Seton Hall University
School of Health and Medical Sciences

Internal Medicine
Residency Program

Educational Program Description

A Milestone -Based Curriculum
Program Leadership

Residency Program Director
- Ernest Federici, M.D.

Associate Residency Program Directors
- William E. Farrer, M.D. – Trinitas Regional Medical Center
- John W. Sensakovic, M.D., Ph.D. – St. Michael’s Medical Center
- Theodore DaCosta, MD, St. Michael’s Medical Center

Director of Primary Care Track
- Jill K. Butler, M.D.
Introduction

This description of educational programs, or curriculum, is for the residents and faculty of the Department of Medicine at the Seton Hall University School of Health and Medical Sciences. It outlines what we hope residents in the Internal Medicine Program will learn over three years and where they will learn it. The directors of the various rotations, with input from our residents, have provided the material presented. We thank them for their help, not only in preparing this curriculum, but also for the countless hours they devote to teaching residents. They and the rest of our superb teaching faculty make this program the wonderful success that it is. We also thank our great residents, who care about our program and want to make it better. And of course, we thank Residency Coordinators, who really runs things.

Considering the enormity of Internal Medicine, this is a relatively short document. We have tried to keep it short in the hope that residents and faculty will actually use it rather than put it on a shelf to gather dust or throw it in the wastebasket. We suggest that residents read over the section for each rotation before they start it to remind themselves about what they are there to learn. We also suggest that faculty review the sections relevant to their own teaching responsibilities to be sure they are in tune with the learning objectives. Finally, we hope that both residents and faculty will make suggestions about ways that the educational program could be improved.

In the interest of preserving trees and in keeping this a “living document,” we have not distributed a printed copy of this document to each resident, but have posted it on the Seton Hall Scholl of Health and Medical Sciences web site (http://gradmeded.shu.edu/residency/) and will email residents reminders to consult this document or the relevant sections at the start of each rotation. Print copies are available in the Trinitas Regional Medical Center and St. Michael’s Medical Center residency offices for those who want them.
Inpatient Medicine Floor Rotations

Overview:

At Trinitas Regional Medical Center, residents generally work in teams of two PGY1 and one senior resident (either PGY2 or PGY3). At times there may be only one PGY-1 resident and at times there will be a 4th year Medical Student Subintern on a team. All teams care for patients with both general medical and subspecialty problems across the full age range from 16 years up. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record through daily discussion.

Principal Teaching/Learning Activities:

- **Morning Report (MR)** – Each weekday, from 7:30 am to 8:30 am, all residents on inpatient rotations and consult services at Trinitas Regional Medical Center meet with the Chief Resident and a faculty member to discuss two to three patients admitted the previous day. The PGY1 residents or Subintern on call the prior day briefly present interesting or challenging cases, followed by a group discussion. At least twice a week, the Night Float PGY-1 resident presents an admission. The focus of the discussion is determined by the presenting resident, senior resident, chief resident, and faculty moderator. For example, some cases may be presented to discuss differential diagnosis, while others are presented to discuss specific management issues. Especially early in the Academic Year, time will be spent on improving presentation skills.

- **Death Review (DR)** occurs during MR each Wednesday. All deaths on the teaching service the prior week are presented briefly, and a standard form is submitted. The focus of the discussion is Performance Improvement, although issues raised by the case will also be discussed.

- **Attending Rounds (AR)** (refer to Guidelines for Teaching Rounds)- Four mornings each week (Mon, Wed, Thurs, and Fri), groups of two resident teams meet with their Teaching Attending for the month from 10:30 to 11:45 a.m. for Attending Rounds. Most days, the format for these rounds should be a bedside case presentation followed by an in-depth discussion of the patient led by the Attending. Residents on the presenting teams are expected to give a focused presentation to the group on a specific aspect of the patient's care. Other formats for Attending Rounds include 1.) Physical findings rounds where multiple patients with important physical findings are seen by the group to allow additional bedside teaching of physical examination techniques. 2.) Discussion of important articles from the literature. 3.) Topic discussions prepared by one of the residents, based on problems brought up by patients seen on bedside rounds.

- **Core Conferences (CC)** - The Core Conference Series is held every weekday, generally at Noon. During July and August, these lectures are focused on
Emergency and Basic topics; during the remainder of the year the series includes reviews of core topics in Inpatient and Primary Care Internal Medicine. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives at Trinitas Regional Medical Center, are expected to attend.

- **Resident Journal Club (JC)** - The Journal Club series is held monthly at noon, and is run by the Chief Resident. Each year begins with a series of presentations on the fundamentals of Evidence-Based Medicine. Thereafter, the two assigned residents, in consultation with the Chief Resident, each selects a single article. The resident presents an evidence-based review of the article followed by group discussion. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.

- **Grand Rounds (GR)** - Every Thursday morning except the first Thursday of the month, from 9:00 to 10:00 a.m., the Department of Medicine holds Grand Rounds. Speakers may be either Seton Hall faculty or outside experts. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.

- **Morbidity and Mortality Conference (M&M)** – The first Thursday of each month, from 9:00 to 10:00 a.m., a case with clinical-pathological correlation will be presented by a resident. The Chief Resident in consultation with Dr. Farrer will select the case, preferably from among those patients with completed autopsies. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.

- **Chief of Service Rounds (CS)** – Each Tuesday, from 10:30 to 11:30 a.m., a PGY-1 resident on an inpatient rotation will present a patient with an interesting, unusual, or difficult management problem. They will prepare a case protocol and give a topic review. Copies of presentation material are provided as a record to Melissa Mann. The attending physician and relevant specialists are invited, and will comment after the resident’s presentation. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.

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**Principal Educational Goals by Relevant Competency**

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

* **Legend for Learning Activities (See above for descriptions)**
### 1) Patient Care

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
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</thead>
<tbody>
<tr>
<td>Interview patients more skillfully</td>
<td>DPC, AR</td>
</tr>
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<td>DPC, AR</td>
</tr>
<tr>
<td>Define and prioritize patients’ medical problems</td>
<td>DPC, AR, MR, CS, DR</td>
</tr>
<tr>
<td>Generate and prioritize differential diagnoses</td>
<td>DPC, AR, MR, CS</td>
</tr>
<tr>
<td>Develop rational, evidence-based management strategies</td>
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### 2) Medical Knowledge

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<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical inpatients</td>
<td>DPC, AR, MR, GR, CS, M &amp; M, JC, CC, DR</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patient care</td>
<td>DPC, AR, CS, JC</td>
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### 3) Practice-Based Learning and Improvement

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<th>Principal Educational Goals</th>
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<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients</td>
<td>DPC, AR, MR, CS, DR</td>
</tr>
<tr>
<td>Develop and implement strategies for filling gaps in knowledge and skills</td>
<td>CS, JC</td>
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### 4) Interpersonal Skills and Communication

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<tr>
<td>Communicate effectively with patients and families</td>
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<td>Communicate effectively with physician colleagues at all levels</td>
<td>DPC, AR, CS, JC, MR, M &amp; M, DR</td>
</tr>
<tr>
<td>Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients</td>
<td>DPC</td>
</tr>
<tr>
<td>Present patient information concisely and clearly, verbally and in writing</td>
<td>DPC, AR, CS, MR, M &amp; M</td>
</tr>
<tr>
<td>Teach colleagues effectively</td>
<td>DPC, AR, CS, JC, MR, M</td>
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</table>
5) **Professionalism**

<table>
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<tr>
<th>Principal Educational Goals</th>
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</thead>
<tbody>
<tr>
<td>Behave professionally toward patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
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6) **Systems-Based Practice**

<table>
<thead>
<tr>
<th>Principle Educational Goals</th>
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</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.</td>
<td>DPC</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
<td>DPC</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of hospitalized patients</td>
<td>DPC, AR, CS, MR, CC, JC, DR</td>
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</table>

**Recommended Resources**

- All residents are expected to read about their patients in an appropriate general medicine text. Because it is frequently updated, extensively referenced, and includes abstracts of referenced articles, the program highly recommends **UpToDate** as a primary resource. The program can be accessed via computers anywhere in the hospital. The most recent versions of **Harrison’s Principles and Practice of Internal Medicine** (18th edition, 2011) and **Cecil Textbook of Medicine** (24th edition, 2011) are very useful. The Hospital also has a subscription to **MDConsult**, providing searches of journal articles and textbooks, often with full text available. The latest editions of subspecialty textbooks are also available either in the Medical Library or online at MDConsult.

- Reading of current literature relevant to each patient is also expected.

**Evaluation Methods**

- During floor rotations, residents are formally evaluated via the E*Value online system, using the Seton Hall University School of Health and Medical Sciences Internal Medicine Residency Program forms, by their teaching attendings and by their resident colleagues on the team. Any medical students assigned to the team also evaluate them. Nurses evaluate resident performance using the program-wide 360° Evaluation. Resident satisfaction surveys are also reviewed.

- The Teaching Attending for the month will give verbal feedback to each resident individually at the conclusion of the rotation. He/she will also speak informally with residents with areas for improvement identified earlier in the month, so that residents may work on them.

- The Program Director (PD) or Associate Program Director (APD) reviews all of these evaluations with the resident at the time of their twice-yearly feedback
meetings. The PD and/or APD review all evaluations as they come into the office each month. If an unfavorable or marginal evaluation is received on any resident, an urgent appointment with the PD/APD is scheduled with that resident to review the issues raised in the evaluation.

- **Monthly Exams (ME)** – All residents on inpatient, outpatient, and subspecialty rotations at Trinitas Regional Medical Center are evaluated with monthly examinations prepared by the Chief Residents. The exam will focus on a subspecialty or primary care topic that has been the focus of Board Review that month. The residents are told the exam topic at least one month ahead. The exam results are reviewed by the Residency Evaluation Committee.

- The Clinical Competency Committee at Trinitas Regional Medical Center meets to review resident performance in an ongoing fashion. The Committee consists of the PD, APD, core faculty, Chief Resident, and Associate Chief Residents. The Seton Hall Clinical Competency Committee also meets at least biannually and pools these evaluations with those from SMMC. Information from these meetings is incorporated into the feedback residents receive at their regular meetings with the Associate Program Director.
Rotation specific Milestone - Based Objectives for PGY I Resident.

Residents are expected to achieve the levels of competency described in the Seton Hall School of Health and Medical Science Internal Medicine Residency Curriculum. This document highlights the expectation of the milestones to achieve during this rotation for each PGY level.

I. Patient Care

- Acquires accurate and relevant history from the patient or secondary source. (PC-A1,A2)
- Performs an accurate physical examination (PC-B1)
- Accurately tracks important changes in the physical examination over time in the inpatient setting (PC-B2)
- Synthesizes all available data, including interview, physical examination, and preliminary laboratory data, to define each patient’s central clinical problem (PC-C1)
- Develops prioritized differential diagnoses and evidence based diagnostic and therapeutic plans for common inpatient conditions (PC-C2)
- Makes appropriate clinical decisions based upon the results of common diagnostic testing (PC-E1)
- With minimal supervision, manages patients with common and complex clinical disorders (PC-F5)
- Recognizes situations which need urgent or emergent medical care (PC-F1)
- Recognizes when to seek additional guidance (PC-F2)
- Initiates management and stabilizes patients with emergent medical conditions (PC-F6)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations, procedure logs.

2. Medical Knowledge

- Demonstrates sufficient knowledge to diagnose and treat common conditions that require hospitalization (MK-A4)
- Treats undifferentiated and emergent conditions (MK-A4)
- Understands indications for and basic interpretation of common diagnostic tests (MK-B1)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations.

3. Practice Base Learning and Improvement

- Can identify learning needs as they emerge in patient care activities (PBLI-B1)
- Accesses medical information resources to answer clinical questions and library resources to support decision making (PBLI-C1)
- Responds welcomingly and productively to feedback from all members of the healthcare team (PBLI-F1)
• Actively and appropriately participates in teaching rounds and conferences (PBLI-H1)

Assessment: Quarterly 360 evaluations, monthly rotation evaluations,

4. Interpersonal and Communications Skills
- Provides timely and comprehensive verbal and written communication to patients/advocates (ICS-A1)
- Effectively uses verbal and non verbal skills to create and build a rapport with patients(ICS-A2)
- Delivers appropriate succinct, driven oral presentation(ICS-D1)
- Effectively communicates with other caregivers in order to maintain appropriate continuity during transitions of care (ICS-S1)
- Effectively communicates plan of care to all members of the healthcare team(ICS-D2)
- Requests consultative services in an effective manner and clearly communicates the role of the consultant to the patient, in support of the primary care relationship(ICS-E1, E2)
- Provides legible accurate complete and timely written communication(ICS-F1)

Assessment: 360 evaluations, monthly rotation evaluation, COS evaluation, Pending Chart Listing and Chart Audits, mentor reports,

5. Professionalism
- Documents and reports clinical information truthfully-(P-A1)
- Follows formal policies(P-A2)
- Accepts and acknowledges personal errors (P-A3)
- Demonstrates empathy, compassion and commitment to relieve pain and suffering (P-B1)
- Communicate constructive feedback to other members of the health care team (P-C1)
- Respond promptly and appropriately to clinical responsibilities including but not limited to calls and pages (P-D1)
- Carries out timely interactions with colleagues, patients and their designated caregivers(P-D2)
- Dresses and behaves appropriately (P-F1)
- Maintains appropriate professional relationships with patients, families and staff(P-F2)
- Recognizes and addresses personal psychological and physical limitations that may affect professional performance(P-F4).
- Recognizes the scope of his/her abilities and asks for supervision and assistance appropriately(P-F5)
- Treats all patients with dignity, civility, and respect(P-L1).
- Maintains patient confidentiality. (P-J1)

Assessment- 360 evaluations, monthly evaluations, Pending Chart Listing, Chart Audits.
6. **System Based Practice**

- Appreciates roles of a variety of healthcare providers. (SBP-B1)
- Works effectively as a member within the interprofessional team to ensure safe patient care. (SBP-B2)
- Considers alternative solutions provided by other teammates (SBP-B3)
- Recognizes health system forces that increase the risk for error (SBP-C1)
- Reflects awareness of common socio-economic barriers that impact patient care. (SBP-D1)
- Understands and identifies how cost benefit analysis is applied to patient care (SBP-D2)

**Assessment** - 360 evaluations, monthly evaluations, Pending Chart Listing, Chart Audits.

Reviewed 10/13 by Dr. Farrer and Dr. Ford PGY III
Overview:

At Saint Michael’s Medical Center, residents generally work in teams of two PGY1 and one senior resident (either PGY2 or PGY3). At times there may be only one PGY-1 resident and at times there will be a 4th year medical student on a team. All teams care for patients with both general medical and subspecialty problems across the full age range from 17 years up. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record.

Principal Teaching/Learning Activities:

- **Morning Report (MR)** – Each weekday, from 7:15 am to 8:15 am, all residents on inpatient rotations, consult services, and Night Float at Saint Michael’s Medical Center meet with faculty members from each subspecialty of Internal Medicine on a rotating basis to discuss two to three patients admitted the previous day. The PGY1 residents on call the prior day briefly present interesting or challenging cases, followed by a group discussion. At least twice a week, the Night Float PGY-1 resident presents an admission. The focus of the discussion is determined by the presenting resident, senior resident, chief resident, and faculty moderator. Some cases may be presented to discuss differential diagnosis, while others are presented to discuss specific management issues. Especially early in the academic year, time will be spent on improving case presentation skills.

- **Attending Rounds (AR)** - Three to four mornings each week, groups of five resident teams meet with their academic teaching attending for the month from Attending Rounds. Most days, the format for these rounds is a bedside case presentation followed by an in-depth discussion of the patient led by the attending. Residents are expected to give a focused presentation to the group on a specific aspect of the patient's care. Other formats for Attending Rounds include 1) Physical findings rounds where multiple patients with important physical findings are seen by the group to allow for additional bedside teaching of physical examination techniques; 2) Discussion of important articles from the literature; 3) Topic discussions prepared by one of the residents, based on discussions of patients seen on bedside rounds.

- **Core Conferences** - The Core Conference Series is held every weekday. The lecture syllabus is based upon the integrated SHU Didactic Lecture Syllabus. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives at Saint Michael’s Medical Center are expected to attend this conference.

- **Resident Journal Club (JC)** - The Journal Club series is held monthly and is run by the Chief Resident. The assigned residents, in consultation with the Chief Resident, each select a single article. Each resident gives a Power Point Slide presentation with emphasis upon an evidence-based review of the article, followed by group discussion. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.
- **Grand Rounds (GR)** - Every Thursday morning, the Department of Medicine holds CME Accredited Grand Rounds from 11:30 am – 12:30 pm. Speakers are selected by the CME Committee, and may be either Seton Hall faculty or outside experts. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.

- **Morbidity and Mortality Conference (M&M)** – The first Thursday of each month, from 10:00 – 11:00 am, a case with clinical-pathological correlation will be presented by a resident. The Chief Resident in consultation with Dr. John W. Sensakovic selects the case, preferably from among those patients with completed autopsies. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend. After the faculty participate in interdisciplinary discussion, the presenting resident gives a Power Point Presentation about the diagnosis.

**Principal Educational Goals by Relevant Competency**

In the tables below, the principal educational goals for the SMMC Inpatient Floor rotations are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal and uses this legend:

* **Legend for Learning Activities (See above for descriptions)**
  
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<thead>
<tr>
<th>AR - Attending Rounds</th>
<th>CC - Core Conferences</th>
<th>GR - Grand Rounds</th>
<th>MR - Morning Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPC - Direct Patient Care</td>
<td>M&amp;M - Morbidity &amp; Mortality Conference</td>
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### Patient Care

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### Medical Knowledge

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### Practice-Based Learning and Improvement

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<td>Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients</td>
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<td>Present patient information concisely and clearly, verbally and in writing</td>
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Teach colleagues effectively

Professionalism

Principal Educational Goals

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<td>Behave professionally toward towards patients, families, colleagues, and all members of the health care team</td>
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Systems-Based Practice

Principal Educational Goals

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<td>Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.</td>
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<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
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<td>Use evidence-based, cost-conscious strategies in the care of hospitalized patients</td>
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Rotation Specific Milestone-Based Objectives for PGY I Resident.
Residents are expected to achieve the levels of competency described in the Seton Hall School of Health and Medical Science Internal Medicine Residency Curriculum. This document highlights the expectation of the milestones to achieve during this rotation for each PGY level.

Patient Care

- Acquires accurate and relevant history from the patient or secondary source. (PC-A1,A2)
- Performs an accurate physical examination (PC-B1)
- Accurately tracks important changes in the physical examination over time in the inpatient setting (PC-B2)
- Synthesizes all available data, including interview, physical examination, and preliminary laboratory data, to define each patient’s central clinical problem (PC-C1)
- Develops prioritized differential diagnoses and evidence-based diagnostic and therapeutic plans for common inpatient conditions (PC-C2)
- Makes appropriate clinical decisions based upon the results of common diagnostic testing(PC-E1)
- With minimal supervision, manages patients with common and complex clinical disorders (PC-F5)
- Recognizes situations which need urgent or emergent medical care (PC-F1).
- Recognizes when to seek additional guidance (PC-F2)
- Initiates management and stabilizes patients with emergent medical conditions (PC-F6)

Assessment:  Mini Cex, quarterly 360° evaluations, monthly rotation evaluations, procedure logs.

Medical Knowledge
- Demonstrates sufficient knowledge to diagnose and treat common conditions that require hospitalization (MK-A2)
- Treats undifferentiated and emergent conditions (MK-A4)
- Understands indications for and basic interpretation of common diagnostic tests. (MK-B1)

**Assessment:** Mini Cex, quarterly 360° evaluations, monthly rotation evaluations, procedure logs.

**Practice-Based Learning and Improvement**
- Can identify learning needs as they emerge in patient care activities (PBLI-B1)
- Accesses medical information resources to answer clinical questions and library resources to support decision making (PBLI-C1)
- Responds welcomingly and productively to feedback from all members of the healthcare team (PBLI-F1)
- Actively and appropriately participates in teaching rounds and conferences (PBLI-H1)

**Assessment:** Quarterly 360° evaluations, monthly rotation evaluations.

**Interpersonal and Communications Skills**
- Provides timely and comprehensive verbal and written communication to patients/advocates (ICS-A1)
- Effectively uses verbal and non verbal skills to create and build a rapport with patients (ICS-A2)
- Delivers appropriate succinct, driven oral presentation (ICS-D1)
- Effectively communicates with other caregivers in order to maintain appropriate continuity during transitions of care (ICS-C1)
- Effectively communicates plan of care to all members of the healthcare team (ICS-D2)
- Requests consultative services in an effective manner and clearly communicates the role of the consultant to the patient, in support of the primary care relationship (ICS-E1, E2)
- Provides legible accurate complete and timely written communication (ICS-F1)

**Assessment:** 360° evaluations, monthly rotation evaluation, pending chart listing and chart audits, mentor reports.

**Professionalism**
- Documents and reports clinical information truthfully (P-A1)
- Follows formal policies (P-A2)
- Accepts and acknowledges personal errors (P-A3)
- Demonstrates empathy, compassion and commitment to relieve pain and suffering (P-B1)
- Communicate constructive feedback to other members of the health care team (P-C1)
- Respond promptly and appropriately to clinical responsibilities including but not limited to calls and pages (P-D1)
- Carries out timely interactions with colleagues, patients and their designated caregivers (P-D2)
- Dresses and behaves appropriately (P-F1)
- Maintains appropriate professional relationships with patients, families and staff (P-F2)
- Recognizes and addresses personal psychological and physical limitations that may affect professional performance (P-F4).
- Recognizes the scope of his/her abilities and asks for supervision and assistance appropriately (P-F5)
- Treats all patients with dignity, civility, and respect (P-L1).
- Maintains patient confidentiality. (P-J1)

**Assessment:** 360° evaluations, monthly evaluations, pending chart listing and chart audits.

**Systems Based Practice**
- Appreciates roles of a variety of healthcare providers. (SBP-B1)
- Works effectively as a member within the interprofessional team to ensure safe patient care. (SBP-B2)
- Considers alternative solutions provided by other teammates (SBP-B3)
- Recognizes health system forces that increase the risk for error (SBP-C1)
- Reflects awareness of common socio-economic barriers that impact patient care. (SBP-D1)
- Understands and identifies how cost benefit analysis is applied to patient care (SBP-D2)

**Assessment:** 360° evaluations, monthly evaluations, pending chart listing and chart audits.

**Rotation-Specific Milestone-Based Objectives for PGY II Resident.**

**Patient Care**
- Obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Demonstrates and teaches how to elicit important physical findings for junior members of the healthcare (PC-B3)
- Modifies differential Diagnoses and care plan based upon clinical course and data as appropriate. (PC-C3)
- Makes appropriate clinical decision based upon the results of more advanced diagnostic tests. (PC-E2)
- Provides specific responsive consultations to other services (PC-G1)
- Recognizes disease presentations that deviate from common patterns and that require complex decision making
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine (PC-F8)
- Customize care in the context of the patients preferences and overall health (PC-F10)
- Manage complex or rare medical conditions (PC-F6)

**Assessment:** Quarterly 360° evaluations, monthly rotation evaluations, procedure logs.

**Medical Knowledge**
- Resident demonstrates sufficient knowledge to evaluate and treat undifferentiated and emergent conditions (MK-A4)
- Understand indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and test performance characteristics (MK-B2-B3)

**Assessment:** Quarterly 360° evaluations, monthly rotation evaluations.

**Practice Based Learning and Improvement**
- Classifies and precisely articulates clinical questions and develops a system to track, pursue and reflects on these clinical questions (PBLI-B2,B3)
- Effectively and efficiently searches evidence based summary medical information resources (PBLI-C3)
- With assistance, can appraise clinical guideline recommendations (PBLI-D2)
- Customizes clinical evidence for an individual patients (PBLI-E2)
- Actively seeks feedback from all members of the healthcare team, and calibrates self assessment with feedback other external data. Reflects on feedback in developing plans for improvement (PBLI-F2-F4)
- Integrates teaching feedback and evaluation with supervision of interns and students patient care (PBLI-H2)
- Maintains awareness of the situation in the moment and respond to meet situational needs (PBLI-G1)

**Assessment:** Quarterly 360° evaluations, monthly rotation evaluations.

**Interpersonal and Communications Skills**
- Role models effective communication skills in challenging situations (ICS-A8)
- Ensures succinct, relevant and patient specific written communications. (ICS-F2)
- Engages patients/Advocates in shared decision making for uncomplicated diagnostic and therapeutic scenarios (ICS-A4)
- Utilizes patient-centered education strategies (ICS-A5)

**Assessment:** Quarterly 360° evaluations, monthly evaluations, pending chart listing and chart audits, mentor reports.

**Professionalism**
- Provides support (physical, psychological, social and spiritual) for dying patients and their families (P-B3)
- Provides leadership for a team that respects patient dignity and autonomy (P-B4)
- Serves as a professional role model for more junior colleagues (e.g. medical students, Interns) (P-F6)
- Educates and holds others accountable for patient confidentiality (P-J2)
• Recognizes and takes responsibility for situations where public health supersedes individual health (e.g. reportable infectious disease) (P-H1)

**Assessment:** Quarterly 360° evaluations, monthly evaluations, pending chart listing and chart audits, mentor reports.

**Systems-Based Practice**

• Manages and coordinates care and care transitions across multiple delivery systems, including ambulatory, sub-acute, acute, rehabilitation and skilled nursing (SBP-A2)
• Dialogues with care team members to identify risks for and prevention of medical errors and understands mechanisms for analysis of systems errors.
• Demonstrates the incorporation of cost awareness principles into standard clinical judgments (SB-E3)
• Identifies the role of various healthcare stakeholders including providers, suppliers, financiers, purchasers and consumer and their varied impact on the cost of and access to health care (SBP-D3)

**Assessment:** Quarterly 360° evaluations, monthly evaluations, pending chart listing and chart audits, mentor reports.

**Rotation-Specific Milestone-Based Objectives for PGY III Resident**

**Patient Care**

• Is a role model for the junior members of the healthcare team, gathering subtle and reliable information from the patient (PC-A4)
• Routinely identifies subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable(PC-B4)
• Recognizes disease presentation that deviate from common patterns and that require complex decision making (PC-C4)
• Independently manages patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine (PC-F8)
• Customizes care in the context of the patient’s preferences and overall health (PC-F10)
• Provides internal medicine consultation for patients with more complex clinical problems requiring detailed risk assessment(PC-G2)

**Assessment:** Quarterly 360° evaluations, monthly evaluations, pending chart listing and chart audits.

**Medical Knowledge**

• Demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
• Demonstrates sufficient knowledge of socio-behavior sciences, including but not limited to health care economics, medical ethics and medical education (MK-A9)
• Understands the relevant pathophysiology and basic science for uncommon and complex medical conditions(MK-A8)

**Assessment:** Mini Cex, quarterly 360° evaluations, monthly rotation evaluations, procedure logs.
Practice Based Learning and Improvement

- Appraises the quality of medical information resources and selects among them based on characteristics of the clinical questions (PBLI-C4)
- Appraises clinical guidelines recommendations for bias and cost benefit considerations (PBLI-D4)
- Communicates risks and benefits of alternatives to patients and integrates clinical evidence, clinical context and patient preferences in decision makings (PBLI-E3-E4)
- Reflects (in action) when surprised, applies new insights in future clinical scenarios, and reflect (on action) back on the process (PBLI-G2)
- Takes a leadership role in the education of all members of the healthcare team (PBLI-H3)
- Identifies areas in own practice and local system that can be changed to improve affect of the processes and outcomes of care (PBLI-A4)
- Appraises the quality of medical information resources and selects among them based on the characteristics of the clinical questions (PBLI-C4)
- With assistance appraises study design conduct and statistical analysis in clinical research papers. (PBLI-D3)

Assessment: Quarterly 360° evaluations, monthly rotation evaluations.

