# **Department of Medicine**

Internal Medicine Residency Program Curriculum

Program Director: Lee Merchen, MD



#### **ACADEMIC YEAR 2015-2016**

Mission: To provide the highest quality of education and training for physicians in the field of Internal Medicine through the emphasis of the Core Competencies as described by the Accreditation Council for Graduate Medical Education (ACGME): Patient Care, Medical Knowledge, Professionalism, Systems-Based Practice, Practice-Based Learning and Improvement, and Interpersonal and Communication skills.

# **Georgia Regents University Internal Medicine Residency Curriculum 2015-2016**

Updated 10/20/15

# **Table of Contents**

Educational Purpose:	4
Rotational Objectives	4
Assessment Scale	4
Level of Supervision	4
Program Learning Objectives/ACGME Core Competencies:	5
Allergy	8
Cardiology/CCU PGY-1	9
Cardiology/CCU PGY-2-3	10
Cardiology Consults	12
Cardiology Outpatient	13
Cardiology EP Elective	14
Dermatology	15
Digestive Diseases - Gastroenterology Consults	16
Emergency Medicine	17
Endocrinology Consults	18
General Internal Medicine CCC PGY-1	19
General Internal Medicine CCC PGY-2-3	20
General Internal Medicine Consults	<b>2</b> 1
General Internal Medicine Geriatrics	23
General Internal Medicine Private Practice Outpatient	<b>2</b> 4
General Internal Medicine Private Practice Hospitalist	25
General Internal Medicine Wards PGY-1	26
General Internal Medicine Wards PGY-2-3	27
General Internal Medicine Night Medicine PGY-1	28
General Internal Medicine Night Medicine PGY-2-3	30
Hematology/Oncology Consults	31
Hematology/Oncology - Hematology Service PGY-1	33
Hematology/Oncology - Oncology Service PGY-1 Error! Bookmark not de	efined
Infectious Disease Consults	3/

# Georgia Regents University Internal Medicine Residency Curriculum 2015-2016

Updated 10/20/15

Nephrology Wards PGY-1	Error! Bookmark not defined.
Nephrology Consults	36
Neurology Consults	37
Ophthalmology	38
Orthopedics and Sports Medicine	39
Palliative Care Medicine	40
Pulmonary/Critical Care PGY-1	41
Pulmonary/Critical Care PGY 2-3	42
Pulmonary Consults	43
Radiology	44
Rheumatology	45
VA Spinal Cord Unit	Error! Bookmark not defined.
Women's Health	
International Rotation	47
Designer Elective	Error! Bookmark not defined.
Medical Economics and Practice Management	48
Patient Centered Care	Error! Bookmark not defined.
Research	50

# Georgia Regents University Internal Medicine Residency Curriculum 2015-2016

Updated 10/20/15

## **Educational Purpose:**

During your residency you will develop the tools necessary to become comprehensive internists capable of managing diverse patients with a broad range of diseases. Your training will be tailored to your needs whether you pursue a career in general internal medicine, subspecialty medicine, or academic medicine.

## **Rotational Objectives**

You will find specific objectives for each rotation in this document. *These are representative skills of medicine that you must learn during residency.* Click on the listings in the table of contents to hyperlink to the appropriate section.

These objectives will not be the only things you will learn on each rotation, but they are what you will be measured by. You must review the objectives at the beginning and end of each rotation with your attending physician.

#### **Assessment Scale**

For the specific goals and objectives listed in this document, the basic evaluation unit will be one of Entrustment.

Your attendings will determine what level they trust you to do each skill:

- 1. You cannot do the skill even with assistance
- 2. You can do the skill under proactive, ongoing, full supervision
- 3. You can do the skill reactive supervision, (i.e. supervision is readily available upon request)
- 4. You can do the skill independently
- 5. You may act as a supervisor and instructor for the skill

This means that most interns will start with a 2 and progress to 3 on most measures by the end of the year, and most PGY-2/3 residents will start with 3 and progress to 4 on most measures by the end of residency.

# **Level of Supervision**

You will be supervised by an attending physician for all patients that you encounter. These levels of supervision include:

- 1. Direct Supervision the supervising physician will be physically present with you and your patient.
- 2. Indirect Supervision:
  - a. With direct supervision immediately available the supervising physician will be

Updated 10/20/15

- physically within the hospital or other site of patient care, and will be immediately available to provide Direct Supervision.
- b. With direct supervision available the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

For some aspects of patient care, the supervising physician may be a more advanced resident or fellow.

# **Program Learning Objectives/ACGME Core Competencies:**

- 1. Patient Care
  - a. Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life.
  - Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures.
  - c. Make informed recommendations about preventive, diagnostic and therapeutic options and interventions based on clinical judgment, scientific evidence, and patient preference.
  - d. Develop, negotiate and implement effective patient management plans and integration of patient care.
  - e. Perform competently the diagnostic and therapeutic procedures considered essential to the practice of internal medicine.

#### 2. Medical Knowledge

- a. Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.
- b. Apply an open-minded, analytical approach to acquiring new knowledge.
- c. Access and critically evaluate current medical information and scientific evidence.
- d. Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of internal medicine.
- e. Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking.
- 3. Interpersonal and Communication Skills
  - a. Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
  - b. Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.
  - c. Use effective listening, nonverbal, questioning, and narrative skills to communicate

Updated 10/20/15

with patients and families.

- d. Interact with consultants in a respectful, appropriate manner.
- e. Maintain comprehensive, timely, and legible medical records.

#### 4. Professionalism

- a. Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional developmental, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.
- b. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues.
- c. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behavior and disabilities of patients and professional colleagues.
- d. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.
- e. Recognize and identify deficiencies in peer performance.

#### 5. Practice-Based Learning and Improvement

- a. Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- b. Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care.
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice.
- d. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.
- e. Use information of technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education.

