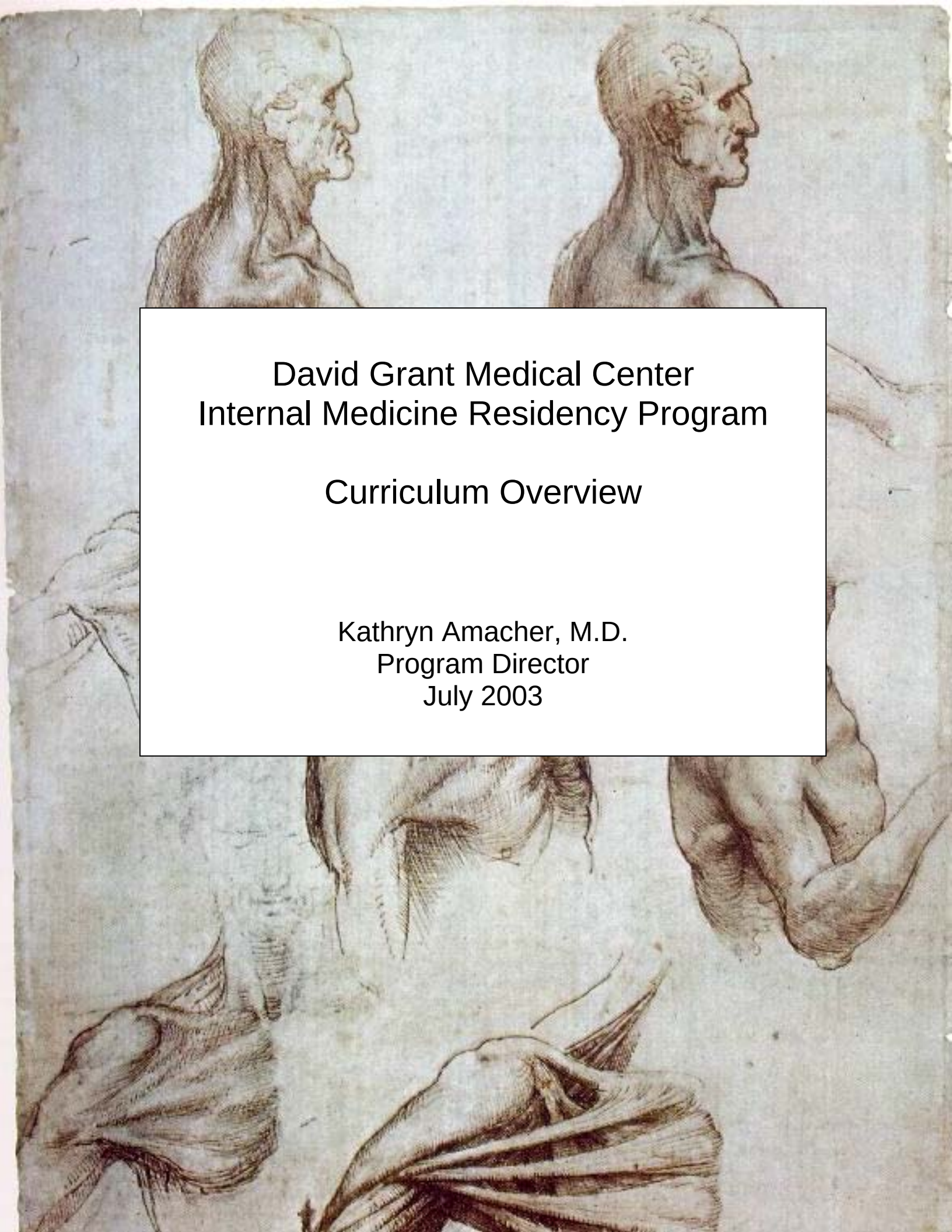

David Grant Medical Center
Internal Medicine Residency Program

Curriculum Overview

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Introduction

The Accreditation Council for Graduate Medical Education (ACGME) introduced six new “core competencies” in July 2001. As stated in the new guidelines, “ The residency program must require its residents to obtain competencies in the 6 areas…to the level expected of a new practitioner”. Adequacy in all six is required of the Internal Medicine resident before they are Board eligible. Given the key importance of these core competencies, our curriculum has been restructured around the following core competency concepts:

