

**University of Washington
Internal Medicine Residency**

General Internal Medicine Inpatient Curriculum – Ward and Float Services

Educational Goals: IM Residents will rotate through general internal medicine inpatient rotations to:

- Gain exposure to a broad range of acute medical problems in adults
- Develop the ability to evaluate and manage patients admitted with undifferentiated illness
- Develop skills in evaluation, diagnosis, problem-solving and management of common acute and chronic IM diseases
- Enhance communication and counseling skills for education of patients, and interaction with patients of differing lifestyles and personal choices
- Implement primary and secondary preventive strategies for various disease states
- Develop skills at transitioning patients from inpatient to outpatient care and discharge planning
- Effectively communicate with subspecialists to ensure optimal patient care
- Develop skills in end of life care
- Senior residents will be effective supervisors of R1s in evaluation and management of patients

This chart details the minimum curricular goals for each year of residency.

Patient Care: History Taking	Resident Competency Evaluation Form, Mini-CEX
PGY-1	<p>Demonstrates the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources with moderate input from faculty.</p> <p>Specific historical areas include:</p> <ul style="list-style-type: none"> • Risk factors for the disease considered • Symptom driven history for patients presenting with: chest pain, shortness of breath, abdominal pain, weight loss, failure to thrive, infectious syndromes, acute renal failure, edema, delirium, syncope, rash • Detailed past history for the diagnoses of CHF, DM, HTN, CAD, CRF, COPD/Asthma, HIV infection, thromboembolic disease, malignancy • Risk assessment for in hospital complications of incontinence, falls, malnutrition, thromboembolic disease and delirium <p>Chart review for relevant information on transfer patients, including consultation with referring physicians</p>
PGY-2	<p>Demonstrates the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources with occasional input from faculty.</p> <p>Begins to deal with sensitive topics such as:</p> <p>Compliance/adherence issues</p> <ul style="list-style-type: none"> • End of life issues in patients • Sensitive histories such as sexual history, domestic violence history, psychiatric history, and substance abuse history <p>Learning to provide appropriate balance between supervision and autonomy of interns.</p> <p>Provides feedback to interns and students.</p>
PGY-3	<p>Demonstrates the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources independently.</p> <p>Successfully deals with sensitive topics.</p> <p>Provides skilled supervision and teaching of junior team members with ongoing feedback and evaluation.</p>

Patient Care: Physical Exam	Resident Competency Evaluation Form, Mini-CEX
PGY-1	<p>Demonstrates the ability to perform a routine:</p> <ul style="list-style-type: none"> • Systemic evaluation for evidence of infection or hemodynamic instability • Assessment of presence and integrity of indwelling lines and devices • Cardiac examination for evidence of congestive heart failure including abnormal PMI, JVP, HJR, S3 • Pulmonary exam for evidence of pneumonia or effusion • Abdominal exam for masses, abdominal pain or organomegaly • Foot exam for evidence of diabetic ulcerations • Vascular exam for evidence of venous and arterial insufficiency • Pressure exam for those at risk for pressure ulcers • Neurologic exam including mini mental status exam for complaints of weakness, sensory symptoms and/or altered mental status • Pelvic examination on women with pelvic or abdominal complaints. <p>Attempts to characterize abnormalities on exam with regular input from faculty.</p>

PGY-2	Demonstrates the ability to reliably recognize abnormalities on the physical exam. Names and quantifies the significance of systolic and diastolic murmurs, including seeking peripheral manifestations of the same. Able to localize site of neurologic dysfunction from clinical exam findings. Requires occasional input from faculty. Learn EBM rational clinical examination.
PGY-3	Independently carries out an accurate physical examination with both normal and abnormal physical findings. Teach EBM physical examination techniques.

Patient Care: Medical Decisions Resident Competency Evaluation Form, Chart Review/submitted documentation

PGY-1	Reliably recognizes critical illness and appropriately seeks assistance. Writes progress notes that identify important data and demonstrate thoughtful problem based assessment and plan. Interprets: <ul style="list-style-type: none"> • Electrolyte Panels for sodium, potassium and acid base disorders • CBC for evidence of anemia, thrombocytopenia and WBC for evidence of infection or neoplasia • Urinalysis, Gram Stain and blood culture results for infection • Cardiac Enzymes Depends on moderate faculty input
PGY-2	Reliably recognizes critical illness and can independently initiate management strategies. Ongoing management goals are correct with moderate faculty input. Identifies the indications, benefits (morbidity vs mortality), risks and contraindications for the following therapies: <ul style="list-style-type: none"> • Antibiotics and prednisone use in COPD exacerbations • Antibiotic choice for CAP, • Inpatient tight control of diabetes, • Agents to manage DM • Warfarin for stroke prevention in atrial fibrillation • ASA, Clopidogrel and Heparin in ACS • Thrombolytics, ACE-I for AMI and for CHF • Beta blockers in ACS, CHF • Spironolactone in CHF • Erythropoietin for anemia of chronic disease and renal failure.
PGY-3	Reliably recognizes critical illness and can independently initiate emergent and ongoing management strategies. Knows the magnitude of impact of the therapies used in most common disease states (see PGY2 list), and familiar with current literature data. Functions almost independently.