#### 6. Systems-Based Practice

- a. Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.
- b. Understand, access and utilize the resources, providers and systems necessary to provide optimal care.
- c. Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
- d. Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.
- e. Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

Updated 10/20/15

#### **MILESTONES**

#### **Patient Care:**

- **PC1** Gathers and synthesizes essential and accurate information to define each patient's clinical problem (s)
- PC2 Develops and achieves comprehensive management plan for each patient
- PC3 Manages patients with progressive responsibility and independence
- **PC4** Skill in performing procedures
- PC5 Requests and provides consultative care

## **Medical Knowledge:**

- MK1 Clinical knowledge
- MK2 Knowledge of diagnostic testing and procedures

#### **Systems – Based Practice:**

- **SBP1** Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel)
- SBP2 Recognizes system error and advocates for system improvement
- **SBP3** Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care
- SBP4 Transitions patients effectively within and across health delivery systems

## **Practice-Based Learning and Improvement:**

- **PBLI1** Monitors practice with a goal for improvement
- PBLI2 Learns and improves via performance audit
- PBLI3 Learns and improves via feedback
- PBLI4 Learns and improves at the point of care

#### **Professionalism:**

- PROF1 Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel)
- PROF2 Accepts responsibility and follows through on tasks
- **PROF3** Responds to each patient's unique characteristics and needs
- **PROF4** Exhibits integrity and ethical behavior in professional conduct

#### **Interpersonal and Communication Skills:**

- ICS1 Communicates effectively with patients and caregivers
- **ICS2** Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and support personnel)
- ICS3 Appropriate utilization and completion of health records

Updated 10/20/15

## **Allergy**

## **Content Goals and Objectives**

- 1. Manage individuals with asthma (PC-5)
- 2. Manage individuals with rhinitis (PC-3)
- 3. Determine the appropriate initial laboratory evaluation for a suspected immune deficiency (MK-2)
- 4. Refer patients for allergy skin testing (PC-5)
- 5. Evaluate individuals with urticaria/angioedema (PC-3)
- 6. Prescribe emergency treatment plan for a patient at risk for anaphylaxis (ICS-1)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (MK-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC-1)
- 8. Integrate clinical evidence into decision making (PBL-4)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (PROF-3)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

# Cardiology/CCU PGY-1

## **Content Goals and Objectives**

- 1. Interpret EKG and use as tool to make management decisions (MK-2)
- 2. Interpret cardiac biomarkers(MK-2)
- 3. Differentiate cardiac versus non-cardiac chest discomfort (MK-1)
- 4. Diagnose acute coronary syndrome (unstable Angina, NSTEMI, STEMI) (PC-3)
- 5. Refer patients for appropriate cardiac imaging and invasive cardiac procedures(SBP-3)
- 6. Diagnose, initiate management for, and outline therapeutic goals for heart failure (acute, chronic, systolic and diastolic), basic arrhythmias, and valvular heart disease(PC-3)
- 7. Identify the cause of heart failure exacerbations (PC-1)
- 8. Identify and describe physical exam findings including murmurs, displaced PMI, S3, S4, hepatojugular reflux, pulsus paradoxus, jugular venous distension, and peripheral vascular system. (MK-1)
- 9. Provide timely counsel to patients on dietary and lifestyle changes for aggressive CV risk factor modification (PC-2)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner(ICS-3)
- 3. Develop a prioritized differential diagnoses (MK-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PBL-4)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (PROF-3)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

# Cardiology/CCU PGY-2

## **Content Goals and Objectives**

- 1. Interpret advanced EKGs and use as tool to make management decisions (MK-2)
- 2. Refer patients for appropriate cardiac imaging and invasive cardiac procedures(SBP-3)
- 3. Titrate cardiac medications (PC-3)
- 4. Manage acute coronary syndrome (PC-2)
- 5. Manage cardiomyopathy and heart failure (PC-3)
- 6. Identify and manage arrhythmias, and recognize low risk ventricular arrhythmias (PBL-1)
- 7. Identify cardiogenic shock(MK-1)
- 8. Manage inotropes and vasopressor agents in the management of shock and heart failure (PC-3)
- 9. Manage anticoagulant therapy in cardiac patients (SBP-1)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (MK-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

# Cardiology/CCU PGY-3

## **Content Goals and Objectives**

- 1. Refer patients for appropriate cardiac imaging and invasive cardiac procedures(MK-2)
- Apply results from cardiac imaging studies to advance care(MK-2)
- 3. Practice cost effective care, with awareness of medication costs, imaging costs, and their indications(SBP-3)
- 4. Manage acute pericarditis(MK-1)
- 5. Identify Takotsubo cardiomyopathy(MK-1)
- 6. Identify and manage arrhythmias, including ventricular fibrillation in acute MI(PC-3)
- Manage anticoagulant therapy in cardiac patients, including atrial fibrillation and prosthetic valves(PC-2)
- 8. Diagnose cardiac tamponade(PC-1)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (MK-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PBL-4)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

# **Cardiology Consults**

## **Content Goals and Objectives**

- 1. Interpret EKGs and use as tool to make management decisions (MK-2)
- 2. Provide accurate cardiac risk stratification for operative patients(ICS-2)
- 3. Refer patients for appropriate cardiac imaging and invasive cardiac procedures (SBP-4)
- 4. Counsel patient on lifestyle modifications for aggressive risk factor modifications (ICS-1)
- 5. Differentiate cardiac versus non-cardiac chest discomfort (MK-1)
- 6. Manage heart failure (PC-2)
- 7. Begin initial management plan for basic arrhythmias (PC-3)
- 8. Interpret cardiac biomarkers (MK-1)
- 9. Provide timely counsel to patients on dietary and lifestyle changes for aggressive CV risk factor modification (ICS-1)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (MK-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PBL-4)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

# **Cardiology Outpatient**

## **Content Goals and Objectives**

- 1. Interpret EKGs and use as tool to make management decisions (MK-2)
- 2. Refer patients for appropriate cardiac imaging and invasive cardiac procedures(SBP-4)
- 3. Counsel patient on lifestyle modifications for aggressive risk factor modifications (ICS-1)
- 4. Differentiate cardiac versus non-cardiac chest discomfort (MK-1)
- 5. Manage heart failure (PC-2)
- 6. Begin initial management plan for basic arrhythmias (PC-3)
- 7. Interpret cardiac biomarkers (MK-1)
- 8. Provide timely counsel to patients on dietary and lifestyle changes for aggressive CV risk factor modification (ICS-1)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

