

GRADED LEARNING OBJECTIVES
Medicine Residency Program
University of Washington

I. Patient Care Objectives

- A. *Interviewing*: Residents must demonstrate the importance of communication when caring for patients as they collect highly personal information.
1. PGY-1 residents should consistently demonstrate integrity, respect, compassion and empathy for patients and their families. They should establish trust and recognize the primary concern is the welfare of the patient. Residents at this level of training will respect personal preferences and understand patient rights. They will engage in shared decision making with their patients.
 2. PGY-2 and PGY-3 residents should demonstrate the above and aid junior peers in effective communication with patients.
- B. *History taking*: Residents must demonstrate an understanding of the importance of history in deriving a differential diagnosis.
1. PGY-1 residents will consistently gather essential and accurate information. The database will be organized in manner consistent with accepted medical convention and charted in a timely and efficient manner. The information will be comprehensive and include data gathered by other providers and laboratory investigations.
 2. PGY-2 and PGY-3 residents will be precise, logical, and efficient in their data collect in addition to the above. They will demonstrate progressive skills in hypothesis driven histories.
- C. *Physical Examination*: Residents will demonstrate the importance of performing an appropriate and relevant physical exam.
1. PGY-1 residents will perform a comprehensive physical exam with a consistence sequence. Residents at this level will be able to identify normal from abnormal and will describe the physiological and anatomical basis for these findings. Residents will demonstrate the ability to augment their physical exam steps to elicit data not obtained with standard movements.
 2. PGY-2 residents, in addition to the above, will correctly detect subtle findings and understand their significance. Residents will be able to teach appropriate physical exam skills to junior peers and medical students.
 3. PGY-3 residents additionally will to perform a focused physical exam at the level similar to a sub-specialist. PGY-3 residents will understand the sensitivity and specificity of these maneuvers.
- D. *Clinical Judgment, Medical Decision-Making and Management Plans*: Residents will progressively become more adept at assimilating information that they have gathered from the history and physical exam.
1. PGY-1 residents will be able to identify all the patients' problems and develop a prioritized differential diagnosis. They will understand their limitation of knowledge and seek the advice of more advanced clinicians. PGY-1 residents will begin to develop therapeutic plans that are evidenced or consensus based. Residents will establish an orderly succession of testing based on their history and exam findings. They will demonstrate wise use of diagnostic therapeutic procedures.

2. PGY-2 residents will demonstrate the above and in addition will regularly integrate medical facts and clinical data while weighing alternatives and keeping in mind patient preference. They will regularly incorporate consideration of costs, risks, and benefits when considering testing and therapies. They will present up-to-date scientific evidence to support their hypotheses. They will use information technology effectively to support patient care decisions and strive to provide cost effective care. They will consistently monitor and follow-up patients appropriately. They will enlist social and other out-of-hospital clinical resources to help patients with the therapeutic plan. PGY-2 residents will assist junior trainees and medical students to become efficient managers through the appropriate use of clinical judgment and effective decision-making.
 3. PGY-3 residents will demonstrate the above and in addition, will demonstrate appropriate reasoning in ambiguous situations, while continuing to seek clarity. Residents at this level of training will not overly rely on tests and procedures. PGY-3 residents will consistently establish monitoring procedures and demonstrate the ability to change therapeutic programs for ineffectiveness or adverse side effects.
- E. *Oral Case Presentation Skills:* Residents at all levels of training will be adept in oral presentation skills. This will be demonstrated by delivering an appropriately focused case presentation that is well organized. They will include all important aspects of the history, physical exam, and laboratory investigations. The assessment will be well developed and include an in-depth differential diagnosis and carefully executed diagnostic and therapeutic plan. Residents will become progressively more sophisticated at distilling relevant information. Pertinent materials such as x-rays and EKG's will be included and correctly interpreted.
- F. *Counseling:* Residents will recognize the importance of clear and accurate instructions for patients and their families.
1. PGY-1 residents will be skilled at giving patients accurate instructions regarding usage of their medications and follow-up care. They will document their counseling conversations.
 2. PGY-2 and PGY-3 residents will effectively counsel and educate patients about pertinent health issues, tests and treatments. They will be able to recommend appropriate screening exams by gender and age. Residents will consistently and thoroughly educate patients and their families, using patient education as a form of intervention and partnering.
- G. *Use of Technology:* Residents will understand the increasing role that technological advancements bring to the bedside.
1. PGY-1 residents will demonstrate the usage of computer-assisted databases for diagnosis and decision-making. They will utilize the electronic medical record. They will regularly utilize drug information programs.
 2. PGY-2 and PGY-3 residents, in addition to the above, will efficiently utilize the electronic medical record. They will utilize electronic databases for patient educational materials. They will demonstrate the ability to perform a literature search of available databases as needed to facilitate patient care and their own learning.

