

**University of Washington
Internal Medicine Residency**

Hospitalist Curriculum

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

- Gain experience in management of the acutely ill patient from the hospitalist perspective
- To expand skills in multidisciplinary care, and communication with other members of the patient’s healthcare team
- Enhance skills at transitioning patients from inpatient to outpatient care
- To understand the specific roles of hospitalists, the resident will:
 - Recognize and achieve patient safety goals
 - Recognize and address errors in medical management
 - Use information systems to access and disseminate medical knowledge
 - Recognize and address ethical dilemmas in patient care
- Effectively communicate with subspecialists to ensure optimal patient care
- Develop skills in palliative care
- Learn high-quality efficient and cost-effective hospitalist practice
- Understand the integral role of clinicians in developing and promoting patient safety and quality initiatives.

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

Patient Care: History Taking

Resident Competency Evaluation Form, Mini-CEX

PGY-1	Not available as PGY-1.
PGY-2	<p>Demonstrates the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources with some faculty input.</p> <p>Specific historical areas include:</p> <ul style="list-style-type: none"> • 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 • Risk factors and epidemiology • infection, thromboembolic disease, malignancy • Risk assessment for in hospital complications of incontinence, falls, malnutrition, thromboembolic disease and delirium • Chart review for relevant information on transfer patients, including consultation with referring physicians <p>Begins to deal with sensitive topics such as:</p> <ul style="list-style-type: none"> • Compliance/adherence issues • Palliative care • Sensitive histories such as sexual history, domestic violence history, and substance abuse history
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>

Patient Care: Physical Exam

Resident Competency Evaluation Form, Mini-CEX

PGY-1	Not available as PGY-1.
PGY-2	<p>Demonstrates the ability to reliably recognize abnormalities on the physical exam and appropriately characterize (with regular input from faculty):</p> <ul style="list-style-type: none"> • Recognition of illness severity, hemodynamic instability, or risk for rapid deterioration of clinical status • Assessment of presence and integrity of indwelling lines and devices • Cardiac examination for evidence of congestive heart failure including abnormal PMI, JVP, HJR, S3, and significance of systolic and diastolic murmurs • 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; able to localize site of neurologic dysfunction from clinical exam findings
PGY-3	Independently carries out an accurate physical examination with both normal and abnormal physical findings.

Pt care: Medical Decisions **Methods: Resident Competency Evaluation Form, Chart Review/documentation**

PGY-1	Not available as PGY-1.
PGY-2	<p>Reliably recognizes critical illness and can independently initiate management strategies. Ongoing management goals are correct with moderate faculty input for the following:</p> <ul style="list-style-type: none"> • Perioperative Medicine • COPD exacerbations • Pneumonia, community-acquired and hospital-acquired • Inpatient management of diabetes, including recognition of metabolic derangements • Atrial fibrillation and other cardiac arrhythmias • ACS • CHF • Acute renal failure • Alcohol and drug withdrawal • Cellulites • Delirium and dementia • UTI • VTE • Stroke • GI bleed
PGY-3	Reliably recognizes critical illness and can independently initiate emergent and ongoing management strategies. Evidence Based Medicine knowledge of the therapies used in most common disease states (see PGY2 list).

Patient Care: Procedural skills **Methods: Resident Competency Evaluation Form, Procedure Log**

PGY-1	Not available as PGY-1.
PGY-2	<p>Masters the cognitive, counseling and technical skills for:</p> <ul style="list-style-type: none"> • Central line placement at two or more sites • Thoracentesis • Lumbar puncture • Nutritional supplementation <p>Interprets reports of:</p> <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 <p>Understands the indications for:</p> <ul style="list-style-type: none"> • Initiation of acute dialysis • PEG tubes for patients with malnutrition <p>Relies on occasion faculty input</p>
PGY-3	Independent in performing, interpreting and planning appropriate procedures for patients.