Patient Care: Procedural Skills Resident Competency Evaluation Form, Procedure Log

PGY-1	Masters the cognitive, counseling and technical skills for: <ul style="list-style-type: none"> • Central line placement in at least one site • ABG • CPR Interprets reports of: <ul style="list-style-type: none"> • Arterial Blood Gases • Pulse oximetry • CXR for evidence of CHF, effusion and/or pneumonia • Pleural fluid for etiology • Pleural and spinal fluid for evidence of infection • EKGs for acute ischemia, bundle branch blocks and narrow complex tachyarrhythmias • Urinalysis for evidence of intrinsic renal disease Understands the indications for: <ul style="list-style-type: none"> • Cardiac Catheterization • Exercise Stress testing • Echocardiograms • Tilt Table testing • CT Scans for evaluation of Masses • Head CT and MRI for evidence of CVA • CT scans and Doppler US for evidence of thromboembolic disease Documents appropriately. Relies on moderate faculty input.
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PGY-2	Masters the cognitive, counseling and technical skills, for: <ul style="list-style-type: none"> • Central line placement at two or more sites • Thoracentesis • Lumbar puncture • Nutritional supplementation Interprets reports of: <ul style="list-style-type: none"> • Echocardiograms • Cardiovascular stress tests • Simple cardiac catheterization films • CT scan for pulmonary embolism and for evaluation of masses, chest abnormalities and abdominal symptoms • Nutritional assessment Understands the indications for: <ul style="list-style-type: none"> • Initiation of acute dialysis • PEG tubes for patients with malnutrition Relies on occasional faculty input
PGY-3	Independent in performing, interpreting and planning appropriate procedures for patients. Develops competency in performing Pulmonary Artery catheter placement and accurately interprets results. Functions almost independently.

Patient Care: Consultation Process

Resident Competency Evaluation Form,

PGY-1	Uses relevant questions to obtain consultation and follows up on unclear recommendations.
PGY-2	Develops strategy for managing patient referrals and followup in the outpatient arena.
PGY-3	Critically analyses consultant recommendations and manages conflicting opinions of multiple consultants.

Medical Knowledge

Resident Competence Evaluation form; Attending review of written documentation

PGY-1	Applies relevant clinical and basic science knowledge in the following common medical conditions: Pneumonia, ARF, Hyponatremia, Delirium, Weight Loss, Respiratory Failure, Chest Pain, Abdominal Pain, Hypertensive urgency, Liver Failure Defines, recognizes and initiates diagnostic and therapeutic management for: <ul style="list-style-type: none"> • Common infectious syndromes • UTI/ pyelonephritis • Pneumonia: community and hospital acquired • COPD/ Asthma exacerbations • DVT/PE • Diabetes Mellitus • DKA and NKHOC • Acute coronary syndromes • Non ST Elevation MIs • Congestive Heart Failure • Atrial fibrillation with rapid ventricular response • Pancreatitis, cholecystitis, diverticulitis • Acute Renal Failure • Volume Depletion • Delirium • Uncontrolled hypertension
PGY-2	Demonstrates a progression in content knowledge and analytical thinking with well formulated differential diagnoses and management plans.
PGY-3	Understanding and application of medical literature related to common medical conditions.

Interpersonal Skills and Communication

Resident Competency Evaluation Form; Mini-CEX

PGY-1	Effectively establishes rapport with patients and families and initiates communication with them on a regular basis. Appropriately communicates with other health care professionals and consultants. Organized and articulate presentations on rounds. Functions as an effective team member. Provides timely and thorough electronic documentation of patient care.
PGY-2	Effectively carries out difficult discussions, such as sensitive topic discussions with occasional faculty input. Provides teaching and feedback to more junior team members on their communication styles. Functions as an effective team leader.
PGY-3	Able to deal with the most challenging patients and families with minimal direction. Coordinates team communication to optimize patient care. Functions as an effective team leader with decreasing reliance on attending. Functions as a consultant.

Professionalism

Resident Competency Evaluation Form; Conference Attendance

PGY-1	Identifies ethical issues. Strives for patient care and knowledge excellence. Reliably accomplishes assigned tasks Demonstrates integrity, respect for others, honesty and compassion. Demonstrates timely completion of administrative tasks and documentation.
PGY-2	Identifies ethical issues and the resources available to solve them. Strives for patient care and knowledge excellence. Reliably identifies and accomplishes necessary tasks.
PGY-3	Identifies ethical issues and solves them using the available resources Provides counseling on professionalism issues for more junior team members. Sets a tone of respect and collegiality for the team and acts as role model for patient care and professional behavior.

Practice Based Learning & Improvement

Resident Competency Evaluation Form

PGY-1	Effective and efficient pre-rounding. Seeks and accepts feedback from team about patient care, organization and presentations. Learns basic EBM principles, and article review. Understands limits of own knowledge, and seeks help. Reviews autopsies to understand illness and care of critically ill pts. Demonstrates improvement in clinical management by continual improvement over all Ward months. Facilitate learning of students.
PGY-2	Understands EBM principles, and begins to utilize relevant research to support decision-making. Demonstrates EBM-based research and preparation when teaching junior colleagues or peers. Identifies knowledge deficiencies and seeks to correct them
PGY-3	Appropriately integrates EBM with expert opinions and professional judgment. Able to utilize and suggest data-driven modifications to protocols. Able to systematically compare personal practice patterns to larger populations and seek to improve disparities in own patient care. Ability to accurately self-assess skills and performance.

Systems Based Practice

Resident Competency Evaluation Form; 360 Degree Evaluations

PGY-1	Effectively communicates with nurses and other professionals to optimize patient care. Writes effective notes. Appropriately transitions patients to the next level of care and discharge planning. Uses strategies to obtain information from other practitioners about patients' current health. Reflects on healthcare provided, and has awareness of cost effective practices.
PGY-2	Develops advocacy strategies for patients with access to health care issues. Understands and moderately practices cost effective patient care and selective test ordering.
PGY-3	Consistently advocates for patients, insures appropriate referrals and progress notes accurately reflect care. Develops systems designed to optimize followup. Assumes leadership role in management of complex care plans. Practices cost effective patient care and selective test ordering.