### PROGRAM GOALS AND OBJECTIVES

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| **A. Patient Care** | 1. Develop interviewing skills  
2. Develop physical examination skills  
3. Generate and prioritize differential diagnosis  
4. Develop rational, evidence-based management strategies |
| **B. Medical Knowledge** | 1. Expand clinically applicable knowledge base of basic and clinical sciences  
2. Develop and apply an open-minded, analytical approach  
3. Learn to access and evaluate medical literature relevant to patient care |
| **C. Interpersonal and Communication Skills** | 1. Communicate effectively with patients and their families  
2. Communicate effectively with physician colleagues at all levels  
3. Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients  
4. Maintain comprehensive, legible records  
5. Learn to communicate effectively through concise, logical, and clinically useful discharge summaries |
| **D. Professionalism** | 1. Learn, understand, and demonstrate all elements of professionalism: altruism, accountability, excellence, duty, honor and integrity, and respect for others  
2. Learn and understand the principles of confidentiality, integrity, and informed consent  
3. Learn to recognize the signs of diminished professionalism, including abuse of power, arrogance, greed, misrepresentation, impairment, lack of conscientiousness, and conflict of interest |
| **E. Practice-Based Learning and Improvement** | 1. Learn to identify and acknowledge gaps in personal knowledge and skills in the care of patients  
2. Learn to analyze practice experiences  
3. Develop and implement strategies for filling gaps in knowledge and skills |
| **F. Systems-Based Practice** | 1. Understand and utilize interprofessional resources necessary to care optimally for hospitalized and ambulatory patients  
2. Learn to collaborate with and lead as appropriate other members of the health care team to assure comprehensive patient care |

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3. Use evidence-based, cost conscious strategies in the care of patients
4. Learn to analyze complex systems of care to result in improved patient outcome

PROGRAM OBJECTIVES
A. PGY1 Residents

1. Patient Care
   a. The PGY1 resident is expected to gather essential and accurate historical and contextual information from his/her patient in a prioritized and hypothesis-driven fashion. Additional, multiple sources of information should be obtained, verified, and prioritized including information from family members, prior or outside records, and pharmacies.
   b. He/she should demonstrate thorough (or targeted to the patient’s complaints and medical conditions) and accurate physical exam skills and begin to recognize and characterize abnormal findings using common maneuvers.
   c. Important changes in history, examination, or ancillary data over time should be recognized.
   d. The PGY1 resident should begin to make appropriate clinical decisions based upon the results of common diagnostic testing including, but not limited to, blood chemistries, hematologic studies, coagulation tests, arterial blood gases, EKG, CXR, pulmonary function tests, urinalysis, and analysis of other body fluids.
   e. He/she is expected to assimilate gathered information to produce a complete and thorough history and physical exam and be able to reproduce the information in full oral presentations, quick rounds “synopses” of the relevant features of the presentation, and directed, organ-system-based presentations as applicable. All available data should be synthesized to define the acute clinical problem(s) in the context of any chronic disease(s).
   f. With supervision, he/she should manage patients with common clinical disorders seen in the practice of inpatient and ambulatory general Internal Medicine.
   g. The PGY1 resident should recognize situations needing urgent or emergent medical care including life threatening conditions. He/she should know when to seek additional guidance from senior clinicians and begin to initiate management and stabilize patients with emergent medical conditions. Under supervision, he/she should begin providing critical care.
   h. He/she must demonstrate caring and respectful behaviors as well as effective communication during patient and related care interactions. Verbal and nonverbal communication skills should facilitate care, elicit the emotional content of the interview, and provide comfort. Patient and family understanding of terms should be verified.
   i. The PGY1 resident should begin practicing the skills needed to include the patient and his/her beliefs, individual interests, and desires into a comprehensive plan of care.
j. He/she should know how to apply preventative care in an outpatient. The PGY1 resident should develop a comfort level with the counseling skills necessary to educate patients on services aimed at preventing health problems or maintaining health, including immunizations; colon, breast, prostate and cervical cancer screening; and diet, exercise, and healthy lifestyle initiatives.