Patient Care: Consultation Process **Methods: Resident Competency Evaluation Form**

PGY-1	Not available as PGY-1.
PGY-2	<p>Uses relevant questions to obtain consultation and follow up unclear or conflicting recommendations. Develops skills to provide effective and efficient consultation. Expands skills in multidisciplinary care. Effectively communicates with subspecialists and other members of the pt's health care team. Develops skills at transitioning patients from inpatient to outpatient care.</p>
PGY-3	<p>Critically analyses consultant recommendations and manages conflicting opinions of multiple consultants. Provides consultation that is evidence-based.</p>

Medical Knowledge **Methods: Resident Competency Evaluation Form, Attd Review of Written Documentation**

PGY-1	Not available as PGY-1.
PGY-2	<p>Applies relevant clinical and basic science knowledge in the following common inpatient medical conditions:</p> <ul style="list-style-type: none"> • Perioperative care and complications • Palliative care and end-of-life principles • Venous thromboembolic disease • COPD/ Asthma exacerbations • Common infectious syndromes <ul style="list-style-type: none"> ○ CAP and Hospital Acquired Pneumonia ○ Cellulitis
	<ul style="list-style-type: none"> ○ UTI and pyelonephritis ○ Skin ulcer ○ Osteomyelitis • Diabetes Type 1 and Type 2, DKA and NKHOC • Acute coronary syndromes • Non ST Elevation MIs • CHF • Atrial fibrillation with raand other cardiac arrhythmias • Acute and chronic renal failure • Fluid balance and electrolyte disorders • Alcohol and drug withdrawal • GI bleed • Acute and chronic Liver disease and complications • Pancreatitis, cholecystitis, diverticulitis • Delirium and dementia • Stroke • PVD • Uncontrolled hypertension <p>Demonstrates a progression in content knowledge and analytical thinking with well formulated differential diagnoses and management plans.</p>
PGY-3	Understanding and application of medical literature related to common medical conditions.

Interpersonal Skills and Communication **Methods: Resident Competency Evaluation Form, Mini-CEX**

PGY-1	Not available as PGY-1.
PGY-2	<p>Effective bedside manner and rapport with patients and families, and timely communication with them. Appropriately communicates with consultants and other members of the patient’s multidisciplinary team. Organized and articulate presentations on rounds. Provides timely and thorough electronic documentation of patient care. Effectively carries out difficult discussions, such as sensitive topic discussions with occasional faculty input.</p>
PGY-3	<p>Able to deal with the most challenging patients and families with minimal direction. Coordinates team communication to optimize patient care. Functions as a consultant with decreasing reliance on the attending.</p>

Professionalism **Methods: Resident Competency Evaluation Form, Conference Attendance**

PGY-1	Not available as PGY-1.
PGY-2	<p>Identifies ethical issues and the resources available to solve them. Strives for patient care and knowledge excellence. Demonstrates integrity, respect for others, honesty and compassion. Recognize and begin to address ethical dilemmas in patient care. Demonstrates timely completion of administrative tasks and documentation.</p>
PGY-3	<p>Solves ethical dilemmas using the available resources Sets a tone of respect and collegiality for the team and acts as role model for patient care and professional behavior.</p>

Practice Based Learning and Improvement

Methods: Resident Competency Evaluation Form

PGY-1	Not available as PGY-1.
PGY-2	Understands EBM principles, and begins to utilize relevant EBM research to support decision-making. 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 care. Able to accurately self-assess skills and performance.

Systems Based Practice

Methods: Resident Competency Evaluation Form, 360 degree evaluations

PGY-1	Not available as PGY-1.
PGY-2	Recognize and achieve patient safety goals. Recognize and address errors in medical management. Use information systems to access and disseminate medical knowledge. Appropriately transitions patients to the next level of care and discharge planning. Develops advocacy strategies for patients with access to health care resources.. Understands and practices cost effective patient care and selective test ordering most of the time.
PGY-3	Consistently advocates for patients. Consistently practices cost-effective care and selective test-ordering and consultation. Develops systems designed to optimize followup.