

Allergy Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: Variable During Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation and discharge summary of each patient on the teaching service during the resident's rotation time. The discharge summary must be completed within 24 hours following discharge. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Allergy

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
<ol style="list-style-type: none"> 1. Take a complete or symptom-directed history, including family, social and sexual history 2. Perform a complete or symptom-directed physical exam 3. Generate a cost-effective evaluation and management plan 4. Document the evaluation in the medical record in a clear and organized manner 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
<ol style="list-style-type: none"> 5. History <ol style="list-style-type: none"> a. Describe the symptoms of urticaria, acute and chronic; b. Obtain accurate and complete environmental exposure history; c. Obtain thorough family history of atopy, urticaria, immune deficiency; d. Recognize occurrence of patterns of symptoms consistent with allergic response; e. Obtain history of blood transfusions and transplants; f. Obtain history of prior immunotherapy and immunosuppressive therapy; g. Obtain complete immunization history; h. Obtain a history to categorize the severity of asthma. Physical examination. 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

<p>6. Recognize the characteristic skin lesions of immune disorders;</p> <p>7. Define the normal distribution of lymph nodes and the characteristics of abnormal nodes;</p> <p>8. Recognize the phase characteristics of Raynaud’s phenomenon;</p> <p>9. Describe signs of uveitis and scleritis;</p> <p>10. Detect fever patterns and diurnal variations;</p> <p>11. Detect joint and synovial inflammation and dysfunction;</p> <p>12. Recognize the pulmonary auscultory findings with interstitial allergic disorders;</p> <p>13. Recognize the signs of asthma;</p> <p>14. Recognize atopic disease of the skin to include urticaria, angioedema, atopic dermatitis and drug rash.</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY3</p>
<p>15. Consider compassionate, appropriate and effective treatment alternatives in developing plans for health care delivery, for health care prevention and overall promotion of health.</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY3</p>

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate and apply a well-rounded knowledge of established and evolving standards of care.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Formulate a diagnosis based on the history, physical, lab results, and imaging findings	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
3. Interpret the results of allergy testing.	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
4. Develop a cost-effective treatment plan based on the diagnosis.	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Analyze lab test results and develop follow-up plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Analyze own practice/ documentation	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
3. Demonstrate teaching skills for patient education	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
4. Utilize evidence from studies and apply research and statistical methods to clinical care	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3
5. Demonstrate ability to investigate and critically evaluate his patient care practices, integrate evidence-based medicine and an understanding of research methods and options into his patient care practices and utilize quality improvement methods to improve his patient care practices based on self-evaluation/life-long learning.	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively with patients and families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Communicate effectively with support staff in outpatient clinics	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY3
3. Communicate effectively with physician colleagues at all levels	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY3
4. Present patient information concisely and clearly, verbally and in writing	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3
5. Demonstrate the ability to communicate on multiple levels for effective management of patient care modalities and treatment plan development.	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate altruistic behavior	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY3
2. Respect patient confidentiality	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3
3. Respect other colleagues	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3
4. Demonstrate a commitment to the ethical principles, the Riverside Code of Conduct, assigned responsibilities, collegiality, and responsiveness to a diversity of patient care needs, other patient care providers and life-long learning.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY3

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate ability to recognize and utilize a comprehensive system environment and the myriad of resources it has available in decision making to provide quality patient care.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3
2. Demonstrate ability to investigate and critically evaluate his patient care practices, integrate evidence-based medicine and an understanding of research methods and options into his patient care practices and utilize quality improvement methods to improve his patient care practices based on self-evaluation and life-long learning.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
3. Have consideration of patient's culture and socioeconomic status when incorporating considerations of cost awareness and risk/benefit analysis in patient care.	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Ambulatory Care Medicine Curriculum Internal Medicine Residency Program Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation and discharge summary of each patient on the teaching service during the resident's rotation time. The discharge summary must be completed within 24 hours following discharge. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Ambulatory Care

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Take a complete or symptom-directed history, including family, social and sexual history	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a complete or symptom-directed physical exam	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Generate a cost-effective evaluation and management plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

<p>4. Communicate the assessment and management plan to patient and family members and negotiate the treatment plan with the patient</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY2</p>
<p>5. Document the evaluation in the medical record in a clear and organized manner</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY1</p>

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Apply new medical knowledge to ambulatory care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Obtain a basic understanding of epidemiology and biostatistics to enable critical review of medical literature	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
3. Obtain knowledge in screening guidelines, preventive medicine and immunizations	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Able to research an ambulatory topic, find supporting information in medical literature and present to colleagues	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Analyze lab test results and develop follow-up plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Analyze own practice/ documentation	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Demonstrate teaching skills for patient education	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Utilize evidence from studies and apply research and statistical methods to clinical care	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY2

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively with patients and families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate effectively with support staff in outpatient clinics	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
3. Communicate effectively with physician colleagues at all levels	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY1
4. Present patient information concisely and clearly, verbally and in writing	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate altruistic behavior	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Respect patient confidentiality	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1
3. Respect other colleagues	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate the ability to mobilize resources to optimize health care delivery	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate the ability to work as a member of a health care team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
3. Demonstrate the ability to identify and manage a panel of primary care patients	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Cardiology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Cardiology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a history and examination	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate and carry out effective management plans	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document patient management in the medical record clearly and succinctly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

4. Perform procedures (Read ECGs, read stress tests, read echocardiographs, interpret pulmonary artery tracings, perform central lines, etc.) competently	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients with Cardiology diseases.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Apply basic knowledge of pathophysiology to the diagnostic and therapeutic process	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Development of an appropriate, efficient differential diagnosis	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Interpret lab data, electrocardiograms, noninvasive cardiac images, radiologic images	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify deficiencies in knowledge base and develop independent reading program to address these gaps	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a literature search to answer clinical questions effectively	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Attend section teaching conferences	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate accurately and compassionately with patients and their families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interact with entire health care team professionally	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Treat all patients, health care providers and hospital employees with respect and integrity	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality at all times	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Properly use ancillary services including the pulmonary function testing lab, laboratory and radiologic testing, and consultation from other clinical services	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate an understanding of the available resources for continuing patient care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Gather pertinent clinical information from other caregivers	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice.