k. He/she should begin to identify and address sensitive topics including compliance, end-of-life plans and wishes, and sensitive histories such as sexual, domestic violence, and substance abuse histories. He/she should become comfortable incorporating the patient’s value system into the plan of care.

l. The PGY1 resident should demonstrate competence in basic procedural skills, to include BCLS/ACLS, drawing venous blood, introducing intravenous catheters, obtaining arterial blood gases, and obtaining a PAP smear and cervical culture. He/she should make appropriate clinical decisions through interpreting basic Internal Medicine tests, including EKG and CXR. He/she should practice knowledge and performance (via simulation and patients) competencies for abdominal paracentesis, arthrocentesis, arterial line placement, central venous line placement, nasogastric tube placement, incision and drainage of an abscess, lumbar puncture, and thoracentesis. With supervision, he/she should manage post-procedure care.

2. Medical Knowledge
   a. The PGY1 resident should have command of the basic science and pathophysiology behind common medical conditions as well as pharmacological and nonpharmacological treatments available.
   b. He/she should understand the indications for and basic interpretation of common diagnostic testing including, but not limited, to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, EKG, CXR, pulmonary function tests, urinalysis, and other body fluids.
   c. The PGY1 resident must demonstrate the skills to use electronic, text, and online library resources to quickly identify and repair knowledge gaps as they are identified.

3. Interpersonal and Communication Skills
   a. The PGY1 resident should provide effective, timely, legible, grammatically acceptable, and appropriately formatted documentation in the medical record.
   b. He/she should prepare and perform an appropriate sign-out in transitioning patient care.
   c. He/she should present patient cases accurately and succinctly during rounds or other venues with supervision and input from senior residents and/or faculty.
   d. The PGY1 resident should practice delivering presentations beyond simple patient presentations to students, peers, senior residents, and faculty.
   e. He/she should practice skills that enable him/her to establish and maintain professional relationships with patients, families, and other care providers. He/she should practice the skills of communicating with those of various ages and education levels.
   f. The PGY1 resident should develop skills that allow him/her to be an effective team member with all interprofessional care teams, build team consensus, and promote
teamwork among his/her students. He/she should develop skills to effectively communicate changes in patient status with supervising physicians and work through disagreements with fellow staff in a constructive manner. The PGY1 resident should attempt some aspects of limited team leadership in which ancillary staff will be directed by the PGY1 resident to best serve the needs of the patient.

g. The PGY1 resident should develop skills to appropriately express and address concerns regarding the healthcare delivery system or residency program in a productive and constructive manner.

h. The PGY1 resident should be aware of committee activities and appropriately respond to requests for information or participation.

4. Professionalism

a. The PGY1 resident must demonstrate respect, compassion, integrity, and responsiveness towards patients, families, colleagues and all members of the healthcare team; display a personal sense of altruism by consistently acting in the best interest of the patient; show accountability by being punctual, completing assigned tasks, attending required activities, and completing administrative tasks; and demonstrate understanding of the basic principles of patient autonomy.

b. The PGY1 resident should practice demonstrating behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity, and a responsible attitude toward patients, profession, and society.

c. The PGY1 resident should show this in protecting patient privacy, addressing issues of informed consent, and respecting confidentiality. He/she should also demonstrate professional respect for other members of the healthcare team.

d. After appropriate training, the PGY1 resident should conduct clinical research with honesty, integrity, and protection of patient rights.

5. Practice-Based Learning and Improvement

a. The PGY1 resident should practice self-evaluation and develop a willingness to learn from errors and use experience to improve his/her knowledge, skills, and attitudes as well as to improve processes of care for his/her patients. He/she should acknowledge his/her limitations and errors, know when to ask for assistance, and ask for guidance in improvement.

b. The PGY1 resident should actively seek, accept, and incorporate feedback.

c. The PGY1 resident should begin to demonstrate critical thinking and practice the formulation of clinically relevant questions and care solutions. He/she should develop the skills to locate the most up-to-date scientific evidence and should practice applying that evidence to patient care with supervision.

d. The PGY1 resident should learn basic concepts of quality and efficiency measures for the care of groups of patients. The PGY1 should explore common barriers affecting groups of patients and attempt to develop processes to improve care with supervision.

e. The PGY1 resident should practice searching the medical literature in order to understand best practice for groups of diseases encountered.
f. The PGY1 resident should maintain a checklist of patient care needs and assume responsibility for completion. A similar list of clinical questions should be maintained as well.

g. He/she should perform directed study based on results of objective assessments and examinations as well as faculty feedback.

