

department consultants, and use of medical library resources including computerized searches.

D. Competency-Specific Learning Objectives

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of medical conditions commonly seen on an inpatient internal medicine service. Residents are expected to:

- demonstrate ability to perform accurate, clinically relevant, and complete evaluations that include a history and physical exam, and generate an appropriate differential diagnosis
- be able to formulate a diagnostic and therapeutic plan that is effective and patient-centered, and communicate this plan effectively to the patient and family
- counsel patients and families effectively
- perform procedures with competence

Medical Knowledge

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

- demonstrate knowledge of basic sciences and clinical medicine pertaining to conditions commonly seen on an inpatient internal medicine service that is appropriate to level of training
- be able to apply that knowledge in a patient-centered and appropriate fashion

Practice-Based Learning & Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- demonstrate an understanding of the principles of evidence-based medicine (EBM) and be able to apply these principles in decision-making
- demonstrate facility with information technology and use that to facilitate teaching students and other learners

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, families and professional associates. Residents are expected to:

- create an effective therapeutic relationship with patients
- use and demonstrate effective listening skills
- work effectively as a member or leader of the inpatient service

Professionalism

Residents must demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and demonstrate sensitivity in caring for a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity, and a responsibility to the needs of patients that supersedes self-interest
- demonstrate an understanding of and commitment to ethical principles involving provision/withholding care, confidentiality, and informed consent
- demonstrate sensitivity to patients from different races and ethnicity, cultures, religions, age, gender, sexual orientation, and disabilities

Systems-Based Practice

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care and the ability to effectively call on system resources to provide optimal care of patients. Residents are expected to:

- practice cost-effective care that does not compromise quality
- know the health care system and its complexities, and be able to efficiently access available resources
- advocate for quality care and assist patients in dealing with system complexities

E. Patient Care

1. Maximum number of patients for resident to follow = 10.
2. Maximum number of admissions per admitting day = 5.
3. **LINE OF RESPONSIBILITY:** First year resident will evaluate patients admitted to the teaching service by approved general internal medicine teaching faculty. The first year resident will complete all admitting notes for his or her patients and be responsible for all orders. After evaluating the patient admitted to the service, the first year resident will review the diagnosis and plan with the admitting physician. The first year resident will be directly and indirectly supervised (with direct supervision available) by senior residents in internal medicine and the attending physician faculty.
4. Weekend coverage will be arranged in coordination with the third year resident to allow each resident on the teaching service an average of one day off out of seven.
5. **CONTINUITY OF CARE CLINIC:** The resident will be expected to attend his/her weekly Continuity of Care Clinics.

F. Medical Record and Procedural Documentation

1. The first year resident is responsible for a properly recorded H&P exam and for completing a discharge summary on each patient discharged from the teaching service during the first year resident's rotation. The discharge summary *must* be completed within one week following discharge, and *should be completed within 24 hours of discharge*.
2. PROCEDURAL DOCUMENTATION: The first year resident will need to assure that proper documentation of procedures requiring supervision is entered into their personal procedure log book. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include: lumbar puncture (5 directly supervised procedures required), thoracentesis (5), paracentesis (3), arthrocentesis (3), chest tube placement (3), bone marrow aspiration (3) and central venous line placement (5).

G. Mechanics

The first year resident should be in the hospital seeing patients by 6:30 a.m., Monday - Friday. The resident must attend formal sig-in and sign-out in the Younker 7 Conference Room at 6:30 AM. This will ensure that the resident is ready for daily ward teaching rounds beginning around 9:00 a.m., including any new patient admissions overnight and any significant clinical changes that may have occurred overnight in patients already on the teaching service. The resident must attend sign-out at 5:00 PM in the Younker 7 Conference Room and ensure that patients have been checked out to the resident on call for that night.

The resident will comply fully with the program policies regarding duty hours. In addition to the duty hours during the week (6:30 AM – 5:30 PM), the resident will cover the inpatient services at IMMC for a twelve hour shift during the weekend. The schedule will be developed by the Chief Resident(s), and will ensure adequate time off for the first year resident and full compliance with the ACGME Duty Hour Guidelines.

H. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and a written evaluation form will be completed and returned to the residency office. The written evaluation form will be reviewed and signed by the resident and will be kept in the resident's confidential file for future reference.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with internal medicine conditions and demonstrate competence with required procedures encountered during the rotation.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to conditions seen during rotation and demonstrate understanding of all assigned reading materials.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with inpatient internal medicine problems and demonstrate real-time strategies to address these gaps. Demonstrate ability to teach assigned medical students.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients and families. Demonstrate timely and complete medical records, including admission notes, daily progress notes and discharge summaries.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive hospital care provided and appropriate follow-up care arranged.

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