- H. *Procedures*: Residents will understand the importance of competently performing medical procedures essential for the practice of general internal medicine while minimizing risk and discomfort to patients.
1. PGY-1 residents will demonstrate knowledge of procedural indications, contraindications, necessary equipment, process for handling specimens and patient after-care. They will participate in informed consent and assist the patient with decision making through their knowledge. Procedures will be thoroughly documented. PGY-1 residents will be supervised for all procedures. PGY-1 residents will also participate in the Procedure, Arthrocentesis, and GYN workshops.
 2. PGY-2 residents, in addition to the above, will be supervised where skill level dictates or when a sufficient number of procedures have not been completed and competency has not been ascertained. When competency has been established, they will assist their junior peers in skill acquisition.
 3. PGY-3 residents, in addition to the above, will demonstrate extensive knowledge and be facile in the performance of procedures. By the end of the PGY-3 year residents will have successfully completed the following procedures:
 - Abdominal Paracentesis.....(3)
 - Arterial Blood Gas(3)
 - Arterial Line Placement(3)
 - Arthrocentesis(3)
 - Breast Examination.....(3)
 - Central Venous Line-Internal Jugular.....(3)
 - Central Venous Line-Subclavian(3)
 - Drawing Venous Blood.....(2)
 - Incision & Drain of Abscess.....(3)
 - Lumbar Puncture.....(5)
 - Nasogastric Tube Insertion(3)
 - Pap & Pelvic Examination(3)
 - Peripheral Venous Line Placement.....(3)
 - Pulmonary Artery Catheter Placement(5)
 - Thoracentesis(5)
- I. *Preventative Care*: Residents will understand the importance of disease prevention and health maintenance.
1. PGY-1 residents will demonstrate the ability to keep up-to-date health maintenance patient records for accepted screening and preventative practices. Residents will demonstrate appropriate monitoring for chronic illness care.
 2. PGY-2 and PGY-3 residents, in addition to the above, will verbalize the appropriate age-based screening and preventative care. These residents will remain vigilant for changes in recommendations from federal and professional societies and be able to apply such recommendations to their patient population. They will be receptive to feedback from external agencies and strive to improve any deficiencies in care delivery. Residents will demonstrate an understanding of public health and reportable diseases.
- J. *Patient-Focused Care*: Residents at all levels of training will demonstrate sensitivity and responsiveness to patients' age, culture, gender, disabilities, and sexual orientation. Residents will work effectively with health care professionals, including

those from other disciplines, to provide patient-focused care. Residents will be accountable, altruistic, and reliable to achieve this end. Residents will demonstrate respect, compassion and integrity while displaying responsiveness to the needs of the patients and society that supercedes self-interest.

