeutics and,
5. Health Promotion and continuity of care.

Where applicable, two levels of expertise are identified. Level I items are those which the trainee must master as an independent provider. Level II items are those which the trainee must recognize and categorize, and then seek expert assistance in management.

### 1.4 Philosophy

The philosophy is to assign the trainee to a service for a more in-depth study of each case that will provide a greater overall education to the trainee.

- An excellent training program leads to a keen sense of responsibility.
- An excellent trainee perceives this goal and is tenacious in the pursuit of it.
- The trainee must realize the responsibility they have in the care of the patient.
- The trainee must develop a work schedule to emphasize responsibility to patient care.
- The trainee will be responsible along with and under the direction of the attending physician for the routine daily care of the patient.
- The trainee will discuss with the attending physician any proposed changes in care before initiating them.
- The trainee will initiate any necessary emergency patient care and notify the attending of it.
- The trainee will be notified of the patient's admission to the floor. The patient is to be seen as soon as possible for a preliminary evaluation and at least routine admission orders, especially if an emergency admission.
- When time is available, the trainee will do a complete patient workup on each patient assigned.
- The trainee will contact the attending physician to review orders.
- The trainee will write an admitting progress note on the day of admission.
- The trainee will see the patient at least daily when on duty and write daily progress notes.
- All drug reactions must be recorded on the progress note immediately.
- The trainee must check all patients on their service when arriving on duty.
- The trainee will review all x-rays pertinent to their patient with a Department of Radiology member.
- The trainee will scrub on all surgical procedures when possible.
- The trainee will do assigned discharge summaries on their patients as designated by the attending physician.
- The trainee should check all patients on their service before going off duty.
- Progress notes must be up to date, clear and adequate in scope to assist the night trainee or others in the care of their patient.
- Every trainee must verbally sign out in-patients on their service with the night trainee at 5 p.m. daily.
- The trainee should use a problem-oriented system of progress notes or SOAP to assist in evaluation of the patient and the patient's problems, in communication to others and in teaching others for feedback and learning.

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- The trainee should discuss the case and findings with the consultant after the consultation is completed whenever possible.
- The trainee will do the greater portion of their library reading in areas related to one or more of their assigned cases.
- The trainee should be efficient and concerned about the cost of a workup. The trainee should not order a procedure or drug unless the workup supports the procedure or drug.
- The trainee must be on time at all assigned educational programs except when detained by essential patient care. These are departmental meetings, when assigned to that department, educational sessions as schedule, committee meetings as assigned and autopsies.
- Whenever not occupied, the trainee will be in attendance to make rounds with all attending physicians and assist in patient care. For the rest of the day, the trainee will be available to carry out all duties of studying on their assigned patients and for patient care.
- The trainee must be proficient in doing venipuncture. This proficiency is best achieved by doing a number of them, even though the lab technicians do the routine venipuncture. To maintain this proficiency, the trainee must do some every week on the appropriate services.
- Trainees are expected to visit other services to view cases of interest as they arise.
- Trainee work hours are 7:00 a.m. To 7:00 p.m. however, trainees are not to leave until the work for the day is completed.
- Each trainee must fill out an evaluation at the end of each rotation and it must be entered into the residency tracking system prior to starting the next rotation.
- Each trainee is expected to assist the other trainees as workloads vary from day-to-day. Trainees are primarily responsible for the entire chart on their educational service.
- Aseptic technique is absolutely necessary in certain areas of the hospital and iatrogenic cross-infection between patients is always considered. WASHING HANDS before and after every patient contact is the best single method of preventing the spread of infection.
- Always have a nurse with you when examining a female patient, no matter what age.
- When covering for another trainee, the trainee on duty is to be available, answer calls, and do required floor work for the other trainee, including charting.
- Each trainee is expected to review the films or scans of radiological or ultrasound studies on their patients with the appropriate physician.
- Logs and evaluations are to be kept on services and turned in within 7 days of completion of a service.
- Occasionally the trainee will be called to care for a family member/relative/friend of a deceased patient who is extremely distressed over the death. For the safety of all involved, the trainees should refer that individual to the Emergency Room if care is required.

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### 1.5 Rotation Specific Competencies

#### Competency 1: Osteopathic Concepts

Trainees should demonstrate an ability to understand and perform a structural exam

- The trainee should integrate the findings of the osteopathic examination with the diagnosis and treatment plan.
- The trainee should demonstrate holistic, patient-centered care as it pertains to the diagnosis, treatment and prevention of disease.
- Trainee will demonstrate an understanding of the somato-visceral relationship and role of the musculoskeletal system in disease.

### **Competency 2: Medical Knowledge**

Trainees should demonstrate knowledge about established and evolving biomedical, clinical and epidemiological sciences and the application of this knowledge to patient care.

- The trainee should demonstrate a solid foundation of medical knowledge as it pertains to the medical/surgical/adolescent patient.
- The trainee should make evidenced-based medical decisions providing the most current and up-to-date treatment to patients.
- The trainee should apply analytical thought processes to clinical situations.
- The trainee should facilitate education of students, nurses, and allied health care professionals.

### **Competency 3: Professionalism**

Trainees must demonstrate a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- The trainee should demonstrate compassion and respect for others, including patients, colleagues and ancillary staff members.
- The trainee should demonstrate sensitivity and responsiveness to patients' culture, ethnicity, age, gender, and disabilities.
- The trainee should demonstrate productive work habits including integrity, punctuality, effective time management, initiative and organizational skills.
- The trainee should take ownership and responsibility for patient care.

### **Competency 4: Interpersonal & Communication Skills**

Trainees must demonstrate interpersonal and communication skills that result in effective information exchanged with patients and colleagues.

- The trainee should communicate effectively with patients and families to create and sustain a therapeutic relationship.
- The trainee should maintain accurate, timely, complete and legible medical records.
- The trainee should work effectively with others as a member of the health care team.
- The trainee should communicate patient information in a clear, concise manner.

### **Competency 5: Patient Care**

Trainees must be able to provide patient care that is compassionate, appropriate and effective for treatment of health problems and the promotion of health.

- The trainee should gather essential and accurate information about patients through history taking, physical examination and laboratory/radiological evaluations.
- The trainee should formulate appropriate diagnostic and therapeutic plans based on patient information, up-to-date scientific evidence and clinical judgment.

- The trainee should implement patient management plans effectively.
- The trainee should demonstrate proficiency in the performance of surgical procedures.

### **Competency 6: System-Based Practice**

Trainees must demonstrate knowledge about established and evolving biomedical, clinical and epidemiological sciences and the application of this knowledge to patient care.

- The trainee should practice cost effective health care and resource allocation that does not compromise quality of care.
- The trainee should be an advocate for quality patient care and assist patients in dealing with system complexities.
- The trainee should utilize clinical guidelines and/or care paths effectively when caring for the surgical patient.

### **Competency 7: Practice Based Learning Improvement**

Trainees must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve patient care practices.

- The trainee should critically evaluate current scientific literature using principles of evidence-based medicine for enhanced care of the patient.
- The trainee should accept feedback appropriately and act upon areas identified for improvement.
- The trainee should use information technology to manage information, access on-line medical information and support his or her own education.
- The trainee should acquire knowledge through utilization of appropriate resources (e.g. Texts/literature, attending physicians, electronic sources, trainees, peers, and conferences).

## **1.6 Floor Responsibility**

A trainee schedule will be distributed to all concerned including, hospital services. This will cover the regular shifts only.

When a student is assigned along with a trainee, that trainee is responsible for self and the student.

Responsibility includes all patients on that service, unless specifically under the service of another trainee, e.g. Medical floor with an orthopaedic or surgical patient. As the trainee on that service, you are responsible for the following:

- Evaluation of the patient shortly after admission for at least patient comfort and orders
- That the patient workup be completed and dictated, whether by assigned physician or another
- That the attending physician is notified
- That an admitting progress note is written, and a complete H&P dictated at the time of admission
- That admitting orders are written
- All patients are to be visited at least daily

- That daily care including allowable orders, progress notes, treatment, etc. be carried out
- That the physician work closely with the nursing personnel in the care of their patients
- That all floor charting be current and daily
- To write end of service notes and/or discharge notes on all patients

### 1.7 Change of Service (Non-Elective/Elective)

In order to expedite change of services on the part of the trainee, it is necessary that contact be made in advance with the trainer.

**Non-Elective:** The week before the change of service, the trainee is to contact the attending's office to determine when, where, and to whom to report. The trainee is then to report to that service after morning report on the day of the scheduled change.

The trainer at that time should give the trainee a mini-orientation. This should include time, place and person of contact on the service or ambulatory setting. Rounds, duties of the trainee, and core reading assignment will be discussed with the trainee.

**Elective:** At least one month before the elective rotation, the trainee is to contact the Department of Medical Education to clear the choice before contacting that individual to determine acceptance. After contact, the trainee is to report the results, and a letter should be sent from the trainer to the Director of Medical Education/Program Director verifying the elective dates. Outside electives will be scheduled at the discretion of the Director of Medical Education and will not be allowed for trainees with poor lecture attendance. This elective service consists of one month and is to be done at an institution within the System unless otherwise approved by the Director of Medical Education. Any elective outside of the System will need to be set up at least three months prior to the start of the elective rotation and only if the outside institution has signed an affiliation agreement.

**Elective Purpose:** This rotation should be used to improve clinical areas in which the trainee is weak or to broaden exposure in areas that have not been covered. During this service, the trainee may request to be assigned to any service that has already been established, provided that the service can accommodate the trainee. Or, the trainee may elect a combination of services, or may request a service different from those already established. In the latter case, it will be the responsibility of the Director of Medical Education/Program Director to determine its acceptability. The service must comply with several requirements: affiliation, education, research and reading.

Also, on Elective Service, the trainee is expected to attend all educational sessions including autopsies, unless involved in a situation on that service that demands presence.

Specific details: If the service is other than an established service, an outline of the trainee's educational goals while on this service may be required.

## 1.8 General Objectives

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

1. Accurately identify potential medical problems:
  - a. Obtain a comprehensive medical history
  - b. Perform a comprehensive physician examination
  - c. Describe the medical problems presented
  - d. Define information in the patient record which aids in said description
  - e. Elicit and record appropriate history which defines the problem
  - f. Perform an accurate physical examination to identify and confirm the problems
2. Utilize and interpret laboratory and ancillary testing to define or discover problems:
  - a. Accurately diagnose problems
  - b. Describe potential etiologies for each presenting problem
  - c. Identify signs and symptoms for each problem
  - d. Prioritize findings with respect to potential etiologies
  - e. Rank potential disorders by likelihood based on presence or absence of findings
3. Confirm the diagnosis of the problem:
  - a. Describe the diagnostic resources for each disorder
  - b. Generate a diagnostic plan to appropriately confirm the disorder
  - c. Perform diagnostic procedures where appropriate
  - d. Properly interpret results of testing, recognizing the relative sensitivity and specificity of the tests
  - e. Understand cost effective diagnostic planning
4. Competently treat the problems:
  - a. Define the needs and circumstances of the patient
  - b. Describe the conventional and alternative therapies for each problem
  - c. Generate treatment plans which are cost effective
  - d. Monitor response to initiated treatment, including appropriate follow-up testing if needed
  - e. Determine efficacy of chosen treatment
5. Communicate effectively:
  - a. Use standard English effectively
  - b. Use accepted medical terminology appropriately
  - c. Develop listening skills for patient, family, and ancillary providers
  - d. Effectively and sensitively respond to patient questions and fears or concerns
  - e. Record data and plans clearly and completely in progress notes, summary reports, history and physical
  - f. Reports, and procedure reports
  - g. Develop prompt responsiveness to requests for information or explanation
  - h. Demonstrate reasonable facility in use of computer network information and record keeping systems
6. Demonstrate professionalism:
  - a. Be characterized as competent, approachable, empathetic, conscientious, and cooperative
  - b. Develop sensitive yet definitive leadership capabilities when dealing with trainees, students, or ancillary staff

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- c. Demonstrate honesty, reliability, and morality
- d. Develop a commitment to the medical community and the advancement of medical care in the population
- 7. Develop strong work habits:
  - a. 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
  - b. Recognize personal limitations and obtain appropriate assistance where necessary
  - c. Perform all record keeping activities promptly and thoroughly
  - d. Understand requirements of operating in the managed care environment, and how to maximize efficiency
  - e. Recognize the medico/legal aspects of care, and manage risks appropriately

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## 2 RESPONSIBILITIES

### 2.1 Traditional Year Program Director

Position Description:

The Director of Medical Education will be assigned as the Program Director for the Traditional Year Residency Training Program. This individual is responsible for assuring the development of high quality education programs providing high quality residency training.

