



Memorial Hospital at Gulfport IM Residency
ACGME Competency-based Curriculum: Goals and Objectives

Inpatient Wards
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Description of Rotation

One PGY1 level resident and one PGY2/PGY3 level resident are assigned to a team for this monthly rotation. Residents will admit patients with the hospitalists. Patient care responsibilities will be for patients anywhere in the hospital. Rounds will be made daily with the attending.

The resident should arrive each morning sufficiently early to be intimately familiar with his/her patients, certainly well before 7am academics. The resident will review graphic sheets, events of the preceding evening or day, diagnostic studies, and be familiar with all new admissions, diagnostic information, and therapeutic interventions. The resident should be prepared to comprehensively present patients to the team on rounds. The resident should also have examined the relevant medical literature and be conversant with patients' problems. Rounds will be made with hospitalists, by arrangement, at mutually convenient times. These will not merely focus on management but will emphasize didactic education and follow the principles and practices of evidence-based medicine. All rounds/activities will recognize residents' many responsibilities, other patients, and therefore will be conducted efficiently and with time constraints and respectful of the binding nature of all ACGME educational and work-hour mandates. Whenever possible there should be continuity of care and educational activities by hospitalists and attending physicians. All patients will be seen, and appropriate notes, decisions, and dispositions effected.

The residents will attend in person daily academics as allowed by the location of the outpatient experience. Residents who cannot attend in person will join lectures via Microsoft Teams, in addition lectures will be uploaded into New Innovations for review.

The resident will have his/her internal medicine continuity throughout the rotation.

Without compromising patient safety, the residents will write orders for patients under their care.

To achieve the goals and objectives for the residency program the following experiences have been established for the purpose of resident teaching.

Principal Teaching/Learning Activities

- Resident Morning Report (RMR) – Monday thru Friday 7:00-7:30 AM Monday thru Friday, all residents and medical students attend this interactive chalk board discussion on a single patient. This venue is heavily dependent on PGY1 level engagement to ascertain a reasonable history and physical exam necessary to construct a practical differential diagnosis to identify the necessary ancillary data to conclude a central diagnosis and devise a management plan. Selected faculty facilitate the discussion.
- Senior Openers (SO) – Monday thru Friday 7:30-8:00 AM Monday thru Friday, all residents and medical students attend this interactive conference where the supervising residents briefly discuss the previous day's admissions. The focus of the discussion is selected by the presenting resident and may reflect differential diagnosis, specific management issues, cost-effective practices, or other topics. Faculty members include general internists and subspecialists.
- Sign-out Rounds (SR) – Every evening the residents will transition (sign out) their assigned patients. This will be supervised by an Attending.

- Teaching Attending Rounds (AR) – Attending rounds format will vary depending on the preference of the attending. There should be discussion of the patients with concurrent teaching to include bedside rounds, point of care ultrasound exam, pathophysiology review, discussion on evidence-based medicine, cost effective practices and therapeutic decisions.
- Management Rounds (MR) – Each day the Attending physician responsible for care of patients on this service will meet with the residents at the mutually agreeable and arranged times to review and supervise the delivery of patient care. It will be during these occasions that residents are supervised in details of documentation, interaction with other healthcare team members, communication with consultants and family members, and all other aspects of patient management.
- Palliative Care and/or Ethics Rounds (PCR) – Once each month during noon conference a faculty member with special interest and expertise in medical ethics and palliative care conducts palliative care rounds for all residents. A particular patient or patients is/are selected for presentation. Discussion is directed and facilitated by the faculty member, emphasizing issues pertaining to death and dying, and relevant care and communication skills necessary for residents to develop.
- Noon Conference (NC) – Monday thru Friday 12:00-1:00 PM all residents attend a scheduled conference reviewing core topics in Internal Medicine.
- Journal Club (JC) – Following an annual presentation on the fundamentals of evidence-based medicine, residents assigned on their ambulatory rotation are assigned a single article to critically review and present, facilitated by a faculty member, and followed by a group discussion.
- Ambulatory Care Conference (ACC) – Monthly during noon conference a faculty presentation will be delivered specifically tailored to enhance the concepts of primary ambulatory care.
- EBM conference (EBM) – Following an annual presentation on the fundamentals of evidence-based medicine, residents assigned on their required infectious disease and hospice and palliative care rotations are expected to investigate a clinical question that they do not have the answer for. Under the guidance of the faculty, they then formulate the question in a scientific format, search the literature for evidence, and develop an answer to the question. Included in the presentation are the question, search methods, evidence found, and the conclusions derived.
- Grand Rounds (GR) – All PGY3 levels residents will create a patient-centered conference aimed at increasing clinician knowledge for treating unique cases.
- Quality Improvement Project Conference (QIP) – PGY3 level residents will complete a Quality Improvement Project to engage in a systems level intervention with the aim to understand and recognize health care disparities and/or identify system errors to implement changes and improve processes to enhance the delivery of cost-effective patient care. The resident will present the project during noon conference and report findings and make recommendations to the internal medicine department.

