



Keesler Medical Center
Internal Medicine Residency Program
Keesler AFB, Mississippi

**INTERNAL MEDICINE RESIDENCY GOALS AND OBJECTIVES FOR
PROMOTION BY TRAINEE SKILL LEVELS
Academic Year 2014-2015**

1. ACGME SUPERVISION REQUIREMENTS

To ensure oversight of resident supervision and graded authority and responsibility, the Keesler Medical Center Internal Medicine Residency uses the following classification of supervision:

A. Direct Supervision

The supervising physician is physically present with the resident and patient.

B. Indirect Supervision

(1) with direct supervision immediately available – The supervising physician is physically within the confines of the site of patient care, and is immediately available to provide Direct Supervision.

(2) with direct supervision available – The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.

C. Oversight

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

PGY1 residents begin the 1st year in supervision classification A. As the developmental milestones are achieved, their level of responsibility will increase with a move into supervision classification B1. This transition may occur at anytime during the first 6 months of training, but should be achieved by 6 months into the PGY1 year. PGY1 residents who successfully complete the PGY1 level will move into supervision classification B2. PGY2 residents who successfully complete the developmental milestones for PGY2 level will move in to supervision classification C. At any time, the attending physician can designate which supervision level is necessary for that rotation.

2. KEESLER MEDICAL CENTER RESIDENT SUPERVISION POLICY

Residency training is an educational experience designed to offer residents the opportunity to participate in the clinical evaluation and care of patients in a variety of patient care settings to include the medical subspecialty clinics and consultation services. All aspects of patient care rendered by resident physicians must receive close supervision.

All aspects of patient care are ultimately the responsibility of the supervising physician. Supervising physicians have the right to prohibit resident and medical student participation in the care of their patients without penalty, and when allowing care of their patients by residents do not relinquish their rights or responsibilities to: examine and interview, admit or discharge their patients, write orders, progress notes, clinic notes, discharge summaries, obtain consultations, or to correct resident medical record entries deemed to be erroneous or misleading.

When a resident is involved in the care of a patient it is their responsibility to communicate effectively with their supervising physician regarding the findings of their evaluation, physical examination, interpretation of diagnostic tests, and intended interventions.

The supervising physician is defined as that physician who has immediate oversight responsibility of all aspects of patient care rendered by the residents and may be a staff or fellow.

Please refer to the Supervision of Residents documents to further delineate site specific supervision issues.

3. GOALS AND OBJECTIVES BY POST GRADUATE YEAR OF TRAINING

A. Post Graduate Year 1 (PGY1)

In general, trainees beginning their PGY-1 year should be closely supervised by their upper year residents and attending physicians. Except in unusual emergency situations, PGY1 trainees should not provide technically complex diagnostic or therapeutic procedures, or high risk treatment modalities without direct supervision by the upper year resident or a staff attending. The PGY1 trainee may carry out many activities without direct supervision to include, but not limited to:

- Obtain a medical history
- Perform both a physical examination and a mental status examination
- Pronounce death
- Perform the following technical procedures:
 - o Venipuncture and blood draw
 - o Inserting a peripheral intravenous catheter
 - o Arterial puncture
 - o Inserting a nasogastric tube
 - o Inserting a foley catheter
 - o Suture minor lacerations
- Interpret the results of commonly used diagnostic procedures, including radiographs and laboratory results
- Write orders for admission management, and discharge
- Write prescriptions
- All PGY1's will have completed and remain current in BLS and ACLS

Specific Goals and Objectives based on the ACGME Core Competencies and Developmental Milestones to be achieved by the completion of PGY1 year for promotion include:

1. PATIENT CARE

- Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashion.
- Seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records, and pharmacy).
- Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions. Identify pertinent abnormalities using common maneuvers
- Accurately track important changes in the physical examination over time in the outpatient and inpatient settings
- Synthesize all available data, including interview, data, to define each patient's central clinical problem
- Develop prioritized differential diagnoses, evidence based diagnostic and therapeutic plan for common inpatient and ambulatory conditions
- Appropriately perform invasive procedures and provide post-procedure management for common procedures
- Make appropriate clinical decisions based upon the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and other body fluids
- Recognize situations with a need for urgent or emergent medical care including life threatening conditions
- Recognize when to seek additional guidance
- Provide appropriate preventive care and teach patient regarding self-care
- With supervision, manage patients with common clinical disorders seen in the practice of inpatient and ambulatory general internal medicine
- With minimal supervision, manage patients with common and complex clinical disorders seen in the practice of inpatient and ambulatory general internal medicine