The DME is responsible for assuring the development of a high quality curriculum as well as assuring quality clinical experiences for the trainees. Assuring the development of post-graduate programs is a major priority. The DME will also serve as an advisor to students and trainees regarding their career choices. The expectation is that the allocation of time will be evenly split between administrative and clinical duties.

The DME must be qualified to manage and direct program directors and trainees in a graduate medical education program within the residency training requirements of the accrediting body and applicable laws and regulations.

The DME is directly responsible for the overall program administration of all Residency Programs within the Institution.

Qualifications:

1. Graduate of an approved college of medicine.
2. Board certification, or within three (3) years or through a recognized pathway.
3. Member in good standing with accrediting body.
4. Possess a minimum three years practice experience.
5. Possess a minimum three (3) years' experience as teaching faculty member.
6. Possess the leadership skills and personality characteristics to recruit and motivate top caliber trainees.
7. Meet the continuing medical education requirements.
8. Be an experienced and successful clinician in his or her own right.
9. Demonstrated success in managing relationships.
10. Be well informed of program requirements and have successfully guided training programs through review and re-certification processes.
11. Ability and desire to continue a part-time clinical practice while serving as DME.
12. Unrestricted, active license to practice medicine in the State of said practice and be in good standing with the State Medical Board and all applicable professional societies.

Responsibilities:

1. Coordination of all training programs at the base institution.
2. Ensure compliance with the basic and specialty standards for programs.
3. Ensuring a high quality curriculum.
4. Authorized point of contact regarding all official communication.
5. Prepare annual medical education report.
6. Develops and monitors house staff training programs. Establishes schedules in conjunction with Chairpersons of clinical departments, the MEC and attending physicians.
7. Supervise all aspects of medical education programs including participation in appointment and supervision of Residency Program Directors.

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8. Ensure the completion of all evaluations; quarterly meetings and requirements of the training programs are met.
9. Manage all applicable affiliation agreements, documents, and correspondence.
10. Manage the Internal Review process with the MEC.
11. Prepare the Core Competency plan.
12. Identifies core curriculum for house staff through communication with medical school and consultation with appropriate committee chairperson, program directors, house staff, and attending staff. In cases where requirements of a program conflict with the desires of the Residency Program Director, the DME will be responsible for the program.
13. Evaluates performance of house staff members, counsels' house staff concerning performance and takes appropriate disciplinary action if warranted subject to compliance with medical staff bylaws, rules and regulations and prior consultation with President and/or his designee(s).
14. Responsible for development of budget for educational programs and for submitting budgets to President for review and approval. Maintains awareness of outside financial resources for programs and utilizes them as appropriate. Strives to achieve financial targets associated with graduate medical education reimbursement and expense management.
15. Directs recruitment activities for medical students and trainees.
16. Enforces the educational standards of the accrediting body, the various residency boards and the institution regarding its training program.
17. Prepares annual reports to the accrediting body on the status of the graduate medical education program and coordinates surveys required to maintain accreditation of all affiliated graduate and postdoctoral medical education training programs. Responsible for ensuring that, individuals are adequately prepared for program inspections and that required accreditations are achieved and maintained.
18. Oversees lecture schedule and attends morning report and noon lecture daily, participating as a speaker periodically. Maintains attendance records and evaluates quality of presentations, taking action as appropriate.
19. Determines the schedule of rotations for all trainees, within the curriculum requirements outlined by the accrediting body. Coordinates with Residency Directors on the schedule of rotations for trainees, within the curriculum requirements outlined by the accrediting body and specialty boards.
20. Meets with trainees on a periodic basis and as required insuring that program objectives are met.
21. Responds to communications from the accrediting body, arranges institutional payment of required fees, and cooperates in the arrangement of Program inspections.
22. Collaborates with the sponsoring COM and attend meetings as scheduled

### 3 ROTATION CURRICULUM

#### 3.1 Didactic Program

Traditional Year residents will participate in a regularly scheduled didactic program. The didactic program at Harnett Health is arranged to enhance the clinical and educational experience of the resident. Scheduled didactics will include: multidisciplinary conferences, morbidity and mortality conferences, journal or evidence-based reviews, case-based planned didactics, computer-aided instruction, grand rounds, quality improvement and safety, and one-on-one instruction.

For additional information on individual didactic sessions, refer to Section 6 Didactic Program of the Common Trainee Policy and Procedure Manual.

#### 3.2 Curriculum Organization

The rotation schedule for TY residents will be based on a 13-block scheduling system. Each block will be four (4)-weeks in duration. The TY schedule will be generated based on the specialty of each resident.

The residents will spend at a minimum of 28-weeks in: emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, or pediatrics.

- Four (4) continuous weeks will be spent in emergency medicine
- Four (4) weeks of documented experience in ambulatory care that may be disbursed over the course of the training program (a minimum of 140 hours are required)
- Eight (8) weeks of elective rotations will be provided – electives will be assigned based on educational needs of the individual resident
- Four (4) weeks of vacation (20 days) may be taken in two (2)-week intervals

Sample Curriculum Schedule:

PGY 1:

3 Blocks Internal Medicine	1 Block Family Medicine
1 Block Ambulatory Medicine	1 Block Emergency Medicine
1 Block Intensive Care Unit	1 Block Vacation
1 Block Pediatrics	2 Blocks Elective
1 Block Surgery	1 Block OBG

#### 3.3 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.

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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

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- 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, residents 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

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### 3.4 Anesthesiology

**Educational Purpose:** To provide the trainee, through didactic and clinical experience with an understanding of anesthesia practices that will enhance their knowledge and skills in anesthesia.

The trainee will demonstrate competency in his/her ability to:

- Understand basic anesthesia machine and routine monitors (pulse oximetry, capnography, circuits, oscillometric blood pressure cuffs, electrocardiogram)
- Understand basics of neuromuscular blockade (relaxants, train-of-four monitoring, reversal)

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- Understand use of routine vasoactive drugs
- Understand the indication for commonly used anesthetic drugs
- Understand major hemodynamic and respiratory effects of routine anesthetic agents and their indications
- Understand comprehensive examination and classification of the airway
- Understand key preoperative findings in history, physical, and laboratory work
- Understand application of "Universal Precautions" and aseptic technique

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

- I) Principal Teaching Methods
- a. By Faculty:
1. The trainee will work under supervision of an anesthesiologist attending.
  2. If time allows, patient discussion is complemented by small, informal lectures on geriatrics given by the faculty.
  3. Reading assignments and literature searches are given to each and every house officer in the team, and they are to be discussed after working rounds are done.
  4. Time for lectures is always provided to the whole team, the trainee will make him or herself available to the nurses for emergencies. Lectures by subspecialty faculty are to stress critical aspects of their specialty – **UNLESS, in the opinion of the attending physician**, there is a crisis in the department necessitating full coverage. (If this is the case, follow Lecture Attendance Protocol.)
- b. By Trainee: The trainee will be encouraged to teach nurses or other members of the team special aspects of care. There may be additional learners, (Medical, PA or NP students) on rotation simultaneously and the trainee will be encouraged to provide relevant information as indicated.
- II) **Core Competency 5: Patient Care**
- a. Trainees will learn to manage American Society of Anesthesiologists physical status 1 patients with minimal assistance for uncomplicated surgery, including induction, maintenance, emergence, and transport to the post anesthesia care unit.
  - b. Trainees will learn to accurately estimate fluid (blood/colloid/crystalloid) requirements in routine cases.
  - c. Trainees will learn to identify basic intraoperative problems (hyper-/hypotension, hypoxia, hypercapnia, arrhythmias, anuria, acidosis, laryngospasm) and formulate differential diagnosis and treatment plans the appropriate use of daily progress notes in patient follow-up, and the need for frequent reevaluation of the unstable patient.
- III) **Core Competency 2: Medical Knowledge**
- a. Objectives - The trainee will be evaluated on his/her ability to demonstrate the following objectives
    1. Understand the importance of anesthesiology
    2. Demonstrate appropriate screenings
    3. Perform review of medications to help reduce poly-pharmacy, reduce the risk of drug-drug interaction and potential side effects
  - a. Procedural Skills - The trainee will be evaluated on his/her ability to demonstrate the following objectives
    1. The trainee will learn to set up a case in reasonable time (machine check, drugs, airway equipment)

2. The trainee will learn to ventilate lungs via mask, and intubate trachea of patients with easy to moderately difficult airways
3. The trainee will place peripheral intravenous and arterial catheters with minimal assistance
4. Operate basic technical monitors and pressure transducers and troubleshoot simple technical malfunctions

IV) **Core Competency 3: Professionalism**

- a. Objectives & Evaluation - The trainee will be evaluated on his/her ability to demonstrate the following objectives:
  1. The trainee should continue to develop his/her ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty. These goals are met in several ways:
    - a) Be responsible for and punctual in covering the assigned shifts.
    - b) Initiate medical therapy, treatment, and referral of assigned patient after reviewing with the attending physician.
    - c) Attend all departmental conferences and meetings stipulated.
    - d) Complete all chart documentation and maintain daily logs.
    - e) Appropriate use of consultants and paramedical personnel.
    - f) Compassionate handling of families and development of rapport with them.
    - g) The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
    - h) The trainee must be responsible and reliable at all times.
    - i) The trainee must always consider the needs of patients, families, colleagues, and support staff.
    - j) The trainee must maintain a professional appearance at all times.

A. **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 to communicate effectively with patients.
  2. The trainee should be able to deliver a concise, organized case presentation to staff that includes important pre-anesthetic concerns.
  3. The trainee must be able to formulate and describe in detail a plan for anesthetic management of ASA physical status 1-3 patients including anticipated problems and their solutions.
  4. The trainee must keep legible and accurate intra-, pre-, and postoperative records, either written or EMR
  5. The trainee must communicate any patient problems to the attending staff in a timely fashion.

V) **Core Competency 6: System-Based Practice**

- a. Objectives - The trainee will be evaluated on his/her 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.

VI) **Core Competency 7: Practice Based Learning Improvement**

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- 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. Recommended Reading List: Chu, Fuller: *Manual of Clinical Anesthesiology* (Provided by the department)
      - i. Morgan, Mikhael, Murray: *Clinical Anesthesiology*
      - ii. Longnecker, DE, Brown DL, Newman MF: *Anesthesiology*
      - iii. Hurford, WE: *Clinical Anesthesia Procedures of the Massachusetts General Hospital*
      - iv. Stoelting RK: *Pharmacology and Physiology in Anesthesia Practice*
      - v. Jaffe RA, Samuels SI: *Anesthesiologist's Manual of Surgical Procedures* (editorial comment: better information in general about the surgical procedures than about the anesthetic implications)
      - vi. Faust RJ: *Anesthesiology Review*
  - b. Suggested Readings
    - 1. Pertinent sections of MKSAP booklets.
    - 2. Appropriate sections in Cecil's Textbook of Medicine
  - c. Medical Literature - The trainee is encouraged to read current medical literature particularly articles that pertain to current anesthesia related topics.
- VIII) Evaluation
  - a. Trainee Evaluation
    - 1. The attending will closely supervise and monitor the trainee's activities and their performance.
    - 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 trainee 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 seven 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.
- IX) Feedback
  - a. Trainees are encouraged to discuss with the faculty advisor, attending physician, program director their learning experiences, difficulties or conflicts.
  - b. Faculty members 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.