- Clinical Pathology Conference (CPC) – All PGY2 residents will complete. Goal is to present a single clinical case for which a pathologic diagnosis is known and discuss and explain radiologic and pathologic (microscopic and gross) findings of the case. Residents will work with faculty and pathology to facilitate discussions.
- Ambulatory Care Conference (ACC) – Each month faculty members meet with residents assigned to ambulatory and elective rotations to review individual topics pertaining to ambulatory care medicine.
- Back to Basics (BTB) – All PGY1 residents on every ward rotation will present a key topic in medicine from pathophysiology to clinical manifestations and management.
- Turnover Rounds (TR) – Turnover rounds occur at the end/beginning of each inpatient medicine rotation. This takes the place of senior openers Monday thru Friday 7:00-7:30 AM. These facilitate transfers of patient care from one resident to another.
- Patient Safety and Quality Improvement (PSQI) Conference – All PGY2 residents will complete. This conference is dedicated to identifying issues that affect patient safety or limit optimal health care delivery. The issues may be as varied as knowledge gaps in care for patients with unusual diseases to system errors that occur during delivered care. There is a discussion to implement potential system solutions or changes in training to prevention issues in the future. If warranted an action plan is made with follow up at subsequent meetings.
- Autopsy Rounds (AuR) – When a death occurs on a teaching team the family is offered the option of performing an autopsy. If an autopsy is performed, we hold a multidisciplinary presentation of the findings that includes medicine, pathology, radiology and surgery residents and faculty that were involved.
- MKSAP study plan (MKSAP) – This self-directed study plan helps residents stay on track with their didactic reading and helps them evaluate their medical knowledge (strengths and areas of deficit). Residents can help develop individualized study plans to fill in any knowledge gaps and reinforce what they already know. This also helps residents develop skills and habits needed for lifelong learning.
- In-Training Examination (ITE) – All of our residents must take this examination annually for their own assessment of progress and for edification. When examination results become available, the program director or resident advisor discusses these individually with residents and counsel's residents about individualized study programs to facilitate their acquisition of knowledge.
- Mini CEX (CEX) - The Mini-Clinical Evaluation Exercise for Trainees (Mini-CEX) is intended to facilitate formative assessment of core clinical skills. It can be used by faculty as a routine, seamless evaluation of trainees in any setting. The Mini-CEX is a 10- to 20-minute direct observation assessment or “snapshot” of a trainee-patient interaction.
- Patient Simulation (SIM) – All resident levels will participate quarterly in standardized patient simulation cases to assess knowledge, application, analysis, and synthesis of patient management.

- Advanced Life Support (ALS) – All residents will be certified in ALS
- Multi-Discipline Rounds (MDR) – Multi-disciplinary approach to training which will include pharmacists, nurses, social workers, case workers, discharge planners, nutritionists, and psychiatrists which will occur during multi-disciplinary rounds.
- Orientation Education (OE) – Specific didactics during the orientation period addressing various topics in the ICS, SBP, and P competency goals.
- Root Cause Analysis (RCA) – The residents will get the opportunity to participate in formal or simulated RCA experiences. An RCA is a process of discovering the root causes of problems to identify and implement targeted solutions to enhance patient safety during the delivery of care.
- DeckerMD – Web based educational platform. Modules, assignments, and questions will be assigned throughout the year for the resident to complete.

Goal and Objectives

Principle Goal

The principal goal for this month is to complement other resident experiences enabling residents to learn how to function independently for sick hospitalized patients, facilitated by the unique one to one relationship with hospitalists, representing master generalist clinician/educators. As noted, this involves routine admissions, medical consultations, and acute emergent problems.