Patient Care (PC): *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
• Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
• Develop, negotiate and implement effective patient management plans and integration of patient care
• Perform competently the diagnostic and therapeutic procedures considered essential to the practice of internal medicine

Medical Knowledge (MK): *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.*

• Apply an open-minded, analytical approach to acquiring new knowledge
• Access and critically evaluate current medical information and scientific evidence
• Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of internal medicine
• Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking

Practice-Based Learning and Improvement (PBL): *Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.*

• 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
• Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care

• Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education

Interpersonal and Communication Skills (ICS): *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.*
• 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.
• Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
• Interact with consultants in a respectful, appropriate manner
• Maintain comprehensive, timely, and legible medical records

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

Systems-Based Practice (SBP): *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.*
• Understand, access and utilize the resources, providers and systems necessary to provide optimal care
• Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient
• Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management
• 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

This document provides an overview of our curriculum at David Grant Medical Center. The principle teaching/learning activities that are common to all of the

Internal Medicine rotations at David Grant Medical Center are outlined below. In addition those activities that are unique to the inpatient ward and MICU rotations have been included. For the specifics of each rotation refer to their individual curriculums. In an attempt to simplify this document in terms of an "outcome based" structure, it will be organized as follows:

- A description of the principle teaching and learning activities
- The core competencies addressed
- Evaluation tools that will be utilized

Principle Teaching/Learning Activities:

- **Direct Collaborative Patient Care**
  - Format- Direct patient care
  - When- Every day on almost all rotations
  - Participants- All residents
  - Facilitator- Attending physician
  - Goals- Residents work together with an attending physician in caring for individual patients. This is the most fundamental teaching and learning activity on all core rotations for virtually all of the competencies. This may take place in the outpatient clinic, on the inpatient service, or when on a subspecialty elective.

- **Attending Rounds**
  - Format- Didactic bedside teaching
  - When-Everyday while rotating on the inpatient Wards or MICU
  - Participants- All members of the inpatient team
  - Facilitator- Attending of record
  - Goals- The daily management of the inpatient service involving the attending of record. Separate from teaching rounds, this time is reserved for communication between the staff and resident/Intern regarding diagnostic strategies, treatment plan and patient disposition. This includes post call rounds in which the attending is introduced to the new admissions.

- **Work Rounds**
  - Format- Daily patient care planning and execution when on the ward or MICU service
  - When-Every morning before Morning Report at 0800
  - Participants- All members of an inpatient team
  - Facilitator- Senior ward or MICU resident
  - Goals-The daily management of the inpatient service in the absence of the attending of record. This includes the morning patient assessment, afternoon sign out and daily patient care responsibilities; including diagnostic and therapeutic procedures,

sub-specialty consultation, patient care documentation and data gathering

- **Teaching Rounds**
  - Format- Patient based discussion with bedside teaching
  - When- At least three days a week for a minimum of 4½ hours per week.
  - Participants- All members of the inpatient ward or MICU team
  - Facilitator- Attending of record
  - Goals- Teaching sessions based on patients admitted to the team. Each case used as a springboard for discussion of the various aspects of disease diagnosis and management. This will include bedside teaching components to explore resident competence at various history and physical exam components.

- **Multidisciplinary Rounds**
  - Format- Treatment team group discussion
  - When-Wednesday 1:30-3:30 in the 4E conference room
  - Participants- Patient, inpatient ward team, other representatives of the patients care team such as nursing, medical techs, dieticians, OT/PT, speech pathology etc.
  - Facilitator- Senior ward resident
  - Goals- To improve overall patient care through a multidisciplinary team approach. Provides the resident and intern opportunity to develop skills in team leadership and utilization of hospital resources to maximize quality of care.