II. Medical Knowledge Specific Competency Objectives

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- A. Know and apply the basic and clinically supportive sciences which are appropriate to their discipline
 1. PGY-1 residents will
 - a) Demonstrate knowledge of common procedural indications, contraindications, necessary equipment, process for handling specimens and patient after-care.
 - b) Demonstrate knowledge of basic and clinical sciences.
 - c) Demonstrate satisfactory knowledge of common medical conditions, sufficient to manage urgent complaints with supervision. Residents must exhibit sufficient content knowledge of common conditions to provide care with minimal supervision by completion of the PGY-1 year.
 2. PGY-2 residents will additionally
 - a) Demonstrate a progression in content knowledge and analytical thinking in order to develop well-formulated differential diagnoses for multi-problem patients.
 - b) Demonstrate understanding and responsiveness to socio-behavioral issues.
 - c) Develop knowledge of statistical principles. Understand and appropriately use sensitivity, specificity, predictive values, likelihood ratio, number needed to treat, and odds ratios.
 - d) Take the USMLE Step 3 exam by December.
 - e) Pass the USMLE Step 3 exam, with documentation of passing grade provided to Residency Office.
 - e) Demonstrate knowledge regarding the performance of procedures while minimizing risk and discomfort to patients.
 - f) Exhibit knowledge of effective teaching and evaluation methods, including RIME, one-minute preceptor, and evaluation techniques.
 3. PGY-3 residents will additionally
 - a) Demonstrate growing knowledge in all areas of internal medicine.
- B. Demonstrate an investigatory and analytic approach to clinical situations
 1. PGY-1 residents will
 - a) Exhibit utilization of the University and hospital library resources.
 - b) Exhibit self-motivation to learn.
 - c) Demonstrate sufficient analytic skills necessary to develop appropriate assessments and plans for common medical diagnoses and complaints.
 - d) Demonstrate ability to frame clinical questions and initiate literature search.
 2. PGY-2 residents will additionally

- a) Regularly display self-initiative to stay current with new medical knowledge.
 - b) Independently present current scientific evidence to support hypotheses.
3. PGY-3 residents will additionally
- a) Regularly demonstrate knowledge of the impact of study design on validity or applicability to individual practice.
 - b) Prepare a formal handout and annotated bibliography for Resident Teaching Conference or prepare another approved scholarly work.

III. Practice Based Learning and Improvement Specific Competency Objectives

The ability to utilize clinical practice and direct patient care as a venue for practice improvement and learning is a life long process; however it is expected that a resident will satisfactorily function in the following areas:

A. *Evidence Based Medicine*: Location, appraisal, and assimilation of evidence from scientific studies related to patients' health problems. Application of knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

1. PGY-1 residents should demonstrate the ability to
 - a) Be self motivated to acquire knowledge.
 - b) Locate scientific literature to support decision-making.
2. PGY-2 residents should additionally
 - a) Be able to appraise and assimilate scientific literature.
 - b) Demonstrate understanding and use of an evidence- based approach in providing patient care.
 - c) Quickly access appropriate reference material for critically ill patients.
 - d) Voluntarily (without prompting or assignment) discuss and research relevant literature to support decision- making processes.
 - e) Acquire and use appropriate evidence-based information when acting as a consultant.
 - f) Learn and be able to research non-internal medicine patient care issues.
3. PGY-3 residents should additionally
 - a) Effectively and efficiently use consulting services to improve both patient care and self-knowledge, appropriately integrating evidence based medicine with expert opinion and professional judgment.
 - b) Apply advanced knowledge of study design and statistics to relevant literature.
 - c) Respond to critical problems in a manner reflecting more than rote learning and protocol management. They should be able to utilize and suggest data-driven modification of protocols.

B. *Continuous Quality Improvement*: Analysis of practice experience and performance of practice-based improvement activities using a systematic methodology. Obtaining and using information about their own population of patients and the larger population from which their patients are drawn.

1. PGY-1 residents should demonstrate the ability to
 - a) Understand limitations of knowledge.
 - b) Ask for help when needed.