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory, non-invasive stress testing and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

CCU Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation and discharge summary of each patient on the teaching service during the resident's rotation time. The discharge summary must be completed within 24 hours following discharge. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – CCU

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a comprehensive history and physical examination	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate and carry out effective management plans	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY2
3. Document patient management in the medical record clearly and succinctly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1

4. Perform invasive procedures (A-lines, central lines, nasogastric and feeding tubes) competently	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Manage critically ill patients competently	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
2. Interpret laboratory, ECG, chest X-ray, swan ganz data accurately	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Learn current cardiology literature and standard of care guidelines	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify deficiencies in knowledge base and develop independent reading program to address these gaps	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
2. Perform a literature search to answer clinical questions effectively	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
3. Facilitate the learning of students and other health care providers	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate accurately and compassionately with patients and their families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
2. Communicate sign out and transfer of care to other providers clearly	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
3. Interact with entire health care team professionally	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY1

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Treat all patients, health care providers & hospital employees with respect and integrity	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality at all times	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate the ability to mobilize resources (nutritionists, consultants, etc) to optimize health delivery	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY2
2. Demonstrate the ability to work as a member of a health care team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice.

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

Dermatology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation and discharge summary of each patient on the teaching service during the resident's rotation time. The discharge summary must be completed within 24 hours following discharge. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Dermatology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
<ol style="list-style-type: none"> 1. Take a complete or symptom-directed history, including family, social and sexual history 2. Perform a complete or symptom-directed physical exam 3. Generate a cost-effective evaluation and management plan 4. Communicate the assessment and management plan to patient and family members and negotiate the treatment plan with the patient 5. Document the evaluation in the medical record in a clear and organized manner 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
<ol style="list-style-type: none"> 6. Demonstrate understanding of the physical and psychological difficulties experienced by people with chronic skin diseases Formulate a treatment plan Demonstrate the ability to take a dermatologic history and describe cutaneous physical signs 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
<ol style="list-style-type: none"> 7. Demonstrate the ability to take a dermatologic history and describe cutaneous physical signs 8. Recognize common skin diseases and skin tumors 9. Recognize important cutaneous signs of systemic disease or adverse reactions to drugs 10. Appreciate the impact of skin diseases on patients and their families 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

<p>11. Possess knowledge about dermatologic emergencies, including the concept of skin failure (e.g., toxic epidermal necrolysis, erythema multiforme, acute urticaria, angioedema); residents should be able to recognize the emergency and initiate first-line management</p> <p>12. Describe eczema, psoriasis, scabies, fungal infection and urticaria</p> <p>13. Demonstrate understanding of the principles of topical treatment, including choice of base (e.g., cream versus ointment or lotion) and use of occlusion</p> <p>14. Demonstrate understanding of basic principles of wound healing</p> <p>15. Recognize melanoma and non-melanoma skin cancer; be able to distinguish from pre-malignant and benign cutaneous lesions</p> <p>16. Recognize cutaneous vasculitis, explain the principle causes and formulate a plan of investigation</p> <p>17. Take a skin scrape</p> <p>18. Write a prescription for topical treatment that reflects knowledge of quantities and bases</p> <p>19. Diagnose differential diagnosis, management and prevention of</p> <ul style="list-style-type: none">– Inflammatory skin disease (atopic and contact dermatitis, psoriasis)– Skin cancer (melanoma, basal cell carcinoma, squamous cell carcinoma)– Acne– Leg ulcers– Cutaneous infections (bacterial, viral and fungal)– Infestations (e.g., scabies)– Urticaria– Blister disorders– Drug eruptions			
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Recognize common skin diseases and skin tumors Recognize important cutaneous signs of systemic disease or adverse reactions to drugs Recognize when patient needs dermatologic consultation	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Formulate differential diagnosis for common dermatologic diseases	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a literature search in order to answer clinical questions	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Identify knowledge base deficiencies and develop independent means to address them	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate patient's needs to other providers effectively	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Demonstrate the ability to communicate with patients with skin diseases and examine the skin in a sensitive, courteous manner	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY3
3. Communicate effectively with physician colleagues at all levels	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY3
4. Present patient information concisely and clearly, verbally and in writing	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate a professional attitude through regular attendance and the ability to self-direct learning	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY3
2. Maintain patient confidentiality and HIPAA guidelines	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3
3. Respect other colleagues	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY3

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate understanding of the role of multidisciplinary care for the management of patients with dermatologic manifestations of systemic disease	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3
2. Demonstrate understand of appropriate referrals for dermatologic problems	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Emergency Medicine Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: All residents are excused from morning report and noon conference daily during this rotation. It is expected that resident will be greatly exposed to the bio-psychosocial realities or hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The attending throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the attending physician, who will provide orientation on this first day. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal teaching rounds, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation note for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Emergency Medicine

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Conduct medical interviewing with a focus on the immediate problem while gathering relevant past history	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Conduct physical examination directed at finding the cause of the presenting problem and any underlying or complicating factors	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Formulate an approach to diagnostic testing when indicated	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1