# **Cardiology EP Elective**

## **Content Goals and Objectives**

- 1. Apply basic science knowledge of cardiac function and pathophysiology when analyzing clinical presentations of disease, with emphasis on common EP disorders (MK-2)
- 2. Summarize indications and contraindications for commonly ordered electrophysiologic testing. (MK-2)
- 3. Demonstrate advanced EKG reading skills (MK-2)
- 4. Begin initial management plan for basic arrhythmias (PC-3)
- 5. Outline and apply current evidence-based practices for primary and secondary prevention of common EP disorders during clinical and teaching encounters (SBP-3)
- 6. Counsel patient on lifestyle and aggressive risk factor modifications (ICS-1)
- 7. Describe the prognosis of common EP disorders (MK-1)
- 8. Exposure to the management of Atrial fibrillation, Atrial flutter, Premature atrial contractions (PAC), Wolff Parkinson White phenomenon/syndrome, Paroxysmal supraventricular tachycardia, Sustained ventricular tachycardia, Non-sustained ventricular tachycardia, Premature ventricular contractions (PVC), Bradycardia, Cardiac conduction abnormalities, Cardiac pacemakers and implanted cardiac defibrillators, Syncope, Ischemic and non-ischemic cardiomyopathies, Dysrhythmias evaluation for cardiac and non-cardiac surgery to be performed electively or emergently (PC-3)

- 1. Acquire an accurate and relevant history and perform a complete physical exam(PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient(ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

## **Dermatology**

## **Content Goals and Objectives**

- 1. Obtain an accurate and complete history with exposure to common dermatologic diagnoses including nevi, warts, eczema, tinea, contact dermatitis, actinic keratoses, seborrheic keratoses, basal and squamous carcinoma, and malignant melanoma, contact dermatitis, sun damage (Actinic Keratosis, etc), skin conditions related to aging, eczema and atopic dermatitis, seborrheic dermatitis, psoriasis, acne, HIV associated skin issues, skin ulcers, bullous diseases, tinea, and alopecia (PC-1)
- 2. Diagnose, initiate management for, and outline therapeutic goals for common dermatologic conditions (PC-3)
- 3. Assess and recommend proper monitoring and management for the dermatologic manifestations associated with systemic conditions (PC-5)
- 4. Describe the risks for skin cancer, outline the various types of skin cancer, and summarize recommendations for the prevention of skin cancer. (MK-1)
- 5. Demonstrate adequate technical skills for skin punch and shave biopsy and intralesional injections (PC-4)
- 6. Recognize, describe, and document using the proper nomenclature for primary skin lesions, rashes, and nail findings. (PC-2)

- 1. Acquire an accurate and relevant history and perform a complete physical exam(PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient(ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

## **Digestive Diseases - Gastroenterology Consults**

## **Goals and Objectives**

- 1. Take a history specific to gastroenterology (PC-1)
- 2. Begin initial work-up for acute gastrointestinal bleeding (MK-1)
- 3. Recommend GI procedures and imaging studies (MK-2)
- 4. Evaluate chronic diarrhea in a hospitalized patient (PROF-3)
- 5. Assess risk factors for acute hepatitis, including the use of herbal and over the counter agents (PC-2)
- 6. Manage acute hepatitis and interpret serologic testing for hepatitis A, hepatitis B, and hepatitis C (MK-2)
- 7. Distinguish between cirrhotic and non-cirrhotic portal hypertension (ICS-3)
- 8. Manage common sequelae of cirrhosis and formulate cost-effective approach to the diagnosis of chronically elevated transaminases (SBP-3)
- 9. Identify the salient features of fulminant hepatic failure (MK-2)
- 10. Identify patients who may benefit from liver transplantation (SBP-4)
- 11. Evaluate obstructive jaundice (PC-3)
- 12. Diagnose inflammatory bowel disease (MK-1)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-1)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

## **Emergency Medicine**

## **Content Goals and Objectives**

- 1. Develop initial treatment plan for patients with suspected infection (PC-2)
- 2. Develop initial treatment plan for patients with chest pain (PC-3)
- 3. Develop treatment plan for patients with shortness of breath (PC-3)
- 4. Obtain a history and physical exam in a timely manner (PROF-2)
- 5. Manage multiple patients simultaneously (SBP-1)
- 6. Triage patient to proper level of care (SBP-1)
- 7. Communicate effectively with consultants (ICS-2)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient(ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

# **Endocrinology Consults**

#### **Content Goals and Objectives**

- 1. Perform an accurate physical exam, including thyroid examination and screening diabetic foot exam (skin, pulses, sensory using monofilament) (PC-5)
- 2. Recognize and describe common physical features of diabetic neuropathies, hypogonadism, thyroid disorders, hypercortisolism and adrenal insufficiency (primary and secondary)(MK-2)
- 3. Diagnose, initiate management for, and outline therapeutic goals for diabetes mellitus in an outpatient and inpatient setting, as well as dyslipidemia in diabetic patients (PC-5)
- 4. Assess and recommend proper monitoring and management of diabetic microvascular and macrovascular complications. (ICS-1)
- 5. Initiate and titrate insulin based on glucose readings. (MK-2)
- 6. Undertake proper evaluation and management of hypothyroidism and thyrotoxicosis, thyroid nodules, hypocalcemia and PTH-mediated hypercalcemia (hyperparathyroidism), osteoporosis, adrenal insufficiency, galactorrhea, gynecomastia, male and female hypogonadism, adrenal disorders (nodules, aldosteronism, pheochromocytoma), and pituitary disorders (prolactinoma, Cushing's disease) (MK-2)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient(ICS-1)
- 11. Use feedback to improve performance ((PBL-3)