Residents will gain familiarity, above and beyond other general medical experiences, with diagnosis, differential diagnosis, pathophysiology, management, and preventative aspects of the following topics:

The resident will need to understand the approach to and establish competence in the management of the following clinical presentations as a Hospitalist.:

- Acute abdominal pain
- Acute chest pain
- Acute intoxication
- Acute liver failure
- Acute renal failure
- Altered mental status, coma
- Hypotension, shock
- Life-threatening arrhythmia
- Massive gastrointestinal bleeding

- Massive hemoptysis
- Respiratory distress or failure
- Severe hypertension
- Status epilepticus
- Multi organ failure

The resident should understand and be capable of interpreting the following:

- Hemodynamic monitoring
- Telemetry monitoring
- Arterial blood gases
- Pulse oximetry

Procedures

Residents will learn, as appropriate to individual patients, the indications and contraindications and performance of those medical procedures required by the American Board of Internal Medicine and Residency Review Committee.

The resident will have opportunity to develop competence in some or all the following procedures under direct supervision of a faculty member or resident who is competent to teach the procedure:

- Advanced cardiac life support
- Arterial puncture for arterial blood gas
- Bedside pulmonary function
- Mechanical ventilation (basic)
- Placement of arterial and central venous lines
- Placement of nasogastric tube
- Placement of pulmonary artery catheter
- Insertion of temporary pacemaker
- Placement of endotracheal tube

Entrustable Professional Activities

- Recognize, evaluate, provide initiate stabilization, and manage a patient with sepsis.
- Recognize, evaluate, and devise an initial manage plan for a patient with undifferentiated altered mental status.
- Recognize, evaluate, and devise an initial manage plan for a patient with undifferentiated chest pain.
- Recognize, evaluate, and devise an initial manage plan for a patient with undifferentiated dyspnea.
- Recognize when an inpatient needs more urgent care and initiate initial management strategies when appropriate.
- Recognize, evaluate, and manage acute kidney injury to include appropriate timing for nephrology referral.
- Provide a concise oral presentation and be able to identify and know when to seek assistance in situations that are complex, uncertain, or ambiguous.

- Function successfully in a true multidisciplinary care environment. Demonstrate effective interactions and utilization of the multidisciplinary care team to include nurse practitioners, nurses, respiratory therapists, pharmacists, nutritionists, physical therapists, technicians and case managers.
- Provide general internal medicine consultation to non-medical specialties.
- Create a discharge summary that accurately and concisely communicates key elements from the hospital stay and those items requiring follow-up after discharge.

Patient Care

PGY1 level residents	Learning Activities	Assessment
Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashion (6 months)	DPC, AR, MR, SO, SIM, CEX, ALS	AE, AR, MR, MS, CEX, SIM, ALS
Recognize situations with a need for urgent or emergent medical care including life threatening conditions (6 months)	DPC, AR, MR, SO, SIM, CEX, ALS	AE, AR, MR, CEX, SIM, ALS
Recognize when to seek additional guidance (6 months)	DPC, AR, MR, SO, SIM, CEX	AE, AR, MR, MS, CEX, SIM
Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions. Identify pertinent abnormalities using common maneuvers (6 months)	DPC, AR, MR, SIM, CEX, SO, ALS	AE, AR, MR, CEX, SIM, ALS
Obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records, pharmacy) (9 months)	DPC, AR, MR, SO, SIM, CEX	AE, AR, MR, MS, CEX, SIM
Identify important changes in the physical examination over time in the inpatient setting (12 months)	DPC, AR, MR, SIM, CEX ALS	AE, AR, MR, CEX, SIM, ALS
Synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem (12 months)	DPC, AR, MR, SIM, CEX, SO, ALS	AE, AR, MR, CEX, SIM, ALS
Develop prioritized differential diagnoses, evidence based diagnostic and therapeutic plan for common inpatient conditions (12 months)	DPC, AR, MR, RMR, SIM, CEX, SO, ALS	AE, AR, TR, SR, MR, RMR, CEX, SIM, ALS
Support 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 (12 months)	DPC, AR, MR, RMR, SIM, CEX, SO, ALS	AE, AR, MR, RMR, CEX, SIM, ALS, SR, TR
Manage patients with minimal supervision that have common clinical disorders seen in the practice of inpatient IM (12 months)	DPC, AR, MR, RMR, SIM, CEX, SO, ALS	AE, AR, MR, RMR, CEX, SIM, ALS, SR, TR
Initiate management/stabilize patients with emergent medical conditions (12 months)	DPC, AR, MR, RMR, SIM, CEX, SO, ALS	AE, AR, MR, RMR, CEX, SIM, ALS