6. Systems-Based Practice
   a. The PGY1 resident should collaborate with practice-based delivery systems including hospital support staff and community-based support systems.
   b. The PGY1 resident should act as an advocate for patients within the healthcare system.
   c. The PGY1 resident should utilize order sets for a physician order entry system and implement best practices used elsewhere as well as guidelines from the literature to improve quality.
   d. He/she should avoid unnecessary referrals, tests, medications, and procedures by discussion with supervisors prior to their order.
   e. The PGY1 resident must demonstrate the ability to effectively sign-out and otherwise transition patient care using taught best practices. He/she should attempt medication and problem list reconciliation under supervision.
   f. He/she should function effectively as a physician within an interprofessional team.

B. PGY2 Residents

1. Patient Care
   a. The PGY2 resident is expected to reliably gather essential and accurate information, communicating effectively with caring and respectful behaviors when interacting with patients and their families. He/she should note 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.
   b. He/she should demonstrate and teach how to elicit important physical findings for junior members of the health care team. While he/she may occasionally be responsible for complete histories and physicals as the admitting physician of the day, he/she should demonstrate the skills needed to develop directed notes and plans devoid of non-pertinent information.
   c. The PGY2 resident should be able to discuss on paper and in oral presentations a thorough understanding of the acute problems while assimilating the relevant past history and laboratory data to formulate a plan of action and a rationale regarding his/her selection of that plan. He/she should be able to coordinate the input of multiple subspecialists in the care of patients and provide to consultants a specific question in a concise, organ-system-based presentation of the problem identified.
   d. The resident should develop a comfort level in orchestrating family discussions and coordinating subspecialty and consultant participation in those discussions.
The PGY2 resident should demonstrate the counseling skills necessary to educate patients on services aimed at preventing health problems or maintaining health, including immunizations; colon, breast, prostate, and cervical cancers; and diet, exercise, and healthy lifestyle initiatives. He/she should begin incorporating the patient’s value system into the plan of care.

f. The PGY2 resident should recognize and appropriately initiate care in urgent or emergent situations including life threatening conditions. He/she should be comfortable managing patients requiring critical care with less supervision.

g. The PGY2 resident should demonstrate competence in the interpretation of basic Internal Medicine tests such as EKG in addition to the knowledge and performance competencies for procedures practiced in the PGY1 year. Additionally the PGY2 resident should practice the knowledge competency for pulmonary artery catheter placement. He/she should continue to achieve simulation competency and performance practice in all offered procedures and provide post-procedure management.

h. The PGY2 resident should begin to provide accurate and responsive consultation to other services.

2. Medical Knowledge
   a. The PGY2 resident should have command of the basic science and pathophysiology behind less common medical conditions as well as the pharmacological and nonpharmacological treatments available.
   b. The PGY2 resident must demonstrate a command of the basic contents of the curriculum to include practicing the application of a vast array of exam, laboratory, and radiological studies to help discriminate among different items in a differential diagnosis for the major medical disorders.
   c. He/she should demonstrate knowledge of medical literature analysis and informatics skills to promote evidence-based medicine and quality care application.
   d. The PGY2 resident should solidify his/her knowledge base by educating peers, junior residents, and students.