Updated 10/20/15

#### **General Internal Medicine CCC PGY-1**

## **Content Goals and Objectives:**

- 1. Manage common medical problems such as hypertension, uncomplicated diabetes, dyslipidemia, depression, COPD and asthma, common pain syndromes, and thyroid disease (PC-3)
- 2. Describe community resources available to patients with poor access to care(SBP-3)
- 3. Learn how to coordinate care outside of clinic (home health, nursing home, etc)(ICS-2)
- 4. Recognize when to refer to a specialist(PC-5)
- 5. Evaluate patients with urgent medical need(PC-3)
- 6. Demonstrate the ability to triage patients based on acuity of medical need (PC-1)
- 7. Counsel patient on healthy life-style modifications (ICS-1)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)
- 12. Provide care for patients in non-traditional ways between office visits (telephone, email)(SBP-4)
- 13. Track, coordinate, and ensure follow up on messages and results(SBP-2)
- 14. Provide appropriate preventative care(PC-2)
- 15. Work as an active member of the outpatient team(SBP-1)

Updated 10/20/15

#### **General Internal Medicine CCC PGY-2**

## **Content Goals and Objectives:**

- 1. Manage complicated common medical outpatient problems such as hypertension, diabetes, hyperlipidemia, COPD, asthma, pain, thyroid disease (MK1)
- 2. Recognize when to refer to specialist care (PC5)
- 3. Describe resources available to patients with poor access to care (SBP3)
- 4. Learn how to coordinate care outside of the clinic (home health, nursing home, etc) (SBP4)
- 5. Evaluate patients with urgent medical need (PC1)
- 6. Demonstrate the ability to triage patients based on acuity of medical need (PC2)
- 7. Counsel patients on lifestyle modifications (ICS1)
- 8. Participate in Quality improvement projects (PBLI1)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)
- 12. Provide care for patients in non-traditional ways between office visits (telephone, email) (PROF4)
- 13. Track, coordinate, and ensure follow up on messages and results (PROF1)
- 14. Provide appropriate preventative care (PC2)
- 15. Work as an active member of the outpatient team (ICS2)

Updated 10/20/15

#### **General Internal Medicine CCC PGY-3**

#### **Content Goals and Objectives:**

- 1. Independently manage complicated common medical outpatient problems such as hypertension, diabetes, hyperlipidemia, COPD, asthma, pain, thyroid disease (MK1)
- 2. Appropriately refer to specialist care (PC5)
- 3. Provide resources and resource education to patients with poor access to care (SBP3)
- 4. Coordinate care outside of the clinic (home health, nursing home, etc) (SBP4)
- 5. Evaluate and independently manage patients with urgent medical need (PC2)
- 6. Independently triage patients based on acuity of medical need (PC3)
- 7. Independently counsel patients on lifestyle modifications and follow up on outcomes (ICS1)
- 8. Lead Team "huddle" meetings (PROF1)
- 9. Lead outpatient educational curriculum discussion (ICS2)
- 10. Improve care via Quality improvement projects (PBLI2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)
- 12. Provide care for patients in non-traditional ways between office visits (telephone, email) (PROF4)
- 13. Track, coordinate, and ensure follow up on messages and results (PROF1)
- 14. Provide appropriate preventative care (PC2)
- 15. Work as an active member of the outpatient team (SBP1)

Updated 10/20/15

#### **General Internal Medicine Consults**

## **Content Goals and Objectives**

- 1. Recognize the need for urgent/emergent medical consultation (PC5)
- 2. Perform peri-operative cardiac and pulmonary risk stratification (MK1)
- 3. Advise adequate peri-operative DVT prophylaxis (MK1)
- 4. Manage hyperglycemia and hypertension (MK1)
- 5. Manage peri-operative anticoagulation (MK1)
- 6. Assess and manage fever and delirium (MK1)
- 7. Assess and manage AKI and CKD (MK1)
- 8. Assess and manage electrolyte abnormalities (MK1)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

#### **General Internal Medicine Geriatrics**

## **Content Goals and Objectives**

- 1. Evaluate functional abilities of geriatric patients (PC1)
- 2. Perform a focused physical exam on post hospital discharge patient (PC1)
- 3. Perform medication reconciliation on post hospital discharge patient (SBP4)
- 4. Demonstrate knowledge of the Beers Criteria and appropriate medication use in the geriatric patient (MK1)
- 5. Write initial admission orders on geriatric patient in the post hospital setting (PC2)
- 6. Evaluate cause of falls and create initial management plan (PC2)
- 7. Evaluate memory loss/dementia and create initial management plan (PROF3)
- 8. Evaluate urinary incontinence and create initial management plan (MK1)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

## **General Internal Medicine Private Practice Outpatient**

## **Content Goals and Objectives:**

- 1. Become competent in the comprehensive care of patients in a vibrant, fast paced private practice outpatient general medicine setting (PC3)
- 2. Understand and apply evidence-based guidelines for age specific preventative care, and become more aware of the utilization of Welcome to Medicare Physicals and Medicare Wellness checks (PC3)
- 3. Optimize cost effective practice and become more fluent in practice management and billing and coding in the outpatient setting (PC3)
- 4. Manage complicated common medical outpatient problems such as hypertension, diabetes, hyperlipidemia, COPD, asthma, pain, thyroid disease (MK1)
- 5. Recognize when to refer to specialist (PC5)
- 6. Describe resources available to patients with poor access to care and apply evidence-based, cost-conscious strategies to diagnose and manage disease in ambulatory patients (SBP3)
- 7. Learn how to coordinate care outside of the clinic (home health, nursing home, etc) (ICS2)
- 8. Evaluate patients with urgent medical need (PC1)
- 9. Demonstrate the ability to triage patients based on acuity of medical need (PC3)
- 10. Counsel patients on lifestyle modifications (ICS1)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)
- 12. Provide care for patients in non-traditional ways between office visits (telephone, email) (PROF4)
- 13. Track, coordinate, and ensure follow up on messages and results (PROF1)
- 14. Provide appropriate preventative care (PC2)
- 15. Work as an active member of the outpatient team (SBP1)

Updated 10/20/15

## **General Internal Medicine Private Practice Hospitalist**

## **Content Goals and Objectives**

- 1. Manage acute illnesses described in the General Internal Medicine Wards PGY2-3 Curriculum (MK1)
- 2. Understanding what a career in Hospital Medicine entails (PROF4)
- 3. Understanding of the role and expected outcomes inherent with Utilization Management (SBP1)
- 4. Understand the different Payment Models involved with Hospital Medicine (PC3)
- 5. Implement Cost Containment Methods in inpatient care (SBP3)
- 6. Learn about the Prospective Payment System and Value Based Purchasing (PC3)
- 7. Learn how to appropriately use Case Management to more efficiently care for and manage the disposition of patients (ICS2)
- 8. Understand the emphasis behind Quality Improvement in a hospital setting, and how it is measured and incentivized (PBLI1)
- 9. Discuss HCAHPS scores and understand the measures and metrics of Patient Satisfaction (PBLI2)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