### 3.5 Preventive Medicine

#### Overview:

The trainee will have appropriate responsibilities related to preventive medicine of the elderly patients to include proper nutrition, exercise prescription, counseling, immunizations and chemoprophylaxis, in conjunction with the geriatric attending physician.

#### Educational Purpose:

To provide the trainee with knowledge and skills to care for people of advanced years to help prevent functional decline. Spending time with the elderly patient in an ambulatory setting provides an opportunity to observe and participate in the care of a variety of patients while optimizing their function and wellness.

The trainee will demonstrate competency in his/her ability to:

- Improve skills in performing a comprehensive musculoskeletal examination
- Gait and balance evaluation/fall risk assessment
- Assessment of strength and physical functioning
- Knowledge of the application of physical treatment modalities – heat and cold, hydrotherapy, electrical stimulation, traction, exercise, and biofeedback
- Evaluation and management of pain (TENS, etc.)
- General approaches to strengthening and reconditioning the elderly – PT, group exercises
- Principles of stroke rehabilitation
- Non-operative management of degenerative and other arthritides
- Prescription of walking aides and other assistive devices
- Review medications to help reduce polypharmacy, reduce the risk of drug-drug interaction and potential side effects
- Provide a comprehensive history and physical exam on the elderly patient with the goal being to increase independence and function ability

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

- I) Principal Teaching Methods
  - a. By Faculty:
    1. The trainee will work under supervision of a geriatric attending.
    2. If time allows, patient discussion is complemented by small, informal lectures on geriatrics given by the faculty.
    3. Reading assignments and literature searches are given to each and every house officer in the team, and they are to be discussed after working rounds are done.
    4. Time for lectures is always provided to the whole team, the trainee will make him/herself available to the nurses for emergencies. Lectures by subspecialty faculty are to stress critical aspects of their specialty – **UNLESS, in the opinion of the attending physician**, there is a crisis in the department necessitating full coverage. (If this is the case, follow Lecture Attendance Protocol.)
  - b. By TY: TY residents are encouraged to teach nurses or other members of the team special aspects of geriatric care. There may be additional learners, (Medical, PA or NP students) on rotation simultaneously and TY's are encouraged to provide

relevant geriatric additional information as indicated.

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

- a. Trainees will learn to obtain a logical, chronological history from critically ill patients and their families and to do an effective physical examination in this challenging milieu. Use of information from old charts, private physicians, family and/or caregivers is stressed.
- b. Trainees will learn to integrate physiological parameters and laboratory data with the clinical history and physical exam to make clinical diagnostic and management decisions.
- c. Trainees will learn the appropriate use of daily progress notes in patient follow-up, and the need for frequent reevaluation of the unstable patient.

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

- a. Objectives - The trainee will be evaluated on his/her ability to demonstrate the following objectives
  4. Understand the importance of preventative care in the elderly
  5. Demonstrate appropriate screenings for this age population
  6. Perform review of medications to help reduce poly-pharmacy, reduce the risk of drug-drug interaction and potential side effects
- b. Procedural Skills - The trainee will be evaluated on his/her ability to demonstrate the following objectives
  1. Joint aspirations and injections
  2. Wound care
  3. Dressing changes

**IV) Core Competency 3: Professionalism**

- a. Objectives & Evaluation - The trainee will be evaluated on his/her ability to demonstrate the following objectives:
  2. The trainee should continue to develop his/her ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty. These goals are met in several ways:
    - k) Be responsible for and punctual in covering the assigned shifts.
    - l) Initiate medical therapy, treatment, and referral of assigned patient after reviewing with the attending physician.
    - m) Attend all departmental conferences and meetings stipulated.
    - n) Complete all chart documentation and maintain daily logs.
    - o) Appropriate use of consultants and paramedical personnel.
    - p) Compassionate handling of families and development of rapport with them.
    - q) The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
    - r) The trainee must be responsible and reliable at all times.
    - s) The trainee must always consider the needs of patients, families, colleagues, and support staff.
    - t) The trainee must maintain a professional appearance at all times.

**V) Core Competency 6: System-Based Practice**

- a. Objectives - The trainee will be evaluated on his/her 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.

**VI) Core Competency 7: Practice Based Learning Improvement**

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) Evaluation - 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 patients. Faculty supervises most of the daytime procedures completed and will provide an evaluation and feedback here is immediate and ongoing.

VIII) Feedback - 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.

### **3.6 Radiation Oncology**

#### **Educational Purpose:**

The trainee will demonstrate competency in their ability to:

- Basic oncologic issues associated with all types of malignancies (and benign diseases for which radiation therapy also plays a significant role), including: anatomy, epidemiology, natural history, basic biology/pathology, clinical presentation, diagnostic work-ups, staging, and prognostic factors.
- Basics of radiotherapy physics and radiation biology
- Finish the initial reading of the required textbooks in both subjects by the end of the year
- Basic statistics and methodology as used in oncologic research should be learned
- Basic knowledge in cancer pathology and diagnostic imaging techniques should be acquired
- Utilize computers and other electronic tools for exchange of academic information and ideas
- Utilize effective communication techniques for case and didactic presentations

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

I) Principal Teaching Methods

a. By Faculty:

1. The trainee will work under supervision of an anesthesiologist.
2. If time allows, patient discussion is complemented by small, informal lectures on geriatrics given by the faculty.
3. Reading assignments and literature searches are given to each and every house officer in the team, and they are to be discussed after working rounds are done.

4. Time for lectures is always provided to the whole team, the trainee will make him or herself available to the nurses for emergencies. Lectures by subspecialty faculty are to stress critical aspects of their specialty – **UNLESS, in the opinion of the attending physician**, there is a crisis in the department necessitating full coverage. (If this is the case, follow Lecture Attendance Protocol.)

b. By Trainee: The trainee will be encouraged to teach nurses or other members of the team special aspects of care. There may be additional learners, (Medical, PA or NP students) on rotation simultaneously and the trainee will be encouraged to provide relevant information as indicated.

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

- a. Trainees will learn to manage ASA physical status 1 patients with minimal assistance for uncomplicated surgery, including induction, maintenance, emergence, and transport to the post anesthesia care unit.
- b. Trainees will learn to accurately estimate fluid (blood/colloid/crystalloid) requirements in routine cases.
- c. Trainees will learn to identify basic intraoperative problems (hyper-/hypotension, hypoxia, hypercapnia, arrhythmias, anuria, acidosis, laryngospasm) and formulate differential diagnosis and treatment plans the appropriate use of daily progress notes in patient follow-up, and the need for frequent reevaluation of the unstable patient.

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

- a. Objectives - The trainee will be evaluated on his/her ability to demonstrate the following objectives
  - 1. Understand the importance of anesthesiology
  - 2. Understand the etiology, epidemiology and natural history of malignant disease
  - 3. Identify the indications for outcomes of radiation therapy
- b. Procedural Skills - The trainee will be evaluated on his/her ability to demonstrate the following objectives
  - 1. The trainee will learn to set up a case in reasonable time (machine check, drugs, airway equipment)
  - 2. The trainee will learn to ventilate lungs via mask, and intubate trachea of patients with easy to moderately difficult airways
  - 3. The trainee will place peripheral intravenous and arterial catheters with minimal assistance
  - 4. Operate basic technical monitors and pressure transducers and troubleshoot simple technical malfunctions

**IV) Core Competency 3: Professionalism**

- a. Objectives & Evaluation - The trainee will be evaluated on his/her ability to demonstrate the following objectives:
  - 1. The trainee should continue to develop his/her ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty. These goals are met in several ways:
    - a) Be responsible for and punctual in covering the assigned shifts.
    - b) Initiate medical therapy, treatment, and referral of assigned patient after reviewing with the attending physician.
    - c) Attend all departmental conferences and meetings stipulated.
    - d) Complete all chart documentation and maintain daily logs.
    - e) Appropriate use of consultants and paramedical personnel.
    - f) Compassionate handling of families and development of rapport with

- them.
- g) The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
  - h) The trainee must be responsible and reliable at all times.
  - i) The trainee must always consider the needs of patients, families, colleagues, and support staff.
  - j) The trainee must maintain a professional appearance at all times.
- X) **Core Competency 4: Interpersonal & Communication Skills**
- b. Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
    - 1. The trainee should learn to communicate effectively with patients.
    - 2. The trainee should be able to deliver a concise, organized case presentation to staff that includes important pre-anesthetic concerns.
    - 3. The trainee must be able to formulate and describe in detail a plan for anesthetic management of ASA physical status 1-3 patients including anticipated problems and their solutions.
    - 4. The trainee must keep legible and accurate intra-, pre-, and postoperative records, either written or EMR
    - 5. The trainee must communicate any patient problems to the attending staff in a timely fashion.
- V) **Core Competency 6: System-Based Practice**
- a. Objectives - The trainee will be evaluated on his/her ability to demonstrate the following objectives:
    - 1. The trainee should improve their skills using creative laboratory modeling to simulate clinical problems.
    - 2. The trainee should improve in the use innovative and investigational therapeutic modes, including conformal, stereotactic radiosurgery and intensity modulated radiation techniques.
    - 3. The trainee will assist in determining standard radiation therapy techniques for dose delivery.
    - 4. The trainee will assist in development of systems' improvement if problems are identified.
- VI) **Core Competency 7: Practice Based Learning Improvement**
- 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.
- XI) Educational Materials
- a. Mandatory Reading
    - 1. Recommended Reading List: Chu, Fuller: *Manual of Clinical Anesthesiology* (Provided by the department)
      - i. Morgan, Mikhael, Murray: *Clinical Anesthesiology*
      - ii. Longnecker, DE, Brown DL, Newman MF: *Anesthesiology*
      - iii. Hurford, WE: *Clinical Anesthesia Procedures of the Massachusetts General Hospital*
      - iv. Stoelting RK: *Pharmacology and Physiology in Anesthesia Practice*

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- v. Jaffe RA, Samuels SI: *Anesthesiologist's Manual of Surgical Procedures* (editorial comment: better information in general about the surgical procedures than about the anesthetic implications)
  - vi. Faust RJ: *Anesthesiology Review*
  - b. Suggested Readings
    3. Pertinent sections of MKSAP booklets.
    4. Appropriate sections in Cecil's Textbook of Medicine
  - c. Medical Literature - The trainee is encouraged to read current medical literature particularly articles that pertain to current anesthesia related topics.
- XII) Evaluation
- c. Trainee Evaluation
    5. The attending will closely supervise and monitor the trainee's activities and their performance.
    6. The attending is expected to give constructive suggestions and/or criticisms as soon as the attending identifies any significant deficiencies.
    7. The attending will provide trainee with a mid-rotation evaluation to comment on their performance.
    8. 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 seven competencies.
  - d. Program Evaluation
    3. The trainee will fill out an evaluation of the rotation at the end of the month.
    4. Any constructive criticism, improvements or suggestions to further enhance training are welcome at any time.
- XIII) Feedback
- a. Trainees are encouraged to discuss with the faculty advisor, attending physician, program director their learning experiences, difficulties or conflicts.
  - b. Faculty members 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.

