

**University of Washington  
Internal Medicine Residency**

***General Medicine Consults***

**Educational Goals: Second and Third year IM Residents can elect a rotation on the Medicine Consult Service to:**

- Gain exposure to medical consultation in adults
- Develop the ability to evaluate complex patients, primarily in the peri-operative setting
- Develop skills in evaluation, risk stratification, and post-operative management of patients with a wide variety of IM diseases
- Effectively communicate with a variety of surgical teams and attendings and sub specialists to ensure optimal patient care

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

<b>Patient Care: History Taking</b>		<b>Resident Competency Evaluation Form, Mini-CEX</b>
<b>PGY-2</b>		
<b>PGY-3</b>	Demonstrates the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources independently. Successfully deals with sensitive topics.	

<b>Patient Care: Physical Exam</b>		<b>Resident Competency Evaluation Form, Mini-CEX</b>
<b>PGY-2</b>		
<b>PGY-3</b>	Independently carries out an accurate physical examination with both normal and abnormal physical findings. Teach EBM physical examination techniques.	

<b>Patient Care: Medical Decisions</b>		<b>Resident Competency Evaluation Form, Chart Review/submitted documentation</b>
<b>PGY-2</b>		
<b>PGY-3</b>	Reliable risk stratifies patients and advises appropriately on peri-operative management almost independently. 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.	

<b>Patient Care: Consultation Process</b>		<b>Resident Competency Evaluation Form,</b>
<b>PGY-2</b>		
<b>PGY-3</b>	Makes appropriate recommendations as a medical consultant. Critically analyses consultant recommendations and manages conflicting opinions of multiple consultants.	

<b>Medical Knowledge</b>		<b>Resident Competence Evaluation form; Attending review of written documentation</b>
<b>PGY-2</b>		
<b>PGY-3</b>	Understanding and application of medical literature related to common medical conditions and peri-operative medical issues.	

<b>Interpersonal Skills and Communication</b>		<b>Resident Competency Evaluation Form; Mini-CEX</b>
<b>PGY-2</b>		
<b>PGY-3</b>	Able to deal with the most challenging patients and families with minimal direction. Coordinates team communication to optimize patient care.. Functions as a consultant.	

<b>Professionalism</b>		<b>Resident Competency Evaluation Form; Conference Attendance</b>
<b>Patient Care: Consultation Process</b>		<b>Resident Competency Evaluation Form,</b>
<b>PGY-2</b>		
<b>PGY-3</b>	Identifies ethical issues and solves them using the available resources Sets a tone of respect and collegiality and acts as role model for patient care and professional behavior.	

**Practice Based Learning & Improvement**

**Resident Competency Evaluation Form**

<b>PGY-2</b>	
<b>PGY-3</b>	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**

<b>PGY-2</b>	
<b>PGY-3</b>	Consistently advocates for patients, insures appropriate referrals and progress notes accurately reflect care. Assumes leadership role in management of complex care plans. Practices cost effective patient care and selective test ordering.