PGY2 level residents	Learning Activities	Assessment
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 (18 months)	DPC, AR, MR, SO, SIM, CEX, ALS, RMR	AE, AR, MR, MS, SO, CEX, SIM, ALS, SR, TR
Support appropriate clinical decisions based upon the results of more advanced diagnostic tests (18 months)	DPC, AR, MR, SO, SIM, CEX, RMR	AE, AR, MR, MS, SO, CEX, SIM, SR, TR
Appropriately perform invasive procedures and provide post-procedure management for common procedures (18 months)	DPC, MR, SIM, CEX, DOT	AE, CEX, SIM, DOT
Demonstrate and teach how to elicit important physical findings for junior members of the healthcare team (24 months)	DPC, AR, MR, CEX, SIM	AE, CEX, SIM, SO
Modify Diff Dx/care plan based upon clinical course and data (24 months)	DPC, AR, MR, SO, SIM, CEX, RMR	AE, AR, MR, MS, SO, CEX, SIM, SR, TR
Provide specific, responsive consultation to other services (24 months)	DPC, AR, MR, SO, SIM, CEX, RMR	AE, AR, MR, MS, SO, CEX, SIM, SR, TR

PGY3 level residents	Learning Activities	Assessment
Demonstrate you are a role model in your ability to gathering subtle and reliable information from the patient for junior members of the healthcare team (30 months)	DPC, AR, MR, SO, SIM, CEX, ALS, RMR	AE, AR, MR, MS, SO, CEX, SIM, ALS, SR, TR
Identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers (30 months)	DPC, AR, MR, SIM, CEX, ALS	AE, AR, MR, SO, CEX, SIM, ALS
Recognize disease presentations that deviate from common patterns and that require complex decision making (36 months)	DPC, AR, MR, SO, SIM, CEX, RMR	AE, AR, MR, MS, SO, CEX, SIM, SR, TR
Manage patients with conditions that require intensive care (36 months)	DPC, AR, MR, SO, SIM, CEX, ALS	AE, AR, MR, MS, SO, CEX, SIM, SR, TR, ALS
Independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine (36 months)	DPC, AR, MR, SO, SIM, CEX	AE, AR, MR, MS, SO, CEX, SIM, SR, TR
Manage complex or rare medical conditions (36 months)	DPC, AR, MR, SO, SIM, CEX	AE, AR, MR, MS, SO, CEX, SIM, SR, TR
Customize care in the context of the patient's preferences/overall health (36 months)	DPC, AR, MR, SO, SIM, CEX, RMR	AE, AR, MR, MS, SO, CEX, SIM, SR, TR

Medical Knowledge

PGY1 level residents	Learning Activities	Assessment
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Describe and comprehend the relevant pathophysiology and basic science for common medical conditions (6 months)	DPC, AR, RMR, AuR, MR, NC, GR, BTB, CPC, MKSAP, SIM, ALS, SO	AE, AR, SR, TR, BTB, RMR, MKSAP, MR, ALS, SIM, ITE
Demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization (12 months)	DPC, AR, RMR, AuR, MR, NC, BTB, MKSAP, SIM, ALS, SO	AE, AR, SR, TR, BTB, RMR, MKSAP, MR, ALS, SIM, ITE
Describe and comprehend the indications, contraindications, risks, and benefits of common IM procedures (12 months)	DPC, AR, RMR, MR, NC, SIM, ALS, SO	AE, AR, SR, TR, RMR, MKSAP, MR, ALS, SO, SIM, DOT, ITE
Interpret the results of common IM procedures and apply the results to the management of their patient (12 months)	DPC, AR, RMR, MR, NC, SIM, ALS, SO	AE, AR, SR, TR, RMR, MKSAP, MR, ALS, SO, SIM, DOT, ITE