3. Interpersonal and Communication Skills
   a. The PGY2 resident should model documentation in the medical record for junior residents and students.
   b. He/she should prepare discharge summaries and be comfortable discussing transfer of care with other providers.
   c. He/she must communicate effectively with consultants and primary care physicians to coordinate patient care and follow-up.
   d. He/she should present patients accurately and succinctly on rounds or other venues without overly relying on documentation.
   e. The PGY2 resident should be comfortable delivering presentations beyond simple patient presentations to wider audiences including non-physicians.
   f. The PGY2 resident should demonstrate effective listening skills and reliable responsiveness to the needs of junior residents and students as well as the opinions and requests of interprofessional team members.
g. The PGY2 resident should demonstrate skills that enable him/her to establish and maintain professional relationships with patients and families. He/she should coordinate the care of multiple disciplines, specialties, and ancillary services, and orchestrate plans in accordance with the patient’s wishes. He/she should practice dealing with more difficult family issues, and incongruent patient/family wishes, as well as practice counseling patients and families following medical mistakes and other legal issues. He/she should feel comfortable incorporating the patient’s belief system and desires into the final plan of care.

h. The PGY2 resident should practice building consensus among ancillary staff. He/she should feel comfortable in the role of team leader, building consensus among consultants and family members and bringing together divergent views of team members and family through group and individual discussion.

i. The PGY2 resident should become involved with committee activities on an as-needed basis or as a participating member.

4. Professionalism
   a. The PGY2 resident should demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity, and a responsible attitude toward patients, profession, and society, serving as a role model for junior residents and students.
   b. He/she should begin to identify any lapses in professionalism and bring these to the attention of appropriate leaders.

5. Practice-Based Learning and Improvement
   a. The PGY2 resident should practice skills in collecting and critically appraising data collected in regard to his/her patients. He/she should also begin to understand and discuss the strengths and weaknesses of data by study type generally and study design specifically.
   b. The PGY2 resident should demonstrate a command of the techniques of practice-based quality assessment introduced to him/her during the PGY1.
   c. The PGY2 should appropriately formulate and try to answer clinically relevant questions in a self-motivated manner by searching for and applying scientific evidence to each clinical situation.
   d. He/she should practice teaching junior residents and students methods to refine and improve their own literature searches and reviews.
   e. The PGY2 resident should be able to critically evaluate the history, physical exam findings, and presentations of junior residents and students under his/her supervision and should begin to practice delivering constructive feedback.
   f. The PGY2 resident should continue to develop skills of self-assessment, improving knowledge, skills, and attitudes.

6. Systems-Based Practice
   a. The PGY2 resident should direct care as a member of an interprofessional team by coordinating and following-up on specialty, nutritional, social service, and other appropriate consultations.
b. He/she should proactively instruct junior residents and students to avoid unnecessary referrals, tests, medications, and procedures.

c. The PGY2 resident must demonstrate effective sign-out and other transitions of patient care. He/she should complete medication and problem list reconciliation appropriately.

d. The PGY2 resident should be recognized by the family and consultants as the patient advocate.

e. The PGY2 resident should recognize the system-based complexities that affect patient outcomes and develop a working knowledge of various care systems to arrange the most appropriate care for patients.

f. The PGY2 resident should practice the basic principles in areas of cost effective care, applying his/her knowledge of the larger system of health care through his/her development of quality care initiatives.

C. PGY3 Residents

1. Patient Care

   a. The PGY3 resident should possess the skills needed to include the patient and his/her beliefs, individual interests, and desires into a comprehensive plan of care. The PGY3 resident should comfortably and competently manage the care of patients with difficult family situations, incongruent family expectations of care and circumstances in which there are medical errors or unforeseen adverse events.

   b. He/she should role model gathering subtle and reliable information and exam findings using advanced maneuvers where applicable for junior members of the healthcare team.

   c. He/she should be able to produce an appropriate differential diagnosis in all patients, including those with atypical, complex, or rare presentations or diagnoses.

   d. The PGY3 resident should possess the counseling skills necessary to educate patients on services aimed at preventing health problems or maintaining health, including immunizations; colon, breast, prostate, and cervical cancers; and diet, exercise, and healthy lifestyle initiatives. He/she should be comfortable incorporating the patient’s value system into the plan of care and provide an assessment of the risks and benefits of applying these preventive services to unusual situations, including patients with limited life expectancy and patients with limits in their understanding of the risks and benefits of screening.