- **Specialty Morning Report**
  - Format- Case presentation
  - When- Friday 8-9
  - Participants- All IM residents rotating at DGMC
  - Facilitator- GIM, Cardiology, or Pulmonary/Critical Care Staff, on a rotating basis
  - Goals- Discuss the presentation, pathophysiology, differential diagnosis, prognosis, and management of disease processes encountered in the ambulatory setting, CCU and ICU. The case will be discussed in a large group setting facilitated by the staff expert. Residents will be responsible for participating in discussion, interpreting test results and providing potential diagnostic and therapeutic plans based on the case presentation. Questions that arise will be assigned to residents who will report back the following week with results.

- **Chairman's Morning Report-**
  - Format- Case presentation by post call team
  - When- Thursday 8:15-9

- Participants- All IM residents rotating at DGMC
- Facilitator-Chair of Medicine
- Goals- Group discussion of an admission(s) from the previous night. Presented by the post call team and discussion facilitated by the acting chairman of medicine. Emphasis on building skills in differential diagnosis and diagnostic strategies. Updates will be provided by the admitting team on the following week. Staff in attendance will help with facilitating group discussion.

- **Chief Resident's Morning Report**-
  - Format- Case based discussion
  - When- MTW 8:15-9
  - Participants- All IM residents rotating at DGMC
  - Facilitator-Chief Resident
  - Goals- Case generated discussion and group didactic. Chief Resident will choose a case or cases from the in-patient or outpatient setting to be used as the basis for discussion of relevant topics to IM. Residents are expected to attend and participate in discussion.

- **Noon Conference**
  - Format- Didactic presentation
  - When- M-F 12-1
  - Participants- All IM residents rotating at DGMC
  - Facilitator- Staff physicians
  - Goals- Provide lectures on core topics in Internal Medicine in preparation for the Internal Medicine Board exam. All subspecialties are represented in the lecture schedule.

- **Intern Report**
  - Format- Small group discussion
  - When- Tuesday 12-1
  - Participants- All IM PGY 1 residents
  - Facilitator-General Medicine Staff and chief resident
  - Goals- Develop skills in critical thinking and the application and practice of evidenced based medicine. Residents will become proficient at the systematic review of medical literature by presenting and participating in the critical evaluation of core articles in internal medicine. Residents will also answer specific clinical questions using the medical literature to improve their skill at finding, accessing and critically appraising the available medical literature. In addition, such issues as professionalism, communication skills, end of life care, ethics, preventive medicine, and system based practice will be discussed.

- **Resident Grand Rounds**

- Format- Didactic presentation
- When- Variable, at 8:15 in place of the Chief Resident's Morning Report
- Participants- All IM residents rotating on-site
- Facilitator-All IM senior residents do one presentation per year
- Goals- Residents will be responsible for giving an hour-long lecture on a medically relevant research topic of their choosing. Emphasis on research, organization and presentation skills.

- **Resident Morning Report**
  - Format- Case based discussion
  - When- Variable, at 8:15 AM in place of the Chief Resident's Morning Report
  - Participants- All IM residents rotating on-site
  - Facilitator- All IM senior residents facilitate at least 1 per year
  - Goals- Develop and present a case based discussion and practice group facilitation and teaching skills. Residents are encouraged to work with either their advisor or the Chief Resident.

- **Senior Resident Seminar**
  - Format- Resident led discussion
  - When- T 12-1
  - Participants- PGY 2 & 3 residents
  - Facilitator- Senior residents, Internal Medicine Staff
  - Goals- Dedicated time for consideration of topics specific to senior residents. Topics include board review, evidence based medicine, systems of healthcare, professionalism, communication skills and other topics as determined by resident preferences.

- **Journal Club**
  - Format- Resident led discussion
  - When- Variable, at 8:15 AM in place of Chief Resident's Morning Report
  - Participants-All IM residents rotating on-site
  - Facilitator-IM residents
  - Goals- Residents will further develop and demonstrate skills learned as PGY I in Intern Report (see above). Resident will be responsible for addressing a specific clinical question with primary medical literature, presenting the results to the group, critically appraising the available evidence and facilitating a discussion on clinical relevance.