PGY2 level residents	Learning Activities	Assessment
Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions (18 months)	DPC, AR, RMR, AuR, MR, NC, GR, BTB, CPC, MKSAP, SIM, ALS, SO	AE, AR, SR, TR, CPC, RMR, MKSAP, MR, ALS, SO, SIM, ITE
Describe and comprehend the indications for and interpretation of more advanced diagnostic tests (18 months)	DPC, AR, RMR, MR, NC, GR, BTB, CPC, MKSAP, SIM, ALS, SO	AE, AR, SR, TR, CPC, RMR, MKSAP, MR, ALS, SO, SIM, ITE
Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive care (24 months)	DPC, AR, RMR, AuR, MR, NC, GR, BTB, CPC, MKSAP, SIM, ALS, SO	AE, AR, SR, TR, CPC, RMR, MKSAP, MR, ALS, SO, SIM, ITE

PGY3 level resident	Learning Activities	Assessment
Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (36 months)	DPC, AR, RMR, AuR, MR, NC, GR, BTB, CPC, MKSAP, SIM, ALS, SO	AE, AR, SR, TR, RMR, ITE, MKSAP, MR, GR, ALS, SO, SIM
Describe and comprehend the relevant pathophysiology and basic science for uncommon or complex medical conditions (36 months)	DPC, AR, RMR, AuR, MR, NC, GR, BTB, CPC, MKSAP, SIM, ALS, SO	AE, AR, SR, TR, RMR, ITE, MKSAP, MR, GR, ALS, SO, SIM
Demonstrate sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education (36 months)	DPC, AR, RMR, AuR, MR, NC, GR, BTB, CPC, MKSAP, SIM, ALS, SO	AE, AR, SR, TR, RMR, ITE, MKSAP, MR, GR, ALS, SO, SIM

Practice-Based Learning and Improvement

PGY1 level resident	Learning Activities	Assessment
Actively participate in teaching conferences (6 months)	RMR, NC, BBB, CPC, AuR, EMB, JC, PSQI, GR, QIP, PCR	AE, attendance percent
Identify learning needs (clinical questions) as they emerge in	DPC, MR, AR, SIM, CEX	AE, MR, AR, CEX, SIM

patient care activities (12 months)		
Demonstrate how to access medical information resources to answer clinical questions and library resources to support decision making (12 months)	DPC, MR, AR, EBM, JC, PSQI	AE, MR, AR, EBM, JC, PSQI
Appraise if clinical evidence can be generalized to an individual patient (12 months)	DPC, MR, AR, EBM, JC, PSQI	AE, MR, AR, EBM, JC, PSQI
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 (12 months)	DPC, AR, MR, MDR	AE, AR, MR, MS, TR, SR, DOT

PGY2 level resident	Learning Activities	Assessment
Actively seek feedback from all members of the health care team (18 months)	DPC, MDR, MR, AR	AE, MS
Classify and precisely articulate clinical questions (24 months)	DPC, MR, AR, JC, EBM, PSQI	AE, EBM, JC, PSQI
Effectively search evidence-based summary information resources (24 months)	DPC, MR, AR, JC, EBM, CPC	AE, EBM, JC, PSQI
Customize clinical evidence for an individual patient (24 months)	DPC, MR, AR	AE, EBM, JC, PSQI
Reflect on feedback in developing plans for improvement (24 months)	DPC, MR, AR, MDR	AE, MS

PGY3 level resident	Learning Activities	Assessment
Demonstrate the ability to communicate risks and benefits of alternatives to patients (24 months)	DPC, AR, MR, CEX	AE, AR, MR, DOT, SIM, CEX
Take a leadership role in the education of the health care team members (PBLI-30 months)	DPC, AR, MR, MDR	AE, MS
Appraise Independently clinical guideline recommendations for bias and cost-benefit considerations (36 months)	DPC, MR, AR	AE, MR
Integrate clinical evidence and patient preferences into decision-making (36 months)	DPC, MR, AR	AE, MR

Interpersonal Skills and Communication

PGY1 level resident	Learning Activities	Assessment
Construct legible, accurate, complete, and timely written communication that is congruent with medical standards (6 months)	DPC, RMR, NC, OE	AE, MR, AR