Interpersonal and Communication Skills

- Actively seeks to understand patient differences and views and reflects this in respectful communication and shared decision making with the patient and the healthcare team (ICS-B3)
- Engages patients/advocates in shared decision making for difficult ambiguous or controversial scenarios (ICS-A6)
- Appropriately counsels patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocations (ICS-A7)
- Engages in collaborative communication with all members of the healthcare team (ICS-D3)
- Communicates consultative recommendations to referring team in an effective manner (ICS-E3)
- Role models effective communications skills in challenging situations (ICS-A8)

Assessment: Quarterly 360° evaluations, monthly evaluations, pending chart listing and chart audits.

Professionalism

- Serves as a professional role model for more junior colleagues (e.g. medical students Interns) (P-F6)
- Recognizes the need to assist colleagues in the provision of duties (P-F7)
- Effectively advocates for individual patient needs (P-G2)
- Recognizes and manages conflict when patient values differ from their own (P-I2)
- Maintains ethical relationship with industry (P-E2)
- Recognizes and manages subtler conflicts of interest (P-E3)
- Advocates for appropriate allocation of limited health care resources. (P-K3)
Assessment - Quarterly 360° evaluations, monthly evaluations, pending chart listing and chart audits.

**Systems-Based Practice**
- Negotiates patient-centered care among care providers (SBP-A3)
- Demonstrates how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members (SBP-B4)
- Demonstrates incorporation of cost awareness principles into complex clinical scenarios (SB-E3, E4)
- Partners with other healthcare professional to identify and propose improvement opportunities within the system (SBP-C6)

Assessment - Quarterly 360° evaluations, monthly evaluations, pending chart listing and chart audits.

**Recommended Resources**
All residents are expected to read about their patients in an appropriate general medicine text. Because it is frequently updated, extensively referenced, and includes abstracts of referenced articles, the program highly recommends UpToDate as a primary resource. The program can be accessed via computers anywhere in the hospital. The most recent versions of *Harrison’s Principles and Practice of Internal Medicine* (18th edition, 2011) and *Cecil Textbook of Medicine* (24th edition, 2011) are very useful. For more focused reading for immediate patient management, the *Washington Manual of Medical Therapeutics* and *Current Medical Diagnosis and Treatment* are helpful. The Hospital also has a subscription to MDConsult, providing searches of journal articles and textbooks, often with full text available.

Reading of current literature relevant to each patient is also expected.

**Evaluation Methods**
- During floor rotations, residents are formally evaluated via the E*Value online system, using the Seton Hall University School of Health and Medical Sciences Internal Medicine Residency Program forms, by their teaching attendings and by their resident colleagues on the team. Nurses evaluate resident performance using the program-wide 360° evaluation forms. Resident satisfaction surveys are also reviewed.
- The Program Director (PD) or Associate Program Director (APD) reviews all of these evaluations with the resident at the time of their bi-annual evaluation meetings. The PD and/or APD review all evaluations as they are received in the office each month. If an unfavorable or marginal evaluation is received on any resident, an appointment with the PD/APD is scheduled with that resident to review the issues raised in the evaluation.
- **Monthly Exams (ME)** – All residents on inpatient and subspecialty rotations at Saint Michael’s Medical Center are evaluated with monthly examinations prepared by the Chief Residents. The exam will focus on a subspecialty or primary care topic that has been the focus of Board Review that month. The residents are told the exam topic at least
one month ahead. The exam results are reviewed by the Residency Evaluation Committee.

- The Clinical Competency Committee at Saint Michael’s Medical Center meets quarterly to review resident performance in an ongoing fashion. The Committee consists of the PD, APD, faculty, Chief Resident, and Associate Chief Residents. The Seton Hall Residency Evaluation Committee also meets quarterly and pools these evaluations with those from SMMC. Information from these meetings is incorporated into the feedback residents receive at their regular meetings with the Associate Program Director.

REVIEWED: 2013
Theodore A. DaCosta, MD
Shail Sheth, MD – PGY 3
Seton Hall University School of Health and Medical Sciences

Trinitas Regional Medical Center

Intensive Care Unit (ICU), Trinitas Regional Medical Center (Director: Michael Brescia, M.D.)

Overview:

The Intensive Care Unit (ICU) is a 22 bed combined medical, coronary care, and surgical unit. There are 8 medical beds and 7 coronary care beds. The Unit specializes in the care of medically critically ill patients with a wide spectrum of medical and surgical diseases. Conditions cared for in the ICU include but are not limited to: acute hypoxia, acute respiratory distress syndrome, acid-base imbalances, liver and renal failure, acute stroke, intracranial hemorrhage, status epilepticus, coma, congestive heart failure, acute myocardial infarction, and arrhythmias. Resident rotations in the ICU are one month in length. While on the ICU rotation, the same team cares for Coronary Care Unit patients as for other patients. While in the ICU, residents work closely with the Pulmonary, Critical Care, and Cardiology Attendings. Multidisciplinary Rounds include a social worker, pharmacist, medical librarian, nurses, and a nutritionist. Call is every fourth night.

Responsibilities of Residents

- **PGY-1 Residents** are on their first ICU rotation.
  - They admit patients and follow them daily, under the close supervision of the PGY-3 resident.
  - They start to become proficient in the management of critically ill patients
  - They learn indications, risks, and benefits for common ICU procedures and start to become proficient in them, under the supervision of the PGY-3 resident and ICU Attendings.
  - They present cases at Walk Rounds and Attending Rounds and participate in discussions.

- **PGY-2 Residents**
  - Admit patients and follow them daily, supervised by the PGY-3 resident
  - They become proficient in the management of critically ill patients
  - They become proficient in common ICU procedures
They present cases at Walk Rounds and Attending Rounds and contribute meaningfully to discussions.

- **PGY-3 Residents**
  - See all admissions with PGY-1 and -2 residents and dictate admitting note.
  - Supervise PGY-1 resident closely, going over their notes and discussing patient care plans frequently.
  - Serve as a resource for PGY-2 residents on the rotation.
  - Demonstrate proper procedural techniques and supervise/certify junior residents in their safe and proper performance.
  - Are major contributors to discussions at Walk Rounds and Attending Rounds.

**Principal Teaching/Learning Activities:**

- **ICU Walk Rounds: 9:00-10:00** Dr. Garg Monday and Thursday, Dr. Brescia, Tuesday & Wednesday, Interdisciplinary Rounds on Friday with Dr. Brescia.

- **Teaching Rounds (TR)** (10:30am to noon, Monday, Wednesday, and Friday) with the Designated Attending.

- **Directly Supervised Procedures (DSP)** - Residents have the opportunity to learn procedures under the direct supervision of the ICU Attending, Cardiology Fellow, Private Physician, or Consultant. Central venous lines and arterial lines will be done in the presence of the attending or Team Leader until the resident has documented satisfactory competency in these procedures. Residents may have the opportunity to participate in the placement of Swan-Ganz catheters; in all cases the ICU Attending or another Pulmonary/Critical Care or Cardiology Attending is present for the entire procedure.

**Principal Educational Goals by Relevant Competency**

In the tables below, the principle educational goals for the Medical Intensive Care Unit are listed for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.
* Legend for Learning Activities (See above for descriptions)
DPC – Direct Patient Care   TR – Teaching Rounds
DSP – Directly Supervised   WR – Work Rounds
Procedures

1) **Patient Care**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively evaluate and manage patients with critical medical illness, including those on mechanical ventilation and vasopressors</td>
<td>DPC, WR, TR</td>
</tr>
<tr>
<td>Insert central venous lines and arterial lines with proper technique</td>
<td>DSP</td>
</tr>
</tbody>
</table>

2) **Medical Knowledge**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with critical medical illness</td>
<td>DPC, WR, TR</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to medical and neurological critical care</td>
<td>DPC, WR, TR</td>
</tr>
<tr>
<td>Understand the physiologic and pathophysiologic principles of invasive hemodynamic monitoring including indications</td>
<td>DPC, DSP, WR, TR</td>
</tr>
</tbody>
</table>

3) **Practice-Based Learning and Improvement**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with critical medical illness</td>
<td>DPC, TR, WR</td>
</tr>
<tr>
<td>Develop real-time strategies for filling knowledge gaps that will benefit patients in the medical intensive care unit</td>
<td>DPC, WR, TR</td>
</tr>
</tbody>
</table>

4) **Interpersonal Skills and Communication**
<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families in a stressful critical care environment, including discussion of end-of-life issues and limits of care</td>
<td>DPC, WR</td>
</tr>
<tr>
<td>Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care</td>
<td>DPC, TR, WR</td>
</tr>
<tr>
<td>Communicate effectively with colleagues when signing out patients or turning over care to another service</td>
<td>DPC, TR, WR</td>
</tr>
</tbody>
</table>

5) **Professionalism**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behave professionally toward patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
</tr>
</tbody>
</table>

6) **Systems-Based Practice**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for critically ill medical patients</td>
<td>DPC, WR, TR</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive care for patients with critical medical illness</td>
<td>DPC, WR, TR</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients with critical medical illness</td>
<td>DPC, WR, TR</td>
</tr>
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</table>

**Rotation specific Milestone - Based Objectives for PGY I Resident.**

Residents are expected to achieve the levels of competency described in the Seton Hall School of Health and Medical Science Internal Medicine Residency Curriculum. This documents highlights the expectation of the milestones to achieve during this rotation for each PGY level

**Patient Care**

- Acquired accurate relevant history from the patient or secondary sources (family, records, etc) in a customized, prioritized, and hypothesis driven fashion (PC-A1-A2)
• Perform accurate physical examination that is appropriately targeted to the patient’s complaints and medical conditions. Identify pertinent abnormalities using common maneuvers. (PC-B1)
• Accurately tracks important changes in the physical exam over time (PC-B2)
• Synthesizes all available data, including interview, physical examination and preliminary data, to define each patient’s central clinical problem. (PC-C1)
• Develops prioritized differential diagnoses and evidenced based diagnostic and therapeutic plans for the common ICU condition (PC-C2)
• Makes appropriate clinical decisions based upon the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and other body fluids (PC-E1)
• Begins to manage patients with common and complex clinical disorders seen in the ICU. (PC-F4-F5)
• Recognize situations with a need for urgent and emergent medical care including, life threatening conditions. (PC-F1)
• Initiates management and stabilized patients with emergent medical conditions (PC-F6)

II Medical Knowledge
• Demonstrate sufficient knowledge to diagnose and treat common conditions that require ICU hospitalization (MK-A2)
• Treat undifferentiated and emergent conditions. (MK-A4)
• Understands indications for basic interpretation of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, Pulmonary function tests, urinalysis and other body fluids. (MK-B1)

III Practice Based Learning and Improvement
• Can identify learning needs as they emerge in patients care activities (PBL1-B1)
• Access medical information resources to answer clinical questions and library resources to support decision making (PBLI-C1)
• Effectively and efficiently search NLM database for original clinical research (PBLI-C2)
• Responds welcoming and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients and their advocates (PBLI-F1)
• Actively participates in teaching conferences/rounds (PBLI-H1)

IV Interpersonal Communication skills
• Provide timely and comprehensive verbal and written communication to patient/advocates (ICS-A1)
• Effectively uses verbal and non verbal skills to create rapport with patients/families (ICSA2-A3)
• Effectively communicates with other caregivers in order to maintain appropriate continuity during transitions of care (ICS-C1)
- Deliver appropriate succinct, hypothesis-driven oral presentations and effectively communicates plan of care to all healthcare team members (ICS-D2)
- Request consultative services in an effective manner. Clearly communicate the role of consultant to the patient, in support of the primary care relations. (ISC0E2)
- Provides legible, accurate, complete and timely written communications that is congruent with medical standards (ISC-F2)

V Professionalism
- Document and report clinical information truthfully. Follows formal policies. (PA1-A2)
- Accepts and acknowledge personal errors (PA3)
- Demonstrates empathy and compassion and competent to relieve pain and suffering to all patients (PB1-B2)
- Dress, grooms and behaves appropriately. Maintains professional relationships with patients, families and staff (PF1-F2)
- Recognizes and addresses personal, psychological and physical limitation that may affect professional performance (PF4)
- Recognizes the scope of his/her abilities and ask for supervision and assistance as appropriately (PF4-F5)
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status (PI1)
- Maintains patient confidentiality (PJ1)

VI System Based Practice
- Appreciates roles and works effectively with a variety of healthcare providers, including but not limited to, consultants, therapist, nurses, home care workers, pharmacists and social workers to ensure safe patient care (SBP-B1)
- Considers alternatives solutions provided by other teammates (SBP-B3)
- Recognizes health system forces that increase the risk for error including barriers to optimal patient care. Identifies reflects upon, and learns from critical incidents such as near misses and preventable errors(SBPC1-C2)
- Understands and identifies how cost benefit analysis is applied to patient care for common diagnostic or therapeutic tests and minimizes unnecessary tests

Rotation specific Milestone - Based Objectives for PGY II Resident.

I Patient Care
- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteers by the patient (PC-A3)
- Demonstrates and teach how to elicit important physical findings for junior members of the healthcare team (PC-B3)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-C3)
• Appropriately perform invasive procedures and provide post procedure management for common procedures done in the ICU (PC-D1)
• Makes appropriate clinical decision based upon the results of more advanced diagnostic tests (PC-E2)
• Provide specific responsive consultation to other services (PC-G1)

II Medical Knowledge
• Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions (MK-A4)
• Understands indications for and has basic skills in interpreting more advanced diagnostic tests and understands prior probability and test performance characteristics (MK-B2-B3)

III Practice Based Learning and Improvement
• Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2-B3)
• Effectively and efficiently search evidence-based summary medical information resources (PBL1-C3)
• With assistance can appraise clinical guidelines recommendations for bias and cost benefit considerations (PBL1-D2)
• Customize clinical evidence for an individual patient (PBLI-E2)
• Actively seek feedback from all members of the healthcare team and calibrates self assessment with feedback and other external data. Reflects on feedback in developing plans for improvement (PBLI-F2, F4)
• Integrates teaching, feedback and evaluation with supervision of interns’ and students; patient care (PBLI-H2)

IV. Interpersonal and Communications skills
• Utilize patient centered education strategies (ICS-A5)
• A role model for effective communication in challenging situations (ICS-A8)
• A role model and teach effective communication with next caregiver during transitions of care (ICS-A8)
• Ensure succinct relevant and patient specific written communication (ICS-F2)

V. Professionalism
• Provide support (physical, psychological, social and spiritual) for dying patients and their families (P-B3)
• Provide leadership for a team that respects patient dignity and autonomy (P-B4)
• Serves as a professional role model for more junior colleagues (e.g., medical students, Interns) (P-F6)
• Educate and hold others accountable for patient confidentiality (P-I2)

VI System Based Practice
- Manage and coordinates care and care transitions across multiple delivery systems, including ambulatory, subacute, acute rehabilitation and skilled nursing.
- Dialogues with care team to identify risk for and prevention of medical errors (SBP-C3)
- Understands mechanism for analysis and correction of system errors (SBP-C4)
- Demonstrates the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios (SBP-E3-E4)

**Rotation specific Milestone - Based Objectives for PGY III Resident.**

**I Patient Care**
- Resident is a role model for junior members of the healthcare team, gathering subtle and reliable information from the patient (PC-A4)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making using advanced maneuvers where applicable (PC-B4)
- Recognizes disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Independently manages patients with a broad spectrum of clinical disorders from common patterns and that require complex decision making (PF-F8)
- Manages complex and rare medical conditions (PF-F9)
- Customize Care in the context of the patients preferences and overall health (PF-F10)
- Provide Internal Medicine Consultation for patients with more complex clinical problems required a detailed risk assessment (PC-G2)

**II Medical Knowledge**
- Demonstrates sufficient knowledge to evaluate complex or rare medical coexistent conditions (Mk-A7)
- Understands the sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics and medical education.

**III Practice Based Learning**
- Appraise the quality of medical information resources and select among them based on the Characteristics of the clinical questions (PBLI-C4)
- Appraise clinical guideline recommendations for bias and cost benefit considerations (PBLI-D4)
- Customize clinical evidence for individual patients (PBL-E2)
- Integrates clinical evidence, clinical context and patient preferences into decision making. (PBL-E4)
- Reflect (in action) when surprised, applies new insights to future clinical scenarios and reflects (on action) back on the process (PBLI-G2)
- Takes a leadership role in the education of all members of the healthcare team (PBLI-H3)
IV- Interpersonal and Communication Skills

- Engage patients/advocates in shared decision making for difficult, ambiguous or controversial scenarios (ICS-A6)
- Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Role models effective communication skills in a challenging situations (ISC A8)
- Actively seeks to understand patient differences and views and reflects this in respectful communication and shared decision making with the patient and the healthcare team(ICS-B3)
- Engage in collaborative communication with all members of the healthcare team (ICS-D3)
- Communicates consultative recommendations to the referring team in an effective manner (ICS-E2)

V. Professionalism

- Serves as a professional role model for more junior colleagues (e.g. medical students, Interns) (P-F6)
- Recognize the need to assist junior colleagues (e.g medical students, interns) (P-F6)
- Recognize the need to assist colleagues in the provision of duties (P-F7)
- Effectively advocate for individual patient needs (P-G2)
- Recognize and manage conflict when patient values differ from their own. (P-I2)

VI System Based Practice

- Negotiate patient centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing the skills and coordinating the activities of inter-professional team members(SBP-B4)
- Demonstrate the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios (SBP-E3-E4)
Recommended Resources

- All residents are expected to read about their patients in an appropriate general medicine text. Because it is frequently updated, extensively referenced, and includes abstracts of referenced articles, the program highly recommends UpToDate as a primary resource. The program can be accessed via computers anywhere in the hospital. The most recent versions of Harrison's Principles and Practice of Internal Medicine (18th edition, 2011) and Cecil Textbook of Medicine (24th edition, 2011) are very useful. For more focused reading for immediate patient management, the Washington Manual of Medical Therapeutics and Current Medical Diagnosis and Treatment are helpful. The Hospital also has a subscription to MDConsult, providing searches of journal articles and textbooks, often with full text available.

- Reading of current literature relevant to each patient is also expected.

Evaluation Methods

- During the ICU rotation, residents are formally evaluated via the E*Value online system, using the Seton Hall University School of Health and Medical Sciences Internal Medicine Residency Program forms, by their teaching attendings and by their resident colleagues on the team. Nurses also evaluate resident performance, using the program-wide 360° Evaluations.

- The Program Director (PD) or Associate Program Director (APD) reviews all of these evaluations with the resident at the time of their twice-yearly feedback meetings. The PD and/or APD review all evaluations as they come into the office each month. If an unfavorable or marginal evaluation is received on any resident, an urgent appointment with the PD/APD is scheduled with that resident to review the issues raised in the evaluation.

- Monthly Exams (ME) – All residents on inpatient, outpatient, and subspecialty rotations at Trinitas Regional Medical Center are evaluated with monthly examinations prepared by the Chief Residents. The exam will focus on a subspecialty or primary care topic that has been the focus of Board Review that month. The residents are told the exam topic at least one month ahead. The exam results are reviewed by the Residency Evaluation Committee.

- The Clinical Competency Committee at Trinitas Regional Medical Center meets regularly to review resident performance in an ongoing fashion. The Committee consists of the PD, APD, faculty, Chief Resident, and Associate Chief Residents. The Seton Hall Clinical Competency Committee also meets quarterly and pools these evaluations with those from SMMC. Information from these meetings is incorporated into the feedback residents receive at their regular meetings with the Associate Program Director.
Overview:
The Medical ICU (MICU) is a 12 bed Intensive Care Unit specializing in the care of medically critically ill patients from a wide spectrum of pathology. Conditions cared for in the MICU include but are not limited to: acute hypoxia, acute respiratory distress syndrome, acid-base imbalances, liver and renal failure, acute stroke, intracranial hemorrhage, status epilepticus, and coma. Resident rotations in the MICU are one month in length. PGY1’s and PGY2’s and PGY 3’s each have a minimum of one rotation. While in the MICU, residents work closely with the Pulmonary/Critical Care Attending and Fellow on the MICU Service. The multidisciplinary team in the MICU also includes a social worker and a nutritionist. Call is every third night or fourth night.

Principal Teaching/Learning Activities
- Daily Rounds (TR) (9:00 am to 10:30 am) with the attending and fellow, nutritionist, nurse, and critical care pharmacist.
- Daily ICU teaching conference (TC) (10:30 am to 11:00 noon). These are generally given by the ICU attending and house staff on a variety of critical care topics.
- Nutrition Support Lecture (NSL) Given once every month by the ICU nutritionist.
- The Ethics Consultation Service holds Ethics Conference (EC) once every week.
- Pharmacy Lecture given every week covering medications in the critical care setting.
- Directly Supervised Procedures (DSP) – Residents have the opportunity to learn procedures under the direct supervision of the MICU attending or Fellow. Central Venous lines and arterial lines will be done in the presence of the attending or fellow until the resident has documented satisfactory competency in these procedures. Residents may have the opportunity to participate in the placement of Swan-Ganz catheters; in all cases the MICU Attending or another Pulmonary/Critical Care Attending is present for the entire procedure.
- Radiology Rounds – 11 a.m. - 11:30 a.m. – all x-rays are reviewed

Principal Educational Goals by Relevant Competency
In the tables below, the principal educational goals for the Medical Intensive Care Unit are listed 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 (see above for descriptions)
DPC – Direct Patient Care  EC – Ethics Conference  TC – Teaching Conference
DSP – Directly Supervised Procedures  LS – Lecture Series  TR – Teaching Rounds
JC – Journal Club  RC – Research Conference

Patient Care
<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively evaluate and manage patients with critical medical illness, including those on mechanical ventilation, shock, acute respiratory failure, neurological illness etc.  (see curriculum)</td>
<td>DPC, TC, TR</td>
</tr>
<tr>
<td>Insert central venous lines and arterial lines with proper technique</td>
<td>DSP</td>
</tr>
</tbody>
</table>

### Medical Knowledge

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with critical illness</td>
<td>DPC, TC, TR</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to critical care.</td>
<td>DPC, TC, TR</td>
</tr>
<tr>
<td>Understand the physiologic and pathophysiologic principles of invasive hemodynamic monitoring including indications</td>
<td>DPC, DSP, TC, TR</td>
</tr>
</tbody>
</table>

### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with critical medical illness</td>
<td>DPC, TR</td>
</tr>
<tr>
<td>Develop real-time strategies for filling knowledge gaps that will benefit patients in the medical intensive care unit</td>
<td>DPC, TC, TR</td>
</tr>
</tbody>
</table>
## Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families in a stressful critical care environment, including discussion of end-of-life issues and limits of care</td>
<td>DPC, EC</td>
</tr>
<tr>
<td>Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care</td>
<td>DPC, TR</td>
</tr>
<tr>
<td>Communicate effectively with colleagues when signing out patients or turning over care to another service</td>
<td>DPC, TR</td>
</tr>
</tbody>
</table>

## Professionalism

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behave professionally towards patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
</tr>
</tbody>
</table>

## Systems-Based Practice

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for critically ill medical patients</td>
<td>DPC, TC, TR</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive care of patients with critical medical illness</td>
<td>DPC, TC, TR</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients with critical medical illness</td>
<td>DPC, TC, TR</td>
</tr>
</tbody>
</table>

## Rotation-Specific Milestone-Based Objectives for PGY I Resident.

Residents are expected to achieve the levels of competency described in the Seton Hall School of Health and Medical Science Internal Medicine Residency Curriculum. This document highlights the expectation of the milestones to achieve during this rotation for each PGY level.