   e. The PGY3 resident should demonstrate competence in all procedures for which he/she is responsible in the PGY1 and PGY2 years and as is appropriate for his/her future professional needs. This includes an understanding of the procedures with sufficient depth to facilitate teaching to and supervision of junior residents and students. He/she should practice developing an understanding of tests outside his/her specialty, including an understanding of the clinical applications of new radiologic, laboratory, and surgical techniques. He/she should demonstrate the skills to research the data needed to come to a decision of clinical utility/risk/benefit regarding an
intervention not previously seen (i.e., peripheral angioplasty, genetic screening tests, ultrafast CT screening, etc.).

f. The PGY3 resident should be comfortable providing accurate and responsive consultation to other services.

g. The PGY3 resident should recognize and appropriately provide urgent or emergent medical care in most situations, including critical care with as-needed consultation.

2. Medical Knowledge
   a. The PGY3 resident should have command of the basic science and pathophysiology behind all medical conditions likely to be encountered by a practicing internist as well as the pharmacological and non-pharmacological treatments available.
   b. He/she should apply critical reading skills to literature and read and review key journal publications on a regular basis.

3. Interpersonal and Communication Skills
   a. The PGY3 resident should deliver professional case presentations and other presentations to a diverse audience.
   b. The PGY3 resident should be able to perform effective medical consultations.
   c. In consultation with leadership, he/she should communicate in an educational manner any mismanagement issues with involved healthcare providers.
   d. The PGY3 resident should comfortably and competently deal with more difficult family issues and incongruent patient/family wishes, as well as counseling patients and families following medical mistakes and other legal issues.
   e. The PGY3 resident should be a team leader, demonstrating an ability to manage team members with discordant goals and objectives. He/she should constructively lead in a manner that effectively accomplishes patient care while supporting the learners around him/her.

4. Professionalism
   a. The PGY3 resident should model and teach behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity, and a responsible attitude toward patients, the profession, and society. He/she should model professional behavior and respect toward all members of the health care team.
   b. He/she should identify and address physician impairment or any other lapses in professionalism in consultation with leadership.

5. Practice-Based Learning and Improvement
   a. The PGY3 resident should demonstrate a competence in the techniques of practice-based quality assessment introduced to him/her during the PGY1 and PGY2 years.
   b. The PGY3 resident should possess a command of information resource utilization. He/she should be facile in the use of multiple information sources and should critically appraise those sources for their strengths and weaknesses. He/she should practice developing discriminating skills that allow him/her to weigh findings based on their sensitivity and specificity.
c. The PGY3 resident should be able to readily teach and lead junior residents and students in developing and answering their own clinical questions. He/she should practice these skills as both an observer of resident and student performance at the bedside and in didactic format on rounds.
d. He/she should use concepts of how to develop systematic reviews and utilize information systems to streamline current practices, increasing their quality and/or efficiency.
e. The PGY3 resident should demonstrate commitment to life-long self-analysis for continuous improvement in knowledge, skills, and attitudes, as well as in developing processes of care for his/her patient population.

6. Systems-Based Practice
   a. The PGY3 resident should use and model system-based approaches to reduce errors and effectively transition patients between care settings and should seek to optimize these processes.
   b. The PGY3 resident must demonstrate knowledge of various types of medical practice and health delivery systems including the benefits and limitations of each.
   c. The PGY3 should be recognized by physician consultants as the patient advocate and develop processes that promote patient advocacy.
   d. He/she should define and implement order sets for the physician order entry system based upon a systematic review of evidence, cost/benefit analysis, or similar approach.
   e. The PGY3 resident should demonstrate a command of the basic principles in areas of cost effective care and allocation of health care resources, applying his/her knowledge of the larger system of health care through his/her development of inpatient and outpatient quality care initiatives.
   f. The PGY3 resident should demonstrate leadership in interactions with ancillary staff, modeling and teaching the benefits and limitations of each part of the interprofessional care team.