- c) Admit to errors and seek help in remedying them.
 - d) Accept feedback and develop self-improvement plans.
 - e) Seek formative feedback on performance.
 - f) Deliver care that reflects learning from previous experiences.
 - g) Assess patient adherence to ambulatory regimens and accordingly modify prescribing practices.
 - h) Participate actively in quality improvement practices pertaining to patient care (e.g., morbidity and mortality conferences).
 - i) Review autopsy findings to understand illness and the care of critically ill patients.
 - j) Demonstrate improvement in clinical management by continually improving on their various rotations.
2. PGY-2 residents should additionally
- a) Use self-assessments of knowledge, skills and attitudes to develop plans with insight and initiative for addressing areas for improvement.
 - b) Voluntarily plan learning experiences in procedures not yet mastered.
 - c) Use unique cases seen in a rotation to self-assess performance patterns.
3. PGY-3 residents should additionally
- a) Analyze personal practice patterns systematically, and seek to improve patient care.
 - b) Utilize ambulatory practice data to actively improve practice and patient management.
 - c) Compare personal practice patterns to larger populations and seek to improve disparities in own patient care.
- C. *Information Technology*: Using information technology to manage information, access on-line medical information and support their own education
1. PGY-1 residents should be able to
- a) Use the EMR, web-based curricular modules, and web-based resources to access medical literature and data to support and enhance patient care.
2. PGY-2 residents should additionally
- a) Independently use HealthLinks and other computerized connections to primary literature to enhance patient care
- D. *Teaching*: Facilitation of learning of students, resident colleagues, and other health care professionals
1. PGY-1 residents should be able to
- a) Facilitate the learning of students and other PGY-1 residents.
2. PGY-2 and PGY-3 residents should additionally
- a) Facilitate education of PGY-1 residents, medical students, and other health care professionals.
 - b) Demonstrate evidence based independent research and preparation when teaching junior colleagues or peers.
 - c) Use interactions with nursing staff and other professionals as two-way educational opportunities.
 - d) When acting as a consultant, identify the questions and wishes of the physician requesting the consultation, and respond to these issues.

- e) Present at least one didactic conference for resident peers. The didactic should reflect significant independent reading of evidence-based literature.

IV. Interpersonal and Communication Skills Objectives

A. PGY-1 residents should

1. *Communication:*

- a) Provide appropriately succinct oral presentations regarding patient care, using appropriate medical terminology
- b) Develop skills in presenting at the bedside
- c) Provide timely thorough and complete written or electronic documentation of patient care (*e.g.*, progress or procedure notes, history and physical exams, consultant notes, discharge summaries), which are legible and use appropriate medical terminology;
 - i. Demonstrate proficiency in use of language and nonverbal skills in interactions outside of the context of patient care
- d) Establish rapport with patients from a variety of backgrounds; perform a medical interview that elicits both patient- and physician-centered information, as well as testing diagnostic hypotheses; and effectively communicate uncomplicated diagnostic and therapeutic plans to patients or their advocates.

2. *Ethically sound relationships:* Follow the tenets of ethics in patient care.

3. *Working within teams:* Work as team members with senior residents and attending physicians, including the communication skills outlined above and the coordination of patient care. When supervising medical students, first year residents should be able to observe students, demonstrate skills, actively involve students in patient care, and give constructive feedback. First year residents should be able to work effectively with ancillary staff to enhance patient care.

B. PGY-2 residents, in addition to the above, should further master the skills below

1. *Patient Communication:* PGY-2 residents should be able to engage patients in shared decision making for ambiguous or controversial scenarios, and conduct family meetings as in the setting of end of life decision making. They should be able to successfully negotiate most “difficult” patient encounters, such as the irate patient.

2. *Team Work:* PGY-2 residents should progressively assume a leadership role, facilitating interactions between junior residents, medical students, ancillary staff, and attending physicians. This includes establishing expectations for all members of the team, overseeing patient care, ensuring participation in academic discussions, etc. They should also be the primary team members interacting with specialists regarding consults, and notifying outpatient primary care physicians of their patients’ hospital courses.

C. PGY-3 residents, in addition to the above, should further master the skills below

1. *Patient Communication:* PGY-3 residents should be able to successfully negotiate nearly all “difficult” patient encounters with minimal direction.