### Patient Care
- Acquired accurate relevant history from the patient or secondary sources (family, records, etc) in a customized, prioritized, and hypothesis driven fashion (PC-A1-A2)
- Perform accurate physical examination that is appropriately targeted to the patient’s complaints and medical conditions. Identify pertinent abnormalities using common maneuvers (PC-B1)
- Accurately tracks important changes in the physical exam over time (PC-B2)
- Synthesizes all available data, including interview, physical examination and preliminary date, to define each patient’s central clinical problem. (PC-C1)
- Develops prioritized differential diagnoses and evidenced based diagnostic And therapeutic plans for the common ICU condition (PC-C2)
• Makes appropriate clinical decisions based upon the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and other body fluids (PC-E1)
• Begins to manage patients with common and complex clinical disorders seen in the ICU. (PC-F4-F5)
• Recognize situations with a need for urgent and emergent medical care including, life threatening conditions. (PC-F1)
• Initiates management and stabilized patients with emergent medical conditions (PC-F6)

**Medical Knowledge**
• Demonstrate sufficient knowledge to diagnose and treat common condition that require ICU hospitalization (MK-A2)
• Treat undifferentiated and emergent conditions. (MK-A4)
• Understands indications for basic interpretation of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, Chest Radiographs, Pulmonary function tests, urinalysis and other body fluids. (MK-B1)

**Practice Based Learning and Improvement**
• Can identify learning needs as they emerge in patients care activities (PBL1-B1)
• Access medical information resources to answer clinical questions and library resources to support decision making (PBLI-C1)
• Effectively and efficiently search NLM database for original clinical research (PBLI-C2)
• Responds welcoming and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients and their advocates (PBLI-F1)
• Actively participates in teaching conferences/rounds (PBLI-H1)

**Interpersonal Communication Skills**
• Provide timely and comprehensive verbal and written communication to patient/advocates (ICS-A1)
• Effectively uses verbal and non verbal skills to create rapport with patients/families (ICS-A2-A3)
• Effectively communicates with other caregivers in order to maintain appropriate continuity during transitions of care (ICS-C1)
• Deliver appropriate succinct, hypothesis-driven oral presentations and effectively communicates plan of care to all healthcare team members (ICS-D2)
• Request consultative services in a effective manner. Clearly communicate the role of consultant to the patient, in support of the primary care relations. (ISC0E2)
• Provides legible, accurate, complete and timely written communications that is congruent with medical standards (ISC-F2)

**Professionalism**
• Document and report clinical information truthfully. Follows formal policies. (PA1-A2)
• Accepts and acknowledge personal errors (PA3)
• Demonstrates empathy and compassion and competent to relieve pain and suffering to all patients (PB1-B2)
• Dress, grooms and behaves appropriately. Maintains professional relationships with patients, families and staff(PF1-F2)
• Recognizes and addresses personal, psychological and physical limitation that may affect professional performance (PF4)
• Recognizes the scope of his/her abilities and ask for supervision and assistance as appropriately (PF4-F5)
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status (P-J1)
- Maintains patient confidentiality (P-J1)

**Systems-Based Practice**
- Appreciates roles and works effectively with a variety of healthcare providers, including but not limited to, consultants, therapists, nurses, home care workers, pharmacists and social workers to ensure safe patient care. (SBP-B1)
- Considers alternatives solutions provided by other teammates (SBP-B3)
- Recognizes health system forces that increase the risk for error including barriers to optimal patient care. Identifies reflects upon, and learns from critical incidents such as near misses and preventable errors (SBPC1-C2)
- Understands and identifies how cost benefit analysis is applied to patient care for common diagnostic or therapeutic tests and minimizes unnecessary tests

**Rotation-Specific Milestone-Based Objectives for PGY II Resident.**
Residents are expected to achieve the levels of competency described in the Seton Hall School of Health and Medical Science Internal Medicine Residency Curriculum. This document highlights the expectation of the milestones to achieve during this rotation for each PGY level.

**Patient Care**
- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient (PC-A3)
- Demonstrates and teach how to elicit important physical findings for junior members of the healthcare team (PC-B3)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-C3)
- Appropriately perform invasive procedures and provide post procedure management for common procedures done in the ICU (PC-D1)
- Makes appropriate clinical decision based upon the results of more advanced diagnostic tests (PC-E2)
- Provide specific responsive consultation to other services (PC-G1)

**Medical Knowledge**
- Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions (MK-A4)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests and understands prior probability and test performance characteristics (MK-B2-B3)

**Practice Based Learning and Improvement**
- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2-B3)
- Effectively and efficiently search evidence-based summary medical information resources (PBL1-C3)
- With assistance can appraise clinical guidelines recommendations for bias and cost benefit considerations (PBL1-D2)
- Customize clinical evidence for an individual patient (PBLI-E2)
• Actively seek feedback from all members of the healthcare team and calibrates self assessment with feedback and other external data. Reflects on feedback in developing plans for improvement (PBLI-F2, F4)
• Integrates teaching, feedback and evaluation with supervision of interns’ and students; patient care (PBLI-H2)

**Interpersonal and Communications Skills**
• Utilize patient centered education strategies (ICS-A5)
• A role model for effective communication in challenging situations (ICS-A8)
• A role model and teach effective communication with next caregiver during transitions of care (ICS-A8)
• Ensure succinct relevant and patient specific written communication (ICS-F2)

**Professionalism**
• Provide support (physical, psychological, social and spiritual) for dying patients and their families (P-B3)
• Provide leadership for a team that respects patient dignity and autonomy (P-B4)
• Serves as a professional role model for more junior colleagues (e.g., medical students, Interns) (P-F6)
• Educate and hold others accountable for patient confidentiality (P-I2)

**Systems-Based Practice**
• Manage and coordinates care and care transitions across multiple delivery systems, including ambulatory, sub-acute, acute rehabilitation and skilled nursing.
• Dialogues with care team to identify risk for and prevention of medical errors (SBP-C3)
• Understands mechanism for analysis and correction of system errors (SBP-C4)
• Demonstrates the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios (SBP-E3-E4)

**Rotation-Specific Milestone-Based Objectives for PGY III Resident.**
Residents are expected to achieve the levels of competency described in the Seton Hall School of Health and Medical Science Internal Medicine Residency Curriculum. This document highlights the expectation of the milestones to achieve during this rotation for each PGY level.

**Patient Care**
• Resident is a role model for junior members of the healthcare team, gathering subtle and reliable information from the patient (PC-A4)
• Routinely identify subtle or unusual physical findings that may influence clinical decision making using advanced maneuvers where applicable (PC-B4)
• Recognizes disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
• Independently manages patients with a broad spectrum of clinical disorders from common patterns and that require complex decision making (PF-F8)
• Manages complex and rare medical conditions (PC-F9)
• Customize Care in the context of the patients preferences and overall health (PC-F10)
• Provide Internal Medicine Consultation for patients with more complex clinical problems required a detailed risk assessment (PC-G2)

**Medical Knowledge**
• Demonstrates sufficient knowledge to evaluate complex or rare medical coexistent conditions (MK-A7)
• Understands the sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics and medical education.

Practice Based Learning
• Appraise the quality of medical information resources and select among them based on the Characteristics of the clinical questions (PBLI-C4)
• Appraise clinical guideline recommendations for bias and cost benefit considerations (PBLI-D4)
• Customize clinical evidence for individual patient's (PBL-E2)
• Integrates clinical evidence, clinical context and patient preferences into decision making. (PBL-E4)
• Reflect(in action) when surprised, applies new insights to future clinical scenarios and reflects (on action) back on the process (PBLI-G2)
• Takes a leadership role in the education of all members of the healthcare team (PBLI-H3)

Interpersonal and Communication Skills
• Engage patients/advocates in shared decision making for difficult, ambiguous or controversial scenarios (ICS-A6)
• Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
• Role models effective communication skills in a challenging situations (ISC A8)
• Actively seeks to understand patient differences and views and reflects this in respectful communication and shared decision making with the patient and the healthcare team (ICS-B3)
• Engage in collaborative communication with all members of the healthcare team (ICS-D3)
• Communicates consultative recommendations to the referring team in an effective manner (ICS-E2)

Professionalism
• Serves as a professional role model for more junior colleagues (e.g. medical students, Interns) (P-F6)
• Recognize the need to assist junior colleagues (e.g medical students, interns) (P-F6)
• Recognize the need to assist colleagues in the provision of duties (P-F7)
• Effectively advocate for individual patient needs (P-G2)
• Recognize and manage conflict when patient values differ from their own. (P-I2)

System Based Practice
• Negotiate patient centered care among multiple care providers (SBP-A3)
• Demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members (SBP-B4)
• Demonstrate the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios (SBP-E3-E4)
**Recommended Resources**
Up-To-Date (available online all hospital computers)

Medline Searching: (available in the Medical Library)

**Evaluation Methods**
At the first session of the month, the attending will review goals, objectives, and expectations for the month. They will discuss the six competencies and milestones by which they will be evaluated.

Residents are formally evaluated by the MICU Attending at the mid-point and end of the rotation verbally and on-line using the E*Value web-based reporting system. according to the six competencies and milestones. Ancillary staff also evaluate resident performance, using program-wide 360° evaluations.

REVIEWED: 2013
Marc Adelman, MD
Vikram Doraiswamy, MD – PGY 3
A. Overview:
Continuity of care, along with comprehensive care and coordinated care, defines the general internist's practice. An appreciation of the importance of physician-patient relationship, patient advocacy, case management, professionalism, and continuity permeates the General Medicine Ambulatory Experience. Disease prevention, health promotion and wellness are emphasized.

The General Medicine Ambulatory Experience includes three components:

1. Medical Continuity Clinic (CC):
This is the most important component of the General Medicine Ambulatory Experience. The Continuity Clinic is located in the community-based Dorothy B. Hersh Health Center at the New Point Campus, 655 East Jersey Street, Elizabeth. Each resident is assigned a permanent Clinic Day and follows a panel of patients in the Continuity Clinic throughout three years of residency. Each PGY1 resident picks up a panel of patients from a departing resident. The ratio of residents to faculty in Continuity Clinic sessions is 4:1 or less. Faculty Preceptors do not see their own patients while precepting residents. Every patient seen by a resident is reviewed with the faculty preceptor before discharge. Residents attend Continuity Clinic weekly one half-day per week except during vacation, ICU months, and (most) on-call days. Additional sessions are scheduled during some rotations, as per the new ACGME requirements.

Resident schedules are designed as PGY1, 2, and 3 prototypes. The PGY1 resident has 1 new patient and 2 follow-up patients scheduled each session, with increasing patient slots added as they progress through the year. The PGY2 and PGY3 residents have 2 new patients and 5 follow-up patients scheduled each session. New patients are scheduled for longer time slots than follow up patients. Residents have one slot for an urgent visit each session. This slot is designated for Emergency Room follow-up appointments and/or patients from the resident's panel who are sick or require urgent review of an abnormal test. The residents learn how to perform a focused history and physical around the presenting problem.

The approach to care in the Continuity Clinic is multi-disciplinary. Residents work as part of a team with nurses, medical assistants, registrars, and financial counselors to offer comprehensive care meeting the broad needs of their patients. Nurses are available to triage patients referred from the Emergency Room, urgent visits, new patients and Regional Medical Center discharges. They review the educational components of the medical visit with the patients prior to discharge, and are available for focused visits such as blood
pressure checks. Nurses are also the initial phone contact for patient questions and may contact the patient’s resident if further information and/or instructions are needed. Social work, nutrition, Diabetes Education, and Wound Care are available at the Clinic or the Regional Medical Center. The patient population in the Continuity Clinic is quite heterogeneous, including individuals from a wide range of socioeconomic and ethnic backgrounds, mainly Hispanics, with an increasing number of undocumented immigrants and working poor.

The residents are the primary care providers of the patients in their panel. The residents have mailboxes in the Continuity Clinic, where all laboratory and radiology results are filed for the residents to review and address. Panic levels or urgent test results are addressed by a covering resident or the Preceptor. Residents are responsible for keeping track of all ordered tests. Since many patients do not speak English, a language line system with dual handsets is available. When patients are admitted to Trinitas Regional Medical Center, if the patients’ primary care residents are on the Inpatient Service rotation, they are encouraged to participate in the care of their own patients. The emphasis of the Continuity Clinic is comprehensive, longitudinal care and disease prevention.

Additional curriculum geared at the termination process is presented to PGY 3’s in the spring of their final year. PGY 3 residents write off service notes in their penultimate or final clinic encounter.

Expectations are higher for increasing levels of post graduate training. For example, peri-operative evaluations are usually assigned to PGY 3s because this involves high level, complex decision making.

2. Ambulatory Care Rotations (ACR)

The second component is the Ambulatory Care Rotation. Each PGY I, PGY2, and PGY3 completes a one-month Ambulatory Block rotation. During these blocks, the residents rotate through private doctors’ offices. The residents may also have extra Continuity Clinic sessions. The ACR experience offers residents the opportunity to experience a variety of different ambulatory settings. These include:

- **Private Office (PO):** Each PGY2 or PGY3 spends their Ambulatory Block seeing patients in the private office of one of our clinical General Medicine faculty, who provide supervision and case-based teaching during the rotation. The clinician acts as a mentor offering one-to-one teaching experience. Residents learn about practice management, managed care and ambulatory procedures. Some Attendings conduct home visits and/or nursing home visits with the resident. Residents may also have sessions in the Women’s Health Center, the private office of an ophthalmologist, the Wound Care Center, the Diabetes Education Center, Occupational Health and the Rheumatology Clinic. The emphasis is on teaching residents the broader knowledge and skill base required to practice comprehensive general internal medicine.

- **General Medicine Ambulatory Rotation (AR):**

Each of the PGY1 residents has one-month rotations throughout various outpatient clinics and private physician offices. The standard schedule has a different assignment each morning and afternoon of the week. Rotations include the private offices of an ophthalmologist, the Women’s Health Center, the Wound Care Center, the Cancer Center and the Outpatient Clinics based at the Jersey Street Campus which include Allergy, Dermatology, Endocrinology, ENT, Neurology, Orthopedics, Podiatry, Psychiatry, Pulmonary and Rheumatology. Residents also visit the Trinitas Regional Medical Center outpatient Physical Therapy unit, the Diabetes Education Center and the Women’s Health Center. This rotation offers PGY1 residents an overview of the broad knowledge and skills required by the general internist in practice.
3. Ambulatory Didactic Programs:

The final component of the ambulatory educational program is the Ambulatory Didactic Program, which includes Noon Conferences on alternate Tuesdays devoted to topics in Ambulatory Medicine. Several additional Noon Conferences are devoted to the broader topics of Ambulatory General Internal Medicine including Adolescent Medicine, Women’s Health, Men’s Health, Managed Care, Office Management, Quality of Care, Legal Medicine, Evidenced Based Medicine, Domestic Violence, Death and Dying and the Doctor-Patient Relationship. Conference formats include lectures, case presentations and discussions, role-playing, and the presentation of multiple choice questions for discussion. Outside speakers and speakers from other disciplines are utilized as needed. Sessions with multi-disciplinary speakers are utilized for topics such as Managed Care, Practice Management, Quality of Care, and Legal Medicine. Resident participation is always encouraged. Residents are encouraged to offer suggestions for topics for future sessions. Ambulatory topics are also presented as part of the Grand Round series and interesting cases from Continuity Clinic are occasionally presented at the Chief of Service Rounds. All interns complete worksheets about their cases and discuss these patients with Dr. Butler during “Ambulatory Care Report.”

Principal Teaching/Learning Activities:

The principal teaching/learning activity of the ambulatory programs is through Direct Patient Care (DPC) activities. In all ambulatory settings, residents present their cases to the supervising faculty preceptor and a discussion of evaluation and management ensues. Often resident and faculty member return together to the examining room to expand on the history or physical examination and to teach about interviewing and examination techniques. The Ambulatory Didactic Programs described above complement direct patient care activities.

Principal Educational Goals by Relevant Competency

The goals of the teaching program are to expand each resident’s knowledge of the principles of continuity of care as they apply to the medical care of their patients. The competencies of the General Medicine Ambulatory Experience include the knowledge, skills, and attitudes that make the difference between the provision of episodic, fragmented, and occasionally ineffective care, and care that typifies quality general internal medicine practice with an emphasis on continuity of care.

In the tables below, the principal educational goals for the ambulatory programs are listed for each of the six ACGME competencies. All goals are met via increasing levels of knowledge and responsibility during the PGY1 through PGY3 years, except where noted. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the following legend

* Legend for Learning Activities (See above for descriptions)
ADP = Ambulatory Didactic Program
PO = Private Office
CC = Continuity Clinic
General Medicine
Ambulatory Rotation (AR)

1) Patient Care
<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively interview ambulatory patients</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Effectively examine ambulatory patients</td>
<td>CC, PO, AR</td>
</tr>
<tr>
<td>Maintain focus and timeliness in the evaluation and management of ambulatory problems</td>
<td>CC, PO, AR</td>
</tr>
<tr>
<td>Understand and implement appropriate strategies for disease prevention and health promotion</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Develop strategies to efficiently evaluate and manage common ambulatory medical problems</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Competently perform frequently required office-based procedures</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Effectively use consultants</td>
<td>CC, PO, AR</td>
</tr>
<tr>
<td>Peri-Operative Evaluation: PGY2 and PGY3</td>
<td>CC, PO, AR</td>
</tr>
</tbody>
</table>

2) **Medical Knowledge**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences of general internal medicine underlying the medical care of ambulatory patients</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to ambulatory patient care</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Know how to modify risk factors for disease by counseling to achieve behavioral change</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Apply current guidelines to optimize patient care before surgery: PGY2 and PGY3</td>
<td>All</td>
</tr>
</tbody>
</table>

3) **Practice-Based Learning and Improvement**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of ambulatory patients</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting</td>
<td>CC, PO, AR, ADP</td>
</tr>
</tbody>
</table>

4) **Interpersonal Skills and Communication**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families across</td>
<td>CC, PO, AR</td>
</tr>
</tbody>
</table>
a broad range of socioeconomic and ethnic backgrounds

| Communicate effectively with physician colleagues and members of other health care professions to assure comprehensive patient care | CC, PO, AR |
| Explore psychological issues as appropriate | CC, PO, AR |
| Serve as the patient’s advocate | CC, PO, AR |

5) **Professionalism**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behave professionally toward patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
</tr>
<tr>
<td>Assists overloaded colleagues</td>
<td>CC, PO, AR</td>
</tr>
</tbody>
</table>

6) **Systems-Based Practice**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for ambulatory patients</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive ambulatory patient care</td>
<td>CC, PO, AR</td>
</tr>
<tr>
<td>Effectively use office-based triage systems and telephone-based care</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Practice efficiently so that patient care proceeds at an acceptable rate, appropriate for the nature of each encounter</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of ambulatory patients</td>
<td>CC, PO, AR, ADP</td>
</tr>
<tr>
<td>Begin to understand the business aspects of practice management in a variety of settings</td>
<td>CC, PO, AR, ADP</td>
</tr>
</tbody>
</table>

**Milestone Objectives**

**Patient Care**

- Obtain Relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Modify differential diagnoses and care plan based upon clinical course and data as appropriate (PC-C3)
- Makes appropriate clinical decisions based upon the results of more advanced diagnostic tests (PC-E2)
- Provide appropriate preventive care and teach patients regarding self care (PC-F3)
- With supervision manage patients with common clinical disorders seen in the practice of ambulatory general internal medicine (PC-F4)
- Independently manage patients with a broad spectrum of clinical disorders seen the practice of ambulatory internal medicine (PC-F8)
- Customize care in the context of the patients preferences, belief systems and overall health (PC-F10)

**Medical Knowledge**
- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understand the relevant pathophysiology and basic science for uncommon or complex medical conditions (MK-A8)
- Demonstrate sufficient knowledge of sociobehavioral sciences including but not limited to health care economics, medical ethics, and medical education (MK-A9)

**Practice Based Learning and Improvement**
- Appraise the quality of medical information resources and select among them based in the characteristics of the clinical question (PBLI-C4)

**Interpersonal and Communication skills**
- Engage patients/advocates in shared decision making for difficult, ambiguous or controversial scenarios (ICS-A4)
- Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Engage in collaborative communication with all members of the health care team (ICS-D3)
- Ensure succinct, relevant and patient specific written communications (ICS-F2)

**Professionalism**
- Demonstrate empathy and compassion to all patients (PB1-B2)
- Provide support (Physical, psychological, social and spiritual) for dying patients and their families, (PB3)
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status and (P-I1)
- Maintain patient confidentiality. (P-J1)
- Recognize and manage conflict when patient different from their own values. (P-I2)

**System Based Practice**
- Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation, and visiting nurse services (SBP-A2)
- Negotiate patient centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing skills and coordinating activities of interprofessional team members (SBP-B4)
- Reflect awareness of common socio-economic barriers that impact patient care (SBP-D1)
- Demonstrate incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios (SBL-E3-E4)
**Recommended Resources**

- **UpToDate, MDCONSULT** (available throughout Trinitas Regional Medical Center)
- **Textbooks Available** in Continuity Clinic
- **Library of Ambulatory Medicine Books, Articles and Primary Care Literature Reviews** - available in the Chief of Primary Care’s office
- **Medical Library** at Trinitas Regional Medical Center
- **Medline Searching** – available in practices, residents’ lounge and Medical Library

**Evaluation Methods**

Their primary Faculty Preceptors use the e*value system to formally evaluate residents’ continuity care performance, quarterly. Each evaluation is reviewed with the resident and feedback and suggestions given for improvement. In addition, Faculty Preceptors complete mini-CEX evaluations with the residents. Preceptors in the Private Office sites evaluate the residents at the end of each rotation. As per new ACGME requirements residents may receive faculty guidelines to develop a data base action plan regarding management of their continuity patients and will review it with faculty preceptors.

Revised 3/08; 5/09;
4/10 (with input from Drs. Lee and Ramos);
4/11 (with input from Dr. Imran)
5/12 (with input from Dr. Yadav)
9/13
Overview:
The General Medicine Ambulatory Care Experience Consists of Components for:
- General Medicine - Continuity Clinic
  1. Ambulatory Subspecialty Rotation
  2. General Medicine Ambulatory Rotation
  3. Ambulatory Subspecialty Rotation

General Medicine Continuity Clinic Practice - Mandatory
Each resident is assigned to one half-day a week (133 half-day sessions over three years of training) in the faculty-resident practice at the Primary Care Center located at St. Michael’s Medical Center. The assigned day as well as the panel of patients is maintained throughout the three years of residency. The faculty to resident ratio must be maintained at 1:4.

The resident presents every patient seen to the faculty preceptor. The case is reviewed with the resident and management decisions are made prior to the patient being discharged. Faculty and residents may see patients together for further clarification. At all times, it is made clear that the resident and not the attending physician is the patient’s primary physician. The preceptor serves as a resource and a guide to the resident as he/she learns to manage the patient’s care. Residents are assigned to their continuity clinic except during ICU/CCU rotations, vacation, and outside electives.

Our patient population is diverse with many ethnic groups represented. Residents are exposed both to Charity Care patients as well as a varied payer mix-Medicare, Medicaid, self-pay, and private insurance.

Ambulatory Subspecialty Rotations
Residents have the opportunity to do two weeks of ambulatory experience apart from their weekly continuity clinic. During this month, they rotate in specialty clinics such as Infectious Disease, Cardiology, Pulmonary, Endocrinology, Gastroenterology, Neurology, Podiatry, and Nephrology. Ambulatory experience in OB/GYN is a required rotation. Presently, residents are afforded experience in Gynecology in the SMMC-based Gynecology Clinic. Trinitas Regional Medical Center serves as the base for Obstetrical clinical experience.

General Medicine Ambulatory Rotation – PGY 2 and PGY 3
PGY 2’s and PGY 3’s are assigned one month of General Medicine Ambulatory Elective. The rotation involves seeing patients in the private practice of individual internists as well as their hospital-based faculty practice. The residents are supervised on a one-to-one basis.

The time spent in the practice provides an opportunity for the resident to train in the different aspects of practice management such as physician and staff time management, managed care issues, etc.

Private practice internists who provide these rotations must be approved by Seton Hall University School of Health & Medical Sciences. These individuals must be ABIM Board-certified in Internal Medicine and/or their subspecialty.

Ambulatory Subspecialty Rotation – PGY 3
PGY 3’s rotate on the various consultation services. The services are primarily inpatient consultation, however, the resident also sees patients on an outpatient basis with the subspecialists once a week. He/she is, therefore, exposed to the evaluation and management of both inpatients and outpatients in the particular subspecialty.

**Principal Teaching/Learning Activities**
Teaching is conducted on individual cases as they are seen by the resident during their rotations (direct patient care). The resident may also be assigned Ambulatory Medicine topics to review which are subsequently discussed with the resident. A series of lecture topics specific to Ambulatory Medicine are given throughout the year to all residents as part of their usual core conference lecture series.

In the tables below, the principle educational goals for the Ambulatory Program are listed for each of the six ACGME competencies.