- **Grand Rounds**
  - Format- Didactic presentation
  - When- F 12-1
  - Participants- All IM residents and staff at DGMC

- Facilitator- Usually a guest lecturer but may be a staff physicians
- Goals- Provide most up-to-date information on core topics in Internal Medicine by an expert in the field. All subspecialties are represented in the lecture schedule.

- **Clinicopathological Conference**
  - Format-Didactic presentation
  - When-Once per month 0815-0900
  - Participants-Internal Medicine residents and staff
  - Faciliatotor-Senior resident
  - Goals-Provide pathologic or radiologic correlation to a patient case presented in a morning report format. Will involve consultation from various specialties outside of Internal Medicine.

- **Core Competency Lecture Series**
  - Format- Didactic presentation
  - When-3rd Wednesday each month 7:30-8:30
  - Participants- All residents at DGMC
  - Facilitator- Either a guest lecturer but may be a staff physicians
  - Goals- Provide didactic lectures on the core competencies to include ethics, professionalism, communication skills, and critical appraisal of the medical literature.

- **Morbidity and Mortality Conference**
  - Format- Group discussion
  - When- 3rd Tuesday of the month 815-9 AM
  - Participants- All IM residents and staff at DGMC
  - Facilitator- Staff physician
  - Goals- To review cases of morbidity and/or mortality at David Grant Medical Center and determine if patient care and outcome could have been improved. If outcome and care could have been improved, what faulty systems led to the poor patient outcome and how can they be changed to prevent further morbidity and mortality.

- **Geriatric Grand Rounds**
  - Format- Didactic lecture and/or group discussion
  - When- 1st Thursday of the even months, 8:15-9 AM
  - Participants- All IM, FP, and OB/GYN residents at DGMC
  - Facilitator- Staff or guest geriatrician
  - Goals- To review common problems specific to the geriatric population and their management

- **Balint**
  - Format- Small group discussion
  - When- F 1-2, alternating PG1 and PG2/3
  - Participants- All IM residents
  - Facilitator- An FP physician (Dr. Walker) and an FP clinical psychologist
  - Goals- Teach empathy through case-based discussions brought by residents

- **Continuity Clinic**
  - Format- Direct patient care
  - When-one to two ½ days per week depending on the rotation
  - Participants- All residents
  - Facilitator- Staff Preceptor
  - Goals- Resident will act as the primary care provider for a panel of general internal medicine patients. Empanelment will increase with progression through residency. Each patient encounter is discussed using real time feedback. Resident charting is reviewed the same day.

Principle Educational Goals by Relevant Competency

In the tables below, the principle educational goals are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principle teaching/learning activity for each goal, using the legend below.

***Legend for Learning Activities**

AR-Attending Rounds
MDR-Multi-disciplinary Rounds
CMR-Chairman's Morning Report
CRMR-Chief Resident's Morning Report
IR-Intern Report
RMR-Resident Morning Report
JC-Journal Club
GR-Grand Rounds
MM-Morbidity and Mortality
DCPC-Direct Collaborative Patient Care
CPC-Clinicopathological Conference
WR-Work Rounds
SMR-Specialty Morning Report
TR-Teaching Rounds
NC-Noon Conference
RGR-Resident Grand Rounds
SRS-Senior Resident Seminar
CON-Continuity Clinic
CC-Core Competency Lecture Series
GGR-Geriatric Grand Rounds
BAL-Balint

1. Patient Care (PC): *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*

Principle Educational Goals	Learning Activities*

Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures	AR, WR, SMR, CMR, TR, CRMR, RMR, CON, DCPC, BAL, CPC
Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgments, scientific evidence, and patient preference	AR, WR, SMR, CMR, TR, CRMR, NC, IR, RGR, RMR, CPC, JC, CON, GR, CC, GGR, DCPC, BAL, SRS
Develop, negotiate and implement effective patient management plans and integration of patient care	AR, WR, MDR, SMR, CMR, TR, CRMR, NC, IR, RGR, RMR, JC, CON, GR, CC, MM, GGR, DCPC, BAL, CPC, SRS
Perform competently the diagnostic and therapeutic procedures considered essential to the practice of internal medicine	AR, WR, TR, CON, DCPC

