

## Program Expectations of Internal Medicine Residents

1. It is expected that a resident will fully evaluate every new patient admission and assure proper diagnosis and treatment has been initiated before going home for the day and assigning the patient to the on-call team. Important labs should be reviewed and x-rays reviewed; any significant abnormalities must be addressed.
2. A thorough physical exam is important: For interns admitting patients to the hospital a detailed comprehensive physical examination is essential. Documenting vital signs and completing parts of the physical exam that are often overlooked (e.g. rectal exam, careful vascular exam with pulses and bruits, full neurologic exam) are important. For more senior residents, learning to do a thorough directed examination of appropriate organ systems in question is expected.
3. Abnormal laboratory studies should be identified and possible explanations sought.
4. When medications are prescribed: proper dosing, clearance, potential drug interactions and common side effects should be known. The PDR (Physician's Desk Reference), AMA Drug Evaluation Guide, or approved electronic resources, e.g. MicroMedix are helpful resources.
5. A comprehensive problem list of identified abnormal symptoms, physical findings, labs and x-ray abnormalities is needed with DDx for each. An honest attempt to integrate these problems is an important exercise.
6. Recordkeeping should be a priority. Timeliness, completeness and legibility of handwritten notes is essential. Should you suddenly be unavailable, there should be no problem assuming care of your patients just by reading your written or typed notes and dictated summaries.
7. Daily reading is critical. A resident should read at least 1-2 hours daily. This is a challenge that can be difficult for an intern. Most senior residents should be able to surpass this level, especially when on consult rotations.
8. Checking out patients to another resident is of critical importance to good continuity of care. Promptly inform fellow residents of admissions to their service as early the next day as possible. There should be no misunderstanding regarding active concerns that exist. Cross-coverage should never jeopardize good patient care or overwhelm/overburden another resident. Treat your neighbor as you would have them treat you. Review and know our Transition of Care Policy!
9. Communication with patients and their families is an important part of becoming a good physician. How we listen to, talk with, and instruct patients is an important area of growth expected during training. Learning to explain illness and treatment instructions in simpler terms that are clear to all is essential.
10. Teaching is an important component of becoming a good physician. We all learn best when challenged by others as to why and how we do things. Junior and senior residents must look to help students and interns learn from their example and their experience. Conducting teaching sessions, including brief presentations and reviewing pertinent medical literature on appropriate clinical subjects, should be a regular exercise for supervising residents.