<p>4. Perform procedures appropriate to the level of training, under the direct supervision of the attending physician (suturing, venous access, arterial blood gas specimen collection and interpretation, nasogastric intubation, airway maintenance techniques up to and including endotracheal intubation, bladder catheterization, reduction of joint dislocations, splinting)</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY1</p>
<p>5. Write orders for medications and treatment with the concurrence of an attending physician</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY1</p>
<p>6. Create a clear and concise record of the patient's course in the ED</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY1</p>
<p>7. Order initial tests and treatment for emergency patients prior to presentation of case to attending physician when appropriate for level of experience</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY3</p>
<p>8. Perform procedures with supervision by, but less involvement of, attending staff depending on level of experience</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY3</p>
<p>9. Manage an increased number of patients simultaneously (generally three or four depending on severity)</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY3</p>

10. Refer and present cases to consultants or admitting medical or surgical team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Apply basic knowledge of pathophysiology to the diagnostic and therapeutic process, as demonstrated in case presentations and patient-specific discussions with the attending physician	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Develop a differential diagnosis broad enough to include all significant possibilities and focused enough to avoid unnecessary investigations	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
3. Interpret laboratory data and radiologic images and reports and application of the results to a specific clinical situation	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
4. Demonstrate advanced knowledge of the emergency aspects of certain medical conditions by assuming greater independence and responsibility for managing diagnosis and treatment	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
5. Service as a resource for other residents on topics requiring expertise in internal medicine	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3



Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBL1 – Evidence-Based and Informed Practice

PBL2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Participate in the department’s ongoing quality improvement program by performing appropriate patient care follow-up activities for both discharged patients and admitted patients	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Identify knowledge deficits and development of a plan for remediation through self-directed reading and research	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
3. Use local, intranet- and internet-based resources for acquiring new knowledge useful in the care of individual patients and for evaluating evidence supporting treatment decisions	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively with patients and their families as a member of the medical team	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate effectively with pre-hospital and law enforcement providers in gathering information needed for the treatment of the patient, when applicable	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
3. Present concise and accurate case reports to attending physicians and to other residents when care is transferred	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY1
4. Participate as a member of the team providing care for the patient, including being willing to assume care of another physician's patient when necessary, and being cooperative in solving scheduling problems	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate a sense of responsibility, accountability, compassion, patient advocacy and respect for others at all times	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Demonstrate a commitment to ethical principles pertaining to providing or withholding treatment, privacy and confidentiality issues and end-of-life situations	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1
3. Demonstrate sensitivity to gender, cultural, ethnicity and disability issues	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY1
4. Teach other residents, ED nurses, staff physicians and pre-hospital personnel new clinical information acquired as part of training in internal medicine.	Clinical Teaching Rounds Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Use ancillary services, including laboratory and radiologic testing and consultation from other clinical services	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate an understanding of the available resources for continuing patient care, including hospital admission, clinic follow-up or transfer to another institution	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
3. Demonstrate knowledge of the hospital's limited capacity to care for certain types of patients as inpatients, and of the process for arranging their transfer to another institution	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
4. Gather pertinent clinical information from other caregivers, including other institutions	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
5. Demonstrate knowledge of certain legal requirements regarding some conditions treated in the emergency department	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
6. Use referrals to home care services and involvement when necessary of the governmental social support system or the judicial system	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

7. Demonstrate an awareness of the health insurance and other financial constraints faced by patients, and a willingness to provide acceptable treatment options whenever able	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
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Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice.

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

Endocrine Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Endocrine

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform an endocrinologic history, physical examination and assessment	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate a management plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document patient management in the medical record clearly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Recognize endocrine symptoms, signs of variety conditions	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate differential diagnosis for common endocrine diseases	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Manage common endocrine syndromes	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Use medications appropriately	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify deficiencies in knowledge base and develop independent means to address them	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a literature search to answer clinical questions	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Facilitate the learning of other health care team members	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively and compassionately with patients	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate patient's needs to other providers effectively	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2
3. Facilitate the functioning of the multidisciplinary team	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Work to insure elder safety, dignity, comfort, independence and quality of life	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Treat all patients, colleagues and hospital/facility staff with respect and equality	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1
3. Maintain patient confidentiality and HIPAA guidelines	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY2

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Understand and participate in use of guidelines of care for endocrine conditions health care delivery	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Work as an equal member of a multidisciplinary team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Understand appropriate referrals for diabetes dietitian, educator, podiatry, ophthalmology and medical subspecialties	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Gastroenterology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Gastroenterology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a comprehensive history and physical with particular attention to the GI tract	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate a management plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document patient management in the medical record clearly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Recognize GI symptom history	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Use diagnostics appropriately	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Recognize major GI diseases	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Use diagnostic and therapeutic endoscopy appropriately	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	
5. Recognize the unstable patient and appropriate triage	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a literature search to answer clinical questions	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interpret laboratory and radiologic data	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Facilitate team member education	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate a plan of action and follow-up effectively to patients and other team members	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate potential risks of endoscopic therapy	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2
3. Relate endoscopic findings to other team members	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Interact with patients, colleagues and hospital staff in a respectful manner	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality and HIPAA guidelines	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Mobilize floor or ICU for appropriate management of hemodynamically unstable patients	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Work with fellows and staff as part of an interdisciplinary team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice .

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

Geriatrics Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation and discharge summary of each patient on the teaching service during the resident's rotation time. The discharge summary must be completed within 24 hours following discharge. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Geriatrics

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a comprehensive history, physical examination or assessment	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate a management plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document patient management in the medical record clearly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Recognize age-related changes in patient care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Use medications appropriately in elder care	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Test for urgent and routine elder care	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Manage common geriatric syndromes	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
5. Manage patients in outpatient, acute, post-acute and long term care settings	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBL1 – Evidence-Based and Informed Practice

PBL2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify deficiencies in knowledge base and develop independent means to address them	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a literature search to answer clinical questions	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Facilitate the learning of other health care team members.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively and compassionately with elderly patients and their families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate effectively elderly patient's needs to other providers (especially in transitions of care)	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2
3. Facilitate the functioning of the multidisciplinary team	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Work to insure elder safety, dignity, comfort, independence and quality of life	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Treat all patients, colleagues and hospital/facility staff with respect and equality	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1
3. Maintain patient confidentiality and HIPAA guidelines	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY2

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Mobilize resources to optimize elder health care delivery	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Work as an equal member of a multidisciplinary team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Facilitate elder care within a transition-based system	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Gynecology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation and discharge summary of each patient on the teaching service during the resident's rotation time. The discharge summary must be completed within 24 hours following discharge. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Gynecology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a gynecologic history with particular attention to sexual history and pelvic and breast examination	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate a management plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document patient management in the medical record clearly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Recognize gynecologic symptoms and signs for a variety of conditions	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate differential diagnosis for common gynecologic diseases	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Manage common gynecologic problems	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Use diagnostic and therapeutic options appropriately	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
5. Recognize when patient needs subspecialty referral	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBL1 – Evidence-Based and Informed Practice

PBL2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a literature search in order to answer clinical questions	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interpret laboratory and radiologic data	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Identify deficiencies in knowledge base and develop independent means to address them	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively and compassionately with patients	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate patient's needs to other providers effectively	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2
3. Facilitate functioning of multidisciplinary team	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Interact with patients, colleagues and hospital staff in a respectful manner	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality and HIPAA guidelines	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate understanding and participate in use of guidelines for gynecologic care	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate understanding of appropriate referrals for gynecologic care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice .

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

Hematology-Oncology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Hematology/Oncology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a focused history and physical exam with attention to factors appropriate to the hematology issue	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate a diagnostic and management plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document the plan in the medical record clearly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

4. Perform a bone marrow biopsy competently	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Learn the differential diagnosis of common hematologic abnormalities	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Learn the appropriate diagnostic evaluation of common hematologic abnormalities	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Learn the management of common hematologic diseases	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Use literature search to answer clinical questions	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interpret laboratory tests and learn what additional tests to order to arrive at a diagnosis	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Gain exposure to interpreting peripheral blood and bone marrow smears	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively and professionally with team members	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate compassionately and effectively with patient and family to obtain accurate history and describe treatment and toxicity	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Respect patients, families and colleagues	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Learn to use diagnostic and therapeutic modalities in a logical, cost-effective manner	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Learn to consult with other specialties appropriately	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Hospitalist Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation and discharge summary of each patient on the teaching service during the resident's rotation time. The discharge summary must be completed within 24 hours following discharge. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Hospitalist

Patient Care

Goal: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The goal of Hospital Medicine elective is to give the resident a more in depth look at the unique competencies that are required to be a successful hospitalist.

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
<ol style="list-style-type: none"> 1. Take a complete or symptom-directed history, including family, social and sexual history 2. Perform a complete or symptom-directed physical exam 3. Generate a cost-effective evaluation and management plan 4. Communicate the assessment and management plan to patient and family members and negotiate the treatment plan with the patient 5. Document the evaluation in the medical record in a clear and organized manner 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
<ol style="list-style-type: none"> 6. Understand the discharge planning process, including the parties involved in successful planning. 7. Gain a greater understanding of the economics of hospital medicine at both the micro (individual patient) and macro (hospital) economic level. 8. Develop improved communication skills with primary care physicians. 9. Develop a greater understanding of the performance improvement process. 10. Develop a commitment to patient safety and understand how individuals can impact patient safety systems. 11. Become familiar surrogate quality and utilization measures, their basis and the utility of tracking unexplained variances. 12. Identify potential medical problems. 13. Describe the medical problems presented: 14. Define information in the patient record which aids in said description: 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1

<ol style="list-style-type: none"> 15. Elicit and record appropriate history which defines the problem; 16. Perform an accurate physical examination to identify and confirm the problems; 17. Utilize and interpret laboratory and ancillary testing to define or discover problems. 18. Diagnose problems. 19. Describe potential etiologies for each presenting problem; 20. Identify signs and symptoms for each problem; 21. Prioritize findings with respect to potential etiologies; 22. Rank potential discovers by likelihood based on presence or absence of findings. 23. Confirm the diagnosis of the problem. 24. Describe the diagnostic plan to appropriately confirm the disorder; 25. Generate a diagnostic plan to appropriate confirm the disorder; 26. Perform diagnostic procedures where appropriate; 27. Interpret results of testing, recognizing the relative sensitivity and specificity of the tests; 28. Demonstrate understanding of cost effective diagnostic planning; 29. Treat the problems. 30. Define the needs and circumstances of the patient; 31. Describe the conventional and alternative therapies for each problem; 32. Generate treatment plans which are cost effectively; 33. Monitor response to initiated treatment including appropriate follow-up testing if needed; 34. Determine efficacy of chosen treatment. 35. Communicate effectively. 36. Use standard English effectively; 37. Use accepted medical terminology appropriately; 38. Develop listening skills for patient, family, and ancillary providers; 39. Respond to patient questions and fears or concerns; 40. Record data and plans clearly and completely in progress notes, summary reports, history and physical reports, and procedure reports; 41. Develop prompt responsiveness to requests for information or explanation; 42. Demonstrate reasonable facility in use of computer network information and record keeping systems. 43. Demonstrate professionalism. 44. Be competent, approachable, empathetic, conscientious, and cooperative; 45. Develop sensitive yet definitive leadership capabilities when dealing with house staff, students, or ancillary staff; 46. Demonstrate honesty, reliability, and morality; 47. Develop a commitment to the medical community and the advancement of medical care in the population. 			
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<p>48. Develop strong work habits.</p> <p>49. Demonstrate ability and commitment to use of continuing medical education tools, such as journals, computer-assisted instruction, and involvement in conference activities both as a learner and instructor;</p> <p>50. Recognize personal limitations and obtain appropriate assistance where necessary;</p> <p>51. Perform all record keeping activities promptly and thoroughly;</p> <p>52. Understand requirements of operating in the managed care environment, and how to maximize efficiency;</p> <p>53. Recognize the medico/legal aspects of care, and manage risks appropriately.</p>			
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
<ol style="list-style-type: none"> 1. Apply new medical knowledge to inpatient care 2. Obtain a basic understanding of epidemiology and biostatistics to enable critical review of medical literature 3. Obtain knowledge in screening guidelines, preventive medicine and immunizations 4. Research an inpatient topic, find supporting information in medical literature and present to colleagues 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
<ol style="list-style-type: none"> 5. Demonstrate and apply a well-rounded knowledge of established and evolving standards of care. 	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBL1 – Evidence-Based and Informed Practice