2. MEDICAL KNOWLEDGE

- Understand the relevant pathophysiology and basic science for common medical conditions
- Demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization Understand indications for and basic interpretation of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and other body fluids

3. PRACTICE BASED LEARNING AND IMPROVEMENT

- Appreciate the responsibility to assess and improve care collectively for a panel of patients
- Identify learning needs (clinical questions) as they emerge in patient care activities
- Access medical information resources to answer clinical questions and library resources to support decision making
- With assistance, appraise study design, conduct, and statistical analysis in clinical research papers
- With assistance, appraise clinical guideline recommendations for bias
- Determine if clinical evidence can be generalized to an individual patient
- Respond welcomingly and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients and their advocates
- Actively participate in teaching conferences

4. INTERPERSONAL AND COMMUNICATION SKILLS

- Provide timely and comprehensive verbal and written communication to patients/advocates
- Effectively use verbal and non-verbal skills to create rapport with patients/families
- Effectively use an interpreter to engage patients in the clinical setting including patient education
- Demonstrate sensitivity to differences in patients including but not limited to race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs
- Effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of care
- Deliver appropriate, succinct, hypothesis-driven oral presentations
- Effectively communicate plan of care to all members of the health care team
- Request consultative services in an effective manner
- Clearly communicate the role of consultant to the patient, in support of the primary care relationship
- Provide legible, accurate, complete, and timely written communication that is congruent with medical standards

5. PROFESSIONALISM

- Document and report clinical information truthfully
- Follow formal policies
- Accept personal errors and honestly acknowledge them
- Demonstrate empathy and compassion to all patients
- Demonstrate a commitment to relieve pain and suffering
- Communicate constructive feedback to other members of the health care team
- Respond promptly and appropriately to clinical responsibilities including but not limited to calls and pages
- Carry out timely interactions with colleagues, patients and their designated caregivers
- Recognize and manage obvious conflicts of interest, such as caring for family members and professional associates as patients
- Dress and behave appropriately
- Maintain appropriate professional relationships with patients, families and staff
- Ensure prompt completion of clinical, administrative and curricular tasks
- Recognize and address personal, psychological, and physical limitations that may affect professional performance
- Recognize the scope of his/her abilities and ask for supervision and assistance appropriately
- Recognize when it is necessary to advocate for individual patient needs
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status
- Maintain patient confidentiality
- Recognize that disparities exist in health care among populations and that they may impact care of the patient

6. SYSTEMS-BASED PRACTICE

- Understand unique roles and services provided by local health care delivery systems
- Appreciate roles of a variety of health care providers, including, but not limited to, consultants, therapists, nurses, home care workers, pharmacists, and social workers.
- Work effectively as a member within the interprofessional team to ensure safe patient care.
- Consider alternative solutions provided by other teammates

- Recognize health system forces that increase the risk for error including barriers to optimal patient care
- Identify, reflect upon, and learn from critical incidents such as near misses and preventable medical errors
- Reflect awareness of common socio-economic barriers that impact patient care.
- Understand how cost-benefit analysis is applied to patient care (i.e. via principles of screening tests and the development of clinical guidelines) patient care (i.e. via principles of screening tests and the development of clinical guidelines)
- Identify costs for common diagnostic or therapeutic tests.
- Minimize unnecessary care including tests, procedures, therapies and ambulatory or hospital encounters

Each PGY1 will have their performance evaluated biannually by the Keesler IM Residency Clinical Competence Committee (IMCCC) with written feedback provided by the committee to the resident. Each PGY1 will be assigned an advisor who is a member of the CCC to help the resident understand and navigate the ACGME and ABIM requirements for Internal Medicine residency training. It is strongly encouraged that residents seek out and work with a mentor or mentors during their training to enhance their educational opportunities. In addition each PGY1 will meet with the program director at least semi-annually to review progress in achieving the goals and objectives required for successful completion of IM residency training

Promotion to the PGY2 level occurs after 12 months of satisfactory performance at the PGY1 level, achievement of all outlined goals and objectives for the PGY1 year, successful completion of 2 mini clinical examination (CEX's) per IM ward month (9 total), and successful completion of Step 3 USMLE/COMLEX

B. Post Graduate Year 2 (PGY2)

The PGY2 year is an intermediate year of training in categorical internal medicine. The PGY2 has demonstrated through both objective written testing and documented observation by supervising physicians both cognitive and technical competence in the basic procedural and patient care skills of internal medicine. The PGY2 is designated as a supervising resident, and can perform high risk treatment modalities without direct supervision by an attending physician or senior level resident in procedures the resident has achieved competence in. These procedures may include, but are not limited to:

