

# Department of Medicine

## NAS, Milestones, Competencies

### PGY-1 Core Competency and Curricular Milestone Expectations

The following document is an important description of the competency and milestone expectations for residents at different levels of training based on the six core competencies: **1) patient care, 2) medical knowledge, 3) interpersonal communication skills, 4) professionalism, 5) practice-based learning and improvement, and 6) systems-based practice.** These learning objectives are collected for the convenience of our residents and faculty and are intended to allow for rapid review of expectations at different levels of training. Please note that the stated objectives should never limit our achievement expectations. Residents at all levels of training should strive to continuously improve their competency in the diverse skills that define excellence for internists. All clinical activities are supervised by faculty with direct supervision being required for all non-credentialed housestaff procedures and indirect supervision being required for all other housestaff clinical responsibilities.

- **ACGME Rules Regarding Supervision**

- *Level 1/Direct Supervision*, defined by immediate, in-person supervision, is required for all procedures performed by non-credentialed housestaff regardless of the time of day. The supervisor may be a credentialed house officer or faculty member; if the former, the responsible faculty member must be immediately available either on/off site (this is defined as Indirect Supervision depending on the time of day as is described below).
- *Level 2A/Indirect Supervision*, defined as immediate on-site availability, is required of faculty between 7AM-4PM daily for housestaff clinical responsibilities and is required of senior housestaff 24 hours a day for PGY-1s.
- *Level 2B/Indirect Supervision*, defined as immediate availability from off-site faculty, is required of faculty between 4PM-7AM daily for housestaff clinical responsibilities.

#### Patient Care

Inherent in good patient care is a resident's ability to demonstrate integrity, respect, compassion and empathy for patients and their families. Residents at all levels of training will demonstrate sensitivity and responsiveness to patient's age, culture, gender and disabilities.

**PGY-1 Skill Set:** PGY-1 residents will:

1. Gather essential and accurate information.
2. Organize and record medical information accurately.
3. Synthesize and interpret data from other providers and diagnostic testing.
4. Develop skills of focused history taking based on the established diagnosis or differential diagnosis.
5. Perform complete physical exams with consistent sequence.
6. Describe and interpret abnormal findings.
7. Identify problems and prioritize the differential diagnosis.

8. Begin to formulate clinical plans of action that are guideline or evidence-based.
9. With experience, develop the appropriate use of diagnostics and therapeutic choices.
10. Begin to prioritize the care of unstable patients.
11. Address acute and chronic problems, as well as addressing issues of prevention and health promotion.
12. Demonstrate an understanding of the indications, contraindications and techniques for procedures.
13. Participate in informed consent with patients.
14. Be supervised for all procedures until clinical competency is achieved.
15. Clearly document all procedures.
16. Attend Learning To TALK sessions.

## **Medical Knowledge**

At this level of professional development most learning is self-directed. It is advised that residents read daily and teach daily the things that they are learning. A spirit of intellectual curiosity and scientific inquiry is desirable. Residents must demonstrate knowledge about established and evolving biomedical sciences, clinical care topics and the social sciences.

### **PGY-1 Medical Knowledge:** PGY-1 residents will:

1. Demonstrate knowledge of common medical conditions and procedures.
2. Demonstrate satisfactory management of common conditions with minimal supervision by completion of PGY-1 year.
3. Score 40% or above on the In-Service Training exam. If the resulting score is below 40% a specific learning strategy will be agreed upon between the resident and the Educational Program Office.
4. Attend a minimum of 50% of noon conferences and Grand Rounds.
5. Demonstrate competence in interpreting diagnostic EKG's, pulmonary function testing, common radiologic studies, lab medicine, including hematologic, infectious, chemical and microscopic diagnostic studies.
6. Pass the USMLE Step 3 as criteria for promotion to PGY-3 year.
7. Present a 20-minute lecture at Noon Conference on an assigned clinical topic.
8. Attend Learning To TALK sessions.

## **Interpersonal and Communication Skills**

Patients often judge their physicians by their interpersonal skills. As physicians we also judge each other by how clearly we communicate. Residents at all levels of training should be able to do the following:

1. Articulately present full histories and physicals.
2. Summarize relevant aspects of history, physical, diagnostic testing and assessment and plan.
3. Should welcome, mentor and teach learners of all levels.
4. Display empathy and competence while interviewing and examining patients.
5. Attend Learning to TALK sessions.

### **PGY-1 Interpersonal and Communication Skills:** PGY-1 residents will:

1. Provide complete and accurate documentation of patient care that is legible and timely.
2. Demonstrate appropriate verbal and nonverbal skills in patient and colleague interaction.
3. Respect appropriate boundaries of patients and colleagues that follow the tenets of ethics in patient care and professionalism.
4. Show ability to work in teams with junior and senior colleagues, attendings, students, nurses and social workers.

5. Supervise, teach and give constructive feedback to students.
6. Participate in videotaped patient and teaching encounters to improve communication skills.

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

Residents are expected to be intellectually curious. They should use patient care experiences, reading and evidence-based medicine as a foundation for practice improvement and lifelong learning. Residents should understand the limits of their knowledge and experience and ask for help when needed. Self-improvement comes from regular assessments of all competencies and receiving balanced and honest feedback.