2. *Team Work:* PGY-3 residents should function as team leaders with decreasing reliance upon attending physicians. They should also be able to function as a consultant (including completion of appropriate documentation and verbal

communication with the requesting physician), whether serving as a general medicine consultant to other services or when on elective rotations.

V. Professionalism Expectations

“**Essential**” objectives are those that must be done regardless of the resident or patient’s circumstance. Failure to perform one “essential” objective is a serious breach of a resident’s responsibility and should lead to a score of 3 on the resident’s professionalism evaluation.

“**Expected**” objectives are those that resident physicians should reliably perform day in and day out. Residents who fail to demonstrate an “expected” objective are not, at least in such instances, performing as good caregivers or colleagues. Although a score of 5 might be possible in rare circumstances, a score of 4 is generally appropriate for residents who do not demonstrate one of the “expected” objectives for their year.

“**Appreciated**” objectives are those we would like to see our residents do all of the time, but we understand that such performance may not be required to acceptably demonstrate the professionalism competency. If a resident is not demonstrating one of the “appreciated” professionalism objectives, the preceptor should help the resident understand the objective and methods for improving performance, and their performance should be reflected by a score of 6 or less for professionalism on their evaluation.

Scores of 7 and above are only given to residents who have demonstrated all of the objectives in the checklist. Scores of 7, 8, or 9 should be assigned based on the quality of the professional work demonstrated. For example, the quality of the teaching provided to colleagues or extraordinary dedication to patient care.

Master-list of Professionalism Objectives

Virtue Skill, Behavior, or Attitude	Year Expectation		
	1 st	2 nd	3 rd
Competence			
Administrative competence (punctual, completes tasks as asked, follows directions, timely response to staff needs including pages and abnormal lab results, follows up on patient care issues without prompting).	Essential	Essential	Essential
Self directed learning. R1 (i.e. reads about patients). R2/R3 (i.e. spontaneously presents literature and evidence related to patient care).	Expected	Expected	Essential
Able to deliver bad news.	Appreciated	Expected	Essential

*Denotes specific ACGME requirement

University of Washington Internal Medicine
Graded Learning Objectives

Virtue Skill, Behavior, or Attitude	Year Expectation		
	1 st	2 nd	3 rd
Competence - continued			
Understands and competent to work with patients regarding advanced directives, DNR status, futility, withholding or withdrawing therapy.*	Expected	Essential	Essential
Able to assess and use informed consent and provision of care.*	Expected	Essential	Essential
Honesty			
Understands and recognizes mistakes and notifies attending and patients (when appropriate) when mistakes are made.	Essential	Essential	Essential
Tells the truth and is trustworthy.	Essential	Essential	Essential
Makes honest use of coding, billing, and referral principles.	Essential	Essential	Essential
Understands and appropriately maintains patient confidentiality.*	Essential	Essential	Essential
Compassion			
Resident's attitude manifests an interest in helping providing compassionate*, quality care to all patients.	Essential	Essential	Essential
Respect for Others			
Demonstrates respect and compassion for all patients.*	Essential	Essential	Essential
Understands and compassionately responds to issues of culture, age, sex, sexual orientation, and disability in patient care.	Expected	Essential	Essential
Professional Responsibility			
Recognizes that physicians have a responsibility for the safety and well being of patient, colleagues, and staff.	Essential	Essential	Essential
Understands that there are moral and ethical concerns about receiving gifts from patients and pharmaceutical representatives.	Essential	Essential	Essential
Able to discuss and defend own ethical understanding of his or her relationship with pharmaceutical representatives.	Expected	Essential	Essential
Willing to provide coverage for sick/unavailable colleagues.	Expected	Expected	Expected
Demonstrates intellectual curiosity.	Appreciated	Expected	Expected