2. Medical Knowledge (MK): *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.*

Principle Educational Goals	**Learning Activities***
Apply an open-minded, analytical approach to acquiring new knowledge	AR, WR, SMR, CMR, TR, CRMR, NC, IR, JC, CON, CC, DCPC, SRS, CPC
Access and critically evaluate current medical information and scientific evidence	AR, IR, JC, CC, SRS
Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of internal medicine	AR, WR, SMR, CMR, TR, CRMR, NC, IR, RGR, RMR, JC, CON, GR, CC, GGR, DCPC, SRS, CPC
Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking	AR, WR, SMR, CMR, TR, CRMR, IR, RMR, JC, CON, DCPC, CPC, SRS

3. Practice-Based Learning and Improvement (PBL): *Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.*

Principle Educational Goals	**Learning Activities***
Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care	AR, WR, MDR, SMR, CMR, TR, IR, CON, MM, DCPC, SRS
Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice	AR, TR, IR, MM, DCPC, BAL, SRS
Develop and maintain a willingness to learn	AR, TR, IR, MM, DCPC, SRS

from errors and use errors to improve the system or processes of care	
Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education	AR, WR, TR, IR, CON, DCPC, SRS

4. Interpersonal and Communication Skills (ICS): *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.*

Principle Educational Goals	**Learning Activities***
Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families	AR, WR, TR, CON, IR, CC, DCPC, BAL, SRS
Interact with consultants in a respectful, appropriate manner	AR, WR, MDR, SMR, CMR, TR, CRMR, RMR, CON, MM, DCPC, CPC
Maintain comprehensive, timely, and legible medical records	AR, WR, TR, CON, MM, DCPC

5. Professionalism (Prof): *Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.*

Principle Educational Goals	**Learning Activities***
Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues	AR, WR, MDR, SMR, TR, IR, CON, CC, GGR, DCPC, BAL, SRS
Adhere to principles of confidentiality, scientific/academic integrity, and informed consent	AR, WR, TR, IR, CON, CC, DCPC, BAL, SRS
Recognize and identify deficiencies in peer performance	AR, WR, SMR, CMR, TR, CRMR, IR, RGR, RMR, CBC, JC, MM, SRS

6. Systems-Based Practice (SBP): *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.*

Principle Educational Goals	Learning Activities*
Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient	AR, WR, MDR, SMR, CMR, TR, CRMR, RMR, CC, DCPC, GGR, CPC
Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management	AR, WR, SMR, CMR, TR, CRMR, NC, IR, RGR, RMR, JC, CON, GR, GGR, DCPC, SRS
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 to optimize care for the individual patient	AR, WR, MDR, TR, CON, CC, GGR, DCPC

Evaluation Methods

- At the end of each rotation the residents are formally evaluated by their attending physician in writing and verbally using the ABIM standard evaluation form using the six core competencies.
- All interns must have an attending witness and evaluate them perform a mini-CEX at least once during each inpatient rotation.
- At the end of the year, evaluations are performed by the Nursing and Medical Technician Staff
- Peer evaluations are done at the end of the year.
- The In-service exam is used by residents annually to evaluate their knowledge and compare it with other residents across the country

Promotion

For advancement to the next year of training, residents must demonstrate proficiency in the following competency based criteria:

Interns:

Patient care:

- Prioritizes a patient's problems
- Prioritizes a day of work
- Monitors and follows up patients appropriately
- Performs satisfactorily a mini-CEX
- Demonstrates caring and respectful behaviors with patients and families
- Gathers essential/accurate information via interviews and physical exams and reviews other data
- Knows indications, contraindications and risks of most invasive procedures
- Competently performs some invasive procedures
- Provides services aimed at preventing or maintaining health

- Works with all health care professionals to provide patient-focused care

Medical Knowledge

- Uses written and electronic references and literature sources to learn about patients' diseases
- Demonstrates knowledge of basic and clinical sciences
- Applies knowledge to therapy