PBL2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
<ol style="list-style-type: none"> 1. Analyze lab test results and develop follow-up plan 2. Analyze own practice/ documentation 3. Demonstrate teaching skills for patient education 4. Utilize evidence from studies and apply research and statistical methods to clinical care 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
<ol style="list-style-type: none"> 5. Demonstrate ability to investigate and critically evaluate his patient care practices, integrate evidence-based medicine and an understanding of research methods and options into his patient care practices and utilize quality improvement methods to improve his patient care practices based on self-evaluation and life-long learning. 	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively with patients and families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate effectively with support staff in outpatient clinics	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
3. Communicate effectively with physician colleagues at all levels	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY1
4. Present patient information concisely and clearly, verbally and in writing	Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1
5. Demonstrate the ability to communicate on multiple levels for effective management of patient care modalities and treatment plan development.	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate altruistic behavior	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Respect patient confidentiality	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1
3. Respect other colleagues	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY1
4. Demonstrate a commitment to the ethical principles, the Riverside Code of Conduct, assigned responsibilities, collegiality, and responsiveness to a diversity of patient care needs, other patient care providers and life-long learning.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate the ability to mobilize resources to optimize health care delivery	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate the ability to work as a member of a health care team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
3. Demonstrate the ability to identify and manage a panel of primary care patients	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Demonstrate ability to recognize and utilize a comprehensive system environment and the myriad of resources it has available in decision making to provide quality patient care.	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

ICU Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital from 7:00 a.m. until 5:00 p.m., Monday – Friday. In addition, the resident must work one weekend day each week, either Saturday or Sunday from 8:00 a.m. until dismissed by the pulmonologist/intensivist of their duties; this should not exceed 5:00 p.m. on average. The resident is excused from morning report during this rotation. Residents are expected to attend multidisciplinary rounding in the ICU at 9:30 a.m., Monday – Friday. All residents are expected to attend noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will not attend** his/her weekly Ambulatory Continuity Clinic during this rotation, except **PGY2** residents during months when they are partnered with a **PGY1** resident.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the Intensive Care Unit at 7:00 a.m.. Residents are not allowed to take vacation days during the Intensive Care month.

Ancillary Educational Materials: Additional ancillary educational resources will include teaching rounds, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – ICU

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a history and examination	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate and carry out effective management plans	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document patient management in the medical record clearly and succinctly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

4. Perform procedures (Read ECGs, read echocardiographs, interpret pulmonary artery tracings, perform central lines, etc.) competently	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:
 MK1 – Applied Foundational Sciences
 MK2 – Therapeutic Knowledge
 MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Apply basic knowledge of pathophysiology to the diagnostic and therapeutic process	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Develop an appropriate, efficient differential diagnosis	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Interpret lab data, electrocardiograms, noninvasive cardiac images, radiologic images	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify deficiencies in knowledge base and develop independent reading program to address these gaps	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a literature search to answer clinical questions effectively	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Attend section teaching conferences	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate accurately and compassionately with patients and their families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interact with entire health care team professionally	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

	Teaching Method	Evaluation Method	PGY Level
1. Treat all patients, health care providers and hospital employees with respect and integrity	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality at all times	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Use ancillary services including the pulmonary function testing lab, laboratory and radiologic testing, and consultation from other clinical services properly	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate an understanding of the available resources for continuing patient care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Gather pertinent clinical information from other caregivers	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice .

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory, non-invasive stress testing and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

Infectious Disease Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Infectious Disease

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a comprehensive history and physical with particular attention to risk factors for infection and resistant organisms	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate a management plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document patient management in the medical record clearly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Recognize how exposure history determines patient care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Use diagnostics appropriately	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Recognize major infectious clinical syndromes	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Use antibiotics appropriately	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam	

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a literature search to answer clinical questions	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interpret microbiological data such as pathogen identification and antimicrobial sensitivities	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Facilitate team member education	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate a plan of action and follow-up effectively to patients and other team members	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate potential risks of therapy including antibiotic toxicities to patients and their caretakers	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2
3. Relate microbiology findings to other team members	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Interact with patients, colleagues and hospital staff in a respectful manner	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality and HIPAA guidelines	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Mobilize vagal nerve activity (VNA) and other services to provide outpatient antibiotics	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Work with infection control practitioners as part of an interdisciplinary team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Internal Medicine Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation and discharge summary of each patient on the teaching service during the resident's rotation time. The discharge summary must be completed within 24 hours following discharge. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested reading: MKSAP, Mayo Clinic Board Review Syllabus and recorded lectures, Up-to-date.