D. Duration and Scope of Education

1. The ABIM requires that there be 36 months of full-time medical residency education which shall include:
   a. At least 33 months of training in general Internal Medicine, subspecialties of Internal Medicine, Critical Care Medicine, Geriatric Medicine, Neurology and Emergency Medicine; and at least 12 months of Inpatient Internal Medicine
   b. Up to 4 months of the 33 months may include training in non-Internal Medicine primary care areas, e.g., Radiology, Psychiatry, ENT, Dermatology, office Gynecology, or office Orthopedics;
   c. Up to 3 months of other electives approved by the Internal Medicine Program Director; and
   d. In addition to the 33 months, up to 3 months of leave for vacation time, parental leave, or illness. Vacation or other leave cannot be forfeited to reduce training time.
2. In addition, the following requirements for direct patient responsibility must be met:
   a. At least 24 months of the 36 months must occur in settings where the resident personally provides, or supervises junior residents who provide, direct care to patients in inpatient or ambulatory settings; and
   b. At least 6 months of the direct patient responsibility on the Internal Medicine rotations must occur during the PGY1 year.

E. Other requirements for certification as defined by the ABIM include:

1. Clinical Competence (six competencies) as defined in the Semiannual Performance Evaluation by the Program Director;
2. Satisfactory ratings in overall clinical competence and moral and ethical behavior in each year of training;
3. Satisfactory ratings in each of the components of clinical competence during the final year of required training; and
4. Procedures:
   a. Residents must meet standards of knowledge competency (indications, contraindications, sterile technique, specimen handling, interpretation of results and appropriately obtaining informed consent) for all of the following: abdominal paracentesis, ACLS, arterial line placement, arthrocentesis, central line placement, drawing venous blood, drawing arterial blood, incision and drainage of abscess, lumbar puncture, nasogastric intubation, PAP smear and endocervical culture, peripheral venous line placement, pulmonary artery catheter placement, and thoracentesis.
   b. Capacity to safely and competently perform the following procedures is required: ACLS, drawing venous blood, drawing arterial blood, PAP smear and endocervical culture, and placing peripheral venous line.
   c. Capacity to safely and competently perform all procedures appropriate for future professional needs is strongly encouraged for all Internal Medicine residents.

F. Job Expectations

1. PGY1 Residents
   The PGY1 resident is capable of performing a history and physical examination on patients assigned to him/her for care. This database is used to develop a plan of assessment and a plan for care. Initial orders for care are written by the PGY1 resident. The PGY1 resident works in collaboration with PGY2 and PGY3 residents on some clinical services and always works with supervising faculty, who are ultimately responsible for the patient’s care.

2. PGY2 Residents
   PGY2 residents transition toward independently functioning Internal Medicine residents under the supervision of faculty. Degree of responsibility provided to the residents is based upon demonstrated competencies. PGY2 residents may direct cardiopulmonary
resuscitation efforts once they have been assessed to have that skill. They make decisions concerning patient evaluations in the Emergency Department with concurrent or subsequent review by faculty. They perform procedures independently when they have completed all requirements for certification in that procedure. PGY2 residents provide supervision and guidance to PGY1 residents.

3. PGY3 Residents

PGY3 residents function with greater independence during their clinical rotations, night call, and clinics. Supervision by faculty is available at all times. They provide supervision and guidance to PGY1 and PGY2 residents. PGY3 residents are expected to demonstrate a greater depth of skill in each of the competencies, as described under program goals and objectives.

4. All Residents

All residents receive a written evaluation of milestone based evaluations on rotation. Other tools for training and evaluation include Mini-CEX assessments, Chart Stimulated Recall sessions, multisource assessments, peer assessments, patient evaluations, procedure performance, improvement plans based on Core Measure performance, simulations, and OSCE. Residents meet with the Program Director twice yearly for their Semiannual Performance Evaluation review. All PGY2 and PGY3 residents take the annual In-Training Exam in October of each year. Standards for advancement and due process issues are covered in the Program Handbook. The handbook is reviewed with the entering residents.