### Patient Care

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities</th>
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<tbody>
<tr>
<td>Effectively interview ambulatory patients</td>
<td>All</td>
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<tr>
<td>Effectively examine ambulatory patients</td>
<td>All</td>
</tr>
<tr>
<td>Maintain focus and timeliness in the evaluation and management of ambulatory problems</td>
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<tr>
<td>Understand and implement appropriate strategies for disease prevention and health promotion</td>
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<tr>
<td>Develop strategies to efficiently evaluate and manage common ambulatory medical problems</td>
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### Medical Knowledge

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<tr>
<td>Expand clinically applicable knowledge base of basic and clinical sciences underlying the</td>
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<td>care of ambulatory patients</td>
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<tr>
<td>Assess and critically evaluate current medical information and scientific evidence relevant</td>
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<td>to ambulatory patient care</td>
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### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities</th>
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<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in ambulatory medicine</td>
<td>All</td>
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<td>Develop real-time strategies for filling knowledge gaps that will benefit patients in a</td>
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<td>busy practice setting</td>
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### Interpersonal Skills and Communication

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<tr>
<th>Principal Educational Goals</th>
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<tr>
<td>Communicate effectively with patients and families across a broad range of socioeconomic</td>
<td>All</td>
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<td>and ethnic backgrounds</td>
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<tr>
<td>Communicate effectively with physician colleagues and members of other health care</td>
<td>All</td>
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<td>professions to assure comprehensive patient care.</td>
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### Professionalism

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Behave professionally toward patients, families, colleagues, and all members of the health</td>
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<td>care team.</td>
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### Systems-Based Practice

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<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities</th>
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<tbody>
<tr>
<td>Understand and utilize multidisciplinary resources necessary to care optimally</td>
<td>All</td>
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for ambulatory patients

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<thead>
<tr>
<th>Milestone Objectives</th>
<th>Setting</th>
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<tbody>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive ambulatory patient care</td>
<td>All</td>
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<tr>
<td>Use evidence-based, cost–conscious strategies in the care of ambulatory patients</td>
<td>All</td>
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<tr>
<td>Begin to understand the business aspects of practice management in a variety of settings</td>
<td>Office</td>
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</table>

**Rotation-Specific Milestone Objectives**

**Patient Care**
- Obtain relevant historical subtleties that inform and prioritize both differential diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate. (PC-C3)
- Recognize disease presentation that deviate from common patterns and that require complex decision making (PC-C4)
- Make appropriate clinical decisions based upon the results of more advanced diagnostic tests. (PC-F7)
- Provide appropriate preventive care and teach patient regarding self-care (PC-F7)
- With supervision, manage patients with common clinical disorders seen in the practice of ambulatory general internal medicine (PC-F8)
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of ambulatory internal medicine (PC-F8)
- Customize care in the context of the patient’s preferences, belief systems, and overall health (PC-F10)

**Medical Knowledge**
- Demonstrate sufficient knowledge to diagnose and treat common conditions in ambulatory internal medicine that require hospitalization (MK-A2)
- Demonstrate sufficient knowledge to evaluate common ambulatory conditions (MK-A3)
- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-a7)
- Demonstrate sufficient knowledge to provide preventive care (MK-A5)
- Understand the relevant pathophysiology and basic science for uncommon or complex medical conditions (MK-A8)
- Demonstrate sufficient knowledge of socio-behavioral sciences including but not limited to healthcare economics, medical ethics, and medical education (MK-A9)

**Practice-Based Learning**
- Appraise the quality of medical information and select among them based on the characteristics of the clinical questions (PBLI-C4)

**Interpersonal and Communications Skills**
- Engage patients/advocates in shared decision-making for difficult, ambiguous or controversial scenarios (ICS-A4)
- Appropriately counsels patients about the risks and benefits of tests and procedures, highlighting cost awareness and resource allocation. (ISC-A7)
- Engage in collaborative communication with all members of the health care team (ICS-D3)
- Ensure succinct, relevant, and patient specific written recommendations (ISC-F2)

**Professionalism**
• Demonstrates empathy compassion and commitment to relieve pain and suffering to all patients (P-B1-B2)
• Recognizes and addresses personal, psychological and physical limitations that may affect professional performance. (PF4)
• Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status (P-1, P-J1)
• Maintains patient confidentiality (J1)

**Systems-Based Practice**
- Manage and coordinate care and care transitions across delivery systems, including ambulatory, subacute, acute, rehabilitation, and visiting nurse service (SBP-A2)
- Negotiate patient-centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing skills and coordinating the activities of interprofessional team members (SBP-B4)
- Reflect awareness of common socio-economic barriers that impact patient care (SBP-D1)
- Demonstrate the incorporation of cost awareness principles into standard clinical judgments and decision making. (SB-E3-E)

**Evaluation Method**
Residents are evaluated at the end of each month’s rotation in General Ambulatory Medicine. Evaluations are completed utilizing the E*Value on-line reporting system in the Seton Hall University School of Health & Medical Sciences format. Opportunity for feedback by both resident and attending is afforded. 360 evaluations are completed by nurses and ancillary staff.

Reviewed: 2013
Katherine Hanify, DO
Charles Philips, MD – PGY 3
Educational Purpose and Goals
According to recent research, more than 60% of Internal Medicine residency graduates have selected an office based primary care practice as a career choice. The general internal medicine office experience is designed to address this career choice by providing residents with the educational tools and practical experience, which is not traditionally obtained through hospital-based residency-training continuity clinics. Through an integrated service-learning approach, residents will be exposed to the multiple aspects of general internal medicine practice in a private office setting, including barriers as well as enabling factors that are vital to a successful practice. Residents will rotate for a period of one month in private physicians’ offices. Private practice internists who provide these rotations must be approved by Seton Hall University School of Health and Medical Sciences. These individuals must be ABIM Board-certified in Internal Medicine and their subspecialty.

Principal Teaching Methods
a. Supervised Direct Patient Care Activities: Residents will encounter patients in the outpatient settings under faculty supervision and have first opportunity for patient interview/exam followed by faculty attending review.
b. Independent study is expected utilizing journals and general textbook reading during the rotation to establish a solid base knowledge in this field.

Educational Content
Mix of Diseases: Residents will encounter a combination of acute and chronic illnesses that may be frequently seen in a general internist’s practice, as well as caring for patients presenting for primarily preventive or health counseling services. The content of the encounter is often highly psychosocial in nature and will contain a large behavioral medicine component.

Patient Characteristics: Patients will be adults (ages 18 years of age and older including geriatric patients) drawn from a community-based internal medicine practice. The diversity of the patient population will reflect that of the community served.

COMPETENCY-BASED OBJECTIVES

Patient Care:
The majority of the patient care objectives are as described in the residency program’s Core Curriculum Continuity Care Clinic Rotation and the host physician’s office practice. In addition, by the end of this rotation residents will be able to take a comprehensive history in the private office setting, covering the important psychosocial issues typically encountered in this population, and provide appropriate patient counseling. Residents will also understand the legal requirements for treating patients in the private office setting.

Patient Care Goals, Objectives and Core Competencies:
Increase internal medicine residents’ understanding of an office-based primary care practice.
The resident will develop an increased understanding of the management of chronic and acute illness in a general internal medicine office setting.

The resident will be able to describe how a community-oriented practice can tailor the practice needs of the community and collaborate with community agencies to provide medical care and advocacy for adults.

The resident will be able to demonstrate an awareness of and appreciation for the different types of medical management required to treat common conditions in practice settings as compared to a major medical center encountered during the inpatient rotation.

The resident will fully understand and appreciate the primary internist’s role in the community.

**Rotation-Specific Objectives:**
Resident will perform and interpret adult screening according to guidelines by experts in the field and demonstrate familiarity with indications and timing as indicated, including:

1. Physical examination screens (e.g., cardiovascular disease or risk, nutritional risk, dental disease, musculoskeletal problems and cancer prevention, skin problems, sexually transmitted diseases, scoliosis, thyroid disease, diabetes, etc)

2. Psychosocial screening (e.g., mood disorders, tobacco and substance abuse, sexual risks, other risk taking behaviors)

3. Laboratory or procedural screens (e.g., hearing, vision, anemia, hyperlipidemia, tuberculosis, cardiovascular disease, etc)

4. Evaluate immunization status and administer indicated immunizations.

5. Identify, assess risks, and counsel families in the context of health promotion and illness or problem care for common or important conditions according to recommended guidelines. Example topics from these guidelines are: communication skills; injury and violence prevention; substance abuse; nutritional issues; etc.).

6. Help patients use health services appropriately and guide them in their adult care.

7. Empower patients to become increasingly responsible for their own health and well-being.

Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Use a logical and appropriate clinical approach to patient care, applying principles of evidence-based decision-making and problem-solving.

2. Provide sensitive support to families in all clinical settings (outpatient, continuity clinic, and community settings, mental health services, inpatient hospital services).

### Patient Care

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<tr>
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</table>
Maintain focus and timeliness in the evaluation and management of ambulatory problems
Understand and implement appropriate strategies for disease prevention and health promotion
Develop strategies to efficiently evaluate and manage common ambulatory medical problems

<table>
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<tr>
<th>Medical Knowledge:</th>
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<tbody>
<tr>
<td>Rotation-Specific Objectives:</td>
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<tr>
<td>The resident will be required to have an understanding of the following topics as applicable to ambulatory rotation:</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
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<tbody>
<tr>
<td>Abnormal mammograms and breast diseases</td>
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<td>Acne</td>
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<td>Adrenal, incidental mass/adenoma</td>
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<td>Alcoholism and associated problems</td>
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<td>Animal bites</td>
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<td>Anxiety and anxiety disorders</td>
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<td>Asthma</td>
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<td>Athletic Injuries/ common sports injuries</td>
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<td>BPH</td>
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<td>Carpal Tunnel Syndrome</td>
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<td>Chronic cough</td>
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<td>Congestive Heart Failure</td>
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<td>Constipation</td>
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<td>Depression</td>
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<td>Dermatitis</td>
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<td>Atopic</td>
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<td>Contact</td>
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<td>Seborrheic</td>
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<td>Plant</td>
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<td>Urticaria</td>
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<td>Pruritus</td>
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<td>DUB/Abnormal Vaginal Bleeding</td>
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<td>Endocarditis prophylaxis</td>
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<td>Exercise prescription</td>
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<td>Erectile dysfunction</td>
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<td>Fatigue</td>
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<td>Foot Problems</td>
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<td>Genital Infections</td>
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<td>PID</td>
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<td>HPV</td>
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<td>Epididymitis</td>
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<td>GERD</td>
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<td>Glucocorticoid patient management</td>
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<td>Headache</td>
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<td>Hearing Loss</td>
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<td>Hematuria</td>
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<td>Hemorrhoids</td>
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<td>Herpes Zoster</td>
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<td>Hirsutism/Alopecia</td>
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<td>Hyperthyroidism</td>
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<td>Hypertension</td>
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<td>Secondary hypertension</td>
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<td>Immunizations</td>
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<td>Kidney stones</td>
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<td>Lipid disorders</td>
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<td>Low back pain</td>
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<td>Menopause/hot flashes</td>
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<td>Osteoarthritis</td>
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<td>Osteoporosis/Interpretation</td>
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<td>of dекса scan results</td>
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<td>Pre-op Evaluation</td>
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<td>Peripheral neuropathy</td>
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<td>Prostate screening</td>
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<td>Psoriasis</td>
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<td>Pulmonary nodules</td>
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<td>PVD</td>
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<td>Red eye</td>
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<td>Rheumatic Diseases, Serologic testing</td>
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<tr>
<td>Rheumatoid Arthritis</td>
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<td>Shoulder pain</td>
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<td>Skin diseases, common</td>
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<tr>
<td>Stress testing</td>
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<td>Testicular masses</td>
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<td>Thyroid nodule</td>
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<td>Tobacco use and dependence/ Smoking cessation</td>
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<td>Urinary, incontinence</td>
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<td>Urinary tract infections</td>
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<td>Vaginitis</td>
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Vertigo

### Medical Knowledge

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<td>Assess and critically evaluate current medical information and scientific evidence relevant to ambulatory patient care</td>
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### Professionalism:

Residents will demonstrate the principles of professionalism as outlined in the ACGME rules and regulations and in compliance with established Seton Hall University School of Health & Medical Sciences’ guidelines for professionalism. In particular, during clinical encounters residents will demonstrate sensitivity for the multiple issues facing patients.

- Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes, and seeking answers to patient care questions).
- Demonstrate a commitment to professional behavior in interactions with patients, staff and professional colleagues.
- Adhere to ethical and legal principles of care; demonstrate appreciation of and understanding of issues pertinent to patient care (consent, the incompetent patient, DNR, advance directives, HIPPA, confidentiality, health-care proxy, etc.).
- Be sensitive to diversity and recognize one's own biases that may affect one's response to patients.
- Work effectively with a wide range of health professionals who care for adults with health care issues.
- Understand the role and general scope of practice of general internists and other providers (e.g., gynecologist, behavioral health counselors) who are involved with patient care.
- Advocate for the patient and his/her family to secure effective, coordinated care for the patient using appropriate resources in the community and health profession.
- Maintain an interactive and supportive primary care relationship with patients and their specialty consultants when patients are referred for management of specific disorders.

### Professionalism

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<td>Behave professionally toward patients, families, colleagues, and all members of the health care team.</td>
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</table>

### Practice-Based Learning and Improvement:

During the course of the rotation, residents will demonstrate their ability to function as self-directed adults learners through their interactions with the assigned preceptor.
Rotation-Specific Objectives:

Know and utilize the psychosocial history format in health care maintenance.

Ability to perform an assessment and create a prioritized patient plan based on risk assessment.

Demonstrate an ability to organize and carry out patient care visits, showing sensitivity to patient cultural issues, as well as the family’s perspective.

Demonstrate an ability to gather and synthesize information on risk assessment and create an appropriate plan.

Demonstrate knowledge of immunizations recommendations and rationale for each one.

Demonstrate knowledge of the nutritional needs of the patient and counseling on weight/growth issues including overweight evaluation and management.

Identify standardized guidelines for diagnosis and treatment of common conditions and adapt them to individual patient needs.

Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice.

Identify individual learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Practice-Based Learning Goals and Objectives:
Evaluate community practice as a potential career choice.

The resident will discuss with the preceptor the potential impact of various practice arrangements and locations on the accomplishment of personal and professional goals.

The resident through discussions with the preceptor will be able to identify general principles pertaining to preparing curriculum vitae, interviewing for a job, and negotiating a contract.

Practice-Based Learning and Improvement

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</tr>
<tr>
<td>Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting</td>
<td>All</td>
</tr>
</tbody>
</table>

Interpersonal and Communication Skills:
By the end of the rotation, residents will demonstrate the ability to establish rapport and appropriately communicate health messages to patients and their families. Residents will create ethically sound relationships with patients and their families, as well as with colleagues and support staff.

Rotation-Specific Objectives:
Resident demonstrates these skills and maintains professional and therapeutic relationships with patients and the healthcare team.

The resident must learn to communicate his/her diagnostic and therapeutic goals and objectives for the patient. Additionally, with the patient’s permission, frequently communicate the patient’s progress to family members in order to help foster the patient’s needed support system.
Patients often have multiple complaints; the resident must remain a sympathetic listener and at the same
time maintain a high degree of clinical suspicion when symptoms appear changing.

Communicate effectively with patients and families across a broad range of socioeconomic and ethnic
backgrounds.

Communicate effectively with physician colleagues and members of other health care professions to
assure comprehensive patient care especially in the more intimate and close quarters of a private office
practice.

Explore psychological issues as appropriate.

Serve as the patient’s advocate.

**Interpersonal Skills and Communication**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families across a broad range of socioeconomic and ethnic backgrounds</td>
<td>All</td>
</tr>
<tr>
<td>Communicate effectively with physician colleagues and members of other health care professions to assure comprehensive patient care.</td>
<td>All</td>
</tr>
</tbody>
</table>

**Systems-Based Practice:**
Understand the importance of effective practice management for high quality health care delivery.

The resident will develop an increased understanding of the business aspect of a general internal medicine practice, including customer service, scheduling, billing, marketing, contract negotiations, personnel utilization, and business & financial planning.

The resident will develop an increased understanding of effective risk management, quality assurance, record keeping, telephone triaging, and patient follow-ups.

The resident will understand the scope of a community office based practice including the feasibility of specific office based laboratory procedures, compliance issues, patient education, quality assessment and improvement and utilization review.

The resident will learn the use of the electronic medical record in the internal medicine private practice setting.

Residents will demonstrate understanding of the legal requirements for treating patients; while advocating for the patients’ well being.

Demonstrate knowledge of the various aspects of treatment, including counseling and pharmacologic interventions and medication management in the primary care setting.

Identify key aspects of health care systems as they apply to care of patients and their families (e.g., challenges to access and continuity of care; factors affecting billing and reimbursement).

Understand the primary care physician’s role and limitations in management/treatment as well as collaborating with mental health providers to coordinate care.

When providing care to patients in all clinical settings, consider cost and resource allocation without compromising quality of care.
Recognize and advocate for patients who need assistance to deal with health care system complexities.

Recognize the limits of one's knowledge and expertise and take steps to avoid medical errors.

**Systems-Based Practice**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize multidisciplinary resources necessary to care optimally for ambulatory patients</td>
<td>All</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive ambulatory patient care</td>
<td>All</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of ambulatory patients</td>
<td>All</td>
</tr>
<tr>
<td>Understand the business aspects of practice management in an office setting</td>
<td>Office</td>
</tr>
</tbody>
</table>

**Rotation-Specific Milestone Objectives**

**Patient Care**

- Obtain relevant historical subtleties that inform and prioritize both differential diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate. (PC-C3)
- Recognize disease presentation that deviate from common patterns and that require complex decision making (PC-C4)
- Make appropriate clinical decisions based upon the results of more advanced diagnostic tests. (PC-F7)
- Provide appropriate preventive care and teach patient regarding self-care (PC-F7)
- With supervision, manage patients with common clinical disorders seen in the practice of ambulatory general internal medicine (PC-F8)
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of ambulatory internal medicine (PC-F8)
- Customize care in the context of the patient’s preferences, belief systems, and overall health (PC-F10)

**Medical Knowledge**

- Demonstrate sufficient knowledge to diagnose and treat common conditions in ambulatory internal medicine that require hospitalization (MK-A2)
- Demonstrate sufficient knowledge to evaluate common ambulatory conditions (MK-A3)
- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-a7)
- Demonstrate sufficient knowledge to provide preventive care (MK-A5)
- Understand the relevant pathophysiology and basic science for uncommon or complex medical conditions (MK-A8)
- Demonstrate sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education (MK-A9)

**Practice-Based Learning**

- Appraise the quality of medical information and select among them based on the characteristics of the clinical questions (PBLI-C4)

**Interpersonal and Communications Skills**
- Engage patients/advocates in shared decision-making for difficult, ambiguous or controversial scenarios (ICS-A4)
- Appropriately counsels patients about the risks and benefits of tests and procedures, highlighting cost awareness and resource allocation. (ISC-A7)
- Engage in collaborative communication with all members of the healthcare team (ICS-D3)
- Ensure succinct, relevant, and patient specific written recommendations (ISC-F2)

**Professionalism**
- Demonstrates empathy, compassion and commitment to relieve pain and suffering to all patients (P-B1-B2)
- Recognizes and addresses personal, psychological and physical limitations that may affect professional performance. (PF4)
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status (P-1, P-J1)
- Maintains patient confidentiality (J1)

**Systems-Based Practice**
- Manage and coordinate care and care transitions across delivery systems, including ambulatory, subacute, acute, rehabilitation, and visiting nurse service (SBP-A2)
- Negotiate patient-centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing skills and coordinating the activities of interprofessional team members (SBP-B4)
- Reflect awareness of common socio-economic barriers that impact patient care (SBP-D1)
- Demonstrate the incorporation of cost awareness principles into standard clinical judgments and decision making. (SB-E3-E)

**Evaluation Method**
Residents are evaluated at the end of each rotation in General Ambulatory Medicine. Evaluations are completed utilizing the E*Value on-line reporting system in the Seton Hall University School of Health & Medical Sciences format. Opportunity for feedback by both resident and attending is afforded. 360 evaluations are completed by nurses and ancillary office staff.

REVIEWED:
Theodore A. Dacosta, MD
Swetha Basani Rana, MD – PGY 3
Overview:

All PGY III residents spend four weeks on a required Geriatrics rotation. Under the supervision of faculty certified in Geriatrics, they participate in a variety of experiences with elderly patients in settings ranging from inpatient services to patients’ own homes. Individual experiences are described below under teaching/learning activities.

Principal Teaching/Learning Activities:

- **Geriatric Outpatient Practice (GOP)** – Direct Patient Care under the supervision of Geriatrics Faculty Members in their outpatient practices. Residents spend 4 days per week in the GOP.

- **Nursing Home (BBECNH)** – Residents participate directly with Geriatrics faculty in the ongoing care of inpatients at various nursing homes.

- **Skilled Nursing Facility (SNF)** – Residents spend one day per week seeing patients in a SNF under the supervision of geriatrics faculty.

- **Geriatrics Consultation Service (GCS)** – Residents see elderly inpatients for whom geriatric consultation is requested.

- **Outpatient Rehabilitation Services (ORS)** – Residents spend 2 hours observing a range of outpatient rehabilitation therapies including physical therapy, occupational therapy, speech therapy and home safety evaluation.

- **Topic Review and Presentation (TRP)** – Each resident is expected to do one or two evidence-based topic reviews, which are then presented to Geriatrics faculty and other residents on Geriatrics rotations. Geriatric faculty members present one lecture per month as part of the Core Curriculum.

- **Multidisciplinary Case Conferences (MCC)** – All of the facilities included in the Geriatrics rotation have regular multidisciplinary case conferences involving geriatrics faculty and residents, geriatrics Nurse Practitioners and Physician Assistants, geriatrics nurses, social work, physical therapy, occupational therapy, speech therapy, and community health nursing.

- **Hospice Care Facility** - Residents are exposed to Hospice and Palliative Medicine at the center for Hope facility in Scotch Plains., NJ 1-2 sessions a month.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for the Geriatrics Rotation are listed for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activities for each goal, using the legend below.
Legend for Learning Activities (See above for descriptions)

<table>
<thead>
<tr>
<th>Legend</th>
<th>Description</th>
<th>Education Activities*</th>
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</thead>
<tbody>
<tr>
<td>GCS</td>
<td>Geriatrics Consult</td>
<td></td>
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<tr>
<td>Service</td>
<td></td>
<td>GOP – Geriatrics Outpatient Practice</td>
</tr>
<tr>
<td>SNF</td>
<td>Skilled Nursing Facility</td>
<td>MCC-Multidisciplinary Case Conferences</td>
</tr>
<tr>
<td>GIS</td>
<td>Geriatric Inpatient</td>
<td></td>
</tr>
<tr>
<td>Service</td>
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</table>

**Patient Care**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
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</thead>
<tbody>
<tr>
<td>Perform an efficient focused office visit with an older patient, including appropriate interview and physical examination</td>
<td>GOP</td>
</tr>
<tr>
<td>Recognize, evaluate and initiate appropriate treatment for geriatric syndromes</td>
<td>GOP, GCS, SNF, GIS MCC</td>
</tr>
<tr>
<td>Promote wellness and maintenance of function in elderly patients, including direction of patients to community resources related to wellness</td>
<td>GOP</td>
</tr>
<tr>
<td>Appropriately prescribe medications in elderly patients</td>
<td>GOP, GCS, SNF, GIS</td>
</tr>
<tr>
<td>Refer patients appropriately for inpatient geriatrics consultation, outpatient geriatric assessment, and rehabilitation services</td>
<td>GOP, GCS</td>
</tr>
<tr>
<td>Safely turn and transfer a patient with impaired mobility</td>
<td>SNF</td>
</tr>
</tbody>
</table>

**Medical Knowledge**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of elderly patients</td>
<td>GOP, GCS, TRP, GIS MCC</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to elderly patients</td>
<td>GOP, GCS, TRP,GIS</td>
</tr>
<tr>
<td>Understand the concept of wellness and appreciate the importance of maintenance of function in elderly patients</td>
<td>GOP</td>
</tr>
<tr>
<td>Understand the important alterations in pharmacokinetics and pharmacological effect of medications commonly prescribed for elderly patients</td>
<td>GOP, GCS</td>
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</table>

**Practice-Based Learning and Improvement**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of elderly patients</td>
<td>GOP, GCS, SNF, GIS MCP, HCF</td>
</tr>
<tr>
<td>Develop evidence-strategies strategies for filling gaps in personal knowledge and skills in the care of elderly patients</td>
<td>GOP, GCS, SNF, GIS MCP, HCF</td>
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</tbody>
</table>
### Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
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</thead>
<tbody>
<tr>
<td>Communicate effectively with elderly patients and their families</td>
<td>GOP, GCS, SNF, HCF</td>
</tr>
<tr>
<td>Recognize and deal effectively with the communication challenges resulting from cognitive impairment in elderly patients</td>
<td></td>
</tr>
<tr>
<td>Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive care for elderly patients at various levels of care</td>
<td>GOP, GCS, SNF, MCP</td>
</tr>
<tr>
<td>Teach colleagues about important topics in Geriatrics</td>
<td>TRP</td>
</tr>
<tr>
<td>Provide sensitive and comprehensive terminal care including support for family and other caregivers.</td>
<td>GOP, GIS, HCF</td>
</tr>
</tbody>
</table>

### Professionalism

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behave professionally toward patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
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</tbody>
</table>

### Systems-Based Practice

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for elderly patients</td>
<td>GOP, GCS, SNF, GIS, MCC</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive care for elderly patients</td>
<td>GOP, GCS, SNF, GIS, MCC</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of elderly patients</td>
<td>GOP, GCS, SNF, GIS, MCC</td>
</tr>
<tr>
<td>Understand the full range of living options for elderly persons and the cognitive and functional abilities required for successful living in these various settings</td>
<td>GOP, GCS, SNF, GIS, MCC</td>
</tr>
</tbody>
</table>

### Milestone Objectives

#### Patient Care
- Obtain Relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PCA-3)
- Routinely identify subtle or unusual physical findings that may influence critical decision making, using advanced maneuvers where applicable (PC-B4)
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making. (PC-C4)
- Make appropriate clinical decisions based upon the results of common diagnostic test (PC-E2)
- Provide appropriate preventive care and teach patients regarding self care
• With minimum supervision, manage patients with common and complex clinical disorder seen in the practice of geriatric medicine (PC-F8)
• Customize care in the context of patients preferences and overall health

Medical Knowledge
• Demonstrate sufficient knowledge to diagnose and treat common conditions in geriatric patients that require hospitalization (MK-A2)
• Demonstrate sufficient knowledge to evaluate common ambulatory condition in geriatric medicine (MK-A3)
• Demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
• Understands the pathophysiology and basic science for uncommon and complex medical conditions. (MK-A8)

Practice Based Learning and Improvement
• Demonstrate sufficient knowledge of socio behavioral sciences including but not limited to healthcare economics, medical ethics and medical education (PBLI)
• Appraise the quality of medical information resources and select among them, based on the characteristics of the clinical questions (PBLI-C4)

Interpersonal and Communication Skills
• Engage patients and advocates in shared decision making for difficult ambiguous or controversial scenarios (ICS-A4)
• Appropriately counsel patients about the risks and benefits of treatment, tests, and procedures, (ISC-A7)
• Engages in collaborative communication with all members of the health care teams (ICS-D3)
• Ensure succinct, relevant and patient specific written communications (ISC-F2)

Professionalism
• Demonstrates professionalism during interactions with colleagues, other health team members, the patient caregiver, and the patients family or loved ones
• Provide support (Physical, psychological, social and spiritual) for dying patients and their families (P-B3)
• Treat patients with dignity, civility, and respect regardless of race, culture, gender, ethnicity, age socioeconomics status and maintains patient confidentiality (P-I1, PJ1)
• Recognize and manage conflict when patient values differ from their own (P-12)

System Based Practice
• Negotiate patient centered care among multiple care providers SBP-A3)
• Demonstrate how to manage the team by utilizing the skills and coordinating the activities of inter-professional team members (SBP-B4)
• Reflect awareness of common socio-economic barriers that impact patient care.