#### **General Internal Medicine Wards PGY-1**

## **Content Goals and Objectives**

- 1. Initiate basal bolus insulin therapy and manage blood glucose over time (MK1)
- 2. Manage elevated blood pressure (MK1)
- 3. Diagnose the cause of loss of consciousness and differentiate syncope from other etiologies (MK1)
- 4. Initiate antibiotic(s) for pneumonia (MK1)
- 5. Initiate antibiotic(s) for skin and soft tissue infections (MK1)
- 6. Initiate venous thromboembolism prophylaxis (MK1)
- 7. Initiate cost effective workup of venous thromboembolism (SBP3)
- 8. Manage exacerbations of obstructive lung disease (MK1)
- 9. Initiate CIWA protocol in patients at risk for alcohol withdrawal (PC2)
- 10. Manage derangements of electrolytes (MK1)
- 11. Identify causes of delirium (MK1)
- 12. Initiate cost-effective workup for anemia (SBP3)
- 13. Assess and treat pain (PC2)
- 14. Initiate fall precaution orders in patients at risk for falls (PC2)
- 15. Initiate workup and management of fever (MK1)
- 16. Distinguish between hepatic, cholestatic and infiltrative patterns of liver disease (MK1)
- 17. Perform paracentesis, thoracentesis, and central line placement (PC4)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

#### **General Internal Medicine Wards PGY-2**

## **Content Goals and Objectives**

- 1. Manage extremes of blood pressure (MK1)
- 2. Demonstrate a cost effective workup of loss of consciousness (SBP3)
- 3. Adjust type, dose, and duration of therapy for pneumonia based on clinical course (PC3)
- 4. Differentiate deep-seated soft tissue infections versus superficial infections (MK1)
- 5. Manage and escalate care in a patient with sepsis (PC3)
- 6. Manage anticoagulation in a patient with suspected or known venous thromboembolism (MK1)
- 7. Recognize and manage impending respiratory failure (MK1)
- 8. Manage benzodiazepines in a patient with alcohol withdrawal (MK1)
- 9. Manage derangements of electrolytes (MK1)
- 10. Utilize pharmacologic and non-pharmacologic methods to manage delirium (PC2)
- 11. Demonstrate appropriate use of blood products (PC2)
- 12. Use an opioid conversion table to titrate pain management (MK1)
- 13. Use basal bolus insulin therapy in order to manage blood glucose in peri-procedural patients and in fragile diabetics (MK1)
- 14. Manage acute and chronic pancreatitis (MK1)
- 15. Manage common sequelae of cirrhosis (MK1)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

#### **General Internal Medicine Wards PGY-3**

## **Content Goals and Objectives**

- 1. Independently manage extremes of blood pressure (MK1)
- 2. Implement a cost effective workup of loss of consciousness (SBP3)
- 3. Independently adjust type, dose, and duration of therapy for pneumonia based on clinical course (PC3)
- 4. Independently differentiate deep-seated soft tissue infections versus superficial infections (MK1)
- 5. Manage and escalate care in a patient with sepsis independently (PC3)
- 6. Independently manage anticoagulation in a patient with suspected or known venous thromboembolism (MK1)
- 7. Recognize and manage impending respiratory failure independently (MK1)
- 8. Independently manage benzodiazepines in a patient with alcohol withdrawal (MK1)
- 9. Manage derangements of electrolytes independently (MK1)
- 10. Independently utilize pharmacologic and non-pharmacologic methods to manage delirium (PC2)
- 11. Demonstrate appropriate use of blood products independently (MK1)
- 12. Use an opioid conversion table to titrate pain management independently (MK1)
- 13. Independently basal bolus insulin therapy in order to manage blood glucose in periprocedural patients and in fragile diabetics (MK1)
- 14. Manage acute and chronic pancreatitis independently (MK1)
- 15. Independently manage common sequelae of cirrhosis (MK1)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

## **General Internal Medicine Night Medicine PGY-1**

## **Content Goals and Objectives**

- 1. Manage hyperglycemia (MK1)
- 2. Manage elevated blood pressure (MK1)
- 3. Diagnose the cause of loss of consciousness and differentiate syncope from other etiologies (MK1)
- 4. Manage exacerbations of obstructive lung disease (MK1)
- 5. Manage alcohol withdrawal (PC2)
- 6. Manage derangements of electrolytes (MK1)
- 7. Recognize delirium and identify potential causes (PC1)
- 8. Initiate workup and management of fever (PC2)
- 9. Manage pain complaints overnight (PC2)
- 10. Document cross-cover care (ICS3)
- 11. Demonstrate the ability to make basic interpretations of chest and abdominal x-rays and electrocardiograms (MK2)
- 12. Using IPASS, communicate effectively, both verbally and through appropriate written sign-out, with colleagues whose patients are being covered (ICS2)
- 13. Communicate effectively with nursing staff regarding acute patient problems (PROF1)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

## **General Internal Medicine Night Medicine PGY-2**

## **Content Goals and Objectives**

- 1. Supervise PGY-1 residents in the care of cross cover patients overnight (SBP1)
- 2. Evaluate and stabilize patients newly received from the Emergency Department or as Direct Admissions from other facilities and transfer to a higher level of care when necessary (SBP4)
- 3. Demonstrate mastery of ACLS by running the night Code Blue team and is expected to respond to all codes and manage the resuscitation and stabilization of these patients in conjunction with the MICU team (PC4)
- 4. Effectively utilize the relatively limited resources available during the night to assure high quality patient care and patient safety (SBP2)
- 5. Know when to ask for help and advice from fellows and attending physicians (PROF4)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