ACGME – Internal Medicine (Ward)

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a comprehensive physical examination	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Obtain advanced cardiac life support (ACLS) certification	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Formulate and carry out effective patient management plans	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

4. Perform a focused physical exam	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
5. Document clearly and succinctly patient management in the form of admitting notes and daily progress notes	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
6. Formulate and carry out a patient care plan independently	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Present topics relevant to patient care at attending rounds	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Use and access literature sources such as Up-To-Date to direct patient care	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Order and interpret appropriate laboratory and radiologic testing	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Acquire relevant clinical literature to enhance direct patient care expeditiously	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify errors made in patient care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Identify gaps in knowledge and pursue independent reading to improve	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Perform a literature search effectively to answer a clinical question	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
4. Identify pharmacy, nursing, and PT/OT resources to assist in patient care	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Deliver effective sign-out and transfer of care	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate daily with members of the patient care team (attending, consultants, care managers, etc.)	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2
3. Communicate effectively with patients and their families	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY2
4. Coordinate care of patients with multidisciplinary services	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Treat patients with respect and integrity	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality at all times	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1
3. Organize and lead a team of caregivers into an effective patient management unit	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY2
4. Recognize and address behavior that is unprofessional in junior colleagues or peers	Clinical Teaching Rounds Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Integrate case management early and effectively in patient care	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate understanding of the role of clinical pathways in managing disease	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Implement and review clinical pathways	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice.

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

Nephrology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Nephrology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a comprehensive history and physical examination	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate and carry out effective management plans	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY2
3. Document patient management in the medical record clearly and succinctly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1

4. Perform a focused physical exam	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify renal issues in outpatients and inpatients especially renal emergencies (such as hyperkalemia, severe acidemia and intoxications requiring dialysis), fluid and electrolyte disorders, vasculitis, acute renal failure, glomerular disease, hypertension (primary and secondary), chronic renal insufficiency and end stage renal disease competently	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
2. Interpret laboratory data, including urinary sediments accurately	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Apply basic knowledge of renal pathophysiology to the diagnostic and therapeutic process	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Formulate a broad differential diagnosis	Didactic Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam	PGY3

	Computer Module	Direct Observation	
5. Acquire expeditiously relevant clinical literature to enhance direct patient care	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify deficiencies in knowledge base and develop independent reading program to address these gaps	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a literature search to answer clinical questions effectively	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Facilitate the learning of students and other health care providers	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate accurately and compassionately with patients and their families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate clearly with referring physicians and those providing direct care for the patient	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2
3. Interact with entire health care team professionally	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Treat all patients, patients' families, health care providers and hospital employees with respect and integrity	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality at all times	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Integrate case management early and effectively in patient care	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate understanding of the role of clinical pathways in managing disease	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Implement and review clinical pathways	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Neurology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Neurology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Improve their ability to evaluate and manage patients with common neurological problems that they are likely to see and manage in future office-based or hospitalist practice, including, but not limited to, headache, dementia, seizures, cerebrovascular disease, Parkinson’s disease and disorders of the peripheral nervous system such as peripheral neuropathy, mononeuropathy and radiculopathy.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Improve their skills in the recognition of less common neurological disorders for which referral to a neurologist would be appropriate.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY3

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
<ol style="list-style-type: none"> 1. Improve their knowledge of common neurologic disorders, including but not limited to, their phenotypic expression, epidemiology, pathology, pathophysiology and natural history through both patient exposure and attendance at neurologic conferences during the one-month rotation. 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBL1 – Evidence-Based and Informed Practice

PBL2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
<p>1. Conceptualize the neurologic method and to improve upon their ability to recognize and accurately evaluate patients' neurological complaint(s). This primarily occurs through patient contact followed by feedback from senior neurologic staff or neurologic residents. Specifically, residents improve their diagnostic skills by understanding the value of and learning to perform a detail-oriented history and neurologic examination that allows for the generation of an accurate and weighted differential diagnosis through the process of localization, recognition of temporal course and application of risk factor profile.</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	PGY3
<p>2. Gain an increased appreciation for the benefits and limitations of ancillary neurodiagnostic testing, including but not limited to neuroimaging, lumbar puncture and various clinical neurophysiological procedures.</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Reinforce interpersonal skills not only with colleagues and coworkers, but particularly through exposure to patients and families with progressive and degenerative neurological illness or with severe, often irreversible, brain injury.	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

1. Reinforce their own established professional skills by being exposed to the culture that exists within the Neurology Department that recognizes and values the primacy of patient care, sensitivity to the vulnerable circumstances that our patients and their families are in, and mutual respect for colleagues and coworkers.