Recommended Resources
The rotation director at the beginning of the rotation provides a list of 10-15 important Geriatrics topics to all residents. Reading of all articles is required during the rotation.

**Evaluation Methods**

Residents are formally evaluated by the supervising Geriatric attending. Each resident is assessed as to his or her knowledge, skills and attitudes, and achievement of the goals and objectives for the rotations in accordance with the six ACME competencies and milestones. All attendings will use the standard Seton Hall University School of Health and Medical Science resident evaluation form. This is completed on our online E*value system. The faculty member meets with each resident following the rotation to discuss the evaluation with the resident.

Reviewed by Dr. Khimani 2013
OVERVIEW:
Emergency Medicine involves the evaluation and care of acute illness and injuries that require intervention within a limited time span. It is defined by a time interval rather than by a particular organ. Some conditions may be encountered in office practice, others in acute care settings. Regardless of the setting, the general internist should be able to manage common emergency conditions and provide consultation and management for a variety of acute serious illnesses.

PGY 2-3 residents spend a one-month required block rotating in the emergency department (ED). Blocks can be in two week intervals In addition, all dually-accredited allopathic/osteopathic residents do a one month block in their PGY –1 year. Supervision in the ED is by full-time faculty in the Department of Emergency Medicine. Residents perform initial evaluations of adult, adolescent, and pediatric patients presenting to the ED with medical and minor surgical problems. All patients are presented to the Emergency Medicine attending who then evaluates the patient to verify history and physical findings. Together the medical resident and Emergency Medicine attending develop and diagnostic and therapeutic plan. If a patient requires admission, the resident calls the patient’s primary care physician and discusses the case with him. When needed, consultants in Surgery, Gynecology, Neurology, Neurosurgery, Orthopedics, ENT, Urology and the medical sub-specialties are called in to see the patient.

DUTIES AND RESPONSIBILITIES RESIDENTS
Residents are expected to see patients of all acuities and disease types while in the emergency department.

Residents are to perform a thorough yet focused history and physical and formulate a list of appropriate differential diagnoses. They will then formulate and initiate an appropriate therapeutic and diagnostic plan. The resident will then discuss their findings and plan with the attending physician.

All diagnostic results will be reviewed and interpreted by the resident. Pertinent positives and critical values will be reviewed with the attending physician including radiographs.

Residents will perform procedures, commensurate with experience, with the attending physician being present for “key portions” only.

PGY-3 residents will be expected to assume a “leadership role” in resuscitations and be well versed in Advanced Cardiac Life Support protocols. All resuscitations will be conducted under the direct supervision of the attending physician.
**Emergency Medicine Rotation at Trinitas Regional Medical Center**

During the Emergency Medicine rotation, residents are assigned sixteen 10-hour shifts, generally from 9 a.m. to 7 p.m. They will attend their regular weekly Continuity Clinic and will not have ED shifts scheduled on clinic days.

**Emergency Medicine Rotation at Saint Michael's Medical Center**

During the Emergency Medicine rotation, residents are assigned 15 12-hour shifts. They will attend their regular weekly Continuity Clinic and will not have ED shifts scheduled on clinic days.

**Principal Teaching/Learning Activities**

The principal teaching and learning activities during the Emergency Medicine Rotation are:

- **Direct Patient Care (DPC)** activity working one-on-one with the Emergency Medicine attending staff.

- **Direct Supervision of Procedures (DSP)** performed by medicine residents in the ED and supervised by Emergency Medicine faculty. These procedures may include suturing of lacerations, placement of central venous and arterial lines, immobilization and supportive bandaging of soft tissue orthopedic injuries, and incision and drainage of abscesses.

**Common Clinical Presentations**

- Abdominal pain
- Acute vision loss
- Cardiac arrest
- Cardiac arrhythmias
- Chest pain
- Coma
- Dehydration
- Diarrhea
- Dyspnea
- Gastrointestinal bleeding
- Headache
- Hemoptysis
- Hip fracture
- Leg swelling
- Musculoskeletal trauma
- Palpitations
- Severe hypertension
- Shock
- Syncope
- Vaginal bleeding
- Vomiting
- Wheezing

**Procedural Skills**

- Abdominal paracentesis
- Advanced cardiac life support
- Arthrocentesis
- Cardioversion
- Fluorescent staining of cornea
Incision and drainage of abscesses
Lumbar puncture
Masked ventilation to maintain airway
Needle decompression of tension pneumothorax
Placement of central venous catheters
Placement of nasogastric tube
Splinting
Repair of laceration
Endotracheal intubation (optional)
Insertion of temporary pacemaker (optional)
Pericardiocentesis (optional)

Ordering And Understanding Tests

- Computed tomography of head, chest, abdomen, and neck
- Echocardiography
- Noninvasive vascular studies
- Pulmonary angiography
- Toxicology studies
- Ultrasound of abdomen and pelvis
- Ventilation/perfusion scans of the lungs

Principal Educational Goals By Relevant Competency

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

Legend for Learning Activities

- **DPC**- direct patient care
- **DSP**- directly supervised procedures
- **EMRL** Emergency Medicine Reading List

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Principal Educational Goals</th>
<th>Learning Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Effectively perform initial evaluation and management of patients with medical emergencies and minor surgical emergencies</td>
<td>DPC</td>
</tr>
<tr>
<td></td>
<td>Effectively assess patients’ need for hospital admission and appropriate level of inpatient care</td>
<td>DPC</td>
</tr>
<tr>
<td></td>
<td>Know indications for common emergency department procedures and perform these procedures with proper technique</td>
<td>DSP</td>
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</table>
### Medical Knowledge

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with medical and minor surgical emergencies</td>
<td>DPC</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to medical and surgical emergency care</td>
<td>DPC,</td>
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### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with medical and minor surgical emergencies</td>
<td>DPC</td>
</tr>
<tr>
<td>Develop strategies for filling knowledge gaps that will benefit patients with medical and minor surgical emergencies</td>
<td>DPC</td>
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### Interpersonal Skills and Communication

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<thead>
<tr>
<th>Principal Educational Goals</th>
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</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families in a stressful ED environment</td>
<td>DPC</td>
</tr>
<tr>
<td>Communicate effectively with physician colleagues in the ED and members of other health care professions to assure timely, comprehensive patient care</td>
<td>DPC</td>
</tr>
<tr>
<td>Communicate effectively with primary care physicians regarding the care of their patients in the ED</td>
<td>DPC</td>
</tr>
<tr>
<td>Communicate effectively with consulting residents and attendings from specialty services whose assistance is needed in the evaluation or management of patients in the ED</td>
<td>DPC</td>
</tr>
<tr>
<td>Communicate effectively with colleagues when signing out patients</td>
<td>DPC</td>
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### Professionalism

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<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities</th>
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</thead>
<tbody>
<tr>
<td>Behave professionally towards patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
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### Systems-Based Practice

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for patients in the ED</td>
<td>DPC, EMRL</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive care for patients in the ED</td>
<td>DPC,EMRL</td>
</tr>
<tr>
<td>Facilitate the safe and timely transfer of admitted patients from the ED to the appropriate inpatient setting</td>
<td>DPC,EMRL</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients with medical and minor surgical emergencies</td>
<td>DPC, NC, EMRL</td>
</tr>
</tbody>
</table>

### Rotation-Specific Milestone Objectives
**Patient Care**
- Obtain Relevant historical subtleties and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteers by the patient. (PC-A3)
- Routinely identify subtle or unusual findings that may influence clinical decision making, using advanced maneuvers when applicable (PC-B4)
- Modify differential diagnosis and care plan based upon clinic course and data as appropriate.
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of emergency medicine (PC-F8)
- Manage complex or rare emergent medical conditions and understand when consultation is appropriate (PC-F9)

**Medical Knowledge**
- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understand indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and performance characteristics (MK-B2-B3)

**Practice Based Learning**
- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions. (PBL-B2-B3)
- Effectively and efficiently search evidence based summary medical information resources (PBLIC3)
- Appraise the quality of medical information resources and select among them based on the characteristics of the clinical question (PBLI-C4)
- Customize clinical evidence for an individual patient and integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E2, E4)
- Communicate risks and benefits of alternatives to patients (PBLI-E3)

**Interpersonal and Communication Skills**
- Actively seek to understand patient differences and views and reflect this is respectful communication and shared decision making with patient and the healthcare team (ICS-B3)

**Professionalism**
- Role model effective communications for more junior colleagues (e.g. medical students, interns) (P-F6)
- Effectively advocate for individual patient needs (P-G2)

**System Based Practice**
- Negotiate patient centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members

**Recommended Resources**
- Tintanalli Emergency Medicine; a Comprehensive Study Guide
- Goldfrank’s Toxicologic Emergencies
- Fleisher and Ludwig Textbook Pediatric Emergency Medicine
- Robert and Hedges Clinical Procedure in Emergency Medicine
- Tintinalli and Pearlman Emergency Care of the Women
• UpToDate (available on all hospital computers)
• Medline Searching and MDConsult (available all hospital computers)
• Thaler; The only EKG book you will need.

Evaluation Methods
Residents are formally evaluated by the Emergency Medicine attendings, at either Trinitas Regional Medical Center or Saint Michael’s Medical Center, at the end of the monthly rotation or two week block, using the standard evaluation form in the web-based E-Value system. Each resident is assessed as to his or her knowledge, skills and attitudes, and achievement of the goals and objectives for the rotations in accordance with the six ACME competencies and milestones. In addition, 360° evaluations are provided by nurses and ancillary staff. The evaluations will be reviewed with the resident and feedback and suggestions for improvement given.

REVIEWED: 2013
John D’Angelo, DO - TRMC
Kyan Sorkin, DO - TRMC
Alan Miller, MD – SMMC
Leeann Nelson, MD – PGY 3
Seton Hall University School of Health and Medical Sciences
Internal Medicine Residency Program
Saint Michael’s Medical Center
Trinitas Regional Medical Center
J. F. K. Medical Center

Educational Program Description - A Competency-Based Curriculum
Neurology

2013 - 2014

Educational Coordinator: Bernard Schanzer, MD

Neurology Faculty:

Frederick Weisbrot, MD - Saint Michael’s Medical Center
Bernard Schanzer, MD - Trinitas Regional Medical Center
Ying Tao, MD - Trinitas Regional Medical Center
Philip Hanna, MD – J.F.K. Medical Center
Michael Rosenberg, MD – J.F.K. Medical Center

Overview
Resident in their PGY-2 or PGY-3 must take one month required rotation in Neurology under the supervision of Drs. Bernard Schanzer and Ying Tao, at Trinitas Regional Medical Center, Dr. Frederick Weisbrot at St. Michael’s Medical Center, and Drs. Philip Hanna and Michael Rosenberg at J. F. K. Medical Center. This rotation is full-time, five days per week. There is no Neurology night or weekend call.

Educational Objectives:
Neurology encompasses the prevention, diagnosis, and management of disorders of the central and peripheral nervous systems. The primary care internist should possess a broad range of competencies in Neurology.
• He or she should be familiar with the presenting features, diagnosis, and treatment of common neurological disorders.
• The primary care internist may encounter patients with neurological disorders in a variety of settings, including ambulatory care, long-term care, home care, and the hospital. In communities where a neurologist is not available, the primary care internist may be a consultant for some neurological disorders.
• Understand principles of supportive care for stroke patients and the expected complications.

Principal Educational Goals:
By the conclusion of this rotation, the resident will have an understanding of the pathophysiology, clinical presentation, diagnosis, and management of common neurological disorders. These include:
• Migraine
• Vertigo
• Dementia, delirium, and encephalopathy
• Cerebrovascular disease
• Seizure disorders
• Movement disorders including Parkinson’s disease and chorea
• Disorders of the spinal cord, peripheral nerves, and muscle
Multiple sclerosis

**Trinitas Regional Medical Center Rotation**

**Principal Teaching/Learning Activities:**
- **Inpatient Consultation/Daily Attending Rounds:**
  Residents are given the opportunity to make an initial assessment, presentation to the attending and participate in ordering the work up and further management.

  Residents are expected to assess and evaluate critically ill patients, apply the evidence based current medical information, improve system based practice by understanding how to use the multidisciplinary resources and collaborate with other members of the health care team to assure comprehensive patient care. Residents with Drs. Schanzer and Tao are expected to review and present pertinent current articles in the medical literature.

  Residents participate in Neurology Codes assessment & decision making.
- **Neuroradiology Meetings:**
  Residents are given the opportunity to participate in presentations and preparing the cases, which is held the last Tuesday of every month.

- **Neurology Outpatient Clinic and Private Office:** Residents participate in the weekly Neurology Clinic, held every Monday from 7:30-10:30. Residents will see private patients and will have exposure to a diverse mix of patients in the outpatient setting. Residents have the chance to interview, examine patients more skillfully and generate differential diagnosis then apply evidence based management and cost-effective strategies and to improve their interpersonal skills and communication with patients and their families.

  **NeuroDiagnostic Experience:**
  - Neuroradiology: review patients brain CT scans and MRI imaging.
  - EEG Review: Exposure to EEG interpretation is provided during the rotation.
  - Electrodiagnostic (EMG) use and indications

- **Neurology Lectures:** There is one Neurology lecture a month as part as the core Internal Medicine Lecture series.

Residents are encouraged to participate in some form of Neurology research.

**Saint Michael's Medical Center Rotation**

**Principal Teaching/Learning Activities:**
- Neurology Inpatient Consultation Service: Residents on this rotation perform Neurology Consultation. Resident interview, examine the patient, review the pertinent laboratory and special tests. The resident then sees the patient with Dr. Weisbrot, and a final differential diagnosis, testing, and treatment are developed. Residents follow the patients they have seen through out their rotation and present them on Daily attending Rounds with Dr. Weisbrot. Residents are expected to review and present pertinent current articles in medical literature.
Neurology Outpatient Clinic: Residents participate in the Neurology clinic held every Thursday morning from 9:00 am – 12:00 noon.

Neurology lectures are given every other Friday.

Residents are encouraged to participate in some form of Neurology research.

**J. F. K. Medical Center Rotation**

**Principal Teaching/Learning Activities:**

Medicine Residents are directly supervised by the Neurology resident and the Neurology attending who also sees every patient.

- **Neurology Inpatient Service**- Direct patient care under the supervision of Neurology attending and residents. Resident will examine and write admission notes on patients selected and admitted to the neurology service. They will participate in consultations to other inpatient services.

- **Outpatient Clinic**- Held each afternoon and supervised by neurology faculty.

- **Neurology Attending Rounds**- Held Daily Mon-Fri 9-11AM. This involved the bedside presentations and detailed discussion of a patient on the neurology service.

- **Neurology Grand Rounds**- Held every Wednesday from 11:30-12:30 important topics in neurology are reviewed and discussed.

- **Neurology Morning Report**- Held daily Monday-Friday 8-9am. Neurology Chief Resident leads a discussion of recently admitted patients.

- **Neurology Noon Conference** - held Monday, Tuesday, Thursday and Friday from 11:30-12:30. Neurology faculty present reviews on Neurology topics.

**Principal Educational Goals by Relevant Competency**

In the tables below, the principle educational goals for the Neurology Rotation are listed for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below. This may vary slightly based on the hospital venue.

* Legend for Learning Activities (See above for descriptions)

<table>
<thead>
<tr>
<th>Learning Activities*</th>
<th>IC – Inpatient Consult service</th>
<th>OC – Outpatient Clinic</th>
<th>NL – Neurology Lectures</th>
<th>AR- Attending Rounds</th>
<th>NR- NeuroRadiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>EEG- EEG Review</td>
<td>EEG- EEG Review</td>
<td>EEG- EEG Review</td>
<td>EEG- EEG Review</td>
<td>EEG- EEG Review</td>
<td>EEG- EEG Review</td>
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<tr>
<td>GR- Grand Rounds(JFK only)</td>
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<td>GR- Grand Rounds(JFK only)</td>
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<td>GR- Grand Rounds(JFK only)</td>
</tr>
<tr>
<td>NMR- Neuro Morning report(JFK Only)</td>
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<td>NMR- Neuro Morning report(JFK Only)</td>
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</tbody>
</table>

**Patient Care**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively obtain an accurate neurological history</td>
<td>IC, OC, AR</td>
</tr>
<tr>
<td>Effectively perform and interpret a neurological examination</td>
<td>IC, OC, AR</td>
</tr>
<tr>
<td>Appropriately select and interpret neurology laboratory and imaging studies for patients under their care</td>
<td>All</td>
</tr>
<tr>
<td>Effectively evaluate and manage common inpatient neurology problems, including but not limited to coma, mental status changes, stroke, and seizures</td>
<td>IC, AR, NL</td>
</tr>
<tr>
<td>Effectively evaluate and manage common outpatient neurology problems, including but not limited to headache, dizziness, back</td>
<td>OC, AR, NL</td>
</tr>
</tbody>
</table>
Perform lumbar punctures with proper technique

### Medical Knowledge

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with neurological illness</td>
<td>All</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patients with neurological illness and complaints</td>
<td>All</td>
</tr>
<tr>
<td>Know the appropriate indications for commonly ordered neurology tests and procedures, including: EEG, EMG, nerve conduction studies, evoked potentials, lumbar puncture, CT and MR imaging of brain and spinal cord</td>
<td>All</td>
</tr>
</tbody>
</table>

### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with neurological illness and complaints</td>
<td>AR, NL</td>
</tr>
<tr>
<td>Develop evidence-strategies strategies for filling gaps in personal knowledge and skills in the care of patients with neurological illness and complaints</td>
<td>All</td>
</tr>
</tbody>
</table>

### Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families</td>
<td>IC, OC, AR</td>
</tr>
<tr>
<td>Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care</td>
<td>IC, OC, AR, NL</td>
</tr>
</tbody>
</table>

### Professionalism

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behave professionally toward towards patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
</tr>
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</table>

### Systems-Based Practice

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for patients with neurological illness and complaints</td>
<td>All</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive care for patients with neurological illness and complaints</td>
<td>IC, OC, AR</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients with neurological illness and complaints</td>
<td>All</td>
</tr>
</tbody>
</table>
Rotation-Specific Milestone Objectives

Patient Care
- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans including sensitive complicated, and detailed information that may often not be volunteered by the patients (PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Modify differential diagnoses and care plan based upon clinic course and data as appropriate (PC-C3)
- Make appropriate clinical decisions based upon the results of more advanced diagnostic tests such as MRI, CT scans, Nuclear Medicine and EEGs (PC-E2)
- Independently manage patients as appropriate with a Neurologist supervision, with a broad spectrum of neurological disorders seen in the practice of general Internal Medicine (PC-F8)
- Recognizes complex or rare neurological conditions and understand when a neurological consultation is appropriate (PC-F9)
- Provide specific, responsive consultations to other services and provide Neurological Consultations for patients with more complex clinical problems with appropriate supervisions (PC-G1-G2)

Medical Knowledge
- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understand the relevant pathophysiology and basic science for uncommon or complex neurological conditions (MK-B2-B3)

Practice-Based Learning and Improvement
- Classify and precisely articulate clinical questions and develop a system to track, pursue and reflect on these clinical questions (PBL-B2-B3)
- Effectively and efficiently search evidence-based summary medical information resources (PBLI-C3)
- Appraise the quality of medical information resources and select among them based on the characteristics of the clinical questions (PBLI-C4)
- Customize clinical evidence for individual patients and integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E2-E4)
- Communicates risks and benefits of alternatives to patients (PBLI-E3)

Interpersonal and Communication Skills
- Appropriately counsel patients about the risks and benefits of treatment, tests and procedures (ISC-A7)
- Communicate consultative recommendations to the referring team in an effective manner (ISC-E2)
- Ensure Succinct, relevant and patient specific written communications (ISC-F2)

Professionalism
- Recognize and take responsibility for situations where public health supersedes individual health (e.g. seizure related incident)

**Systems-Based Practice**
- Demonstrate the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios. (SB-E3-E4)

**Recommended Resources**
- Samuels Martin A- Office Practice of Neurology
- The resident is expected to read and master the text *Technique of the Neurologic Examination* by DeMyer and DeMyer.
- Stephen Waxman- *Correlative NeuroAnatomy*

**Evaluation Methods**
Residents are formally evaluated by the supervising Neurology attending at the hospital they are completing the rotation in. Each resident is assessed as to his or her knowledge, skills and attitudes, and achievement of the goals and objectives for the rotations in accordance with the six ACME competencies and milestones. All attendings will use the standard Seton Hall University School of Health and Medical Science resident evaluation form. This is completed on our online E*value system. The faculty member meets with each resident following the rotation to discuss the evaluation with the resident.

REVIEWED: 2013
Bernard Schanzer, MD - TRMC
Frederick Weisbrot, MD - SMMC
Philip Hanna, MD – JFK
Faiza Manji, MD – PGY 3 and Kyle Marling –PGY 3
Program-Level Goal
This one-semester, three- (3) credit-hour didactic course will provide the resident with the background and skills necessary to:

I. Apply the critical, and analytical thought processes developed through familiarity with research to clinical practice, and
II. Undertake a clinical or laboratory research project during the course of residency training.

Program-Level Objectives
Upon completion of this course, a resident will be expected to:

I. Recognize the ethical factors which pertain to research conduct including the need to:
   A. Protect the rights of human subjects in clinical surveys and experiments.
   B. Find alternatives, whenever possible, to the use of experimental animals, and when their use is unavoidable, to minimize their pain or discomfort.
   C. Present his or her own research in a manner that factually and objectively describes all aspects of the study including methods, data and authorship.
II. Perform a “literature search” on a clinically relevant subject. Inherent in this are the skills to:
   A. Differentiate databases which bear upon the subject of interest,
   B. Discriminate between peer-reviewed and non-peer-reviewed reports,
   C. Retrieve bibliographic citations of appropriate breadth and depth to the purposes of the study.
III. Design an experimental study. This includes the ability to:
   A. Discriminate between experimental and non-experimental studies (case reports and surveys).
   B. Explain the different types of experimental models.
   C. Outline a protocol that will adequately address a research hypothesis.
IV. Gather, record and analyze data emanating from a clinical or biomedical investigation, including the skills necessary to:
   A. Clearly define and delineate outcomes.
   B. Create databases from which study results can be efficiently retrieved and analyzed.
   C. Differentiate between nominal and ordinal data.
   D. Apply, as appropriate, parametric and non-parametric statistics.
   E. Analyze data using personal computer-based software.
V. Summarize the results and implications of a scientific investigations of a scientific investigation both by written an oral means, specifically to:
   A. Discuss the implications of the work in a manner which relates the findings directly to the tested hypothesis and which avoids undue speculation.
   B. Write an abstract describing the study in its entirety.
   C. Prepare materials for “Poster” presentations and slides for oral presentations.
   D. Become familiar with the elements of a full-length manuscript for peer-reviewed publication.
COURSE SYLLABUS AND ASSIGNMENTS
This one semester course, taught at SMMC, is required for PGY-2 residents. It is offered both fall and spring semesters, on Wednesday evenings. Residents will register for the course through the Chief Residents.