Deliver appropriate, succinct, hypothesis-driven oral presentations (6 months)	DPC, SO, SIM, RMR, MR, AR, OE	AE, SIM, SO, SR, TR, MR
Request consultative services in an effective manner (6 months)	DPC, SIM, RMR, MR, AR, OE	AE, SIM, MR, AR
Demonstrate you can effectively communicate plan of care to members of the health care team (6 months)	DPC, SO, SIM, RMR, MR, AR	AE, SIM, SO, SR, TR, MS, MR, AR
Demonstrate you can effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of care (12 months)	DPC, SO, SIM, RMR, MR, AR	AE, SIM, SO, SR, TR, MS, MR, AR
Demonstrate you can use verbal and non-verbal skills to create rapport with patients/families (12 months)	DPC, SO, SIM, RMR, MR, AR	AE, SIM, SO, SR, TR, MS, MR, AR
Demonstrate sensitivity to differences in patients including but not limited to race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs (12 months)	DPC, SO, SIM, RMR, MR, AR	AE, SIM, SO, SR, TR, MS, MR, AR
Demonstrate you can communicate the role of consultant to the patient, in support of the primary care relationship (12 months)	DPC, SIM, MR, AR	AE, SIM, SR, TR, MR, AR

PGY2 level resident	Learning Activities	Assessment
Engage patients/advocates in shared decision making for uncomplicated diagnostic and therapeutic scenarios (24 months)	DPC, MR, AR, RMR, NC, SO	AE, DOT, MR, AR
Ensure succinct, relevant, and patient-specific written communication (24 months)	DPC, RMR, NC	AE, MR, AR
Demonstrate and teach effective communication with next caregivers during transitions of care (24 months)	DPC, SIM, RMR, MR, AR	AE, MR, SIM, SR, TR, MS, DOT

PGY3 level resident	Learning Activities	Assessment
Engage in collaborative communication with all members of the health care team (30 months)	DPC, SIM, RMR, MR, AR	AE, SIM, SR, TR, MS
Engage patients/advocates in shared decision making for difficult, ambiguous or controversial scenarios. (36 months)	DPC, RMR, MR, AR	AE, MS, DOT
Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (36 months)	DPC, SIM, RMR, MR, AR	AE, DOT
Demonstrate effective communication skills in challenging situations (36 months)	DPC, SIM, RMR, MR, AR	AE, SIM, SR, TR, MS, DOT

Professionalism

PGY1 level residents	Learning Activities	Assessment
Document and report clinical information truthfully (1 month)	DPC, OE, MR, AR, PCR, CEX	AE, MR, AR, CEX
Follow formal policies (1 month)	DPC, OE, MR, AR, PCR	AE, MR, AR, MS

Accept personal errors and honestly acknowledge them (1 month)	DPC, OE, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Dress and behave appropriately (1 month)	DPC, OE, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Ensure prompt completion of clinical, administrative and curricular tasks (1 month)	DPC, OE, MR, AR, PCR	AE, MR, AR
Respond appropriately to calls and pages (1 month)	DPC, OE, MR, AR, PCR	AE, MR, AR, MS
Maintain professional relationships with patients, families and staff (1 month)	DPC, OE, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status (1 month)	DPC, OE, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Maintain patient confidentiality (1 month)	DPC, OE, MR, AR, CEX	AE, MR, AR, MS, CEX
Demonstrate empathy and compassion to all patients (3 months)	DPC, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Demonstrate a commitment to relieve pain and suffering (3 months)	DPC, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (6 months)	DPC, MR, AR, CEX, SIM	AE, MR, AR, CEX, SIM
Communicate constructive feedback to members of the health care team (12 months)	DPC, MR, SIM, CEX, ALS	AE, MR, AR, MS, CEX, ALS
Recognize and address personal, psychological, and physical limitations that may affect professional performance (12 months)	OE, PCR, CEX	AE, MR, AR, MS, CEX
Recognize that disparities exist in health care among populations and that they may impact care of the patient (12 months)	DPC, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX

PGY2 level resident	Learning Activities	Assessment
Educate and hold others accountable for patient confidentiality (18 months)	DPC, OE, MR, AR, CEX	AE, MR, AR, MS, CEX
Provide support (physical, psychological, social and spiritual) for dying patients and their families (24 months)	DPC, OE, MR, AR, CEX, PCR	AE, MR, AR, MS, CEX
Provide leadership for a team that respects patient dignity and autonomy (24 months)	DPC, OE, MR, AR, CEX	AE, MR, AR, MS, CEX
Recognize and take responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases) (24 months)	DPC, OE, MR, AR, CEX	AE, MR, AR, CEX