#### **PGY-1 Practice-Based Learning and Improvement:** PGY-1 residents will:

1. Show motivation to learn.
2. Use medical literature to support decision-making.
3. Begin skills of:
  - a. Asking relevant and accurate clinical questions.
  - b. Understanding the difference between background and foreground information.
  - c. Efficiently using technology to access the medical literature.
4. Participate in best-case practice project each year. The goal is to assess the quality of patient care and to effect continuous quality improvement in the outpatient clinics.
5. Perform periodic chart audits to review quality of documentation in patient care and outcomes.
6. Participate in videotaped encounters as communicator and educator (for the purpose of continuous quality improvement as a teacher and with patient communications. This is done each year to track improvement).
7. Participate in Learning to TALK standardized patient cases.
8. Participate in EMSTAT simulation training for procedures.

### **Professionalism**

This competency is difficult to define by level of training. There are many qualities and characteristics that are fundamental to the practice of medicine. All physicians must be competent. This includes being timely in regard to patient care needs. In work related activities, patient care must always come first. Intrinsic to the competency of Professionalism is honesty. Residents at all levels should be trustworthy and should tell the truth. This includes 1) in reporting and presenting patient communications 2) documentation 3) admitting areas of deficiency and 4) billing. The practice of medicine has historically been synonymous with a spirit of compassion and respect for others. A resident's attitude should manifest an interest in helping their patients, demonstrating respect and compassion for all patients and understanding the need for patient confidentiality. Physicians also have a responsibility for the safety and well being of their patients, colleagues and staff. Residents should not be unduly influenced by any outside forces including the pharmaceutical industry, insurers or patients' families. Under no circumstances should the quality of care, nor the specific care offered, be unduly influenced by these outside forces.

#### **PGY-1 Professionalism:**

PGY-1 residents will be expected to adhere to the principles that are outlined above. In addition, residents will participate in the Annual Bioethics Conference and attend Learning To TALK sessions.

### **Systems-Based Practice Objectives**

Modern medicine is practiced in a complex series of interwoven systems including insurers, hospitals, health care providers, private and public practitioners and the legal system. The residents must demonstrate an awareness of the larger context and system on health care delivery and the ability to effectively call on system resources to provide care that is of optimum value.

**PGY-1 Systems-Based Practice:** The PGY-1 resident will:

1. Demonstrate the ability to work well within their core clinical team.
2. Participate in multidisciplinary rounds utilizing the different services (nursing, social work, respiratory therapy, physical therapy, case managers, etc.) to improve efficiency and patient outcomes.
3. Show understanding of cost-effective patient care and resource utilization.
4. Participate in evaluation of the systems we work in to improve patient outcomes, efficiency and physician satisfaction.
5. Use best-case practice project, housestaff liaison committee, and housestaff meetings to change inefficiencies in the system and below standard care.
6. Participate in the monthly Housestaff Meetings with the Program Director.

# **Curricular Milestones: Core Internal Medicine**

## **PGY-1**

### *I. Medical Knowledge*

- a. House Officer has demonstrated an understanding of the pathophysiology relevant to encountered clinical conditions.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Chart Audit/s? Yes or No.
  - iii. In-Training Exam has been taken? Yes or No.
  - iv. Evaluated Through Multi-Source Evaluation? Yes or No.
  - v. Evaluated Through Self-Reflection? Yes or No.

### *II. Patient Care*

- a. House Officer has demonstrated the ability to perform a history and physical that is relevant to the presenting complaint.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Chart Audit/s? Yes or No.
  - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iv. Evaluated Through Self-Reflection? Yes or No.
- b. House Officer has demonstrated that patient care can be performed in an efficient manner.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Chart Audit/s? Yes or No.
  - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iv. Evaluated Through Self-Reflection? Yes or No.

### *III. Professionalism*

- a. House Officer has demonstrated the ability to follow institutional/departmental policies.
  - i. Evaluated Through Self-Attestation? Yes or No.
  - ii. Evaluated Through Direct Observation? Yes or No.
  - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iv. Evaluated Through Self-Reflection? Yes or No.
- b. House Officer is honest in all aspects of their work and forthright with mistakes/errors.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iii. Evaluated Through Self-Evaluation? Yes or No.
- c. House Officer is dressing appropriately, reporting to duty on time, answering pages/texts promptly, and maintaining records in an accurate and timely fashion.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iii. Evaluated Through Self-Evaluation? Yes or No.
- d. House Officer is interacting appropriately with patients (and, if applicable, friends and family) and health-care associates while also avoiding potential conflicts in these interactions.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iii. Evaluated Through Self-Evaluation? Yes or No.

### *IV. Interpersonal and Communication Skills*

- a. House Officer is delivering information to patients and health-care associates in a concise, easy-to-understand manner (by mouth and/or by pen).
  - i. Evaluated Through Direct Observation? Yes or No.

- ii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iii. Evaluated Through Self-Evaluation? Yes or No.
- b. House Officer, when communicating, is sensitive to possible differences and biases among different cultures, genders, races, and religions.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iii. Evaluated Through Self-Evaluation? Yes or No.

V. *Practice-Based Learning*

- a. House Officer welcomes and responds appropriately to feedback and constructive criticism from patients and health care associates.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iii. Evaluated Through Self-Evaluation? Yes or No.

VI. *Systems-Based Practice*

- a. House Officer appreciates his/her role as well as the various roles of all health-care associates in providing safe, efficient, and cost-effective patient care.
  - i. Evaluated Through Direct Observation? Yes or No.
  - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
  - iii. Evaluated Through Self-Evaluation? Yes or No.