Session / Topic
1 - Introduction to course. Requirements of course and program.
2 - The scientific literature. The use of the library and searching medical and scientific databases.
3 - Bioethics as it applies to experimental subjects. The function of IRBs and the protection of human subjects.
4 - The ethical conduct of research. Recognizing scientific misconduct in all its forms. Recording and protection of data.
5 – Overview of clinical research
6 - Introduction to clinical research. Research models and methods.
7 - Data analysis. Types of data and introduction to biostatistics. Descriptive Statistics
8 - Statistical methods of analysis. Comparison of populations, ANOVA, t-tests and post hoc tests.
9 - Statistical methods of analysis, continued. Regression methods to study relationships between and among variables.
11 - Practical statistical applications.

ASSIGNMENTS
A. Students will be asked to think about a question or problem of interest and perform a literature search on that subject. This must be submitted in session 3.
B. Students will be required to outline a research project that answers a question about the subject in A, above. This must be submitted in session 7.
C. Students will be required to write a detailed defensible protocol. This must be submitted by session 14.
D. Students whose previous assignments have qualified them for a grade of B+ or A will give a brief presentation of their project.

Evaluation and Feedback
Residents will be evaluated based on written work submitted for the course. Dr. DeBari will provide feedback to each resident.

Course Reading
Required:
Recommended:

Matthews DE and Farewell VT: *Using and Understanding Medical Statistics.* 2nd ed, Karger, Basel. 1988


REVIEWED: 2013
Vincent DeBari, PhD
Jignesh Desai, MD – PGY
Elective Rotations
Educational/Learning Objectives

Mission Statement

We endorse the statement of mission implicit in the guidelines for Training in Adult Clinical Cardiovascular Medicine (Core Cardiology Training Symposium [COCATS]; JACC Vol.25, No. 1; January 1995: 1-34). In addition, the specific mission of our resident cardiology elective is to provide solid training in the appropriate diagnosis, management, and ongoing treatment of cardiac conditions for residents in internal medicine. A resident should complete the elective with a good understanding of the appropriate and efficient use of cardiac consultation and diagnostic tests, as well as understanding of the management of common cardiac disorders seen in general medical practice.

The goal of the elective is to provide the resident with a wide variety of experiences in cardiology. This will include both inpatient consultation as well as an extensive opportunity to participate in two outpatient office practices, where outpatient consultative care is combined with the latest non-invasive imaging modalities in cardiac care.

Since residents receive training in the management of acute and critically ill cardiac patients during their inpatient rotations through the CCU and cardiovascular step-down unit, the goals of the cardiology elective are somewhat different. The resident elective is designed to provide training and education in the specific aspects of cardiology that will be most relevant to the primary care practitioner.

Specific Objectives
At the conclusion of the elective the resident should be able to:

- Identify and understand the management of the most common reasons for inpatient cardiac consultation including risk assessment for non-cardiac surgery, arrhythmia management and the evaluation of chest pain syndromes

- Identify and understand the management of the most common causes for outpatient cardiac consultation including chest pain / coronary artery disease, congestive heart failure, valvular heart disease and outpatient arrhythmia management.

- Understand the basics of exercise testing and the appropriate patient selection criteria.
Understand and identify the appropriate patient candidates for the various non-invasive imaging modalities and how these tests are performed. They should also understand the limitations of these procedures and their applicability in different circumstances.

Improve their auscultation and physical exam skills by examining patients during inpatient and outpatient consultations and in the echocardiography lab (especially the large number of echo patients presenting with valvular heart disease).

**Description of Elective**

1. All residents will be assigned to an inpatient consult team and an outpatient facility.
2. The elective is four weeks in duration.
3. Both the inpatient and outpatient components of the elective will run simultaneously.
4. On the team’s “on call” days for inpatient consults the resident will round with the team and take new consults along with other team members for that day.
5. On the team’s “off call” days, the resident will round with the team in the morning and then be assigned to an outpatient office and cardiologist for the afternoon.
6. The outpatient facilities offer extensive exercise testing, echocardiographic, and nuclear cardiology facilities to expose the resident to the various modalities of outpatient cardiac imaging, gain experience in performing basic exercise testing, and improve cardiac auscultation skills.

**Schedule of Inpatient Consultation Service Activities**

- **Daily Work Rounds**
  Daily work rounds for the clinical service team are held with the senior teaching attending on service, Monday through Saturday morning beginning at approximately 8:00am.

- **Clinical Teaching Rounds**
  Professor’s Rounds (clinical teaching rounds) are held every Wednesday from 11:00am to noon in the Cardiology Conference Room. Medical residents and cardiology fellows on clinical consultation rotation, fellows on the non-invasive rotations and other interested fellows attend this conference, which provides didactic and clinical instruction in clinical, preventive, and nuclear cardiology.

- **Sign-In Rounds**
  Faculty, fellows, residents, and medical students on the various services meet every Monday morning at 8:00 am for Sign-in Rounds. At this meeting the two weekend on-call physicians (Cardiology Fellow or Resident for the consult service and Cardiology fellow for the CCU) each present an interesting or problematic current patient for group discussion. These presentations are brief and informal, using whatever supportive ECG, x-ray, echo, or other data are deemed appropriate. The purpose of this meeting is to stimulate thought and discussion. The meeting is about one-half hour in duration and held in the Cardiology Conference Room.

**Conferences**

Twice weekly general cardiology teaching rounds conducted by a cardiology faculty member will be held at 10:00am on Monday mornings in the Medical Education Conference Room on Level 7 and on Wednesdays in the Cardiology Conference Room Respectively. Either the CCU or the consult services will prepare a case in rotation for discussion.
Other conferences include EKG conference, combined cardiac catheterization/cardiac surgical conference, journal club, basic research conference, fellows weekly lecture series, and cardiology grand rounds.

Occasional special lectures provide further formal didactic training in cardiology and specific aspects of management and diagnosis. Conference announcements are made at the weekly Sign-In Rounds (see above) and are also listed on the weekly schedule posted in Bulletin Board by Cardiology Department.

**EKG Tutorial**

An EKG tutorial specifically geared to residents and medical students is given in small group sessions each week.

**Inpatient Cardiology Consultations**

Evaluation of inpatient cardiology consultations will be the responsibility of the service designated as on-call. The schedule rotates between the two-consultation services. Cases are presented to the attendings on morning work rounds. During the day, consults requested for patients already followed by one of the consultation service attendings will be evaluated by that service irrespective of the on-call schedule. The R2, R3 or fellow on-call will answer night calls from outpatients. Questions regarding these patients can best be referred to the patient’s attending cardiologist, or if this is not possible, to the attending on-call. It will be expected that the appropriate service attending will follow these patients thereafter.

**Patient Admissions**

- **Patients Admitted to the Consult Services**
  - Residents perform evaluation of patients admitted to the consultation service under the care of one of the attendings. This includes:
    - New admissions or re-admissions (see Inpatient Cardiology Consultations above) to the Cardiology Consult Service on open SMMC floors
    - New admissions, transfers, or re-admissions (see Inpatient Cardiology Consultation above) are specifically assigned to one of the Cardiology Consult Service Attendings
    - Emergency Department visits of patients of the service attending or patients referred via the Emergency Department

**CCU/Cardiovascular Center Admissions Protocol** (on all admissions to the Cardiology Clinical Consultation Service)

- The CCU fellow will retain responsibility for the overall care (including performance of procedures such as temporary pacemaker insertions, Swan-Ganz catheterization, and insertion of arterial lines) of these patients in conjunction with the CCU housestaff.
- The PGY-2 or PGY-3 resident or fellow will see night admissions to the CCU on the Consultation service only if the admission is directly to one of the consultation service attendings. If the patient is an unassigned admission via the ED or is transferred from another floor, he/she is seen by the CCU housestaff and the Cardiology CCU fellow and subsequently assigned to the CCU attending on-call
The consultation service resident/fellow on-call for the day will be paged for any in-house consultations. Please be prompt in answering your pages, as some patient calls or pre-op consults cannot wait. In the case of a patient call that requires an immediate decision, the patient will be instructed to come to ED and the resident/fellow on-call will then be paged. The ED staff will be given pertinent information regarding the patient.

Community Referrals
The consultation service team on-call during weekdays will be responsible for responding to calls from referring physicians concerning transfers from other hospitals, requests for urgent outpatient consultation, or requests for assistance in dealing with acute cardiac problems. These calls should be referred to the on-call consultation attending physician. At night or on weekends, they should be referred to the attending on-call. Every effort should be made to provide prompt and courteous service to referring physicians.

Patients Admitted To The Cardiothoracic Surgical Service For Cardiac Surgery
In conjunction with the attendings, the consultation service is responsible for the medical cardiac evaluation and concurrent follow-up of selected patients admitted to the Cardiothoracic surgical service for cardiac surgery. Usually these are patients already known to one of the attendings and are followed by the appropriate service before and after the cardiac surgery.

Cath Lab Procedure And Admission To The Consultation Services
Patients to be admitted electively to the cardiology service for procedures are listed on the Cath Lab Schedule Board, which is located in the Cath Lab Corridor. Usually, the assigned attending physician is listed on individual patient procedure sheets on this board. It is a good idea to check this. Other current schedules are posted in the Administrative Corridor and at various other locations throughout the Unit.

Schedule of Ambulatory Activities
- At the beginning of the rotation, residents will be assigned to one outpatient location. The resident will be responsible for confirming dates and times with the assigned attending. Daily schedules will be determined by the attending.
- Residents will see scheduled patients in concert with the attending and will be responsible for reviewing previous records, performing physical examinations, interpreting care plans, recommending additional procedures as necessary.
- In the course of the elective, residents will participate in exercise tolerance testing, echocardiography and nuclear cardiology procedures. The emphasis will be on both the performance and interpretation of these studies as well as the appropriate patient selection criteria for these outpatient procedures.

On-Call
- Night and weekend call is on a rotational basis. All night calls to the consultation services go through the on-call R2, R3, or consultation fellow. If input from an attending cardiologist is needed and the problem relates to a patient on one of the other cardiology consultation services, it is generally desirable to consult with the attending of record, if possible. Alternatively, the resident may discuss the case with whichever senior attending is on-call that night.
- Night-time admissions to the floor or transfer of patients being followed by one of the consultation service attendings to the CCU will be seen by the R2, R3, or consultation fellow
on-call that night – if necessary – and then will be turned over to the appropriate consultation service the next morning.

- Consultation Service and CCU monthly on-call schedules are posted at various points in the Cardiology division and on Level 7 in the Medical Education Department. The Cardiac catheterization, Echocardiography, and Electrophysiology services have separate monthly call schedules.

The Chief Cardiac Fellow prepares the Clinical Consultation Service on-call schedule. The goal is to have a schedule prepared by the third week of the preceding month, to allow time for distribution. Any changes in on-call following distribution should be reported to the PAGE office and to Secretary who coordinates, publishes, and distributes the monthly Consultation/CCU call schedules.

**Additional Educational Activities and Services**

**Supervision and teaching of Fourth Year Medical or Osteopathic Students who are taking the Cardiology Elective**

An important responsibility while you are assigned to the consultation services is assisting in the supervision and teaching of fourth year medical or osteopathic students who are taking the Cardiology Elective. These students are assigned to us for a period of four weeks and will accompany us on work rounds and are assigned also to certain outpatient clinic activities. Details of the students’ responsibilities and the relationship of the residents and fellows to these students will be outlined by the attending. This rotation is a continuous one from October through May of the academic year and also sometimes includes students on special rotation during the summer months.

**Principal Educational Goals by Relevant Competency**

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

* **Legend for Learning Activities (See above for descriptions)**
  - IC – Inpatient Consults
  - OP – Outpatient Clinic and office
  - Con – Cardiac Cath and other division Conferences
  - SS – Subspecialty Conferences
  - PR – Professor’s Rounds
  - GR – Grand Rounds
  - AR – Work and Sign-In Rounds
  - NR – Review of ECG and noninvasive studies
  - M&M – Morbidity & Mortality Conference

### Patient Care

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview patients more skillfully</td>
<td>IC, OP, AR</td>
</tr>
<tr>
<td>Examine patients more skillfully</td>
<td>IC, OP, AR</td>
</tr>
<tr>
<td>Define and prioritize patients' medical problems</td>
<td>IC, OP, AR</td>
</tr>
<tr>
<td>Generate and prioritize differential diagnoses</td>
<td>IC, OC, AR</td>
</tr>
<tr>
<td>Develop rational, evidence-based management strategies</td>
<td>IC, OC, AR</td>
</tr>
</tbody>
</table>

### Medical Knowledge
# Principal Educational Goals

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Cardiology</td>
<td>All</td>
</tr>
<tr>
<td>Improve proficiency in ECG reading and develop an understanding of noninvasive tests</td>
<td>IC, OP, AR, NR, PR, SS, Con</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patient care</td>
<td>IC, OP, AR, PR, SS, Con</td>
</tr>
</tbody>
</table>

# Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with cardiovascular problems</td>
<td>IC, OP, AR, PR, SS, Con</td>
</tr>
<tr>
<td>Develop and implement strategies for filling gaps in knowledge and skills</td>
<td>PR, IC, OP, AR</td>
</tr>
</tbody>
</table>

# Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families</td>
<td>IC, OP, AR</td>
</tr>
<tr>
<td>Communicate effectively with physician colleagues at all levels</td>
<td>IC, OP, AR, PR, M &amp; M</td>
</tr>
<tr>
<td>Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients</td>
<td>IC, OP</td>
</tr>
<tr>
<td>Present patient information concisely and clearly, verbally and in writing</td>
<td>IC, OP, AR, PR, M &amp; M</td>
</tr>
<tr>
<td>Teach colleagues effectively</td>
<td>IC, OP, AR, PR, MR, M &amp; M</td>
</tr>
</tbody>
</table>

# Professionalism

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behave professionally toward patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
</tr>
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</table>

# Systems-Based Practice

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex cardiovascular problems.</td>
<td>IC, OP, AR</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
<td>IC, OP, AR</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients</td>
<td>IC, OP, AR, PR, SS, Con</td>
</tr>
</tbody>
</table>

# Milestone Objectives:

**Patient Care**
- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making (PC-B4)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-C3)
- Recognize disease presentation and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Manage patients with conditions that require intensive care (PC-F7)
- Make appropriate clinical decisions based upon the results of more advanced diagnostic tests such as TEE and Cath for decision making (PC-E2)
- Independently manage, or as appropriate with Cardiologist supervision, patients with a broad spectrum of Cardiology diseases seen in the practice of general internal medicine (PC-F8)
- Recognize complex or rare Cardiology disease and understands when Cardiology consultation is appropriate (PC-F9)
- Provide specific, responsive consultation to other service and provide Cardiology disease consultations for patients with more complex clinical problems with appropriate supervision (PC-G1-G2)
Medical Knowledge
- Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive care (MK-A6)
- Understand relevant cardiology pathophysiology uncommon or complex medical conditions (MK-A8)
- Understand indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and test performance characteristics (MK-B2, B3)

Practice-Based Learning
- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBL:B2-B3)
- Effectively and efficiently search evidence-based summary medical information resources (PBL1-C3)
- Appraise the quality of medical information resources and select among them based on the characteristics of the clinical questions (PBL-C4)
- Customize clinical evidence for an individual patient and integrates clinical evidence, clinical context and patient preferences in decision making (PBL1-E2-E4)
- Communicate risks and benefits of alternatives to patients (PBL1-E3)
- Actively seek feedback from all members of the health care team and calibrates self assessment with feedback and other external data. Reflects on feedback in developing plans for improvement (PBL1-F2-F4)

Interpersonal and Communication Skills
- Appropriately counsel patients about the risks and benefits of treatments, tests and procedures (ISC-A7)
- Communicate consultative recommendations to the referring team in effect manner (ICS-E2)
- Ensure succinct, relevant, and patient specific written communications (ICS-F2)

Professionalism
- Treat patients with dignity, civility and respect regardless of race, culture gender, ethnicity, age or socioeconomic status and maintains confidentiality (P-I1,PJ1)

Systems-Based Practice
- Demonstrate the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios

Course Reading

While there is no specific reading list for the rotation, the following texts are recommended as general educational resources. In addition, residents are encouraged to access the Cardiology Fellows’ Library, which has a varied selection of both textbooks and multimedia (computer based, videotape and CD) learning materials.

3. Marriot HJ. Practical Electrocardiography. Williams & Wilkins, Baltimore MD.
5. Feigenbaum H. Echocardiography, Lea and Febiger, Malvern PA
6. Echo Manual by James K. Oh
7. Chau’s Text book of Electrocardiography
8. Mayo Clinic Text book on Cardiac MRI
9. Cleveland Clinic Cardiology Board Review
10. O’keefe review book on Electrocardiogram

Method of Evaluation.
Residents on this elective will receive continuous informal evaluation of performance from the inpatient and outpatient service attending daily. Formal evaluation of the resident is completed utilizing the E*Value web-based reporting system at the conclusion of the rotation assignment. Face-to-face feedback is provided during and at the end of the rotation experience.

REVIEWED: 2013
Fayez Shamoon, MD – Educational Coordinator
Juanito Savaille, MD – PGY 3
Seton Hall University School of Health and Medical Sciences
Endocrinology Curriculum

Sites:  St. Michael’s Medical Center
       Trinitas Regional Medical Center

Education Coordinator: Nicholas Barenetsy, MD

Site Directors: Nicholas Barenetsy, MD SMMC
              Ari Eckman, MD TRMCr

Educational Goals:

At the completion of the Endocrinology Elective, the resident will understand the principles of evaluation and management of endocrinological problems in both inpatient and outpatient settings.

Educational/Learning Objectives:

By the end of the Elective, the residents should:

- Be able to take a history recognizing and understanding the importance of the symptoms related to thyroid dysfunction, diabetes mellitus, impotence, menstrual irregularities, infertility, menopause related problems, hirsutism, osteoporosis, calcium disorders, endocrine hypertension, hyperlipidemia, adrenal, and pituitary disorders.

- Know how to evaluate thyroid glands for size and nodularity, how to assess thyroid ophthalmopathy, how to evaluate the retina of the diabetic, and how to evaluate testicular size. Will be familiar with the physical findings in typical patients with Addison’s Disease, hypopituitarism, Graves’ disease, Cushing’s syndrome, and hypogonadism.

- Be familiar with the interpretation of laboratory data relevant to diagnosis of pituitary and target organ hormonal excess and deficiency, and know the typical associated non-hormonal laboratory findings in such cases.

- Have experience and/or training in the management of patients with Type 1 and Type II diabetes, using the full spectrum of oral agents and a variety of insulin regimens including insulin pump regimens as well as insulin drips. They will also participate in the evaluation of patients with nodular and functional thyroid disease, and learn about the indications for fine-needle aspiration of the thyroid. They will learn the evaluation and management of hyperlipidemias and osteoporosis.

- Diagnosis and management of other endocrine disorders will vary in coverage depending on patients seen, but hyperparathyroidism, primary and secondary Cushing’s syndrome, hirsutism, adrenal insufficiency, hypogonadism, hypocalcemia, hypercalcemia, hypoglycemia, polycystic ovarian syndrome, pituitary adenomas and hypopituitarism will also be encountered during a typical rotation. Residents are less likely to see patients with insulinoma, Addison’s disease, pheochromocytoma, and other uncommon diagnoses.

- Be familiar with when to order and how to interpret thyroid scan and uptake studies.
Be able to evaluate diabetes-related end organ damages. This includes:
- Examination of the feet for signs of vascular insufficiency, autonomic changes, ulcers, gangrene, and nail dystrophy.
- Examination of the skin for evidence of diabetic related skin diseases
- Eye examinations including fundoscopic evaluation of diabetic retinopathy/maculopathy
- Examination of the vascular tree for any evidence of macro-vascular diseases
- Evaluation of skin rashes and pigmentation, hirsutism, and clinical stigmata of various lipid disorders.
- Know the importance of examination of the gonads and breasts, measurement of body-mass index, and blood pressure measurements.

Understand the importance of monitoring HbA1C and appropriately managing the variations in blood glucose in diabetic patients.

Be able to interpret various electrolyte disturbances and their management

Know the indications for and interpret bone density studies and appropriate management of osteoporosis

Be able to interpret suppression and stimulation tests of endocrinological glands, i.e., pituitary/hypothalamic functions, adrenal functions

Understand the pathophysiology of dyslipidemias, their clinical importance, therapeutic options and monitoring of the disease and complications of therapy

Be able to evaluate hypercalcemia in both outpatient and inpatient populations, including clinical manifestations, differential diagnostic tests, and management.

Be able to evaluate hyperparathyroidism, including Vitamin D deficiency, and understand treatment options, as well as surgical indications.

Acquire a knowledge base of a broad spectrum of endocrinological disorders with an understanding of the following aspects of each: pathophysiology, clinical presentation, natural history and long term-outcome, complications, therapeutic options and complications of therapy.

The vast bulk of the teaching is patient-centered, and problem-oriented. If areas of interest are not encountered the Attending may schedule a didactic session with residents to review certain topics.
If Rotation is done at Trinitas Regional Medical Center

Schedule of Activities

- **Endocrine Clinic**

Endocrine Clinic is held each Wednesday from 8:30 am to 11:30 am. Residents will see patients referred to the Clinic and present the case to the Attending faculty member. Residents on certain other Outpatient rotations will also attend Endocrine Clinic, affording the opportunity for longitudinal patient follow-up.

- **Inpatient Consultations**

Residents will perform inpatient consults referred to the Service, presenting the cases to the Faculty Attending and dictate a detailed consultation report after the discussion. Follow-up under the supervision of the faculty will be performed routinely, including daily follow-up notes, as appropriate.

If Rotation is done at St. Michaels Medical Center

Endocrine Clinic

Endocrine Clinic is held each Wednesday from 8:30 am to 11:30 am. Residents will see patients referred to the Clinic and present the case to the Attending faculty member. Residents on certain other Outpatient rotations will also attend Endocrine Clinic, affording the opportunity for longitudinal patient follow-up.

- **Inpatient Consultations**

Residents will perform inpatient consults referred to the Service, presenting the cases to the Faculty Attending and dictate a detailed consultation report after the discussion. Follow-up under the supervision of the faculty will be performed routinely, including daily follow-up notes, as appropriate.
### Principal Educational Goals by Relevant Competency

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

* Legend for Learning Activities (See above for descriptions)

<table>
<thead>
<tr>
<th>Legend</th>
<th>Description</th>
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<tbody>
<tr>
<td>AR</td>
<td>Attending Rounds</td>
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<tr>
<td>DPC</td>
<td>Direct Patient Care</td>
</tr>
<tr>
<td>JC</td>
<td>Journal Club</td>
</tr>
<tr>
<td>SS</td>
<td>Subspecialty Conferences</td>
</tr>
<tr>
<td>CS</td>
<td>Chief of Service Rounds</td>
</tr>
<tr>
<td>GR</td>
<td>Grand Rounds</td>
</tr>
<tr>
<td>MR</td>
<td>Morning Report</td>
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<tr>
<td>M&amp;M</td>
<td>Morbidity &amp; Mortality Conference</td>
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#### 7) Patient Care

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tr>
<td>Interview patients more skillfully</td>
<td>DPC, AR</td>
</tr>
<tr>
<td>Examine patients more skillfully</td>
<td>DPC, AR</td>
</tr>
<tr>
<td>Define and prioritize patients' medical problems</td>
<td>DPC, AR, MR, CS</td>
</tr>
<tr>
<td>Generate and prioritize differential diagnoses</td>
<td>DPC, AR, MR, CS</td>
</tr>
<tr>
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<td>DPC, AR, MR, CS</td>
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#### 8) Medical Knowledge

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<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical inpatients</td>
<td>DPC, AR, MR, GR, CS, M &amp; M, JC, SS</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patient care</td>
<td>DPC, AR, CS, JC</td>
</tr>
</tbody>
</table>

#### 9) Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients</td>
<td>DPC, AR, MR, CS</td>
</tr>
<tr>
<td>Develop and implement strategies for filling gaps in knowledge and skills</td>
<td>CS, JC</td>
</tr>
</tbody>
</table>

#### 10) Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families</td>
<td>DPC, AR</td>
</tr>
</tbody>
</table>
Communicate effectively with physician colleagues at all levels | DPC, AR, CS, JC, MR, M & M
---|---
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients | DPC, AR, CS, MR, M & M
Present patient information concisely and clearly, verbally and in writing | DPC, AR, CS, MR, M & M
Teach colleagues effectively | DPC, AR, CS, JC, MR, M & M

11) Professionalism

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behave professionally toward towards patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
</tr>
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</table>

12) Systems-Based Practice

<table>
<thead>
<tr>
<th>Principle Educational Goals</th>
<th>Learning Activities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.</td>
<td>DPC</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
<td>DPC</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of hospitalized patients</td>
<td>DPC, AR, CS, MR, SS, JC</td>
</tr>
</tbody>
</table>

Milestone Objectives

1 Patient Care

- Obtain Relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual physical finding that may influence clinical decision making, using advanced maneuvers where applicable (PCB4)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-C3)
- Make appropriate clinical decision based upon results of more advanced diagnostic tests such as thyroid, US, CT and MRI scans, and nuclear medicine studies and laboratory tests (PC-E2)
- Independently manage or as appropriate with Endocrinology specialist supervision, patients with a broad spectrum of Endocrinology disorders.
- Provide endocrinology consultation to other services and provide Endocrinology consultation for patients with more complex clinical problems.