PGY3 level resident	Learning Activities	Assessment
Effectively advocate for individual patient needs (30 months)	DPC, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Serve as a professional role model for more junior colleagues (e.g., medical students, interns) (30 months)	DPC, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Recognize and manage conflict when patient values differ from their own (30 months)	DPC, MR, AR, PCR, CEX	AE, MR, AR, MS, CEX
Embrace physicians' role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering (36 months)	DPC, MR, AR, PCR	AE, MR, AR

Systems-Based Practice

PGY1 level resident	Learning Activities	Assessment
Demonstrate understanding of the roles of various health care providers, including, but not limited to, consultants, therapists, nurses, home care workers, pharmacists, and social workers (6 months)	DPC, MR, AR, MDR, OE, CEX, SIM	AE, MS, MR, AR, CEX, SIM
Analyze alternative solutions provided by other teammates (6 months)	DPC, MR, AR, MDR, CEX, SIM	AE, MS, MR, AR, CEX, SIM
Identify, reflect upon, and learn from critical incidents such as near misses and preventable medical errors (6 months)	DPC, AR, MR, EBM, JC, PSQI, CPC, GR, SO, OE	AE, AR, MR, SR, EBM, JC, PSQI, CPC, GR, SO
Minimize unnecessary care including tests, procedures, therapies and ambulatory or hospital encounters (6 months)	DPC, AR, MR, EBM, JC, SO, PSQI, CPC, GR, RMR, NC	AE, AR, EBM, JC, PSQI, SO
Reflect awareness of common socio-economic barriers that impact patient care (12 months)	DPC, AR, MR, EBM, JC, SO, PSQI, CPC, GR, RMR, NC, OE, PCR	AE, AR, EBM, JC, PSQI, SO

PGY2 level resident	Learning Activities	Assessment
Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation, and skilled nursing (18 months)	DPC, MR, AR, MDR, OE, CEX, SIM	AE, MS, MR, AR, CEX, SIM
Identify risk with other health care members for the prevention of medical error (24 months)	DPC, AR, MR, EBM, JC, PSQI, CPC, GR, SO	AE, AR, MR, SR, EBM, JC, PSQI, CPC, GR, SO
Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision-making (18 months)	DPC, AR, MR, EBM, JC, PSQI, CPC, GR, SO	AE, AR, MR, SR, EBM, JC, PSQI, CPC, GR, SO

PGY3 level resident	Learning Activities	Assessment
Demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members (36 months)	DPC, MR, AR, MDR, CEX, SIM	AE, MS, MR, AR, CEX, SIM
Negotiate patient-centered care among multiple care providers (36 months)	DPC, MR, AR, MDR, CEX, SIM	AE, MR, AR, CEX, SIM
Partner with other healthcare professionals to identify, propose improvement opportunities within the system (36 months)	DPC, AR, MR, EBM, JC, MDR, PSQI, CPC, GR, QIP, RCA	AE, AR, MR, SR, EBM, JC, PSQI, CPC, GR, QIP, RCA

Legend for Learning Activities and Assessment

ACC	Ambulatory Care Conference	MKSAP	Knowledge Self Study Plan
AE	Attending Evaluations	MR	Management Rounds
ALS	Advanced Life Support	MS	Multisource Evaluations
AR	Attending Rounds	NC	Noon Conference
AuR	Autopsy Rounds	OE	Orientation Education
BTB	Back to Basics Conference	PCR	Palliative Care/Ethics Rounds
CEX	Mini CEX	PSQI	Patient Safety/Quality Improvement Conference
CPC	Clinical Pathology Conference	QIP	Quality Improvement Project Conference
DPC	Direct Patient Care	RCS	Root Cause Analysis Teams
DOT	Direct Observation Tool	RMR	Resident Morning Report
EBM	Evidence Based Medicine Conference	SA	Self-Assessment
GR	Grand Rounds Conference	SIM	Patient SIM exercises
ITE	In-Training Exam	SO	Senior Openers
JC	Journal Club Conference	SR	Sign-out Rounds
MDR	Multi-Discipline Rounds	TR	Turnover Rounds
NEJMK	New England Journal of Medicine Knowledge +		

ACGME Competency Goals

PC	Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems.
MK	Demonstrate knowledge of evolving science and apply the knowledge to patient care
ICS	(a) Communicate effectively with physicians, other health professionals and health related agencies; (b) Work effectively as a member or leader of a health care team
P	Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles.
PLI	Evaluate your care of patients, appraise scientific evidence, and improve care through self-evaluation and life-long learning.
SBP	Be aware and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.