Practice-Based Learning and Improvement

- Understands his or her limitations of knowledge
- Asks for help when needed
- Is self motivated to acquire knowledge
- Uses Up-to-Date, Ovid and other computerized sources of results and information to enhance patient care
- Accepts feedback and develops self-improvement plans

Interpersonal Communication Skills

- Writes pertinent and organized notes
- Has timely and legible medical records
- Uses effective listening, narrative, and non-verbal skills to elicit and provide information
- Works effectively as a member of the health care team

Professionalism

- Establishes trust with patients and staff
- Does not refuse to treat patients
- Is honest, reliable, cooperative and accepts responsibility
- Shows regard for opinions and skills of colleagues
- Is free from substance abuse or is satisfactorily undergoing rehabilitation
- Demonstrates respect, compassion, and integrity
- Is responsive to the needs of patients and society, which supercede self-interest

Systems-Based Practice

- Is a patient advocate
- Has constructive skepticism
- Advocates for high quality patient care and assists patients in dealing with system complexity

PGY-2's:

Patient care:

- Prioritizes a patient's problems
- Prioritizes a day of work
- Monitors and follows up patients appropriately
- Performs satisfactorily a mini-CEX
- Demonstrates caring and respectful behaviors with patients and families
- Gathers essential/accurate information via interviews and physical exams and reviews other data
- Knows indications, contraindications and risks of most invasive procedures

- Competently performs and increasing number of invasive procedures
- Provides services aimed at preventing or maintaining health
- Works with all health care professionals to provide patient-focused care
- Understands and weighs alternatives for diagnosis and treatment
- Uses diagnostic procedures and therapies appropriately
- Elicits subtle findings on physical examination
- Obtains a precise, logical and efficient history
- Interprets results of procedures properly
- Is able to manage multiple problems at once
- Makes informed decisions about diagnosis and therapy after analyzing clinical data
- Develops and carries out management plans
- Considers patient preferences when making medical decisions
- Triages patients to appropriate location

Medical Knowledge

- Uses written and electronic references and literature sources to learn about patients' diseases
- Demonstrates knowledge of basic and clinical sciences
- Applies knowledge to therapy
- Is aware of indications, contraindications, and risk of commonly used medications and procedures
- Demonstrates knowledge of epidemiologic and social-behavioral sciences
- Applies the basic, clinical, epidemiologic and social behavioral science knowledge to the care of the patient

Practice-Based Learning and Improvement

- Understands his or her limitations of knowledge
- Asks for help when needed
- Is self motivated to acquire knowledge
- Uses Up-to-Date, Ovid and other computerized sources of results and information to enhance patient care
- Accepts feedback and develops self-improvement plans
- Undertakes self-evaluation with insight and initiative
- Facilitates the learning of students and other health care providers

Interpersonal Communication Skills

- Writes pertinent and organized notes
- Has timely and legible medical records
- Uses effective listening, narrative, and non-verbal skills to elicit and provide information
- Works effectively as a member or leader of the health care team
- Creates and sustains therapeutic and ethically sound relationships with patients and families
- Provides education and counseling to patients, families, and colleagues
- Is able to discuss end of live care with patient/family

Professionalism

- Establishes trust with patients and staff
- Does not refuse to treat patients
- Is honest, reliable, cooperative and accepts responsibility
- Shows regard for opinions and skills of colleagues
- Is free from substance abuse or is satisfactorily undergoing rehabilitation
- Demonstrates respect, compassion, and integrity
- Is responsive to the needs of patients and society, which supercede self-interest
- Displays initiative and leadership
- Is able to delegate responsibility to others
- Demonstrates commitment to on-going professional development
- Demonstrates commitment to ethical principles pertaining to the provision or withholding of care, patient confidentiality, informed consent and business practices
- Demonstrates sensitivity to patient culture, gender, age, preferences and disabilities
- Acknowledges errors and works to minimize them