- Placement of central venous catheters
- Placement of balloon catheters for hemodynamic monitoring
- Placement of arterial lines
- Placement of PICC lines
- Elective and emergent tracheal intubation and airway management
- Thoracentesis
- Lumbar Puncture
- Paracentesis
- Bone marrow aspiration and biopsy
- Manage cardio-pulmonary resuscitation (ACLS Instructor)
- Prescribe anti-arrhythmic medications
- Arthrocentesis and joint injection
- Placement of temporary dual lumen catheters for dialysis

- Exercise treadmill testing with or without radionucleotide imaging
- Pharmacologic stress testing w/ radionucleotide imaging
- Elective and emergent cardioversion
- Chest tube placement
- Skin punch biopsy

To complete the PGY2 year, the resident must continue to demonstrate all of the Developmental Milestones achieved in the PGY1 year, and achieve the following goals and objectives:

1. PATIENT CARE

- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient
- Demonstrate and teach how to elicit important physical findings for junior members of the healthcare team
- Develop prioritized differential diagnoses, evidence based diagnostic and therapeutic plan for common inpatient and ambulatory conditions
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate.
- Appropriately perform invasive procedures and provide post-procedure management for common procedures
- Make appropriate clinical decision based upon the results of more advanced diagnostic tests
- With minimal supervision, manage patients with common and complex clinical disorders seen in the practice of inpatient and ambulatory general internal medicine
- Initiate management and stabilize patients with emergent medical conditions
- Provide specific, responsive consultation to other services

2. MEDICAL KNOWLEDGE

- Demonstrate sufficient knowledge to evaluate common ambulatory conditions
- Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions
- Demonstrate sufficient knowledge to provide preventive care
- Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive care
- Understand indications for and has basic skills in interpreting more advanced diagnostic tests
- Understand prior probability and test performance characteristics

3. PRACTICE BASED LEARNING AND IMPROVEMENT

- Perform or review audit of a panel of patients using standardized, disease-specific, and evidence-based criteria
- Reflect on audit compared with local or national benchmarks and explore possible explanations for deficiencies, including doctor-related, system-related, and patient related factors
- Identify areas in resident's own practice and local system that can be changed to improve affect of the processes and outcomes of care
- Identify areas in resident's own practice and local system that can be changed to improve affect of the processes and outcomes of care
- Effectively and efficiently search NLM database for original clinical research articles

- Effectively and efficiently search evidence-based summary medical information resources
- Customize clinical evidence for an individual patient
- Actively seek feedback from all members of the health care team
- Calibrate self-assessment with feedback and other external data
- Integrate teaching, feedback, and evaluation with supervision of interns' and students' patient care

4. INTERPERSONAL AND COMMUNICATION SKILLS

- Use communication skills to build a therapeutic relationship
- Engage patients/advocates in shared decision making for uncomplicated diagnostic and therapeutic scenarios
- Utilize patient-centered education strategies
- Role model and teach effective communication with next caregivers during transitions of care
- Ensure succinct, relevant, and patient-specific written communication

5. PROFESSIONALISM

- Provide leadership for a team that respects patient dignity and autonomy
- Provide support (physical, psychological, social and spiritual) for dying patients and their families
- Recognize, respond to and report impairment in colleagues or substandard care via peer review process
- Recognize and take responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases)
- Educate and hold others accountable for patient confidentiality

6. SYSTEMS-BASED PRACTICE

- Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation, and skilled nursing.
- Dialogue with care team members to identify risk for and prevention of medical error
- Understand mechanisms for analysis and correction of systems errors
- Identify the role of various health care stakeholders including providers, suppliers, financiers, purchasers and consumers and their varied impact on the cost of and access to health care.
- Understand coding and reimbursement principles.
- Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision-making

Each PGY2 will have their performance evaluated biannually by the Keesler IM Residency Clinical Competence Committee (IMCCC) with written feedback provided by the committee to the resident. Each PGY2 will continue to have an assigned advisor who is a member of the CCC to help the resident understand and navigate the ACGME and ABIM requirements for Internal Medicine residency training. It is strongly encouraged that all residents seek out and work with a mentor or mentors during their training to enhance their educational opportunities. In addition each PGY2 will meet with the program director at least semi-annually to review progress in achieving the goals and objectives required for successful completion of IM residency training

Promotion to the PGY3 occurs after 12 months of satisfactory performance at the PGY2 level, achievement of all outlined goals and objectives for the PGY2 year, successful completion of 1

mini clinical examination (CEX's) per IM ward month/ subspecialty ward month (total of 4), successful completion of the following requirements: 1 Clinical Pathological Conference, 2 journal clubs, 2 EBM conferences, an active ongoing performance improvement project with 2 updates, and an active unrestricted state medical license.