II Medical Knowledge
• Demonstrate sufficient knowledge to evaluate complex or rare endocrine conditions and multiple coexistent conditions (MK-A7)
• Understand the relevant pathophysiology and basic science for uncommon

III. Practice Based Learning and Improvement
• Classify and precisely articulate clinical questions and develops a system track, pursue and reflect on these clinical questions (PNLI-B2, B3)
• Effectively and efficiently search evidence based summary medical information resources. (PBLI-C3)
• Customize clinical evidence for an individual patient and integrates clinical evidence, clinical context and patient preferences in decision making (PVL1-E2, E4)
• Communicate risks and benefits of alternatives to patients (PBLI-E3)

IV Interpersonal and Communication Skills
• Communicate consultative recommendations to the referring team in an effective manner (ICS-E2)
• Ensure succinct, relevant and patient specific written communications (ISC-F2)

V. Professionalism
• Reports to rounds on time, responds to phone calls in a timely manner

VI System Bases Practice
• Demonstrate incorporation of cost awareness principles into standard clinical judgment and complex clinical scenarios (SB E3-E4)

Or complex Endocrine conditions (MK-A8)
Evaluation and Feedback:
Residents on this elective will receive continuous informal evaluation of performance from the faculty attending daily. Formal evaluation of the resident is completed in writing by the attending at the conclusion of the rotation assignment using the Seton Hall University School of Graduate Medical Education standardized format. The written evaluations are provided to the Internal Medicine Program Director.

Suggested Reading
Endocrinology Section of the Cecil or Harrison Textbook of Medicine.
Endocrinology Sections of Up To Date, available on all TRMC computers.
Supplemental reading in *Lange Basic & Clinical Endocrinology*.

*Reviewed and Revised 2012 Drs Barenetsky, Eckman Amarah, PGY III Resident*
Overview and Goals:
The goal of this rotation is to give the residents a broad experience in Gastroenterology in both the inpatient and outpatient settings. The resident will be in a supervised position as a consultant in the evaluation and management of patients with common gastrointestinal problems, including but not limited to the luminal tract, pancreas, biliary tract, and the liver. Both primary gastrointestinal disorders and the gastrointestinal manifestations of non-GI disorders will be covered.

Principal Educational Objectives:
The resident will become familiar with the management of the following entities during the elective, as outlined below in the Seton Hall University School of Health and Medical Sciences Internal Medicine Residency Program Curriculum:

- Abdominal distension
- Abdominal pain
- Abnormal liver function test
- Anorectal discomfort, bleeding, or pruritis
- Anorexia, weight loss
- Ascites
- Constipation
- Diarrhea
- Excess intestinal gas
- Fecal incontinence
- Food intolerance
- Gastrointestinal bleeding
- Heartburn
- Hematemesis
- Indigestion
- Iron-deficiency
- Jaundice
- Liver failure
- Malnutrition
- Melena
- Nausea, vomiting
- Noncardiac chest pain
- Swallowing dysfunction
**Educational Activities:**

1. The consultative team consists of an attending, a Gastroenterology fellow, the medical resident, and a medical student. The day starts in the endoscopy suite, where the residents are exposed to a variety of endoscopic procedures including, but not limited to:
   - Control of acute variceal bleeding.
   - Control of other acute non-variceal bleeding such as peptic ulcer disease, gastric AVM, and Mallory-Weiss tear.
   - Control of lower GI bleeding, endoscopic polypectomy, and screening colonoscopies.
   - Percutaneous endoscopic gastrostomy placement, its indications, complications and post placement care.

2. Bed-side rounds with the attending start immediately after endoscopy and cover such topics as:
   - Acute abdomen and other GI emergencies.
   - Liver disease including viral hepatitis, cirrhosis, ascites and complications.
   - Acute pancreatitis and its complications and management.
   - Acute diarrhea and colitis work-up and management.
   - Obstructive jaundice and other biliary diseases.
   - Nutritional issues in Gastroenterology.

3. The resident will obtain exposure to outpatient Gastroenterology in the faculty members’ offices and the GI clinic. Residents will be involved in the initial evaluation, examination, and management of each office patient under close supervision of the attending.

4. The residents are encouraged to prepare a presentation at the weekly Journal Club held in the attending’s office. The resident learns the aims and objectives of the article through a constructive and extensive discussion.

5. Residents on Elective attend the weekly GI teaching conference on Tuesdays at 11:30 am, at which time a GI case is discussed in detail and the GI attending or the GI fellow make teaching points.

**GI Inpatient Consultation Service:**

The resident on GI elective acts as a consultant on the inpatient service. He or she evaluates patients with common clinical gastrointestinal problems (as outlined above). Cases are reviewed and discussed in detail with the faculty preceptor and fellow in an interactive fashion.

**GI Procedures:**

Residents have the opportunity to observe procedures performed on all inpatients, especially those on whom they consulted. It is expected that the resident will become familiar with the indications, contraindications, interpretation, and possible complications of these procedures.
**Practice Setting:**
Patient care will be provided in the inpatient setting. Residents will be involved in both the initial consultation and follow-up care of patients in the hospital.

**Working Arrangements:**
Residents will be assigned for the month to one faculty preceptor and one fellow at a time. Residents will make daily rounds with the team on the consultative service. On average, the team follows ten in-patients/day. Following rounds, the resident will evaluate one to three new consults. Cases will be pre-selected for the resident so that there will be a spectrum of common GI disorders.

**Principal Educational Goals by Relevant Competency**

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

*Legend for Learning Activities (See above for descriptions)*
- IS – Inpatient Service
- OS- Outpatient Service
- PR- Procedural training
- SS- Subspecialty Conferences
- BR- Bedside Rounds
- GIC- GI Conference
- JC- Journal Club

### Patient Care

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<td>Interview patients more skillfully</td>
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<td>Develop rational, evidence-based management strategies</td>
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### Medical Knowledge

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<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Gastroenterology</td>
<td>All</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patient care</td>
<td>IS, OS, GIC, JC</td>
</tr>
<tr>
<td>Develop familiarity with the indications, contraindications, interpretation, and possible complications of GI procedures</td>
<td>PR, IS, OS, BR</td>
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### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with gastroenterological problems</td>
<td>IS, OS, GIC, JC, BR</td>
</tr>
<tr>
<td>Develop and implement strategies for filling gaps in knowledge and skills</td>
<td>GIC, JC IS, OS, BR</td>
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## Interpersonal Skills and Communication

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<tr>
<td>Communicate effectively with physician colleagues at all levels</td>
<td>IS, OS, BR, JC, GIC</td>
</tr>
<tr>
<td>Communicate effectively with all non-physician members of the health care team to assure</td>
<td>IS, OS, BR</td>
</tr>
<tr>
<td>comprehensive and timely care of patients</td>
<td></td>
</tr>
<tr>
<td>Present patient information concisely and clearly, verbally and in writing</td>
<td>IS, OS, BR, GIC, JC</td>
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<td>Teach colleagues effectively</td>
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## Professionalism

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<td>Behave professionally toward towards patients, families, colleagues, and all members of the</td>
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<td>health care team</td>
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## Systems-Based Practice

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<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for</td>
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<tr>
<td>patients with complex GI problems.</td>
<td></td>
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<tr>
<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
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</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients</td>
<td>IS, OS, BR, GIC, JC, SS</td>
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## Milestone Objectives

### Patient Care
- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-C3)
- Makes appropriate clinical decisions based upon the results of more advanced diagnostic tests such as elective Tumor markers for certain GI malignancy and auto antibodies for infiltrative liver disease (PC-E2)
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine (PCF-1)
- Appropriately perform invasive procedures and provide post procedure management for common procedures such as flexible sigmoidscopy (PC-D1)
- Provide specific, responsive consultation to other service and provide GI consultations for patients with more complex clinical problems with appropriate supervision (PC-G1-G2)
Medical Knowledge
- Demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and performance characteristic (MK-B2, MK-B3)

Practice-Based Learning
- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBL-B2-B3)
- Appraise the quality of medical information resources and select among them based on the characteristics of the clinical questions (PBL-C4)
- Customize clinical evidence for an individual; patients and integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E2-E4)

Interpersonal and Communication Skills
- Appropriately counsel patients about the risks and benefits of treatments, tests and procedures (ISC-A7)
- Communicate consultative recommendations to the referring team in effect manner (ICS-E2)
- Ensure succinct, relevant, and patient specific written communications (ICS-F2)

Professionalism
- Treat patients with dignity, civility and respect regardless of race, culture gender, ethnicity, age or socioeconomic status and maintains confidentiality (P-I1,PJ1)

Systems-Based Practice
- Demonstrate the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios

Method of Evaluation:
Residents on this elective will receive continuous informal evaluation of performance from the inpatient and outpatient service attending daily. At the first session of the month the attending will review goals and expectations for the month. They will also discuss the six competencies and milestones for which they are being evaluated. Formal evaluation of the resident is completed utilizing the E*Value web-based reporting system. 360° evaluations are completed by ancillary staff and retained in the trainee’s file.

Suggested References:
Sleisenger and Fordtran’s Gastrointestinal and Liver Diseases.
Diseases of the Liver by L. Schiff and E. R. Schiff.
Yamada Textbook of Gastroenterology.
Harrison’s Text book of Internal Medicine.
Medical journals such as:
- New England Journal of Medicine
- Archives of Internal Medicine
- Annals of Internal Medicine
- The American Journal of Gastroenterology
- Gastrointestinal Endoscopy
- Practical Gastroenterology
Gastroenterology & Hepatology

REVIEWED: 2013
Robert Spira, MD
Eyad Baghal, MD
Neal Carlin, MD – PGY 3
Seton Hall University School of Health and Medical Sciences
Internal Medicine Residency Program
Saint Michael’s Medical Center
Trinitas Regional Medical Center

*Educational Program Description - A Competency-Based Curriculum*

**Hematology/Oncology**

2013 – 2014

**Educational Coordinators:**
Hematology: William Kessler, MD
Oncology: Gunwant Guron, MD

**Site Directors:**
Gunwant Guron, MD – Saint Michael’s Medical Center
Gerald Capo, MD – Trinitas Regional Medical Center
Michael Maroules, MD – Saint Joseph’s Regional Medical Center

**Educational /Learning Objectives**
Residents are expected to learn the following during the 4-week Hematology/Oncology elective:

- Interpretation of peripheral blood smears and understanding of bone marrow morphology
- Rational approach to the diagnosis and treatment of cytopenias, such as anemia, thrombocytopenia, pancytopenia
- Biology of hematopoietic stem cells, including an introduction to the growth factor/cytokine networks
- Appropriate use of hematopoietic growth factors such as erythropoietin, granulocyte colony stimulating factor, etc.
- Appropriate use of blood products. Work up of various transfusion reactions
- Increase understanding of the genetic and molecular events that lead to malignancy
- Principles governing the diagnosis and treatment of chronic leukemias, myeloma, myeloproliferative disorders, non-Hodgkin’s lymphoma, and Hodgkin’s disease
- Communication regarding the delivery of “bad news” and discussion of end of life decisions
- Gain experience in pain management and other aspects of palliative care
- Increase familiarity with infectious, metabolic, and hematological complications of cancer and cancer therapy
- Learn the indications for cancer screening procedures in adults
- Learn the indications for adjuvant therapies of common adult cancers

**Hematology/Oncology Elective at Trinitas Regional Medical Center**

**Ambulatory Experience.**
The resident will attend:
- Hematology Clinic – 2nd and 4th Friday from 9:30-11:00AM of each months
- Oncology Clinic – Tuesday and Friday from 1-6PM
- Private office (optional) Monday and Wednesdays 1-6PM
The resident will see new patients and interesting follow-ups under the direct supervision of the attending physician staffing the clinic. The resident will have the opportunity to participate in a multidisciplinary team approach to the care of cancer and hematology patients at its most developed level.

**Inpatient Experience.**
- Residents will participate in **Daily Rounds** on inpatient Hematology/Oncology patients with participation in admission work up, orders and follow up
- **Consults.** Residents are given the opportunity to make an initial assessment and presentation to the attending.

**Conferences and Seminar**
Tumor Board meetings Friday at 12:00 noon. Residents have the opportunity to present cases and discuss current issues in cancer management. In addition, guest speakers are scheduled once a month.

Residents are encouraged to attend Chief of Service Rounds, M&M and Grand Rounds.

**Hematology/Oncology Elective at Saint Michael’s Medical Center**

**Ambulatory Experience.**

The resident will attend
- Hematology/Hemophilia Clinic – Monday 9:30 am – 12:30 pm
- Oncology clinic – Tuesday 9:00 am - 12:00 pm

The resident will see new patients and interesting follow-ups under the direct supervision of the attending physician staffing the clinic. The resident will have the opportunity to participate in a multidisciplinary team approach to the care of cancer and hematology patients at its most developed level.

**Inpatient Experience.**

Residents will participate in **Daily Rounds** on inpatient Hematology/Oncology patients that takes place between 1:00pm – 4:00pm with the Attending Physician, Fellow, and Medical Students. Residents will participate in order writing, admission workup, discharge planning and management of acute medical problems that arise in these patients. The resident will have an opportunity to perform bone marrow biopsies.

**Consults.** The Fellow on service will assign inpatient consults to the Resident during the time that the resident is not in an outpatient clinic. The resident will evaluate the patient and present the consult to the fellow and attending on service. This will facilitate the involvement of Fellows in teaching the resident and also assure continuity of care, particularly after discharge. The Attending Physician on service will be responsible for that consult.

**Conferences and Seminars.**
The residents attend several regularly scheduled conferences and seminars. These include:

- **Morning Report** The 4th Friday of the month from 7:15 – 8:15 am, an interesting case is presented and discussed by the resident on the Hematology/Oncology service in the presence of attending physician on service, fellows, residents and medical students.
- **Hematology/Oncology Case Lectures:** Second Thursday of the month, 3:30-4:30 pm. The resident and fellows present and discuss a Hematology/Oncology case in depth and are critiqued by the attending physicians.

- **Tumor Board Conference:** Third Friday of the month, 12:00 – 1:00pm. The Hematology/Oncology fellow presents interesting cases. There is discussion including surgeons, radiation oncologists, medical oncologists, radiologists, and pathologists.

- **Hematology/Oncology Journal Club:** Fourth Thursday of the month, 3:30-4:30 pm. The fellow, residents or a faculty member presents a comprehensive review of an assigned topic from the core curriculum.

- **Inter Hospital (SMMC and SJMC) Hematology/Oncology Conference:** Third Thursday of the month, 3:30-4:30 pm. Interesting, challenging, and educationally instructive cases are presented and discussed by the Fellow or Resident on service.

**Hematology/Oncology Elective at Saint Joseph’s Regional Medical Center**

**Ambulatory Experience.**
The resident will attend:

Hematology/Oncology Clinic on Thursday morning from 8:00AM-12:00PM

The resident will see new patients and interesting follow-ups under the direct supervision of the attending physician staffing the clinic. The resident will have the opportunity to participate in a multidisciplinary team approach to the care of cancer and hematology patients at its most developed level.

**Inpatient Experience.**

- Residents will participate in **Daily Rounds** on inpatient Hematology/Oncology with the Attending Physician, Fellow, and Medical Students. Residents will participate in order writing, admission workup, discharge planning and management of acute medical problems that arise in these patients. The resident will have an opportunity to perform bone marrow biopsies.

**Consultations**

The fellow on service will assign inpatient consults to the resident during the time that the resident is not in an outpatient clinic. The resident will evaluate the patient and present the consult to the fellow and attending on service. This will facilitate the involvement of Fellows in teaching the resident and also assure continuity of care, particularly after discharge. The Attending Physician on service will be responsible for that consult.

**Conferences and Seminars.**
The residents attend several regularly scheduled conferences and seminars. These include:

- **Morning Report** Bi-Monthly Friday 10:00 – 11:00, an interesting case is presented and discussed by the resident on the Hematology/Oncology service in the presence of Attending Physician on service, Fellows, Residents and Medical Students.
- **Hematology/Oncology Case Lectures**: Second Thursday of the month from 3:30-4:30 pm. The resident and fellows present and discuss a Hematology/Oncology case in depth and are critiqued by the attending physicians.

- **Tumor Board Conference**: Every Wednesday, 12:00 – 1:00pm. The Hematology/Oncology fellow presents interesting cases. There is discussion including surgeons, radiation oncologists, medical oncologists, radiologists, and pathologists.

- **Hematology/Oncology Journal Club**: Fourth Thursday of the month, 3:30-4:30 pm. The fellow, residents or a faculty member presents a comprehensive review of an assigned topic from the core curriculum.

**Inter Hospital (SMMC and SJMC) Hematology/Oncology Conference**: Third Thursday of the month, 3:30-4:30 pm. Interesting, challenging, and educationally instructive cases are presented and discussed by the fellow or resident on service.

### Principal Educational Goals by Relevant Competency

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

* **Legend for Learning Activities (See above for descriptions)**
  - IC – Inpatient Consult
  - Amb – Ambulatory
  - DR – Daily Rounds
  - SS – Subspecialty Conferences
  - TB – Tumor Board
  - JC – Journal Club
  - MR – Morning Report
  - IH – Interhospital Rounds

**Patient Care**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Interview patients more skillfully</td>
<td>IC, Amb, DR</td>
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<tr>
<td>Examine patients more skillfully</td>
<td>IC, Amb, DR</td>
</tr>
<tr>
<td>Define and prioritize patients' medical problems</td>
<td>IC, Amb, DR, MR</td>
</tr>
<tr>
<td>Generate and prioritize differential diagnoses</td>
<td>IC, Amb, DR, MR</td>
</tr>
<tr>
<td>Develop rational, evidence-based management strategies</td>
<td>IC, Amb, DR, MR, SS, TB, JC</td>
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**Medical Knowledge**

<table>
<thead>
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<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Endocrinology</td>
<td>All</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patient care</td>
<td>MR, TB, IH, JC</td>
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</table>
### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with hematological and Oncologic problems</td>
<td>DR, MR, JC, SS, IH, TB</td>
</tr>
<tr>
<td>Develop and implement strategies for filling gaps in knowledge and skills</td>
<td>DR, SS, JC, IH, TB</td>
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### Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Communicate effectively with patients and families</td>
<td>IC, Amb, DR</td>
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<tr>
<td>Communicate effectively with physician colleagues at all levels</td>
<td>IC, Amb, DR, MR, IH, TB</td>
</tr>
<tr>
<td>Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients</td>
<td>IC, Amb, DR</td>
</tr>
<tr>
<td>Present patient information concisely and clearly, verbally and in writing</td>
<td>IC, Amb, DR, MR, JC, IH, TB</td>
</tr>
<tr>
<td>Teach colleagues effectively</td>
<td>IC, Amb, DR, JC, MR, IH, TB</td>
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### Professionalism

<table>
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<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Behave professionally toward towards patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
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### Systems-Based Practice

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex hematologic and Oncologic problems.</td>
<td>IC, Amb, DR</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
<td>IC, Amb, DR</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients</td>
<td>All</td>
</tr>
</tbody>
</table>
Rotation-Specific Milestone Objectives

Patient Care
- Obtain relevant historical subtleties that inform and prioritize both differential diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate. (PC-C3)
- Recognize disease presentation that deviate from common patterns and that require complex decision making (PC-C4)
- Appropriately invasive procedures and post procedure management for common Hem/onc procedures, such as interpretation of peripheral blood smears, bone marrow morphology and understanding the flow cytometry abnormality implications and sytogenic abnormality implications. Participation in bone marrow aspiration and biopsy procedures, (PC-D1)
- Make appropriate clinical decisions based upon the results of more advanced diagnostic tests. Such as understanding and interpreting the pathology of the various common malignances, including molecular markers, PCR for BCR/acl, flow cytometry for CLL, serum protein electrophoresis.
- Manage patients with conditions that require intensive care (PC-F7)
- Resident independently manages or as appropriate with a Hematologist/Oncologist supervision, patients with a broad spectrum of clinical disorders seen in the practice of general Internal Medicine. (PC-F8)
- Resident recognizes complex or rare Hem/Onc diseases and understands when a Hem/Onc consult is appropriate(PC-F9)
- Resident provides Hem/Onc consultation for patients with more complex clinical problems requiring detailed risk assessment with appropriate supervision when necessary. (PC-G1-G2)

Medical Knowledge
- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understands the relevant Hem/Onc Pathophysiology and basic science for uncommon or complex medical conditions(MK-A8)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests such as PET/CT scans, MRIS, CT Scans, abnormal collection of bodily fluids (MK-B2)

Practice-Based Learning
- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2,B3)
- Effectively and efficiently search evidence based summary of medical information resources (PBLI-C3)
- Appraise the quality of medical information and select among them based on the characteristics of the clinical questions (PBLI-C4)
- Customize clinical evidence for individual patients(PBLI-E2)
- Integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E4)
- Communicates risks and benefits of alternative to patients. (PBLI-B3) Actively seeks feedback from all members of the healthcare team(PBLI-F2)
- Calibrates self assessment with feedback and other external data. (PBLI-F3)
Reflects on feedback in developing plans for improvement (PBLI-F4)

**Interpersonal and Communications Skills**
- Appropriately counsels patients about the risks and benefits of tests and procedures, highlighting cost awareness and resource allocation. (ISC-A7)
- Communicates consultative recommendations to referring team in an effective manner (ISC-E2)
- Ensure succinct, relevant, and patient specific written recommendations (ISC-F2)

**Professionalism**
- Demonstrates empathy, compassion and commitment to relieve pain and suffering to all patients (P-B1-B2)
- Recognizes and addresses personal, psychological and physical limitations that may affect professional performance. (PF4)
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status (PL1)
- Maintains patient confidentiality (J1)

**Systems-Based Practice**
- Demonstrates the incorporation of cost awareness principles into standard clinical judgments and decision making. (SB-E3-E)

**Course Reading**

The attending faculty member will guide the resident on service.

The residents have unlimited access to the hospitals’ library, clinical trial protocol documents, and computers for literature searches.

Harrison’s Hematology and Oncology, Dan L. Longo.


Up-to-Date

New England Journal of Medicine

Journal of Clinical Oncology

Blood

**Method of Evaluation**

Residents on this elective will receive continuous informal evaluation of performance from the inpatient and outpatient service attendings. Formal evaluation of the resident is completed in writing at the conclusion of the rotation assignment using the standardized Seton Hall University School of Health and Medical Sciences format via E*Value. The written evaluations are provided to the Internal Medicine Program Director. 360° evaluations are completed by ancillary staff and retained in the trainee’s file.
REVIEWED: 2013

William Kessler, MD – TRMC

Gunwant Guron, MD – SMMC

Michael Maroules, MD – SJRMC
Seton Hall University School of Health and Medical Sciences
Internal Medicine Residency Program
Saint Michael’s Medical Center
Trinitas Regional Medical Center

Educational Program Description - A Competency-Based Curriculum
Infectious Disease

2013 - 2014

Educational Coordinator: Dr. Jihad Slim -
Drs. William Farrer and Clark Sherer – Trinitas Regional Medical Center

Educational/Learning Objectives
The trainee will learn how to appropriately evaluate and manage common Infectious Disease problems of adults, primarily in the hospital setting, but also in the subspecialty outpatient clinic and private office. Training and education will occur under the direction of faculty members within the Division of Infectious Diseases. A focused approach to history taking, physical examination, and ordering of diagnostic tests, with emphasis on the microbiology lab, will be stressed. This will occur in a thoughtful and logical manner in accordance with current standards of practice in Infectious Diseases.

The trainee will acquire a basic understanding of the program objectives as listed below. These areas include, but are not limited to pneumonia, urinary tract infections, intra-abdominal infections, infectious diarrhea including *Clostridium difficile*, skin and soft tissue infections, osteomyelitis and diabetic foot infections, nosocomial infections, fever of unknown origin, catheter and device infections, endocarditis, infections in injection drug users, HIV infection, febrile neutropenia, and the systemic inflammatory response syndrome. The trainee will develop familiarity with drug resistant organisms, interpretation of culture results and the difference between infection and colonization, basic concepts of infection control, and the appropriate selection and dosing of antibiotics. The ability to generate a differential diagnosis incorporating relevant physical findings and laboratory data will be stressed, as well as identifying causes of treatment failure such as incorrect diagnosis and therapy. Formulating appropriate treatment plans, including empiric and pathogen specific therapy will also be emphasized.

The trainee will be provided with relevant original research and review articles pertaining to specific diseases encountered, and will also be directed to Practice Guidelines from the Infectious Disease Society of America and major texts as necessary.

Sites and Methods of Teaching:

**Inpatient Service**
When on elective the trainee will perform consultations under the supervision of the Infectious Diseases faculty member who is to see the patient. The trainee will evaluate the patient and then present the case to the faculty member, who will then see the patient with the trainee. Differential diagnosis, further evaluation and a treatment plan will be reviewed. The trainee will dictate a comprehensive consultation after the discussion. Constructive feedback will be given to the trainee. Relevant references will be made available. Daily follow-up will occur in a similar manner.
Outpatient Services
Trainees actively participate in the Infectious Diseases Clinic, which takes place the second and fourth Tuesday of each month from 1:00-3:00 p.m. at the Dorothy B. Hirsch Clinic. Most of the patients in the Clinic have HIV infection. The trainee will see the patient alone and present the case to the faculty member who will see the patient together with the trainee. Management issues, diagnostic testing, treatment and appropriate follow-up and referral will be discussed.

The trainee will accompany the faculty members when they see patients in their private offices as well. The spectrum of patients includes but is not limited to those with HIV, HCV and HBV, Lyme disease, chronic osteomyelitis and diabetic foot infections, and other skin and soft tissue infections. Travel Medicine patients are also seen.