Systems-Based Practice

- Is a patient advocate
- Has constructive skepticism
- Advocates for high quality patient care and assists patients in dealing with system complexity
- Applies knowledge of how to partner with health care providers to assess, coordinate and improve patient care
- Uses systematic approaches to reduce errors
- Participates in developing ways to improve systems of practice and health management

PGY-3's:

Patient care:

- Prioritizes a patient's problems
- Prioritizes a day of work
- Monitors and follows up patients appropriately
- Performs satisfactorily a mini-CEX
- Demonstrates caring and respectful behaviors with patients and families
- Gathers essential/accurate information via interviews and physical exams and reviews other data
- Knows indications, contraindications and risks of most invasive procedures
- Competently performs ABIM required invasive procedures
- Provides services aimed at preventing or maintaining health
- Works with all health care professionals to provide patient-focused care
- Understands and weighs alternatives for diagnosis and treatment
- Uses diagnostic procedures and therapies appropriately

- Elicits subtle findings on physical examination
- Obtains a precise, logical and efficient history
- Interprets results of procedures properly
- Is able to manage multiple problems at once
- Makes informed decisions about diagnosis and therapy after analyzing clinical data
- Develops and carries out management plans
- Considers patient preferences when making medical decisions
- Triages patients to appropriate location
- Reasons well in ambiguous situations
- Spends time appropriate to the complexity of the problem

Medical Knowledge

- Uses written and electronic references and literature sources to learn about patients' diseases
- Demonstrates knowledge of basic and clinical sciences
- Applies knowledge to therapy
- Is aware of indications, contraindications, and risk of commonly used medications and procedures
- Demonstrates knowledge of epidemiologic and social-behavioral sciences
- Applies the basic, clinical, epidemiologic and social behavioral science knowledge to the care of the patient
- Demonstrates an investigatory and analytic approach to clinical situations

Practice-Based Learning and Improvement

- Understands his or her limitations of knowledge
- Asks for help when needed
- Is self motivated to acquire knowledge
- Uses Up-to-Date, Ovid and other computerized sources of results and information to enhance patient care
- Accepts feedback and develops self-improvement plans
- Undertakes self-evaluation with insight and initiative
- Facilitates the learning of students and other health care providers
- Analyzes personal practice patterns systematically, and looks to improve
- Compares personal practice patterns to larger populations
- Locates, appraises and assimilates scientific literature appropriate to specialty
- Applies knowledge to study design and statistics

Interpersonal Communication Skills

- Writes pertinent and organized notes
- Has timely and legible medical records
- Uses effective listening, narrative, and non-verbal skills to elicit and provide information
- Works effectively as a leader of the health care team
- Creates and sustains therapeutic and ethically sound relationships with patients and families

- Provides education and counseling to patients, families, and colleagues
- Is able to discuss end of live care with patient/family

Professionalism

- Establishes trust with patients and staff
- Does not refuse to treat patients
- Is honest, reliable, cooperative and accepts responsibility
- Shows regard for opinions and skills of colleagues
- Is free from substance abuse or is satisfactorily undergoing rehabilitation
- Demonstrates respect, compassion, and integrity
- Is responsive to the needs of patients and society, which supercede self-interest
- Displays initiative and leadership
- Is able to delegate responsibility to others
- Demonstrates commitment to on-going professional development
- Demonstrates commitment to ethical principles pertaining to the provision or withholding of care, patient confidentiality, informed consent and business practices
- Demonstrates sensitivity to patient culture, gender, age, preferences and disabilities
- Acknowledges errors and works to minimize them
- Is effective as a consultant

Systems-Based Practice

- Is a patient advocate
- Has constructive skepticism
- Advocates for high quality patient care and assists patients in dealing with system complexity
- Applies knowledge of how to partner with health care providers to assess, coordinate and improve patient care
- Uses systematic approaches to reduce errors
- Participates in developing ways to improve systems of practice and health management
- Demonstrates ability to adapt to change
- Provides cost effective care
- Understands how individual practices affect other health care professionals, organizations, and society
- Demonstrates knowledge of types of medical practice and delivery systems
- Practices effective allocation of health care resources that does not compromise the quality of care