### 3.7 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.

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- Integrate the use of osteopathic manipulative treatment in the management of obstetrics and gynecologic disorders.
  - Obtain appropriate consultation
- 

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

- A. History
    - 1) Complete menstrual history (onset, timing, volume, FDLMP, menopause)
    - 2) Pregnancy/birth history
    - 3) Substance abuse or medications while pregnant
    - 4) Vaginal protrusion/incontinence
    - 5) Vaginal discharge/itching/masses
    - 6) Postmenopausal bleeding and character
    - 7) PAP test, breast exam and mammogram history
    - 8) Nipple discharge or breast changes
    - 9) Identify impact of psychosocial factors on sexually transmitted disease, pregnancy, and general health
  - B. Physical exam
    - 1) Demonstrate complete breast exam
    - 2) Describe breast masses with respect to location, size, mobility, nipple discharge or retraction, skin changes, lymph nodes
    - 3) Perform adequate pelvic examination to include PAP smear and bimanual examination
    - 4) Identify cystocoele, rectocoele, pediculosis, masses, lichen planus, cervicitis, vaginitis, warts, ulcers (herpetic), imperforate hymen, ovarian and uterine masses or malposition.
  - C. Basic principles
    - 1) Hirsutism
    - 2) Menstrual dysfunction
    - 3) Medical disorders of pregnancy
    - 4) Pelvic infection/ sexually transmitted disease
    - 5) Postmenopausal osteoporosis
    - 6) Impotence
    - 7) Fertility control
    - 8) Estrogen/progesterone therapy
    - 9) PAP smear result interpretation
  - D. Diagnostics/therapeutics
    - 1) Wet mount interpretation
    - 2) PAP smear/colposcopy
    - 3) Hormone evaluation
  - E. Health promotion
    - 1) PAP smear, mammography and breast exam surveillance
    - 2) Behavior modification
    - 3) STD prophylaxis
    - 4) Psychosocial supports for appropriate female ailments
- 

### **I) Core Competency 1: Osteopathic Principles**

- 1) Myofascial release to the sacrum
- 2) Vasculo-lymphatic drainage techniques

- 3) Thoracolumbar junction therapy for autonomic tone to pelvis
- 4) Evaluation of Chapman's reflex points

II) **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.

III) **Core Competency 4: Interpersonal & Communication Skills**

- c. 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 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.

IV) **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.

V) **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 the

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- attending physician from rounds and consultations to improve performance and enhance learning.
- VI) Educational Materials
    - a. Mandatory Reading
      - 1. Appropriate sections in Cecil's Textbook of Medicine
    - b. Suggested Readings
      - 1. Pertinent sections of MKSAP booklets.
    - c. Medical Literature - The trainee is encouraged to read current medical literature particularly articles that pertain to current patient problems.
  - VII) Evaluation
    - a. Trainee Evaluation
      - 1. The attending will closely supervise and monitor the trainee's activities and their performance.
      - 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 trainee 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 seven 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.
  - VIII) Feedback
    - a. Trainees are encouraged to discuss with the faculty advisor, attending physician, program director their learning experiences, difficulties or conflicts.
    - b. Faculty members 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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### 3.8 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.

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- A. History
  - 1) Obtain adequate information to assess cognitive function, psychomotor skills, personality development, sexuality and psychosocial development
  - 2) Understand the impact of the following on adolescent health: age, sex, race, socioeconomic status, and parity/gravity
- B. Physical exam
  - 1) Recognize special findings indicating adolescents at particular risk
  - 2) Pelvic exam on sexually active females
  - 3) Structural exam
- C. Basic principles

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- 1) Biologic maturity
  - 2) Morbidity and mortality
  - 3) Mental health problems
- D. Diagnostics/therapeutics.
- 1) Interpretation of lab and X-ray values which are unique to the adolescent
- E. Health maintenance
- 1) Immunization schedule
  - 2) Behavior modification and diet
  - 3) Psychosocial support for disruptive behavior
- 

### **A. 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.

### **B. Core Competency 4: Interpersonal & Communication Skills**

- c. 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 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.

### **C. 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.

### **D. 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 the attending physician from rounds and consultations to improve performance and enhance learning.
- E. Educational Materials
- a. Mandatory Reading
    1. Appropriate sections in Cecil's Textbook of Medicine
  - b. Suggested Readings
    1. Pertinent sections of MKSAP booklets.
  - c. Medical Literature - The trainee is encouraged to read current medical literature particularly articles that pertain to current patient problems.
- F. Evaluation
- a. Trainee Evaluation
    1. The attending will closely supervise and monitor the trainee's activities and their performance.
    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 trainee 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 seven 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.
- G. Feedback
- a. Trainees are encouraged to discuss with the faculty advisor, attending physician, program director their learning experiences, difficulties or conflicts.
  - b. Faculty members 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.

[Adolescent Medicine](#)

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### 3.9 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 the hospital setting, the basic techniques of physical examination, the necessary skills in performing

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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 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
- Seek specialty consultation when appropriate and maintain direct responsibility 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

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

A. Principal Teaching Methods - 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, sub-specialties consultations, and board review sessions.

1) Team Structure - Attending Physician, PGY 1, 2, & 3, Medical Student

2) Roles of Team Members:

**Attending Physician:** The attending physician 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 trainee and/or medical student will present new admissions to the attending, which will discuss patient history, clinical findings, and results of laboratory tests. The attending will help the trainee 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 trainee. The attending will do formal teaching rounds on non-post call days on topics in general internal medicine. The attending will supervise the PGY 1 trainee when an upper level trainee is not available.

**PGY 2 & 3:** 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 junior trainee and medical student(s). The PGY 2/3 trainee is expected to conduct work rounds, which are separate from those of the attending. The PGY 2/3 trainee will be responsible for dictating the discharge summary, providing scholarly activities such as literature searches, or coordinating presentations on specific topics.

**PGY 1/Medical Student:** The team will be responsible for admitting all patients to the team and performing a complete history and physical exam. The PGY 1 will be responsible for day-to-day management of the team patients. They will be responsible for documenting and reporting to the team or team attending about patients' status, recording daily notes, discharging the patients from the team, and

coordinating outpatient follow-up. The trainee will dictate discharge summary of their patients.

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

- 1) 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 relationship 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
- 2) 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

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

- 1) 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.
- 2) Evaluation of Medical Knowledge - The following will assess the trainee's medical knowledge:
1. The trainee's ability to answer direct 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.

**D. Core Competency 3: Professionalism**

- 1) 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.

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

- 1) 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 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.

**F. Core Competency 6: System-Based Practice**

- 1) 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, dietitians, 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.

**G. Core Competency 7: Practice Based Learning Improvement**

- 1) 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 the attending physician from rounds and consultations to improve performance and enhance learning.

**H. Educational Materials**

- 1) Mandatory Reading
  1. Appropriate sections in Hospitals Medicine, 2<sup>nd</sup> edition AND,
  2. Appropriate sections in Harrison's Principles of Internal Medicine OR,
  3. Appropriate sections in Cecil's Textbook of Medicine
- 2) Suggested Readings
  1. Pertinent sections of MKSAP booklets.
  2. Principles of Geriatric Medicine and Gerontology.
- 3) 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.

- I. Evaluation
  - 1) 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 seven competencies.
  - 2) 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.
- J. Feedback
  - 1) Trainees are encouraged to discuss with the faculty advisor, attending physician, program director their learning experiences, difficulties or conflicts.
  - 2) Faculty members 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.

[Hospitalist Medicine](#)

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### 3.10 Critical Care Unit

#### **Educational Purpose:**

The goal of the critical care rotation is to educate the trainee in evaluating and treating critically ill patients, use consultants and paramedical personnel effectively, and stress sensitive, compassionate management of patients and their families.

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

- I. Principal Teaching Methods
  - a. The trainees work under supervision of an ICU attending.
  - b. Rounds typically begin in the ICU conference room for a formal presentation of 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 ICU medicine given by the faculty.
  - e. Reading assignments and literature searches are given to each and every house officer on the team, and they are to be discussed after working rounds are done.
  - f. Time to go to noon conference is always provided to the whole team, the trainee will make him or herself 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. Trainees will learn to obtain a logical, chronological history from critically ill patients and their families and to do an effective physical examination in this challenging milieu. Use of information from old charts and private physicians is stressed.
- b. Trainees will learn to integrate physiological parameters and laboratory data with the clinical history and physical exam to make clinical diagnostic and management decisions.
- c. Trainees will learn the appropriate use of daily progress notes in patient follow-up, and the need for frequent reevaluation of the unstable patient.

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

- a. Objectives
  1. Understand blood gas results and respond appropriately.
  2. Understand cardiovascular hemodynamics in a wide range of disease states.
  3. Management of congestive heart failure and cardiogenic shock.
  4. Basics of conventional mechanical ventilation.
  5. Nutritional support of the critically ill.
  6. Management of acute myocardial ischemia.
  7. Acute renal failure - diagnosis and treatment.
  8. Acute endocrine emergencies.
  9. Acute lung injury.
  10. Sepsis and the sepsis syndrome.
  11. Acute treatment of cardiac arrhythmias.
  12. Management of acute gastrointestinal bleeding.
  13. Management of common neurologic emergencies.
  14. Management of common toxicological emergencies.
- b. Procedural Skills
  1. Cardiopulmonary resuscitation
  2. Endotracheal intubation
  3. Central venous access
  4. Hemodynamic monitoring (Pulmonary Artery Catheterization)
  5. Thoracentesis
  6. Paracentesis
  7. Lumbar puncture
  8. Arterial cannulation
  9. Placement of a temporary transvenous and transcutaneous pacemaker

**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. In the ICU, these goals are met in several ways:
    - a) Sensitive handling of a do-not-resuscitate 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 6: System-Based Practice**
- a. 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.
  - b. Educational Materials - Mandatory Reading:
    - 1. The ICU Book - John Marini (2nd edition)
    - 2. Critical Care Medicine: Civetta
    - 3. Harrison's Principles of Internal Medicine 15th Edition
  - c. 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.
- VI. **Core Competency 7: Practice Based Learning Improvement**
- 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. Evaluation - 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 in the ICU and evaluation and feedback here is immediate and ongoing.
- VIII. Feedback - 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.

[Critical Care Unit](#)

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### 3.11 Ambulatory/Family 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.

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The trainee will demonstrate competency in their ability to:

- Promote and teach the principles of office-based medicine

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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. The attending physician will oversee the activities of the trainee. The attending will review and discuss each case with the trainee. The attending will supervise no more than four trainees in any given clinic session.
- 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 physician 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 history and physical examinations. Perform a focused and targeted laboratory evaluation, including the demonstration of 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: suturing, punch biopsy, casting, EKG, 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.

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

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- 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 ambulatory medicine 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.

### 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 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 current edition
  3. Teaching series videos (skin biopsy, effective communication, arthrocentesis technique).

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- c. Medical Literature - A collection of updated review articles will be available which address basic areas of 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 seven 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.

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### 3.12 Dermatology

#### Educational Purpose:

The trainee will be provided 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

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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 trainee 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, Miliun, 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 subspecialist 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 seven 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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### 3.13 Hospitalist Internal Medicine

#### **Educational Purpose:**

The trainee will be provided 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
- 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,

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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 noncardiac surgical procedures. *N Engl J Med* 1977;297:845-850.
  3. Eagle KA et al. Guidelines for perioperative cardiovascular evaluation for noncardiac surgery. Report of the ADD/AHA Task Force on Practice Guidelines (Committee on Perioperative Cardiovascular Evaluation for Noncardiac 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.