C. Post Graduate Year 3 (PGY3)

The final year of categorical internal medicine training is when PGY3 residents assume more administrative and educational responsibility. Residents at the PGY3 level are assigned as supervising residents and oversee the clinical activities performed by more junior residents. They may perform, without direct supervision, virtually all of the technically complex or high risk procedures as would normally be performed by individuals trained in internal medicine, and are expected to teach these skills to their more junior colleagues. They will participate in hospital administrative committees or functions and lead quality improvement/performance improvement projects.

To complete the PGY3 year, the resident must continue to demonstrate all of the Developmental Milestones achieved in the PGY1 and PGY2 years, and achieve the following goals and objectives:

1. PATIENT CARE

- Role model gathering subtle and reliable information from the patient for junior members of the healthcare team
- Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers
- Recognize disease presentations that deviate from common patterns and that require complex decision making
- Manage patients with conditions that require intensive care
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine
- Manage complex or rare medical conditions
- Customize care in the context of the patient's preferences and overall health
- Provide internal medicine consultation for patients with more complex clinical problems requiring detailed risk assessment

2. MEDICAL KNOWLEDGE

- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions
- Understand the relevant pathophysiology and basic science for uncommon or complex medical conditions
- Demonstrate sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education

3. PRACTICE BASED LEARNING AND IMPROVEMENT

- Engage in a quality improvement intervention

- Appraise the quality of medical information resources and select among them based on the characteristics of the clinical question
- With assistance, appraise study design, conduct, and statistical analysis in clinical research papers
- Independently, appraise clinical guideline recommendations for bias and cost-benefit considerations
- Communicate risks and benefits of alternatives to patients
- Integrate clinical evidence, clinical context, and patient preferences into decision-making
- Reflect (in action) when surprised, applies new insights to future clinical scenarios, and reflects (on action) back on the process
- Take a leadership role in the education of all members of the health care team.

4. INTERPERSONAL AND COMMUNICATION SKILLS

- Engage patients/advocates in shared decision making for difficult, ambiguous or controversial scenarios
- Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation
- Role model effective communication skills in challenging situations
- Actively seek to understand patient differences and views and reflects this in respectful communication and shared decision-making with the patient and the healthcare team
- Engage in collaborative communication with all members of the health care team
- Communicate consultative recommendations to the referring team in an effective manner

5. PROFESSIONALISM

- Uphold ethical expectations of research and scholarly activity
- Recognize and manage subtler conflicts of interest
- Serve as a professional role model for more junior colleagues (e.g., medical students, interns)
- Recognize the need to assist colleagues in the provision of duties
- Effectively advocate for individual patient needs
- Embrace physicians' role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering
- Advocates for appropriate allocation of limited health care resources

6. SYSTEMS-BASED PRACTICE

- Negotiate patient-centered care among multiple care providers
- Demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members
- Demonstrate ability to understand and engage in a system level quality improvement intervention
- Partner with other healthcare professionals to identify, propose improvement opportunities within the system
- Understand coding and reimbursement principles
- Demonstrate the incorporation of cost-awareness principles into complex clinical scenarios

Each PGY3 will have their performance evaluated biannually by the Keesler IM Residency Clinical Competence Committee (IMCCC) with written feedback provided by the committee to the

resident. Each PGY3 will continue to be assigned an advisor who is a member of the IMCCC to help the resident understand and navigate the ACGME and ABIM requirements for Internal Medicine residency training. It is strongly encouraged that residents seek out and work with a mentor or mentors during their training to enhance their educational opportunities. In addition each PGY3 will meet with the program director at least semi-annually to review progress in achieving the goals and objectives required for successful completion of IM residency training.

Completion of the training program occurs after 12 months of satisfactory performance at the PGY3 level, achievement of all outlined goals and objectives for the PGY3 year, successful completion of 1 mini clinical examination (CEX) per IM ward month/ subspecialty month (total of 4), successful completion of the following requirements: 1 Grand Rounds lecture, 2 journal clubs, 2 EBM conferences, completion of an ongoing performance improvement project, and completion of all procedural requirements necessary to graduate from the KMC IM Residency Program.

***In addition to meeting the above PGY level requirements, ALL CATEGORICAL RESIDENTS must complete an academic project or participate in a research project with the goal of publication during their three years of training to successfully complete the Keesler Medical Center IM residency program. Academic projects may include publication of a peer reviewed research article or clinical vignette, invited textbook chapter or review article, or a presentation of a clinical vignette or research project at a regional or national meeting. Other projects developed by the resident will be considered by the program as to whether it meets the intent of an academic project.

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