Teaching Method

Didactic
 Bedside Teaching
 Role Modeling
 Independent Learning

Evaluation Method

End of Rotation Evaluation
 360 Degree Evaluation
 Ambulatory Clinic Evaluation
 Annual PD Evaluation

PGY Level

PGY3

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Be exposed to and become aware of the numerous resources, both intra- and extramural, that are available and necessary for the optimal care of patients with chronic neurologic illness, including but not limited to physical medicine disciplines that are intended to maximize patients' function, comfort and safety both at home and in the workplace.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3

Pathology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: Two-Weeks

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area-- when the resident is involved in direct patient care. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation. The resident will work closely with the supervising attending physician and will gain knowledge and skills in the collection, processing, interpretation of cytologic material. Residents will learn to make sections and review slides from biopsies and fine needle aspirations. Residents will also have opportunities to watch autopsies if they are performed during the two-weeks that the resident is on service.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Pathology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Learn the process of collection, processing, interpretation of cytologic material.	Didactic Teaching in the lab Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate and carry out effective patient management plans	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Perform a focused physical exam, when the resident is required to evaluate a patient	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

<p>4. Document clearly and succinctly patient's test results in the form of notes</p>	<p>Didactic Teaching in the lab Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY2</p>
<p>5. Formulate and carry out a patient care plan independently</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY3</p>

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Present topics relevant to patient care at attending rounds	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3
2. Use and access literature sources such as Up-To-Date to direct patient care	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3
3. Order and interpret appropriate laboratory and radiologic testing	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3
4. Acquire relevant clinical literature to enhance direct patient care expeditiously	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify errors made in patient care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3
2. Identify gaps in knowledge and pursue independent reading to improve	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3
3. Perform a literature search effectively to answer a clinical question	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3
4. Identify pharmacy, nursing, resources to assist in patient care	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY2/3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Deliver effective sign-out and transfer of care	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3
2. Communicate daily with members of the patient care team (attending, consultants, care managers, etc.)	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2/3
3. Communicate effectively with patients and their families	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY2/3
4. Coordinate care of patients with multidisciplinary services	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY2/3

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Treat patients with respect and integrity	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2/3
2. Maintain patient confidentiality at all times	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY2/3
3. Organize and lead a team of caregivers into an effective patient management unit	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY2/3
4. Recognize and address behavior that is unprofessional in junior colleagues or peers	Clinical Teaching Rounds Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY2/3

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Integrate case management early and effectively in patient care	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY2/3
2. Demonstrate understanding of the role of clinical pathways in managing disease	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3
3. Implement and review clinical pathways	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2/3

Pulmonology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Pulmonology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a history and examination	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate and carry out effective management plans	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Document patient management in the medical record Clearly and succinctly	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

4. Perform invasive procedures (thoracentesis, central lines, etc.) competently	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
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Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Apply basic knowledge of pathophysiology to the diagnostic and therapeutic process	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Develop an appropriate, efficient differential diagnosis	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Interpret lab data, pulmonary function tests (PFTs) and radiologic images	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify deficiencies in knowledge base and develop an independent reading program to address these gaps	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a literature search to answer clinical questions effectively	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Attend section teaching conferences	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate accurately and compassionately with patients and their families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interact with entire health care team professionally	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Treat all patients, health care providers, and hospital employees with respect and integrity	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality at all times	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Use ancillary services including the PFT lab, laboratory and radiologic testing, and consultation from other clinical services properly	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate an understanding of the available resources for continuing patient care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Gather pertinent clinical information from other caregivers	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice .

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

Radiology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: Two-Week

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Radiology

Patient Care

Goal: To familiarize the resident to common radiological investigational modalities as well as expose them to the advanced imaging in this field. The emphasis is also on training the residents to correctly and logically approach common radiological presentations and generate radiological differential diagnoses.

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Enhance and improve their understanding of the radiological aspect of medicine and learn the appropriate indications and basic interpretation of various radiological tests <ul style="list-style-type: none"> a) Chest X-Rays b) Computed Tomography c) Magnetic Resonance Imaging d) Ultrasonography e) Mammography f) Nuclear imaging 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Demonstrate a logical approach in the analysis of basic diagnostic radiological findings on plain film CR exams, have basic knowledge of interpretation of more advanced diagnostic imaging modalities, and form a differential diagnosis based on radiological findings. The residents must be able to demonstrate ability in using radiological technology to support decisions, procedures, prevention and patient-focused care.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Analyze plain film Conventional Radiology (CR) images, Ultrasonograms, Computed Tomography (CT) scans and Magnetic Resonance Imaging (MRI) images. The tests shall be supervised and interpreted by the attending radiologist with the observing resident. Teaching Rounds will occur during these interpretations. Residents will also be exposed to a wide variety of radiographic images and taught nuances of radiology. <ul style="list-style-type: none"> a) Mix of diseases: The disease mix includes all patients, including inpatient and outpatient, who are undergoing radiological testing. 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

<p>b) Patient characteristics: Radiology cases will include predominantly inpatient imaging but may also include outpatient imaging read by radiologists.</p> <p>c) Procedures: The radiological tests and procedures available for observation and interpretation are listed below; however emphasis will be placed on interpreting Chest X-Rays and CT scans.</p>			
<p>4. Document the evaluation in the medical record in a clear and organized manner</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY3</p>

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate and apply a well-rounded knowledge of established and evolving standards of care.	Didactic Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Identify indications for appropriate individual radiological investigations.	Didactic Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
3. Develop satisfactory skill and competence in basic interpretation of plain film CR exams and some exposure to interpretation of more advanced imaging procedures such as CT and MRI scans.	Didactic Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBL11 – Evidence-Based and Informed Practice

PBL12 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Analyze lab test results and develop follow-up plan and analyze own practice/ documentation	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Locate, critically appraise, and assimilate evidence from scientific studies and apply it to patients' health problems. 3. Use information technology to manage information, access on-line medical resources, and support self-education, patient care decisions and patient education. 4. Apply the indications of appropriate radiology testing learnt in this rotation to their clinical practice.	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
5. Utilize evidence from studies and apply research and statistical methods to clinical care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
6. Demonstrate ability to investigate and critically evaluate his patient care practices, integrate evidence-based medicine and an understanding of research methods and options into his patient care practices and utilize quality improvement methods to improve his patient care practices based on self-evaluation and life-long learning.	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY2