## **General Internal Medicine Night Medicine PGY-3**

## **Content Goals and Objectives**

- 1. Supervise PGY-1 residents in the care of acutely ill cross cover patients overnight (PC3)
- 2. Independently evaluate and stabilize patients newly received from the Emergency Department or as Direct Admissions from other facilities and transfer to a higher level of care when necessary (SBP4)
- 3. Demonstrate mastery of ACLS by independently running the night Code Blue team and is expected to respond to all codes and manage the resuscitation and stabilization of these patients in conjunction with the MICU team (PC4)
- 4. Effectively utilize the relatively limited resources available during the night to assure high quality patient care and patient safety and taking personal ownership in assisting in appropriate handoff in the AM (SBP2)
- 5. Appropriately ask for help and advice from fellows and attending physicians (PROF4)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

# **Hematology/Oncology Consults**

## **Content Goals and Objectives**

- 1. Assess and manage leukocytosis, anemia, and thrombocytopenia (MK1)
- 2. Manage anticoagulation of venous thromboembolism in the cancer patient (MK1)
- 3. Determine need for plasmapheresis in the setting of TTP (PC2)
- 4. Differentiate between various types of hemolytic anemia (MK1)
- 5. Initiate diagnostic work-up for suspected Heparin Induced Thrombocytopenia (PC2)
- 6. Manage treatment for Heparin Induced Thrombocytopenia (MK1)
- 7. Initiate evaluation for acute chest syndrome in sickle cell anemia (PC2)
- 8. Adjust long-acting and/or short-acting narcotics in cancer and sickle cell patients (MK1)
- 9. Initiate work-up of spinal cord compression (PC3)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

## Hematology/Oncology - Hematology Service PGY-1

## **Content Goals and Objectives**

- 1. Diagnose and initiate antibiotic therapy for neutropenic fever (PC2)
- 2. Initiate diagnostic testing for venous thromboembolism in the cancer patient (MK1)
- 3. Manage hyperkalemia and hyperuricemia during tumor lysis syndrome (PC2)
- 4. Initiate workup of non-neutropenic fever (MK1)
- 5. Initiate antibiotics for pneumonia (MK1)
- 6. Manage common complications of Graft Versus Host Disease (PC3)
- 7. Refer patients for hospice and palliative care (PC5)
- 8. Lead an end of life care family meeting (ICS1)

- 1. Acquire an accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (SBP3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF3)
- 8. Integrate clinical evidence into decision making (PC2)
- 9. Evaluate complex medical patients in a timely manner (SBP4)
- 10. Demonstrate shared decision-making with the patient (ICS1)
- 11. Use feedback to improve performance (PBLI3)

Updated 10/20/15

#### **Infectious Disease Consults**

#### **Content Goals and Objectives**

- 1. Initiate workup of fever of unknown origin PC1
- 2. Select antibiotic therapy and duration for organisms with antibiotic resistance PC5
- 3. Evaluate and manage endocarditis PC2
- 4. Evaluate and manage meningitis PC2
- 5. Select type, dose, and duration of antibiotic therapy for osteomyelitis PC3
- 6. Select type, dose, and duration of antibiotic therapy for complicated urinary tract infections PC3
- 7. Select type, dose, and duration of therapy for post-operative infections PC5
- 8. Determine diagnostic testing and treatment of infectious colitis MK2
- 9. Adjust type, dose, and duration of therapy for pneumonia based on historical risk factors and clinical course PC1, MK1
- 10. Select antibiotics and duration of therapy for treatment of bacteremia PC1

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

## **Transplant Multidisciplinary PGY-2**

## **Content Goals and Objectives**

- 1. Manage both acute and chronic renal failure, including assessment of renal function PC3
- 2. Manage extremes of blood pressure MK1
- 3. Manage hyperkalemia in the renal patient PC2
- 4. Dose drugs appropriate to the level of renal function MK1
- 5. Manage complications of a renal transplant patient, ie drug interactions, new onset DM, opportunistic infections PC5
- 6. Manage calcium and parathyroid abnormalities in the renal patient PC2
- 7. Develop a leadership role as part of a multi-disciplinary team (SBP1, ICS2)
- 8. Recognize and identify dermatologic pathology found in immunosuppression and chronic kidney disease patients (MK1)
- 9. Implement a diagnostic work-up for metabolic acidosis and alkalosis PC3
- 10. Understand both acute and maintenance immunosuppression ICS2

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

## **Nephrology Consults**

## **Content Goals and Objectives**

- 1. Initiate workup for acute renal failure PC2
- 2. Manage hypokalemia and hyperkalemia PC3
- 3. Initiate workup for disorders of sodium PC2
- 4. Initiate management of hypertensive emergency MK2
- 5. Initiate workup for acid base disturbances PC2
- 6. Recommend acute dialysis for selected patients PC5
- 7. Manage kidney disease for inpatients on other services PC5

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

## **Neurology Consults**

## **Content Goals and Objectives**

- 1. Diagnose, initiate management for, and outline therapeutic goals for the following common neurologic conditions: stroke and TIA, headache (acute and chronic), altered mental status (dementia, delirium, coma), demyelinating disorders and multiple sclerosis, seizure disorders, CNS infections PC1
- 2. Demonstrate the ability to recognize and elicit neurological abnormalities on the physical exam and accurately localize a neurologic deficit/injury. PC1
- 3. Recognize and initiate emergent management of: acute stroke (ischemic and hemorrhagic), status epilepticus PC2
- 4. Demonstrate adequate cognitive and technical skills for: lumbar puncture and interpretation of results of CSF fluid analysis PC4
- 5. Understands the indications for, and interpret the report findings of MRI and CT scans of the brain and spine, EEG and EMG studies, and brain angiography and biopsy. MK2

- Acquire an accurate and relevant history and perform a complete physical exam for common neurologic disorders PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

## **Ophthalmology**

## **Content Goals and Objectives**

- 1. Perform a history with particular attention to eye complaints and recognition of symptoms and signs of a variety of eye conditions PC1
- 2. Evaluation and management of red eye, including conjunctivitis PC2
- 3. Formulate differential diagnoses for and manage common eye problems including impaired vision, cataracts, and macular degeneration MK1
- 4. Screening for and management of glaucoma PC3
- 5. Detection and management of diabetic retinopathy MK2
- 6. Evaluation of eye pain PC1
- 7. Recognize when a patient needs subspecialty referral PC5
- 8. Understand and participate in the use of guidelines for eye care MK2