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### 3.14 Pediatrics

#### **Educational Purpose:**

The trainee will be provided education based on a family centered patient care environment that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

The trainee will demonstrate competency in their ability to:

- Diagnose and manage pediatric problems encountered
- Manage pediatric emergencies
- Provide general care of the newborn in the hospital and office setting
- Provide well childcare up to and including adolescence

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

- I. Principal Teaching Methods:
  - A. Gathering Data from History or Interview. Conduct effective interviews with parents and children at all developmental stages.
    1. Demonstrate skill in the use of appropriate strategies and techniques for communicating with children of varying ages and developmental levels.
    2. Obtain a clinical history using a logical sequence of appropriate questions.
    3. Obtain complete and accurate data by using a combination of open-ended and closed-ended questions, avoiding the use of questions that are presumptive, leading or multiple in construct. Use segment summaries to clarify answers obtained.
    4. Manage the flow of an interview by avoiding interruptions and using silence, re-direction and transitions appropriately
  - B. Establish rapport by using all, or a combination of the following elements:
    1. A comfortable seating and room arrangement
    2. Good eye contact
    3. Open body language
    4. Appropriated facial expression and tone of voice
    5. Reflection and legitimization

6. Offering partnership, support and encouragement
  - C. Open an interview with an inclusive introduction and greeting (acknowledging everyone in the room and finding out how they are related to the patient), to call the patient by name during the interview, and to close the interview gracefully.
  - D. Recognize when it might be appropriate to ask people to leave the room (e.g., when you might be asking sensitive questions and there is a non-family member in the room), and ask them to leave in a sensitive manner.
  - E. Demonstrate awareness of cultural and religious or spiritual differences, and avoid questioning styles and/or responses that might be construed as judgmental or insensitive.
- II. **Core Competency 5: Patient Care:** Gathering Data by Physical Examination. Perform an appropriate physical exam, demonstrating technical proficiency and sensitivity to the needs of the child and parent, as well as the clinical situation.
- A. Demonstrate successful verbal and physical strategies for conducting physical examinations in children of different ages, with attention to each of the following components:
    1. Age and developmental stage (e.g., modify physical and verbal approach to diminish fears and demystify exam using: lap exam, sequence other than head to toe, age-appropriate vocabulary for play, distraction and explanation, respect for modesty by ensuring privacy)
    2. State (e.g., auscultate heart first in a sleeping infant, warm hands and instruments prior to examination, use light touch prior to firm touch)
    3. Temperament (e.g., proceed slowly and cautiously when approaching a "slow-to-warm-up" child)
    4. Parent-child relationship (e.g., enlist office personnel to adequately restrain child if parent unable or unwilling)
    5. Previous frightening medical encounters (e.g., adjust pace and sequence to diminish anxiety for child with history of painful procedures)
    6. Acuity of illness or symptoms (e.g., adjust pace, sequence, maneuvers to minimize exacerbation of symptoms)
  - B. Recognize when clinical situations require a complete examination and when a focused examination is more appropriate perform the appropriate maneuvers and sequence to address each circumstance adequately.
  - C. Display sensitivity to the needs of the child and parent/guardian when performing physical examinations by adapting approach/components of examination to setting and clinical situation (e.g., concerns arising from fears modesty privacy or confidentiality needs significant pain, distress or illness ethnic, cultural, religious/spiritual or health beliefs language barriers sensory, physical or mental impairments).
  - D. Perform a thorough and systematic, comprehensive examination in premature and term infants, older infants, toddlers, preschoolers, school-age children and adolescents, incorporating each of the following elements:
    1. Use appropriate infection control including hand washing, and gown, glove, mask when appropriate.
    2. Use observation effectively as a tool to gather important data about child health, development and parent-child interaction.
    3. Focus attention on important content areas during the examination as suggested by the child's age, chief complaint, other aspects of the medical history, or acuity of illness.

4. Demonstrate technical proficiency for each step of the exam, including proper use of instruments.
  5. Demonstrate technical proficiency for obtaining measurements and vital signs and evaluate results in terms of age and gender-related developmental progression of normal values.
  6. Discuss and clarify examination maneuvers, instruments and findings with parents, using vocabulary that is appropriate to their educational background and language, and verify their comprehension.
  7. Identify and distinguish between physical examination findings for all major organ systems that are normal for age, common variations of normal, age-related "benign" pathology (e.g., caput/cephalohematoma of the newborn), and borderline abnormal, or common and important abnormal. Discuss findings in terms of anatomy and physiology in a way that patients and parents can understand.
  8. Establish, discuss, and gain agreement for a follow-up plan and time frame for investigation of borderline abnormal findings.
  9. Demonstrate examination strategies and maneuvers to pursue and confirm abnormal findings, establish, discuss and gain agreement for further diagnostic or therapeutic workup and management.
  10. Record examination findings accurately and use correct medical terminology.
- E. Health Promotion and Screening. Provide comprehensive health care promotion, screening and disease prevention services to infants, children, adolescents and their families in the ambulatory setting.
1. Perform health promotion (well child care) visits at recommended ages based on nationally recognized periodicity schedules (e.g., AAP Health Supervision Guidelines, Bright Futures, and GAPS).
  2. Perform a family centered health supervision interview.
    - a) Define family and identify significant family members and other significant caretakers and what role they play in the child's life.
    - b) Identify patient and family concerns.
    - c) Discuss health goals for the visit with the patient and family.
    - d) Prioritize agenda for the visit with the patient and family.
    - e) Elicit age appropriate information regarding health, nutrition, activities, and health risks.
  3. Perform age appropriate developmental surveillance, developmental screening, school performance monitoring and job performance monitoring.
  4. Identify risks to optimal developmental progress (e.g., prematurity, SES, family/genetic conditions, etc.).
  5. Order or perform and interpret additional age-appropriate screening procedure, using nationally recognized periodicity schedules and local or state expectations (e.g., newborn screening, lead, hematocrit, hemoglobin for sickle cell, blood pressure, cardiovascular risk assessment, vision, hearing, dental assessment, reproductive-related concerns).
  6. Order or perform appropriate additional screening procedures based on patient and family concerns (e.g., sports involvement, positive family history for specific health condition, behavioral concerns, depression, identified risk for lead exposure).

7. Perform age appropriate immunizations using nationally recognized periodicity schedules.
8. Provide age-appropriate anticipatory guidance to parent(s) or caregiver(s), and child or adolescent, according to recommended guidelines (e.g., AAP TIPP program, Bright Futures, GAPS), on topics including:
  - a) Promotion of healthy habits (e.g. Physical activity, reading, etc.)
  - b) Injury and illness prevention
  - c) Nutrition
  - d) Oral health
  - e) Age appropriate medical care
  - f) Promotion of social competence
  - g) Promotion of positive interactions between the parent and infant/child/ adolescent
  - h) Promotion of constructive family communication, relationships and parental health
  - i) Promotion of community interactions
  - j) Promotion of responsibility (adolescence)
  - k) Promotion of school achievement (middle childhood, adolescence)
  - l) Sexuality (infancy, early and middle childhood, adolescence)
  - m) Prevention of substance use/abuse (middle childhood, adolescence)
  - n) Physical activity and sports
  - o) Interpretation of screening procedures
  - p) Prevention of violence
9. Demonstrate practical office strategies that allow provision of comprehensive and efficient health supervision (e.g., share tasks with office staff develop and use structured records, computerized information, websites, questionnaires, patient education handouts, books, videos develop office policies for such things as consent and confidentiality, request for transfer of medical records, school information).
10. Discuss logistical barriers to the provision of health supervision care (e.g., financial, social, environmental, health service, insurance systems) and discuss strategies to overcome these for specific families.

### III. Patient Education and Counseling

- A. Develop skills in promoting a therapeutic alliance with patients and families by providing counseling, guidance, and patient education in areas important to child health and disease.
- B. Provide parents with appropriate anticipatory guidance, based on age, gender, risk factors, and developmental stage of the child, in order to enhance function, maintain health, and prevent disease and injury.
- C. Provide effective education via written, visual, and hands-on techniques (e.g., demonstrations, models, handouts, videotapes, group learning sessions), selecting an educational method that is tuned to the patient's or family's learning style, language limitations, knowledge level, cultural background, and emotional state.

**GOAL:** Utilize common diagnostic tests and imaging studies appropriately in the outpatient department.

1. Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting, by being able to:
  - a. Explain the indications for and limitations of each study.

- b. Know or be able to locate age-appropriate normal ranges (lab studies).
  - c. Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios, and receiver operating characteristic curves, to assess test utility in clinical settings.
  - d. Recognize cost and utilization issues.
  - e. Interpret the results in the context of the specific patient.
  - f. Discuss therapeutic options for correction of abnormalities.
2. Use appropriately the common laboratory studies in the Continuity Clinic and Outpatient setting:
- a. CBC with differential, platelet count, RBC indices.
  - b. Blood chemistries: electrolytes, glucose, calcium, magnesium, and phosphate.
  - c. Hemoglobin A1C
  - d. Cholesterol
  - e. Renal function tests.
  - f. Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin).
  - g. Serologic tests for infection (e.g., hepatitis, HIV).
  - h. CRP, ESR.
  - i. Routine screening tests (e.g., neonatal screens, lead).
  - j. Wet preps and skin scrapings for microscopic examination, including scotch tape test for pinworms.
  - k. Tests for ova and parasites
  - l. Thyroid function tests.
  - m. Culture for bacterial, viral, and fungal pathogens, including stool culture.
  - n. Urinalysis.
  - o. Gram stain.
  - p. Developmental, behavioral and depression screening tests.
3. Use the common imaging, diagnostic or radiographic studies when indicated for patients evaluated in Continuity Clinic or the Outpatient Pediatric Clinic:
- a. Plain radiographs of the chest, extremities, abdomen, skull, sinuses.
  - b. CT, MRI, angiography, ultrasound, nuclear scans (interpretation not expected) and contrast studies when indicated.
  - c. Bone age films.
  - d. Electrocardiogram and echocardiogram.
  - e. Skin test for tuberculosis.
4. Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered.

**GOAL:** Describe the following procedures, including how they work and when they should be used competently perform those commonly used by the pediatrician in practice.

1. Breast pump use
2. Medication delivery: IM/SC/ID
3. Medication delivery: inhaled
4. PPD: placement
5. Pulmonary function tests: peak flow meter

**GOAL:** Describe the following tests or procedures, including how they work and when they should be used competently perform those commonly used by the pediatrician in practice.

1. ADHD home and school questionnaires
2. Behavioral screening questionnaire

3. Developmental screening test
4. Hearing screening
5. PPD: interpretation
6. Scoliosis, scoliometer
7. Tympanometry evaluation: interpretation
8. Vision screening

**Core Competency 2: Medical Knowledge.** Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

**GOAL:** Evaluate and manage common signs and symptoms associated with the practice of pediatrics in the Continuity Clinic and Primary Care Pediatric Outpatient Department.

1. Evaluate and manage the following signs and symptoms that present in the context of health care promotion:

- a) **Infancy:** malpositioning of feet, hip clicks, skin rashes, birthmarks, jitteriness, hiccups, sneezes, wheezing, heart murmur, vaginal bleeding and/or discharge, foul smelling umbilical cord with/without discharge undescended testicle, breast tissue, breast drainage, malpositioning of feet, malrotation of lower extremities, developmental delays, sleep disturbances, difficulty feeding, dysconjugate gaze, failure to thrive, frequent infections, abnormal head shape or size, evidence of abuse or neglect, abdominal masses, abnormal muscle tone
- b) **General:** Acute life-threatening event (ALTE), constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain, dental caries, excessive thumb-sucking or pacifier use, sleep disturbances, difficult behaviors, variations in appetite, variations in toilet training, overactivity, somatic complaints, poor school performance, attention problems, fatigue, masturbation, anxiety, violence.
- c) **Cardiorespiratory:** Apnea, chest pain, cough cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, inadequate respiratory effort, respiratory failure, rhythm disturbance, shortness of breath, stridor, syncope, tachypnea, wheezing.
- d) **Dermatologic:** Congenital nevus and other birth marks, ecchymoses, edema, paleness, petechiae, pigmentary changes, purpura, rashes, urticaria, vascular lesions, foul smelling umbilical cord.
- e) **EENT:** Acute visual changes dysconjugate gaze conjunctival injection ear or eye discharge ear, throat, eye pain, edema, epistaxis nasal foreign body hoarseness stridor.
- f) **Endocrine:** growth disturbance, short stature, heat or cold intolerance, normal and abnormal timing of pubertal changes, polydipsia, polyuria.
- g) **GI/Nutrition/Fluids:** Abdominal pain, mass or distention ascites constipation dehydration diarrhea dysphagia encopresis hematemesis inadequate intake of calories or fluid jaundice melena obesity rectal bleeding regurgitation vomiting.
- h) **Genitourinary/Renal:** Change in urine color, dysuria, edema, enuresis, frequency, hematuria, oliguria, and pain referable to the urinary tract, scrotal mass, pain or edema, trauma to urinary tract or external genitalia, undescended testicle, enuresis.
- i) **GYN:** Asymmetry of breast development, abnormal vaginal bleeding, pelvic or genital pain, vaginal discharge or odor vulvar trauma or erythema, delayed onset of menses, missed or irregular periods.