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively with support staff in outpatient clinics	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY3
2. Communicate effectively with physician colleagues at all levels	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY3
3. Present patient information concisely and clearly, verbally and in writing	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3
4. Demonstrate the ability to communicate on multiple levels for effective management of patient care modalities and treatment plan development. <ul style="list-style-type: none"> a) productively and cooperatively participate in Multidisciplinary Treatment Planning. b) actively work with the radiology support staff and demonstrate the ability to work well in a team setting. c) create and sustain a therapeutic and ethically sound relationship with patients and their families. d) demonstrate the ability to communicate effectively and demonstrate caring, compassionate, and respectful behavior in all patient encounters. 	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate altruistic behavior	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY3
2. Respect patient confidentiality	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY3
3. Respect other colleagues	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY3
4. Demonstrate a commitment to ethical principles, the Riverside Code of Conduct, assigned responsibilities, collegiality, and responsiveness to a diversity of patient care needs, other patient care providers and life-long learning and demonstrate respect, compassion and integrity and commit to excellence and continuous professional development.	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY3

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate ability to recognize and utilize a comprehensive system environment and the myriad of resources it has available in decision making to provide quality patient care.	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3
2. Practice cost-effective health care and resource allocation while advocating for quality.	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3
3. Recognize costs of outpatient radiology testing and be able to use the most cost-effective therapy on an individual basis.	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY3

Rheumatology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Rheumatology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Perform a comprehensive history and physical examination (concentration on the musculoskeletal exam)	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Formulate and carry out effective management plans	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Perform joint aspiration/injection and synovial fluid analysis	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Manage complex rheumatologic patients	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interpret laboratory data (including synovial analysis) and basic musculoskeletal imaging studies	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Learn current rheumatologic literature and standard of care guidelines	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Identify deficiencies in knowledge base and develop independent reading program to address these gaps	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a literature search to answer clinical questions	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Facilitate the learning of students and other health care providers	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate accurately and compassionately with patients and their families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Interact with entire health care team	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY2

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Treat all patients, health care providers & hospital employees with respect and integrity	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Maintain patient confidentiality at all times	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate the ability to mobilize resources (consultants, etc) to optimize health delivery	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate the ability to work as a member of a team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Surgery-Anesthesiology Curriculum

Internal Medicine Residency Program

Riverside Medical Center

Rotation Length: One Month

Description: The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Noon conference occurs from 12:00 p.m. through 1:00 p.m. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors. The resident **will attend** his/her weekly Ambulatory Continuity Clinic during this rotation.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time. The resident will need to assure that proper documentation of procedures requiring supervision is entered into New Innovations. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include but is not limited to: advanced cardiac life support, arterial line insertion, central venous line placement, drawing arterial blood, drawing venous blood, exercise stress test, intubation, pap smear with endocervical culture and placing a peripheral venous line.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: MKSAP and other reading assignments as directed by the attending.

ACGME – Surgery/Anesthesiology

Patient Care

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

Reporting Milestones:

PC1 – History

PC2 – Physical Examination

PC3 – Clinical Reasoning

PC4 – Patient Management – Inpatient

PC5 – Patient Management – Outpatient

PC6 – Digital Health

Objectives:

Residents are expected to:

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Take a complete or symptom-directed history, including family, social and sexual history	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Perform a complete or symptom-directed physical exam	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	Certification Exam	PGY1
3. Generate a cost-effective evaluation and management plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

<p>4. Communicate the assessment and management plan to patient and family members and negotiate the treatment plan with the patient</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY2</p>
<p>5. Document the evaluation in the medical record in a clear and organized manner</p>	<p>Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module</p>	<p>End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation</p>	<p>PGY1</p>

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

MK1 – Applied Foundational Sciences

MK2 – Therapeutic Knowledge

MK3 – Knowledge of Diagnostic Testing

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Apply new medical knowledge to ambulatory care	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
2. Obtain a basic understanding of epidemiology and biostatistics to enable critical review of medical literature	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY3
3. Obtain knowledge in screening guidelines, preventive medicine and immunizations	Didactic Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Research an ambulatory topic, find supporting information in medical literature and present to colleagues	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidence-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Analyze lab test results and develop follow-up plan	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Analyze own practice/ documentation	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
3. Demonstrate teaching skills for patient education	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2
4. Utilize evidence from studies and apply research and statistical methods to clinical care	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY2

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient and Family-Centered Communication

ICS2 – Interprofessional and Team Communication

ICS3 – Communication within Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Communicate effectively with patients and families	Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
2. Communicate effectively with support staff in outpatient clinics	Didactic Role Modeling	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
3. Communicate effectively with physician colleagues at all levels	Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation	PGY1
4. Present patient information concisely and clearly, verbally and in writing	Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior

PROF2 – Ethical Principles

PROF3 – Accountability/Conscientiousness

PROF4 – Knowledge of Systemic and Individual Factors of Well-Being

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate altruistic behavior	Didactic Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation	PGY1
2. Respect patient confidentiality	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation	PGY1
3. Respect other colleagues	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation	PGY1

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care Systems

Objectives: <i>Residents are expected to:</i>	Teaching Method	Evaluation Method	PGY Level
1. Demonstrate the ability to mobilize resources to optimize health care delivery	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation	PGY1
2. Demonstrate the ability to work as a member of a health care team	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Module	End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY1
3. Demonstrate the ability to identify and manage a panel of primary care patients	Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation	PGY2

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice .

Trainees during this rotation will observe, assist and perform the following:

1. Manage patients using the laboratory and imaging techniques appropriately.
2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.