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

## **Orthopedics and Sports Medicine**

### **Content Goals and Objectives**

- 1. Identify and diagnose common musculoskeletal problems MK1
- 2. Recognize and examine significant anatomic structures of the extremities and perform a joint-specific examination:
  - a. Shoulder: including the rotator cuff musculature, impingement tests, biceps tendon disorders including SLAP tears, AC joint, and instability) MK2
  - Knee: including the patellofemoral articulation, the cruciate and collateral ligaments, disorders of frontal and patellofemoral alignment, the presence of an effusion, and accessory structures. MK2
  - c. Ankle: including the Ottawa Ankle Rules for distinguishing the need for radiological study in the presence of ankle pain. MK2
- 3. Initiate pharmaceutical or physical therapy treatment plans PC2
- 4. Determine the indications for advanced imaging or referral to an orthopedist and consider the cost effectiveness of various imaging techniques. SBP3
- 5. Develop skill in joint injection techniques PC4

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

#### **Palliative Care Medicine**

### **Content Goals and Objectives**

- 1. Diagnose, initiate management for, and outline therapeutic goals for the following conditions in patients at the end of life: chronic pain, altered mental status (depression, delirium and dementia), fatigue, anorexia and cachexia, nausea and constipation, dyspnea, palliative emergencies PC2
- Accurately assess competency and medical decision-making capacity, with a focus on life-sustaining medical treatments, and identify the appropriate surrogate decisionmaker when necessary PC2
- 3. Understand, discuss and properly enter Do Not Resuscitate (DNR) orders, and record the presence of Advance Health Care directives (also known as Living Wills), Power of Attorney or Health Care Proxy documents PROf2
- 4. Describe the indications, limitations and benefits of Palliative Care and Hospice Care. SBP2
- 5. Adequately discuss life expectancy, expected adverse outcomes and prognosis with patients and their families PC1
- Demonstrate effective and empathetic communication skills with patients and their families PROf1
- 7. Understand the benefits and risks of therapies for symptom management, including supplemental oxygen, opioids, sedatives and other therapies (i.e. XRT) SBP3
- 8. Address and institute the proper means to resolve ethical and financial concerns that may arise at the end of life SBP3
- 9. Assess and make available support to meet the spiritual needs of individual patients and their families PROF4
- 10. Demonstrate the proper skills to care for dying patients living the last hours of life, and provide support to families in coping with grief and bereavement after the death of their loved one PC3

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

# **Pulmonary/Critical Care PGY-1**

### **Content Goals and Objectives**

- 1. Implement the appropriate mode of ventilator assistance for acute respiratory failure PC3
- 2. Manage DKA PC2
- 3. Identify various sources and types of shock. MK1
- 4. Deliver appropriate goal-directed therapy for severe sepsis MK2
- 5. Interpret chest x-rays for common lung disorders PC4
- 6. Begin initial work up for GI bleeding PC1
- 7. Recommend appropriate route for nutritional supplementation PROF3
- 8. Lead a patient and family in an end of life discussion PROF4
- 9. Place arterial and central venous lines PC4
- 10. Perform thoracentesis and paracentesis PC4

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

# **Pulmonary/Critical Care PGY 2-3**

### **Content Goals and Objectives**

- 1. Implement the appropriate mode of ventilator assistance for acute respiratory failure PC3
- 2. Manage ventilatory changes PC3
- 3. Identify various sources and types of shock MK1
- 4. Deliver appropriate goal-directed therapy for severe sepsis PC2
- 5. Place arterial and central lines PC4
- 6. Perform thoracentesis and paracentesis PC4
- 7. Lead a family and patient through an end of life discussion PROF4

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

## **Pulmonary Consults**

### **Content Goals and Objectives**

- 1. Interpret pulmonary function tests MK2
- 2. Refer patients for pulmonary rehabilitation PC5
- 3. Discuss a 2nd line or 3rd line smoking cessation plan for a patient who failed 1st line therapy. PC2
- Initiate the basic workup for a patient with undifferentiated interstitial lung disease.
  MK2
- 5. Provide first line therapy to a cystic fibrosis patient presenting with a new productive cough. PC2
- 6. Manage a patient on chronic home oxygen therapy who presents with the complaint of dyspnea. SBP4

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- 2. Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

## Radiology

### **Content Goals and Objectives**

- 1. Understands the various imaging techniques used for medical diagnosis and when to order each technique MK2
- 2. Interpret the results of radiological investigations and diagnose common Internal Medicine presentations (pneumonia, gall bladder disease, pulmonary embolism/deep vein thrombosis, stroke, etc) PC4
- 3. Determines which imaging technique to use based on patient's clinical presentation PC3
- 4. Communicates with residents and/or the attending physician who have ordered the imaging test SBP4
- 5. Understands the consideration of cost awareness while ordering imaging tests SBP3
- 6. Understands the risk versus benefit of various radiological tests PROF3

- 1. Acquire an accurate and relevant history and perform a complete physical exam PC1
- Complete accurate and comprehensive documentation in a timely manner SBP4
- 3. Develop a prioritized differential diagnoses MK1
- 4. Develop an evidence-based diagnostic and therapeutic plan SBP3
- Recognize the scope of his/her abilities and ask for supervision and assistance appropriately PBLI2
- 6. Minimize unnecessary care including tests SBP3
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient PC1
- 8. Integrate clinical evidence into decision making PBLI1
- 9. Evaluate complex medical patients in a timely manner SBP1
- 10. Demonstrate shared decision-making with the patient PROF1
- 11. Use feedback to improve performance PBLI3