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- j) **Hematologic/Oncologic:** Abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor.
- k) **Musculoskeletal:** Malpositioning of feet, malpositioning of legs, hip clicks, abnormal gait, abnormal spine curvature, arthritis or arthralgia, bone and soft tissue trauma, limb or joint pain, limp, variations in alignment (e.g., intoeing).
- l) **Neurologic:** Delays in developmental milestones, ataxia, change in sensorium, diplopia, headache, head trauma, hearing concerns, gait disturbance, hypotonia, lethargy, seizure, tremor, vertigo, visual disturbance, weakness.
- m) **Psychiatric/Psychosocial:** Acute psychosis, anxiety, behavioral concerns, conversion symptoms, depression, hyperactivity, suicide attempt, suspected child abuse or neglect.

**GOAL:** Recognize and manage common childhood conditions presenting to the Continuity Clinic and Primary Care Pediatric Outpatient Department.

1. Evaluate and manage the common conditions and situations presenting in the context of health promotion visits.

- a) **Infancy:** Breast feeding, bottle feeding, colic, congenital hip dislocation, constipation, strabismus, colic, parent-infant interactional issues, sleep problems, child care decisions, separation protest, stranger anxiety, failure to thrive, recurrent respiratory and ear infections, positional foot deformities, rashes, teething, injury prevention and safety.
- b) **General:** Colic, failure to thrive, fever, overweight, iron deficiency, lead exposure, strabismus, hearing problems, child care decisions, well-child and well adolescent care (including anticipatory guidance), parental issues (financial stress, divorce, depression, tobacco, alcohol or substance abuse, domestic violence, inadequate support networks).
- c) **Allergy/Immunology:** Allergic rhinitis, angioedema, asthma, food allergies, recurrent infections, serum sickness, urticaria.
- d) **Cardiovascular:** Bacterial endocarditis, cardiomyopathy, congenital heart disease (outpatient management of minor illnesses), congestive heart failure, heart murmurs, Kawasaki disease, palpitations, rheumatic fever.
- e) **Dermatology:** abscess, acne, atopic dermatitis, cellulitis and superficial skin infections, impetigo, molluscum, tinea infections, viral exanthems, verruca vulgaris, other common rashes of childhood and adolescence.
- f) **Endocrine/Metabolic:** Diabetes mellitus, diabetes insipidus, evaluation for possible hypothyroidism, growth failure or delay, gynecomastia, hyperthyroidism, precocious or delayed puberty.
- g) **GI/Nutritional:** Appendicitis, bleeding in stool, constipation, encopresis, foreign body ingestion, gastroenteritis, gastroesophageal reflux, hepatitis, inflammatory bowel disease, nutritional issues, obesity, pancreatitis.
- h) **GU/Renal:** Electrolyte and acid-base disturbances (mild), enuresis, glomerulonephritis, hematuria, Henoch Schonlein purpura, nephrotic syndrome, obstructive uropathy, proteinuria, undescended testicles, UTI/pyelonephritis.
- i) **Gynecologic:** Genital trauma (mild), labial adhesions, pelvic inflammatory disease, vaginal discharge or foreign body
- j) **Hematology/Oncology:** Abdominal and mediastinal mass (initial work up), anemia, hemoglobinopathies, leukocytosis, neutropenia, thrombocytopenia.
- k) **Infectious Disease:** Cellulitis, cervical adenitis, dental abscess with complications, initial evaluation and follow-up of serious, deep tissue infections,

laryngotracheobronchitis, otitis media, periorbital and orbital cellulitis, pharyngitis, pneumonia (viral or bacterial), sinusitis, upper respiratory tract infections, viral illness, recurrent infections.

- l) **Musculoskeletal:** Apophysitides, femoral retro- and anteversion, fractures, growing pains, hip dysplasia, limp, metatarsus adductus, sprains, strains, tibial torsion.
- m) **Pharmacology/Toxicology:** Common drug poisoning or overdose, ingestion avoidance (precautions).
- n) **Neurology/Psychiatry:** Acute neurologic conditions (initial evaluation), behavioral concerns, discipline issues, temper tantrums, biting, developmental delay, seizures (evaluation and adjustment of medications), ADHD, learning disabilities, substance abuse.
- o) **Pulmonary:** Asthma, bronchiolitis, croup, epiglottitis, pneumonia sinusitis, tracheitis, viral URI and LRI.
- p) **Surgery:** Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.).

**Core Competency 3: Interpersonal and Communication Skills.** Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

**GOAL:** Effectively and empathically communicate with children and families.

1. Understand and use the following methods during communication with children and families:
  - a) Strive to identify and respond to the child and family's learning style.
  - b) Consider the developmental stage of patient and family.
  - c) Adapt language and concepts to the educational level of the family.
  - d) Take into account cultural, ethnic, and socioeconomic issues.
  - e) Deal effectively with language barriers.
  - f) Take into account hearing, speech, or vision impairments.
  - g) Be sensitive to health beliefs and religious or spiritual issues.
  - h) Recognize personal factors in the physician that may influence interaction (e.g., personal biases and prejudices, sleep deprivation, home or family issues).
2. Formulate a plan for each visit by thoughtfully considering the goals of the encounter with the family or patient.
3. Understand and communicate effectively and empathically with a patient or family in these special circumstances:
  - a) New patient and/or family members (e.g., clarify role and expectations)
  - b) Dealing with the "difficult" patient or family
  - c) Talking with families with language barriers or different cultural and religious/spiritual perspectives
  - d) Talking with patients or families with "endless concerns"
  - e) Talking with patients or families who are non-adherent with medical therapy to understand their perspective and obstacles to adherence, clarify their understanding of the treatment plan, and manage barriers collaboratively
  - f) Screening and assessing substance abuse issues with patients
  - g) Discussing domestic violence or other abuse issues with patients

**GOAL: Patient Education and Counseling.** Develop skills in promoting a therapeutic alliance with patients and families by providing counseling, guidance, and patient education in areas important to child health and disease.

1. Provide parents with appropriate anticipatory guidance, based on age, gender, risk factors, and developmental stage of the child, in order to enhance function, maintain health, and prevent disease and injury.
2. Provide effective education via written, visual, and hands-on techniques (e.g., demonstrations, models, handouts, videotapes, group learning sessions), selecting an educational method that is tuned to the patient's or family's learning style, language limitations, knowledge level, cultural background, and emotional state.
3. Summarize the key topics or issues at the end of the session, and verify that the patient or parent understands the information presented.
4. Identify and facilitate access to appropriate community health care resources for parents, including support groups.

**GOAL: Professional Communication and Collaboration.** Communicate and collaborate effectively as part of a functional team with physicians, other health professionals, staff, and students.

1. Communicate and work effectively with:
  - a) Members of an interdisciplinary health care team.
  - b) Other health care professionals, including those in the community and complementary and alternative medicine providers who are treating the patient.
  - c) Specialists (when functioning as the referring physician).
  - d) Referring physicians and primary care providers (when functioning as a specialist in the care of children).
  - e) Support and administrative staff.
  - f) Medical students.
2. Work collaboratively as a member of the health care team.
  - a) Know the various roles of team members and utilize their skills appropriately.
  - b) Work effectively with team members by establishing mutually agreed upon goals, roles and procedures (decision making, role and goal negotiation, addressing team differences and conflicts)
  - c) Communicate effectively with members of the team
  - d) Demonstrate an appreciation of and respect for the contribution of each team member
  - e) Demonstrate skill in avoiding and reducing interpersonal conflict
  - f) Serve as a team member or team leader in the appropriate situations
3. Communicate effectively in the following contexts:
  - a) Brief oral case presentations (e.g., at morning report/check-in, inpatient work rounds, clinic visits phone contacts with primary provider or consultants).
  - b) Written, dictated, and computerized medical records (accurate, complete, timely, legal).
  - c) Letters of referral.
  - d) Consultation reports.
  - e) Oral presentations to healthcare professionals

**GOAL: Use of Consultants.** Use consultations and referrals effectively in a variety of settings.

1. Demonstrate appropriate use and selection of specialists/consultants in inpatient, outpatient, and community settings.

**GOAL:** Maintain accurate, legible, timely, and legally appropriate medical records in the continuity and general ambulatory settings

**Core Competency 7: Practice Based Learning Improvement.**

Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

**GOAL:** Accept feedback appropriately and act on areas identified for improvement

1. Identify resources for up-to-date information related to general pediatrics (e.g., journals, texts, tapes, computer databases, continuing education courses, online resources, etc.).
2. Locate, appraise, and assimilate evidence from scientific studies related to one's patients' health problems.
3. Seek and incorporate feedback and self-assessment into a plan for professional growth as well as provide constructive feedback to others.

**GOAL:** Access medical information efficiently, evaluates it critically and applies it appropriately to patient care.

1. Identify resources for up-to-date information related to general pediatrics (e.g., journals, texts, tapes, computer databases, continuing education courses, online resources, etc.).
2. Locate, appraise, and assimilate evidence from scientific studies related to one's patients' health problems.

**GOAL:** Develop effective strategies for teaching students, colleagues.

1. Identify in each teaching encounter your educational objectives and the learners' educational needs use this information to direct your selection of content and teaching methods.
2. Use a variety of teaching techniques effectively, such as:
  - a) Bedside teaching
  - b) Teaching during work rounds
  - c) Lectures or case-based discussions using multimedia presentation methods
  - d) Role modeling for learners
  - e) Written instruction
3. Provide learners with sensitive, timely and constructive feedback, and evaluate their performance based on pre-defined criteria, using evaluation methods that match the performance task.

**Core Competency 3: Professionalism.** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

**GOAL:** Develop responsible and productive work habits encompassing the broad responsibilities of a competent pediatrician.

1. Assume appropriate responsibility and make responsible decisions when carrying out one's duties.
  - a) Be punctual in keeping appointments with supervisors, colleagues, patients, and other members of the healthcare team.
  - b) Maintain responsibility for patient care when going off duty until suitable coverage is secured. Transfer information and responsibility of care effectively at the time of sign out and change of service
  - c) Perform duties such as completing charts, dictating discharge summaries, returning calls, and making referrals in a timely manner

- d) Take responsibility for one's own errors
  - e) Organize work and manage time productively
  - f) Demonstrate a positive attitude in dealing with work-related problems
2. Delegate patient care duties to other members of the healthcare team appropriately and work collaboratively to ensure that the patient's needs are met

**GOAL:** Demonstrate personal accountability to the wellbeing of patients (e.g., following-up lab results, writing accurate and concise notes, and seeking answers to patient care questions, advocate for patients, takes ownership for patient care) in the continuity and general ambulatory setting

1. Demonstrate humanistic health care by integrating biological, psychosocial, legal, ethical, and cultural or religious/spiritual aspects of patient management into one's data gathering, diagnostic, therapeutic and patient education/counseling activities
2. Demonstrate a willingness to advocate for children and their families
3. Delegate patient care duties to other members of the healthcare team appropriately and work collaboratively to ensure that the patient's needs are met. Demonstrate commitment to honesty, confidentiality, and respect for patients and families
4. Demonstrate commitment to honesty, confidentiality, and respect for patients and families.