*Denotes specific ACGME requirement

Virtue Skill, Behavior, or Attitude	Year Expectation		
	1 st	2 nd	3 rd
Professional Responsibility - continued			
Spontaneously teaches and exhibits concern for the educational development of fellow residents and students.	Appreciated	Essential	Essential
Provides leadership on teams and in the residency.	Appreciated	Essential	Essential
Understands that in the patient-physician relationship, the physician's prime concern is the patient's interest and not his or her own. (A fiduciary relationship).	Expected	Essential	Essential
Responds promptly to administrative staff needs including returning pages and e-mail, completing evaluations, procedure documentation, and licensure forms in a timely manner.	Essential	Essential	Essential
Provides timely thorough and complete written or electronic documentation of patient care (e.g., progress or procedure notes, history and physical exams, consultant notes, discharge summaries, clinic notes)	Expected	Essential	Essential
Social Responsibility			
Volunteers for activities that are for the "good of the institution" (e.g. recruiting activities, committee membership, etc).	Appreciated	Expected	Expected
Participation in community organizations.	Appreciated	Appreciated	Appreciated
Responsive to the needs of society that supercede self-interest.*	Expected	Expected	Expected

* Denotes specific ACGME requirement

VI. Systems Based Practice Objectives

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

A. Residents are expected to

1. Reflect on how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements affect their own practice.
 - a) PGY-1 residents should display ability to work well within their core clinical team, including other residents/attending physicians/directly involved nurses/respiratory therapists/other professionals involved in the care of their assigned patients.
 - b) PGY-2 residents must also be able to work well with multidisciplinary teams, coordinating multi-specialty care and effectively working with case management and nursing in team settings such as family meetings and large team discussions. By completion of PGY-2, residents must

- also be able to provide and document care in a timely and thorough manner to facilitate analysis of practice patterns and use of information by other health care professionals.
- c) PGY-3 residents should also strive to effectively coordinate care with other health care professionals as needed, and should strive to provide leadership role in management of complex care plans. By completion of PGY-3 residents should also reflect understanding of external regulations and expectations and appropriately acknowledge effects of these elements on their own practice.
2. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
 - a) PGY-1 residents must actively participate in discharge planning sessions and attend educational sessions relating to different types of medical practice and delivery systems.
 - b) By completion of the PGY-2 year, residents should demonstrate a satisfactory level of understanding regarding medical practice and delivery systems, including alternative care resources, ambulatory care resources, rehabilitation resources, and other continuing care resources. Residents should also have a satisfactory understanding of methods of controlling health care costs and appropriate allocation of resources.
 - c) By completion of the PGY-3 year, residents should demonstrate a high level of understanding regarding medical practice and delivery systems, including methods of controlling health care costs and appropriate allocation of resources.
 3. Practice cost-effective health care and resource allocation that does not compromise quality of care.
 - a) By conclusion of the PGY-1, residents must reflect sensitivity to costs and be able to incorporate fundamental cost-effective analysis into care approaches, minimizing redundant or unnecessary care.
 - b) By completion of PGY-3, residents should also strive to appropriately contain costs and conserve limited resources while preserving a high quality of care.
 4. Advocate for quality patient care and assist patients in dealing with system complexities.
 - a) PGY-1 residents must demonstrate commitment and dedication to high quality patient care. By completion of PGY-1, residents must identify, implement, document, and monitor established local patient care plans that are consistent with nationally published clinical practice guidelines.
 - b) By completion of PGY-2 residents must also demonstrate ability to effectively guide patients needing assistance through the complex health care environment.
 - c) PGY-3 residents should also be capable of acting as team leader during interdisciplinary Family Meetings regarding complex patient care needs.

5. Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
 - a) By completion of PGY-1, residents must demonstrate ability to regularly and effectively work with the patient care coordinators/discharge coordinator, social workers, and other health care professionals to assess, coordinate, and improve patient care. The resident should reflect understanding of the benefits of such partnering activities on the operation of the health care system.
 - b) By completion of PGY-2, residents must also demonstrate ability to regularly and effectively work with case managers, utilization review personnel, physician assistants, ambulatory staff, and other providers within the larger health care system.
 - c) By completion of PGY-3, residents should also be able to identify and act on improvement opportunities for the health care system through partnerships with case managers and other providers.