Updated 10/20/15

## Rheumatology

## **Content Goals and Objectives**

- 1. Obtain an accurate and complete history for common rheumatologic disorders with a specific focus on musculoskeletal and rheumatologic symptoms and injuries (PC-1)
- 2. Perform an appropriate musculoskeletal examination, including assessment of abnormalities of small and large joints, perarticular tissue, and spine (PC-1)
- 3. Demonstrate the proper use and interpretation of routine rheumatology laboratory tests (MK-2)
- 4. Demonstrate adequate technical skills for arthrocentesis and injection of knee, shoulder and elbow, analysis of synovial fluid white blood cell count, gram stain, C&S and crystal examination, and interpretation of report findings of bone and joint x-rays (PC-4)
- 5. Diagnose, initiate management for, and outline therapeutic goals for the following common rheumatologic conditions, including osteoarthritis, rheumatoid arthritis, gout, fibromyalgia, ankylosing spondylitis, lupus, scleroderma, polymyositis/dermatomyositis, systemic vasculitis, reflex sympathetic dystrophy, bursitis, septic arthritis, rotator cuff tendinitis and other extremity tendinitis/fasciitis, sports injuries (PC-2)
- 6. Recognize, assess and recommend proper diagnostic exams for urgent/emergent musculoskeletal problems, including acute injuries, joint swelling and effusion, and potentially serious rheumatologic illness such as systemic vasculitis or lupus (PC-3)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

## Women's Health

## **Content Goals and Objectives**

- 1. Demonstrate respectful and professional manner during sensitive physical exam maneuvers (PROF-1)
- 2. Perform a routine pelvic and breast exam (PC4)
- 3. Initiate workup for a new breast lump (PC2)
- 4. Manage a patient at-risk for osteoporosis (MK1)
- 5. Initiate workup for a patient with amenorrhea (MK1)
- 6. Manage a patient with dysfunctional uterine bleeding (MK1)
- 7. Initiate workup for polycystic ovarian syndrome. (MK1)
- 8. Manage a patient with perimenopausal symptoms (PC2)
- 9. Provide age-appropriate cancer screening (breast, cervical) (PC3)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

## **International Rotation**

#### **Content Goals and Objectives**

- 1. Personally prepare for travel (packing, vaccines, visas etc.) (PROF-2)
- 2. Research topics appropriate to the region of travel during the pre-planning phase (MK1)
- 3. Deliver a post-trip educational activity sharing your medical and cultural experiences with your peers (ICS-2)
- 4. Create and deliver on-site projects as assigned (PROF-2)
- 5. Demonstrate cultural sensitivity (PROF-3)
- 6. Demonstrate flexibility of on-site education and care plans (PC2)
- 7. Recognize Healthcare disparities and utilize limited resources in a creative and practical manner (SBP3)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-1)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (SBP-3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PROF-3)
- 8. Integrate clinical evidence into decision making (PC-2)
- 9. Evaluate complex medical patients in a timely manner (SBP-4)
- 10. Demonstrate shared decision-making with the patient (ICS-1)
- 11. Use feedback to improve performance (PBL-3)

Updated 10/20/15

## **Medical Economics and Practice Management**

## **Content Goals and Objectives**

1. Become Proficient in the following topics

#### Health Policy (SBP-3)

- 1. Medical Terminology
- 2. US Healthcare System—Overview
- 3. US Healthcare System—HMO/MCOs/Insurance
- 4. US Healthcare System—CMS and the RUC
- 5. International Healthcare Systems
- 6. Accountable Care Organizations
- 7. Healthcare Reform/Accountable Care Act
- 8. Core Measures
- 9. Pay for Performance
- 10. Meaningful Use
- 11. Fraud and Abuse Law

#### The Cost Conundrum (SBP-3)

- 1. Value Based Medicine
- 2. Cost of Medicine
- 3. Value Based Purchasing (HCAPS and Quality Measures)

#### Practice Management (SBP-1)

- 1. Billing and Coding
- 2. RVUs/DRGs
- 3. Basic Accounting and Practice Expense
- 4. Measuring Physician Productivity
- 5. Making Money
- 6. EMRs/EHRs and the Impact of Technologies in Practice
- 7. Choosing a Practice: Market Analysis and Projecting Practice Success
- 8. Patient Centered Medical Home
- 9. The Medical Interview
- 10. Credentialing
- 11. Curriculum Vitae
- 12. Employee Benefits
- 13. VA vs. Private Practice Medicine
- 14. Academic Medicine
- 15. Hospital Medicine
- 16. Alternative Practices (Concierge)
- 17. Time Management and Improving Efficiency
- 18. Recruiting and Keeping Staff
- 19. Scheduling and Front Desk Operations
- 20. Healthcare Informatics

Updated 10/20/15

#### Medical Legal (PROF-4)

- 1. Medical Errors and Sentinel Events
- 2. Quality Improvement
- 3. Tort Liability and Risk Management
- 4. Contract Law
- 5. Employment Law

#### Financial Planning (PROF-2)

- 1. Future Financial Planning
- 2. Managing Medical School Loans

### Practice Site Comparison (Some Combination of below) (SBP-1)

- 1. Center for Primary Care
- 2. Southern Family Care
- 3. Nephrology Associates, PC
- 4. Aiken Internal Medicine Associates
- 5. Christ Community Health Services
- 6. The Community Medical Clinic of Aiken County
- 7. Charlie Norwood Augusta VAMC
- 8. University Hospital Hospitalist Team
- 9. Medical Association of GA--Atlanta

Quality Improvement—Billing and Documentation (SBP-2)

- 1. Attend and actively participate in the didactic sessions and site visits in a professional manner (PROF2)
- 2. Complete the Introduction to Practice Management Modules, Pre-Test, Post-Test, Pre-Evaluation, and Post-Evaluation (PBLI2)
- 3. Complete the Billing, Coding, and Documentation Quality Improvement Project (SBP2)

Updated 10/20/15

## Research

## **Content Goals and Objectives**

- 1. Develop a hypothesis driven research question (PC-1)
- 2. Develop a short research proposal (ICS-2)
- 3. Choose the appropriate study design for a project (MK-1)
- 4. Demonstrate proper ethics in medical research (PROF-4)
- 5. Interpret the results of a research project (MK-2)
- 6. Write a research abstract (ICS-2)
- 7. Present a poster or PowerPoint presentation on research project (ICS-2)
- 8. Recognize and manage conflicts of interest (such as caring for family members and professional associates as patients) (PROF-1)