**GOAL:** Demonstrate sensitivity to and respect for patients', colleagues and ancillary staff members' culture, ethnicity, age, gender and disabilities.

**GOAL:** Adhere to ethical and legal principles while providing care in the critical care setting.

**Core Competency 6: Systems-Based Practice.** Understand how to practice high quality health care and advocate for patients within the context of the health care system

**GOAL: Practice Management.** Understand the importance of effective practice management for high-quality, efficient health care delivery.

1. Demonstrate awareness of office management issues, including:
  - a) Billing and collection procedures
  - b) Communication and patient education
  - c) Compliance with regulations (OSHA, CLIA, HIPAA, etc.)
  - d) Computer systems for billing and data tracking
  - e) Cost effectiveness of care and productivity
  - f) Efficient office design and patient flow
  - g) Personnel utilization, supervision, and management
  - h) Quality assessment and performance improvement including utilization review and case management
  - i) Risk management and liability
  - j) Scheduling for patient care
  - k) Scope of practice, including procedures and office laboratory
  - l) Telephone management
  - m) Demonstrate the use of a framework for managing a telephone interaction, which includes the ability to:
    - 1) Apply clinical judgment or standardized algorithms in the management of an acute illness to make a triage decision about appropriate level of care needed by the patient (e.g., "See immediately," "See the next day for an outpatient visit," or "Manage at home with appropriate advice.")

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- 2) Put the current concern or complaint in the context of the patient's chronic course and determine an appropriate course of action
- 3) Communicate necessary information clearly and confirm that the caller understands the guidelines for recognizing worsening illness, agrees with the disposition, and can adhere to the recommended treatment and follow-up plan
- 4) Document the telephone interaction accurately, efficiently and with appropriate detail

**GOAL:** Recognize and advocate for families who need assistance to deal with systems complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.

**GOAL:** Identify and use appropriately standardized guidelines for diagnosis and treatment of conditions common to outpatient care.

- 1) Educational methods used:
  - a. Direct patient care
  - b. Pre-Clinic conferences
  - c. APL Conferences
- 2) Evaluation tools used:
  - a) Observed patient encounter with checklist
  - b) Review of Patient logs
  - c) Intern conference with faculty evaluation
  - d) 360-degree evaluation: Nursing
  - e) 360-degree evaluation: Patient Satisfaction
  - f) Biannual faculty evaluation of performance and progress towards competencies
  - g) Billing and Coding Exercise
  - h) Procedure Log

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### 3.15 Emergency Medicine

#### **Educational Purpose:**

The trainee will learn about the practice of emergency medicine in a busy medical center. The 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, pediatric 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

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

#### I. Principal Teaching Methods

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- a. The rotating trainee will provide direct patient care in the emergency department (ED). The trainee is expected to perform the assigned reading and attend the regular emergency medicine (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 trainee will work in an environment with several trainees present at the same time. The trainee will not supervise students or other trainee physicians in the ED. Each shift the trainee 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 trainee during this rotation.
    2. Daily review is conducted of important and instructive encounters.
    3. Weekly core lecture series is mandatory for all trainees.
  - b. Competencies
    1. The 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 trainee'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 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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### 3.16 Neurology

#### **Educational Purpose:**

The trainee will be provided with formal intensive instruction and clinical experience. There will be opportunity to acquire expertise in the evaluation and management of neurological diseases

The trainee will demonstrate competency in their ability to:

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

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

- I. Principal Teaching Methods - Trainees will receive individual instruction by neurologist 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 neurological diseases
    - 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.

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### 3.17 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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The trainee will obtain competency in all of the above goals by meeting the following criteria:

- I. Principal Teaching Methods - Trainees will receive individual instruction by community physicians while interviewing patients at the outpatient clinics, and the private office.
- 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 with the community physician. Trainees must complete a thorough progress note on every outpatient and the attending physician in charge of the patient must countersign this.
  - c. The teaching attending will give teaching lectures weekly.
  - d. Trainees will be responsible for reviewing one general community medicine topic per week and give a short presentation during the morning lecture.
- II. **Core Competency 5: Patient Care**
- a. Objectives
    1. Interpreting symptoms
    2. Performing an examination
    3. Interpreting the signs obtained in the examination

4. Localization of diseases process
  5. Integration of symptoms and signs
  6. Making a differential diagnosis
  7. Utilizing laboratory data to complete diagnoses
  8. Defining pathophysiologic mechanisms of disease processes
  9. Formulating plan for investigation and management
  10. Assessing prognosis
  11. Understanding main manifestations of systemic diseases
  12. 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 a variety of diseases found in a community medical practice.

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

- a. Objectives - These objectives will be taught through didactic sessions and in the ambulatory setting.
1. Classification, pathogenesis, diagnosis, complications and treatment of diseases
  2. Complications of systemic diseases
- b. Evaluation of Medical Knowledge - Trainees' medical knowledge of community medicine 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 in an ambulatory setting.
  2. Trainees should be able to clearly present the problem to the attending physician and ask a precise question.
  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 of the patient's 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. Harrison's Principles of Internal Medicine
    2. Section on community medicine in Cecil's Textbook of Medicine
    3. All handouts provided through the course
  - b. Suggested Reading
    1. Medical Literature: A collection of updated review articles will also be provided which address all basic areas of community medicine. Trainees are strongly encouraged to read as many of these articles as possible. In addition trainees are encouraged to read basic medical journals.
- 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 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 rotation. There will be a formal evaluation and verbal discussion with the trainee at the end of the rotation.

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### 3.18 Surgery

#### **Educational Purpose:**

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 surgical diseases.

The trainee will demonstrate competency in their ability to:

- Diagnose and manage surgical disorders and surgical emergencies.
- Refer patients with surgical problems, in a timely and appropriate fashion, to the appropriate surgical specialist.
- Assist the surgeon in the operating room.
- Perform those specific surgical procedures that family physicians may be called on to perform.
- Manage, in conjunction with the surgeon, the surgical patient during the preoperative and postoperative period.
- Understand basic surgical principles, of asepsis, handling of tissue, and assisting in the operating room.

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

#### **A. 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.

#### **B. 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 subspecialist 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.

**C. 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.

**D. 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 the attending physician from rounds and consultations to improve performance and enhance learning.

**E. Educational Materials**

- a. Mandatory Reading
  1. Appropriate sections in Cecil's Textbook of Medicine
- b. Suggested Readings
  1. Pertinent sections of MKSAP booklets.
- c. Medical Literature - The trainee is encouraged to read current medical literature particularly articles that pertain to current patient problems.

**F. Evaluation**

- a. Trainee Evaluation
  1. The attending will closely supervise and monitor the trainee's activities and their performance.
  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 trainee 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 seven 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.

- G. Feedback
  - a. Trainees are encouraged to discuss with the faculty advisor, attending physician, program director their learning experiences, difficulties or conflicts.
  - b. Faculty members 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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### 3.19 Ophthalmology

#### **Educational Purpose:**

To provide educational experiences that will expand their knowledge and skills in the evaluation and management of ophthalmic disorders.

The trainee will demonstrate competency in their ability to:

- Diagnose and manage common ophthalmologic conditions that may present to the family physician's office.
- Diagnose and manage corneal lesions.
- Remove a foreign body from the eye.

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

- I. Principal Teaching Methods
  - a. The trainees will receive individual instruction by the ophthalmology faculty by seeing patients in the ophthalmology clinic and didactic teaching sessions.
    1. The trainees will see a wide variety of patients from various ages, socioeconomic, educational, and cultural backgrounds.
    2. The trainees will evaluate each dilated patient with a direct ophthalmoscope.
    3. The ophthalmology staff will give didactic teaching lectures weekly. The trainees will be responsible for reviewing 2-3 general ophthalmology 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 anterior uveitis. Seek pertinent physical exam and laboratory information to identify possible systemic associations.
    2. Identify signs and symptoms of diabetic retinopathy. The trainees will be taught to perform an adequate examination of the fundus and this will be demonstrated during this rotation. Become familiar with grading scales for diabetic retinopathy and possible treatment options.
    3. Be able to advise patients on recommended eye exam intervals based on age, type, duration, and severity of diabetes.
    4. Identify signs and symptoms of cataracts and their management, including the use of visual acuity guidelines for treatment. Be familiar with the possible systemic causes of cataracts.

5. Identify ophthalmic signs and symptoms of thyroid dysfunction and their management.
  6. Identify the signs and symptoms of glaucoma. Be aware of different medications and surgical techniques available to treat glaucoma.
  7. Identify hypertensive retinopathy through a detailed examination of the fundus.
  8. Differentially diagnose a red eye. The trainee must also be able to differentiate dry vs. Allergic eye complications. Identify systemic conditions that commonly lead to dry eye.
  9. The trainees 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 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. Accuracy and thoroughness of patient assessments.
  4. Appropriateness of diagnostic and therapeutic decisions.
  5. Soundness of medical judgment.
  6. Consideration of patient preferences in making therapeutic decisions.

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

- a. Objectives - These objectives will be taught through the didactic sessions and in clinic as they relate to specific patients in the clinic and on the consult service.
1. Diabetes - Classification, diagnosis and grading of retinopathy, pathogenesis, complications and treatments.
  2. Thyroid Disease - Pathogenesis, diagnosis and treatment of ocular complications, Superior Limbic Keratoconjunctivitis.
  3. Anterior Uveitis - Pathogenesis, diagnosis and grading, associated systemic conditions and diagnostic lab tests, complications, treatment.
  4. Glaucoma - Pathogenesis, diagnosis and grading, complications, epidemiology, and treatment.
  5. Hypertensive retinopathy - Pathogenesis, diagnosis and grading, complications, and treatment.
  6. Red Eye - Differential diagnosis, Dry vs. Allergy, Systemic causes of dry eye, treatment.
  7. Cataract - Pathogenesis, diagnosis and grading, and treatment.
- b. Evaluation of Medical Knowledge - The trainee's medical knowledge of ophthalmology 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 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

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- humanistic qualities of respect, compassion, integrity, and honesty.
- The trainee must be willing to acknowledge errors and determine how to avoid future similar mistakes.
  - The trainee must be responsible and reliable at all times.
  - The trainee must always consider the needs of patients, families, colleagues, and support staff.
  - The trainee must maintain a professional appearance at all times.
- V. **Core Competency 4: Interpersonal and Communication Skills**
- Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
    - The trainee should learn when to call a specialist for evaluation and management of a patient with an ocular disease.
    - The trainee should be able to clearly present the consultation cases to the staff in an organized and thorough manner.
    - 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.
    - The trainee must communicate any patient problems to the staff in a timely fashion.
- VI. **Core Competency 6: System-Based Practice**
- Objectives and Evaluation - The trainee will be evaluated on their ability to demonstrate the following objectives:
    - The trainee should improve in the utilization of and communication with many health services and professionals such as the nurse clinician, podiatrist, ophthalmologist, optometrist, neurologist and surgeon.
    - The trainee should improve in the use of cost effective medicine.
    - The trainee will assist in the determining of the root cause of any error which is identified and methods for avoiding such problems in the future.
    - The trainees 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:
- Objectives
    - The trainee should read the required material and articles provided to enhance learning.
    - The trainee should use feedback and self-evaluation in order to improve performance.
    - The trainee should use the medical literature search tools in the library to find appropriate article related to interesting cases.
- VIII. Educational Materials
- Mandatory Readings - James, Bruce, Chew, Chris, Bron, Anthony, Ophthalmology
  - Suggested Readings - Carlson, Nancy B., Kurtz, Daniel Clinical Procedures for Ocular Examination Gault, Janice A., Ophthalmology Pearls, Tasman, William, Jaeger, Edward A., Atlas of Clinical Ophthalmology
  - Medical Literature - A collection of updated review articles will also be provided which address basic areas of ophthalmology. The trainee is strongly encouraged to read as many of these articles as possible.
- IX. Evaluation
- 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 seven competencies as related to ophthalmology.

- b. Program Evaluation
  - 1. The trainees will fill out and evaluation of the ophthalmology rotation at the end of the month.
  - 2. Any constructive criticism, improvements, or suggestions to further enhance the training in ophthalmology are welcome at any time.
- X. Feedback
  - a. The trainee should receive frequent feedback in regards to his or her performance during the ophthalmology rotation. The trainee will also receive a structured verbal evaluation after one week. 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 ophthalmology 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 Physical Medicine & Rehabilitation

#### Educational Purpose:

To give the trainees formal intensive instruction, clinical experience, and the opportunity to acquire expertise in the evaluation and management of physical medicine and rehabilitation disorders.

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

- 1. Principal Teaching Methods
  - a. The trainee will receive instruction through conferences by Physical Medicine and Rehabilitation (PM&R) physicians, outside speakers and the Physical Therapy department.
  - b. The trainee will obtain insight in PM&R through cases seen in the TCU/SNF and inpatient (ICU and ward) services.
  - c. A 2-4 week rotation in will be available. The trainee will learn PM&R through attending clinics and observing inpatients at local rehabilitation hospitals under the supervision of the PM&R physician.
- 2. **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. Learn the differences between impairment, disability, and handicap.
    - 2. Learn how to diagnose and manage the common musculoskeletal disorders, including fibromyalgia, myofascial pain, repetitive motion disorders, and overuse syndromes.
    - 3. Learn to recognize the complications of prolonged bed rest (contractures, pressure sores, deep venous thrombosis, osteoporosis, muscular deconditioning, etc.
    - 4. Describe various physical medicine treatment modalities, including diathermy, ultrasound, electrical stimulation, and others.
    - 5. Learn various types of therapeutic exercises.

6. Describe the health care team for rehabilitative medicine and roles of allied health professional.
  7. Know when to use the various assistive devices that may reduce disability including wheelchairs, prosthetics, orthotics, and others.
  8. Know the principles of evaluation and management of chronic pain.
  9. Know the methods for minimizing long-term disability from acute illness (for example, prophylaxis against DVT, bedsores, contractures).
  10. Assess the effects of impairment on a patient's daily function.
  11. Know the principles of evaluation and management of common sport injuries.
- 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.

**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 in the clinic and on the consult service.
1. Learn the differences between impairment, disability, and handicap.
  2. Learn how to diagnose and manage the common musculoskeletal disorders, including fibromyalgia, myofascial pain, repetitive motion disorders, and overuse syndromes.
  3. Learn to recognize the complications of prolonged bed rest (contractures, pressure sores, deep venous thrombosis, osteoporosis, muscular deconditioning, etc).
  4. Describe various physical medicine treatment modalities, including diathermy, ultrasound, electrical stimulation, and others.
  5. Learn various types of therapeutic exercises.
  6. Describe the health care team for rehabilitative medicine and roles of allied health professional.
  7. Know when to use the various assistive devices that may reduce disability including wheelchairs, prosthetics, orthotics, and others.
  8. Know the principles of evaluation and management of chronic pain.
  9. Know the methods for minimizing long-term disability from acute illness (for example, prophylaxis against DVT, bedsores, contractures).
  10. Assess the effects of impairment on a patient's daily function.
  11. Know the principles of evaluation and management of common sport injuries.
- b. Evaluation of Medical Knowledge - The trainee's Medical knowledge of Physical Medicine & Rehabilitation 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.

**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 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 rehabilitation disorder.
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's problems to the staff in a timely fashion.

**V. 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.

**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 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.

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3. The trainee should use the medical literature search tools in the library to find appropriate articles related to interesting cases.
- VII. Educational Material
- a. Suggested Reading: Physical Medicine and Rehabilitation. Garrison
- 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 seven competencies as related to Physical Medicine and Rehabilitation.
  - b. Program Evaluation
    1. The trainee will fill out an evaluation of the Physical Medicine and Rehabilitation at the end of the month.
    2. Any constructive criticism, improvements, or suggestions to further enhance the training in Physical Medicine and Rehabilitation 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 physical medicine & Rehabilitation 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 PM&R 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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### 3.21 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.

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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. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
    2. Debt consolidation
    3. Student loan repayment
    4. Retirement planning
    5. Financial planning

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### **3.22 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

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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.**

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### **3.23 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.

Quality Improvement/Patient Safety activities include but are not limited to the following:

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- Quality Improvement/Patient Safety Conferences (e.g., Morbidity and Mortality)
- Participation in institutional Quality Management Committees
- Grand Rounds
- Patient Satisfaction Surveys
- Core Measures
- Utilization Management
- Elective Quality Improvement rotations (e.g., LEAN)
- Scholarly activity resulting in implementation of initiatives to improve patient quality and safety of care

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

Each residency program must ensure each resident participates in Quality Improvement/Patient Safety activities. The level of participation will vary depending on the functional role of the resident in patient care and the QI/PS activities currently underway within the clinical setting and institution.

1. At a minimum, every training program must incorporate Quality Improvement/Patient Safety Conferences (e.g., Morbidity and Mortality) into its curriculum, including use of the prescribed Patient Safety/M&M/Occurrence Review Form if applicable to the institution.
2. At least annually, in conjunction with the Annual Program Evaluation, the Designated Institutional Official for GME will provide the GMEC with a report of QI/PS activities as they pertain to the residents and the teaching program.
3. The DIO will address any concerns identified regarding insufficient QI/PS involvement  
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### 3.24 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.

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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.

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- 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.

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- 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.

[Professionalism](#)

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### 3.25 Radiology

#### **Educational Purpose:**

To give trainees formal, informal instruction and clinical experience in the evaluation and clinical correlation of the results of various imaging techniques utilized in a modern radiology department.

The trainee will demonstrate competency in their ability to:

- Utilize appropriate studies to appropriately diagnose and manage common medical and surgical diseases.

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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 radiology attending physicians in the radiology department of the hospital.
  - b. The trainee is expected to report to the radiology department from 08:00 hour to 17:00 hours.
  - c. The trainee will observe the radiologist interpreting the morning images and/or performing the morning fluoroscopic procedures. The trainee is also expected to observe special procedures, diagnostic ultrasound, mammography, and nuclear medicine procedures performed in the department.
  - d. The trainee should also spend time with various self-instructional teaching materials

in the department.

- e. The trainee is required to be present at all pertinent radiological conferences during their elective.
- f. The trainee is encouraged to discuss with the radiologist any interesting material or cases. Although the best way to learn radiology is by discussion with the radiologist at the workstation, the trainee is provided with opportunities and appropriate materials to enhance their learning achievement.

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

- a. Trainees will increase their fund of knowledge concerning:
  - 1. The ability to understand the principles of radiological studies
  - 2. Utilization of imaging techniques in the acutely injured or ill patient
  - 3. Effective evaluation of acute chest and abdominal conditions
  - 4. Therapeutic and diagnostic interventions with imaged guided procedures
  - 5. Basics aspects of medical radiation exposure and protection
  - 6. Physiologic principles of nuclear medicine and functional MRI
  - 7. Newer neuro-imaging techniques for cerebral diseases and conditions
  - 8. Their awareness and use of the database that exists in radiology
- b. Patient Care - The trainees will increase their skills in patient care by:
  - 1. Recognizing appropriateness of various imaging procedures
  - 2. Correlating imaging procedures with clinical findings
  - 3. Appreciate concerns with techniques for performing imaging studies
  - 4. Recognizing abnormal radiological findings of the commonly-used imaging studies
  - 5. Proper interpretation of the imaging consultation report

**III. Core Competency 3: Professionalism**

- a. The trainees should demonstrate the following:
  - 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 and Communication Skills**

- a. The trainees should gain skills in:
  - 1. The proper role of radiological consultation
  - 2. Obtaining appropriate clinical information needed to complete an imaging study
  - 3. Addressing patients' concerns about radiation and imaging procedures
  - 4. Understanding technical limitations of imaging procedures in certain settings

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

- a. 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 professionals such as technologists, sonographers and other support staff.
  - 2. The trainee should improve in the prudent, cost-effective and judicious use of imaging studies and other diagnostic testing by recognizing the value and limitations of various imaging procedures.

3. The trainee should develop a systematic approach to utilize available imaging techniques to work-up the patients with various clinical findings.
  4. The trainee will assist in determining the root cause of any error which is identified and methods for avoiding such problems in the future.
  5. The trainee will assist in development of systems' improvement if problems are identified.
- VI. **Core Competency 7: Practice Based Learning Improvement**
- a. The trainees should be able to:
    1. Use feedback and self-evaluation in order to improve performance
    2. Read the required material and articles provided to enhance learning
    3. Use the medical literature search tools to find appropriate articles related to interesting cases.
    4. Develop capabilities in interpreting results of basic radiological studies.
- VII. Educational Materials
- a. Web resources - Learning Radiology.com
  - b. Lectures:
    1. Fundamentals of chest roentgenology
    2. Differential diagnoses in chest disease
    3. The ABC of heart disease
    4. Differential diagnoses in cardiac disease
    5. "Must see" Diagnostic Images for Medical Trainees
    6. Plain film of the abdomen
    7. Approaches to Small Bowel Disease
    8. Differential Diagnoses in GI Disease
    9. Differential Diagnoses in MSK Disease
    10. CT vs. MRI vs. US
  - c. Teaching Files
    1. Chest
    2. Liver
    3. Pancreas
    4. Trauma
  - d. Texts
    1. The Emergency Patient. Charles S. Langston, Lucy Frank Squire.
    2. Emergency Radiology. T. Keats.
    3. Radiology of the Emergency Patient: An Atlas Approach. Edited by Edward I. Greenbaum.
- VIII. Evaluation
- a. The performance of trainees will be evaluated in the following manner:
    1. Attendance at the required morning X-ray film review
    2. Assigned case presentations and conference presentations will be evaluated
    3. Ability to interpret results of commonly used imaging studies
    4. Mid-rotation evaluation session between the trainee and the consult service attending for that month
- IX. Feedback - Trainees will receive feedback with respect to achieving the desired level of proficiency. Ways in which they can enhance their performance will be discussed when the desired level of proficiency has not been achieved. Evaluation and feedback will occur during the rotation. These rotations will be in the PGII year or in the PGIII year. A formal evaluation and verbal discussion with the trainee is to be done at the end of the rotation.

### 3.26 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.

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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 manner, which the patient can fully comprehend.
  - 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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### 3.27 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.

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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 ACKNOWLEDGMENT

I acknowledge that I have received a copy of the **Traditional Year Policy and Procedure Manual**, and I do commit to read and follow these policies.

I am aware that if, at any time, I have questions regarding the **Traditional Year Policy and Procedure Manual** I should direct them to my Program Director, Director of Medical Education or the Administrative Director of Medical Education.

I know that the **Traditional Year Policy and Procedure Manual** and other related documents do not form a contract of employment and are not a guarantee by the institution of the conditions and benefits that are described within them. Nevertheless, the provisions of such policies are incorporated into the acknowledgment, and I agree that I shall abide by its provisions.

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

\_\_\_\_\_  
Trainee's Printed Name

\_\_\_\_\_  
PGY Level

\_\_\_\_\_  
Trainee's Signature

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Date

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**5 APPENDICES**

- 5.1 [Traditional Year Milestones](#)
- 5.2 [ACGME Traditional Year Guidelines](#)
- 5.3 Common Trainee Policy and Procedure Manual

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