Infectious Disease Rounds
The trainee is encouraged to attend the bi-monthly New Jersey Infectious Disease Rounds held at various regional hospitals. These generally are held Wednesdays from 4:00 to 6:00 p.m. Particularly interesting and unusual cases are presented and references are provided.

Other Didactic Instruction
Trinitas Regional Medical Center
- Morning Report – an Infectious Disease faculty member directs this twice a week, and will often discuss interesting cases.
- Infectious Diseases lectures twice a month
- Chief of Service Rounds, which occur weekly except during the summer, often involve presentation and discussion of instructive Infectious Disease cases
- Morbidity and Mortality Conference, given monthly, often involves presentation of a patient with Infectious Disease issues.
- Medical Grand Rounds is devoted to Infectious Disease topics three times a year.

Saint Michael's Medical Center
- Case Conferences – interesting cases will be presented once a week by trainees under the supervision of an Infectious Disease faculty member.
- Didactic Lectures – occur once a week presented by an Infectious Disease faculty member.
- Journal Club – occurs once a month. Trainees will receive articles from relevant literature and present under the supervision of an Infectious Disease faculty member.
- Research Meeting – occur once a month under the supervision of a Infectious Disease. Progress of trainees’ research projects is monitored and discussed.
- Morbidity & Mortality Conference – occur once a month under the supervision of an Infectious Disease faculty member.
- Medical Grand Rounds – devoted to an Infectious Disease topic six times a year.

Principal Educational Goals by Relevant Competency
In the tables below, the principal educational goals for the Infectious Diseases elective are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.
### Legend for Learning Activities (See above for descriptions)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>IS</td>
<td>Inpatient Service</td>
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<tr>
<td>OS</td>
<td>Outpatient Service</td>
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<tr>
<td>IDR</td>
<td>Infectious Diseases Rounds</td>
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<tr>
<td>SS</td>
<td>Subspecialty Conferences</td>
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<tr>
<td>CS</td>
<td>Chief of Service Rounds</td>
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<td>GR</td>
<td>Grand Rounds</td>
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<tr>
<td>MR</td>
<td>Morning Report</td>
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<tr>
<td>M&amp;M</td>
<td>Morbidity &amp; Mortality Conference</td>
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### Patient Care

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<tr>
<td>Interview patients more skillfully</td>
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<td>Examine patients more skillfully</td>
<td>IS, OS</td>
</tr>
<tr>
<td>Define and prioritize patients’ medical problems</td>
<td>IS, OS, MR, CS</td>
</tr>
<tr>
<td>Generate and prioritize differential diagnoses</td>
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### Medical Knowledge

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<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Infectious Diseases</td>
<td>All</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patient care</td>
<td>IS, OS, IDR, CS</td>
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### Practice-Based Learning and Improvement

<table>
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<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with Infectious Diseases</td>
<td>IS, OS, IDR, MR, CS</td>
</tr>
<tr>
<td>Develop and implement strategies for filling gaps in knowledge and skills</td>
<td>CS, IDR</td>
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### Interpersonal Skills and Communication

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<tr>
<td>Communicate effectively with patients and families</td>
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<tr>
<td>Communicate effectively with physician colleagues at all levels</td>
<td>IS, OS, CS, MR, M &amp; M</td>
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<tr>
<td>Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients</td>
<td>IS, OS</td>
</tr>
<tr>
<td>Present patient information concisely and clearly, verbally and in writing</td>
<td>IS, OS, CS, MR, M &amp; M</td>
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<tr>
<td>Teach colleagues effectively</td>
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Professionalism

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<tr>
<td>Behave professionally toward towards patients, families, colleagues, and all members of the health care team</td>
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Systems-Based Practice

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<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex Infectious Diseases problems such as HIV/AIDS and infections requiring long-term IV antibiotics.</td>
<td>IS, OS</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
<td>IS, OS</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients</td>
<td>IS, OS, CS, MR, SS</td>
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Rotation-Specific Milestone Objectives

Patient Care
- Trainee obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteers by the patient (PC-A3)
- Trainee routinely identifies subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Trainee modifies differential diagnosis and care plan based upon clinical course and data as appropriate. (PC-C3)
- Recognizes disease presentations that deviate from common patterns and that require complex decision making (PC-C4)
- Trainee makes appropriate clinical decisions based upon the results of more advanced diagnostic tests, such as gram stain and culture results, CT and MRI scans, nuclear medicine studies and serologies (PC-E2)
- Trainee manages independently or as appropriate with Infectious Disease specialist supervision, patients with a broad spectrum of Infectious Diseases seen in the practice of general internal medicine (PC-F8)
- Trainee recognizes complex or rare Infectious Disease conditions (PC-F9) and understands when Infectious Disease consultation is appropriate (PC-F9)
- Trainee Provides specific responsive consultations to other services(PC-G1)
- Provided Infectious consultation for patients with more complex clinical problems, with appropriate supervision as necessary(PC_G2)

Medical Knowledge
- Trainee demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understands the relevant pathophysiology and basic science for uncommon or complex infections and febrile syndromes (MK-A8)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests (MK-B2)
- Understands prior probability and test performance characteristics (MK-B3)

**Practice Based Learning**
- Classifies and precisely articulates clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2-B3)
- Effectively and efficiently search evidenced based summary medical information resources (PBLI-C3)
- Appraises the quality of medical information resources and selects among them based on the characteristics of the clinical questions (PBLI-C4)
- Customizes risks and benefits of alternatives to patients (PBLI-E3)

**Interpersonal and Communications Skills**
- Appropriately counsels patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Communicates consultative recommendations to the referring team in an effective manner (ICS-E2)
- Effectively communicates consultative recommendations to referring team (ICS-E2)
- Ensures succinct, relevant and patient specific written communications (ICS-F2)

**Professionalism**
- Recognizes and takes responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases) (P-H1)

**Systems-Based Practice**
- Demonstrates the incorporation of cost awareness principles into standard clinical judgment and complex clinical scenarios (SBP-E3,E4)

**Course of Reading:**
Trainees will be directed to specific sections of the core texts as indicated by the diseases and problems seen on the consultation service, as well as in the clinics and office. The core texts are:

- Practice Guidelines available on the I.D.S.A. web site: [www.idsociety.org](http://www.idsociety.org)
- *UpToDate* is available on all hospital computers
- Case related journal articles, both original research and reviews, and other relevant literature will be distributed.

**Evaluation:**
Each faculty member will complete the standard Seton Hall University School of Health and Medical Sciences evaluation form via E*Value. Verbal feedback regarding the trainee’s performance will be given at the end of the elective, and also during the rotation as needed. 360° evaluations will also be provided by nurses and ancillary staff.

REVIEWED: 2013
Jihad Slim, MD
Maria Szabela, MD – PGY 3
William Farrer, MD and Jina Jiramethee, MD- PGY 3
Seton Hall University School of Health and Medical Sciences  
Internal Medicine Residency Program  
Saint Michael’s Medical Center  
Trinitas Regional Medical Center  

Educational Program Description - A Competency-Based Curriculum  
Pulmonary Medicine  

2013 – 2014  

Educational Coordinator: Richard Miller, MD  
Vipin Garg, MD Trinitas Regional Medical Center  

Educational/Learning Objectives  
- To develop an understanding of how to evaluate common pulmonary problems encountered in clinical practice  
- To develop skills for critical thinking with respect to clinical databases, radiological studies and reports from the literature.  
- To sharpen skills for performing common procedures  
- Participation on the inpatient pulmonary consultative service. The spectrum of patient encounters includes patients presenting with respiratory symptoms in our Emergency Department, consultations on the general medical floors as well as evaluation of acutely ill patients in various intensive care units. A practical approach to management of common pulmonary problems seen in general internal medicine will be stressed.  

Pulmonary Elective At Trinitas Regional Medical Center  
- Pulmonary Function Tests: How to interpret PFTs  
  Residents will learn indications and the nuances of interpreting pulmonary function tests performed on their own patients as well as patients referred for testing from throughout the hospital. They will also have the opportunity to have their own pulmonary function measured and interpreted, learning how these data are obtained.  
- Ambulatory Clinical Activities  
  Residents will have the opportunity to spend two ½ day sessions in the Ambulatory Pulmonary Clinic at the New Point Campus. Differential diagnosis and approaches to common respiratory problems are stressed.  
- Inpatient Consultation Service  
  Our emphasis will be on new consultations and follow-up of patients previously seen by the resident. Resident will be able to evaluate patients during inpatient pulmonary consults. The consultations serve as the focus of a discussion of the case with the Pulmonary Disease Consultant and lead to the development of a plan of evaluation and treatment. The resident will be directed to review the related literature relative to the case discussion  
- Experience With Procedures  
  Residents are encouraged to perform procedures with direct faculty supervision. Opportunities to assist with aspects of conscious sedation and bronchoscopy are also available. A video bronchoscope system is utilized which facilitates observation and teaching during the procedure. If the resident physician is not credentialed in performing thoracentesis, this rotation will provide the opportunity. The resident who has been credentialed may be asked to supervise other residents who have not been.
- **Daily Teaching Rounds on Pulmonary Inpatients (Usually Consultations)**
  This will include review of any radiographic studies and pulmonary function data with the Pulmonary Consultant on service. Additional experience with respirators and non-invasive ventilation will occur in the ICU and respiratory step down areas. The resident and the attending on service will round in the ICU with the ICU house staff in addition to seeing patients on the general medical wards.

- **Sleep Lab**
  Resident will get opportunity to visit sleep lab and review Polysomnograms to better understand various breathing disorders during sleep.

- **Tumor Board**
  Resident will have the opportunity to participate in tumor board meetings.

  A multidisciplinary approach is used in the diagnosis and management of cancer patients. Cases are presented and discussed at length among various subspecialties (Medicine, Radiology, Pathology, Surgery, Oncology) to formulate comprehensive plans for future management.

The elective is designed to provide a one-on-one quality teaching experience with a Pulmonary Consultant. The resident will have additional opportunity to meet with the consultant to discuss any relevant subject matter.

Time is given for resident’s participation in usual activities as their regularly scheduled conferences. Attendance at Medical Grand Rounds is encouraged.

**Pulmonary Elective at Saint Michael’s Medical Center**

- **Pulmonary Function Tests: How to interpret PFTs**
  Residents will learn the nuances of interpreting pulmonary function tests performed on their own patients as well as patients referred for testing from throughout the hospital. They will also have the opportunity to have their own pulmonary function measured and interpreted how these data are obtained.

- **Ambulatory Clinical Activities**
  Residents will have the opportunity to spend one or two ½ day sessions in the Ambulatory Pulmonary Clinic. They will be encouraged to participate in the Tuberculosis Clinic held at the SMMC. In addition, residents are encouraged to attend the weekly Ambulatory Fellows Clinic Conference where outpatients are presented and discussed amongst the group. Differential diagnosis and approaches to common respiratory problems are stressed. The number of patients seen will be limited to allow discussion to follow. Our emphasis will be on new consultations and follow-up of patients previously seen by the resident. Outpatients are seen in the Pulmonary Unit, which allows for any pulmonary function testing and some procedures not requiring advanced scheduling to be done at the time of consultation. This facilitates teaching on a case oriented basis. The consultations serve as the focus of a discussion of the case with the Pulmonary Disease Consultant and lead to the development of a plan of evaluation and treatment. The resident will be directed to review the related literature relative to the case discussion.

- **Experience With Procedures**
  Residents are encouraged to perform procedures with direct faculty supervision (thoracentesis and pleural biopsy). Opportunities to assist with aspects of conscious sedation and bronchoscopy are also available. A video bronchoscope system is utilized which facilitates observation and teaching during the procedure. If the resident physician is not credentialed in performing thoracentesis, this rotation will provide the opportunity.
The resident who has been credentialed may be asked to supervise other residents who have not.

- **Daily Teaching Rounds on Pulmonary Inpatients (Usually Consultations)**
  This will include review of any radiographic studies and pulmonary function data with the Pulmonary Consultant on service. Additional experience with respirators and non-invasive ventilation will occur in the ICU and respiratory step down areas. The resident and the attending on service will round in the ICU with the ICU house staff in addition to seeing patients on the general medical wards.

**Schedule of Activities**

- **Pulmonary Biology Series**
  Mondays, 11:00 am. This conference reviews basic pulmonary physiology aimed at the level of our first year fellows. Residents and students rotating on service are encouraged to attend. Broad spectrums of topics are covered including physiology, cell biology, and immunology.

- **Pulmonary Journal Club**
  Tuesdays, 12:00 p.m. The primary goal of the pulmonary Journal Club is to stress concepts needed in critically reviewing the medical literature. Residents, students, and fellows are all encouraged to attend. Faculty members select journal articles that focus on controversies in the pulmonary literature. Fellows and residents are asked to critically review these papers and present their conclusions to the faculty.

- **Tuberculosis Conference / Pulmonary Conference**
  Bi-weekly: Mondays 1:00pm – 3:00pm, Thursdays 9:30am – 11:30am. This conference focuses on principles of diagnosis and treatment of tuberculosis and related mycobacterial diseases. Faculty members present cases to the pulmonary fellows and residents in an interactive session. Preventive approaches are also discussed, including indications and interpretations of PPD skin tests as well as contact investigations and treatment of patients with latent tuberculosis (positive PPD’s).

- **Pathology Conference**
  Monthly: Tuesday at 9:00am. Following presentation of a brief history and x-rays of patients evaluated on the pulmonary service, members of the Pathology Department review biopsies, cytology or autopsy findings. The clinical fellow rotating on the Pulmonary service arranges these conferences.

- **City-Wide Clinical Chest Conference**
  First Monday of the month 1:00pm – 3:00pm. This monthly conference is aimed at providing didactic coverage of major topics in Pulmonary Medicine. It is targeted at the level of the residents and fellows on service. Housestaff and faculty from throughout Saint Michael’s attend the conference. While on service, residents are expected to prepare one or two 20-minute clinical discussions on topics of their choice. Usually the topic is suggested by one of the patients they have seen while on service. Helpful tips on how to put together a clinical presentation are provided as well as one-on-one feedback after the session.

- **Pulmonary/ID Rounds**
  Last Tuesday of each month at 9:00 am – 10:00 am

- **Other Didactic Activities**
  The elective is designed to provide a one-on-one quality teaching experience with a Pulmonary Consultant. The resident will have additional opportunity to meet with the consultant to discuss any relevant subject matter.
Time is given for resident’s participation in usual activities as their regularly scheduled conferences. Attendance at Medical Grand Rounds is encouraged.

A comprehensive file containing selected current articles and state-of-the-art reviews, which the resident is encouraged to read, is maintained in the Pulmonary Unit. Ample time is provided for the resident to utilize this opportunity.

- **On-Call**
  Residents may be required to take call (from home) no more every 3-4\textsuperscript{th} night and one weekend during the rotation.

**Principal Educational Goals by Relevant Competency**

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

* **Legend for Learning Activities (See above for descriptions)**

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
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<tbody>
<tr>
<td>Interview patients more skillfully</td>
<td>IS, PC, AR</td>
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<tr>
<td>Examine patients more skillfully</td>
<td>IS, PC, AR</td>
</tr>
<tr>
<td>Define and prioritize patients’ medical problems</td>
<td>IS, PC, AR</td>
</tr>
<tr>
<td>Generate and prioritize differential diagnoses</td>
<td>IS, PC, AR, SC, CC</td>
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<tr>
<td>Develop rational, evidence-based management strategies</td>
<td>IS, PC, AR, SC, CC, JC</td>
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<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Pulmonary and Critical Care Medicine</td>
<td>All</td>
</tr>
<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patient care</td>
<td>JC, SC, CC</td>
</tr>
<tr>
<td>Interpret Pulmonary Function Tests</td>
<td>PR</td>
</tr>
<tr>
<td>Know indications for, complications of, and interpretation of procedures including thoracentesis, pleural biopsy, and fiberoptic bronchoscopy. Become proficient in performing thoracentesis</td>
<td>PR</td>
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### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
<th>Learning Activities*</th>
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<tbody>
<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with pulmonary problems</td>
<td>All</td>
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<tr>
<td>Develop and implement strategies for filling gaps in knowledge and skills</td>
<td>All</td>
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### Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Communicate effectively with patients and families</td>
<td>IS, PC, AR</td>
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<tr>
<td>Communicate effectively with physician colleagues at all levels</td>
<td>All</td>
</tr>
<tr>
<td>Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients</td>
<td>IS, PC, AR</td>
</tr>
<tr>
<td>Present patient information concisely and clearly, verbally and in writing</td>
<td>IS, PC, AR, JC, CC, SC</td>
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<tr>
<td>Teach colleagues effectively</td>
<td>All</td>
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### Professionalism

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<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Behave professionally toward patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
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### Systems-Based Practice

<table>
<thead>
<tr>
<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex pulmonary problems.</td>
<td>IS, PC, AR</td>
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<tr>
<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
<td>IS, PC, AR</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients</td>
<td>All</td>
</tr>
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</table>
Rotation-Specific Milestone Objectives

Patient Care
Obtain Relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive complicated and detailed information that may not often be volunteered by the patient (PC A3)
Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers.
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-A3)
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Appropriately perform invasive procedures and provide post procedure management for pulmonary procedures (such as Thoracentesis) (PC-D1)
- Manage patients with conditions that require intensive care (PC-F7)
- Manage appropriate clinical decision based upon the results of more advanced diagnostic tests such as peak flow, Chest X-ray, CT scan, Nuclear Medicine Studies and labs (PC-E2)
- Residents will be able to manage independently, or as appropriate with pulmonologist supervision, patients with a broad spectrum of pulmonary disease seen in the practice of general internal medicine (PC-F8)
- Recognized complex or rare pulmonary disease and understands when Pulmonary Consultations are appropriate (PC-F9)
- Resident will be able to provide specific, responsive consultation to other services and provide Pulmonary Disease consultation for patients with more complex clinical problems with appropriate supervision (PC-G1-G2)

Medical Knowledge
- Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive care (MK-A6)
- Will be able to understand the relevant pulmonary pathophysiology of uncommon or complex medical conditions (MK-A8)
- Will be able to understand indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and test performance characteristics (MK-B2,B3)

Practice-Based Learning and Improvement
- Will be able to classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2,B3)
- Will be able to effectively and efficiently search evidence evidenced based summary medical information resources (PBLI-C3)
- Appraise the quality of medical information and select among them based on the characteristics of the clinical questions (PBLI-C4)
- Customize clinical evidence for an individual patients and integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E2,E4)
- Communicates risks and benefits of alternatives to patients (PBLI-E3)
- Actively seeks feedback from all members of the health care team and calibrates self assessment with feedback and other external data. (PBLI-F2)
- Resident will be able to reflect on feedback in developing plans for improvement (PBLI-F4)
**Interpersonal and Communication Skills**
- Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Communicates consultative recommendations to the referring team in an effective manner (ISC-E2)
- Ensure succinct, relevant, and patients specific written communications (ISC-F2)
- Recognizes and takes responsibility for situations where public health supersedes individual health (e.g., pulmonary TB)

**Systems-Based Practice**
- Demonstrates the incorporation of cost awareness principles to complex clinical scenarios (SB-E3)

**Evaluation Methods**
The standard Seton Hall University School of Health and Medical Sciences resident evaluation form will be completed by the supervising pulmonologist at the end of the elective experience. The web-based reporting tool, E-Value will be the tool utilized to complete evaluations. 360° evaluations by nurses and ancillary staff will be provided. Study questions in Pulmonary Medicine and from the recent recertification modules are available for review and self-testing.

REVIEWED: 2013
Richard Miller, MD – SMMC
Vipin Garg, MD – TRMC
Enas Khanneh, MD – PGY 3
Ashok Movva, MD PGY 3
Dana Ciobanu, DO PGY 3
Objectives and Goals

Musculoskeletal complaints are among the most common chief complaints encountered by the primary care physician. It is the goal of this elective to provide residents with a solid foundation in Rheumatology, which will allow them to approach the evaluation of the patient with musculoskeletal complaints in an organized and efficient manner. Specific objectives include:

- Develop an understanding of the diagnostic criteria for rheumatoid arthritis, osteoarthritis, crystal induced arthritis, systemic lupus erythematosus, seronegative spondyloarthropathies, fibromyalgia, and septic arthritis
- Develop proficiency in synovial fluid analysis and its use in diagnosis and management of acute and chronic arthritis
- Develop proficiency in interpreting bone radiographs and understand the radiographic features of rheumatoid arthritis, osteoarthritis, gout, pseudogout, and seronegative spondyloarthropathies.
- Develop an understanding of the use of immunologic laboratory studies in the diagnosis and management of patients with autoimmune diseases
- Develop an understanding of the indications for and potential side effects of commonly used medications such as NSAIDs, hydroxychloroquine, sulfasalazine, minocycline, gold, methotrexate, azathioprine, penicillamine, cyclophosphamide, cyclosporin, etanercept, infliximab and other biologic agents, leflunomide, corticosteroids, colchicine, probenecid, and the xanthine oxidase inhibitors.
- Develop an understanding of the role of physical and occupational therapy in the treatment of musculoskeletal problems
- Develop an understanding of the indications, contra-indications, and techniques of arthrocentesis

Scope – The Rheumatology elective is a two to four week rotation. This is based on assigned readings as well as hospital consults/rounds and subspecialty conferences.

Clinics - The resident will attend the weekly Rheumatology attending’s private clinic for a total of five clinic days each week. The Resident will contact the attending to verify the clinic schedule for that month.

Consults – The Resident is responsible to see all Rheumatology hospital consults. The Resident is responsible to formulate a differential diagnosis and to suggest a course of action. This will be
discussed with the attending before being implemented. The Resident is also responsible for follow-up of his/her patients.

**Conferences** - There will be one Rheumatology Case Conferences each month. The resident is responsible to attend and may be asked to present a case. There will also be a Rheumatology conference. The Resident is responsible for presenting one topic to the house staff during the 4-week rotation. The resident and the attending will decide on this topic.

**Principal Educational Goals by Relevant Competency**

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

**Legend for Learning Activities (See above for descriptions)**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>IC</td>
<td>Inpatient Consults</td>
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<tr>
<td>OP</td>
<td>OP- Clinics, Office</td>
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<tr>
<td>MR</td>
<td>M&amp;M- Morbidity &amp; Mortality Conference</td>
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<tr>
<td>GR</td>
<td>Subspecialty Conferences</td>
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**Patient Care**

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<td>Interview patients more skillfully</td>
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<tr>
<td>Examine patients more skillfully</td>
<td>IC, OP</td>
</tr>
<tr>
<td>Define and prioritize patients' medical problems</td>
<td>IC, OP, MR</td>
</tr>
<tr>
<td>Generate and prioritize differential diagnoses</td>
<td>IC, OP, MR</td>
</tr>
<tr>
<td>Develop rational, evidence-based management strategies</td>
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**Medical Knowledge**

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<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Rheumatology</td>
<td>All</td>
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<tr>
<td>Access and critically evaluate current medical information and scientific evidence relevant to patient care</td>
<td>IC, OP</td>
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**Practice-Based Learning and Improvement**

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<tr>
<td>Identify and acknowledge gaps in personal knowledge and skills in the care of patients with Rheumatologic problems</td>
<td>IC, OP, MR</td>
</tr>
<tr>
<td>Develop and implement strategies for filling gaps in knowledge and skills</td>
<td>IC, OP</td>
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**Interpersonal Skills and Communication**

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<tr>
<td>Communicate effectively with patients and families</td>
<td>IC, OP</td>
</tr>
<tr>
<td>Communicate effectively with physician colleagues at all levels</td>
<td>IC, OP, MR, M &amp; M</td>
</tr>
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</table>
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients | IC, OP

Present patient information concisely and clearly, verbally and in writing | IC, OP, MR, M & M

Teach colleagues effectively | IC, OP, JC, MR, M & M

**Professionalism**

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<tr>
<th>Principal Educational Goals</th>
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<tr>
<td>Behave professionally toward towards patients, families, colleagues, and all members of the health care team</td>
<td>All</td>
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**Systems-Based Practice**

<table>
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<th>Principal Educational Goals</th>
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<tbody>
<tr>
<td>Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex Rheumatologic problems.</td>
<td>IC, OP</td>
</tr>
<tr>
<td>Collaborate with other members of the health care team to assure comprehensive patient care</td>
<td>IC, OP</td>
</tr>
<tr>
<td>Use evidence-based, cost-conscious strategies in the care of patients</td>
<td>IC, OP, MR, SS</td>
</tr>
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**Topics for Take Home Examination in Rheumatology**

1. Discuss the clinical presentation of Rheumatoid arthritis. Begin with some information on the pathophysiology of the disease. Include extra-articular features and several syndromes such as Felty’s, Caplan’s
2. Discuss Osteoarthritis. Include pathophysiology, primary and secondary forms and treatment
3. Discuss the various medications used to treat rheumatic diseases. Include DMARDS and biologic therapies as well as their major side effects and monitoring their use.
4. Discuss SLE. Begin with some epidemiology and physiophysiology, then discuss the disease and its clinical manifestations include treatment.
5. Discuss the presentation, treatment and diagnosis of acute gout and pseudogout. Differentiate the two, in terms of pathophysiology, causes, and treatment.
7. Differentiate the following vasculitic disorders. Takayasu’s, Giant cell arteritis, Polyarteritis Nodosa, Kawasaki’s, Wegener’s granulomatosis, Churg Strauss, microscopic polyangiitis, Henoch Schönlein purpura, and essential mixed cryoglobulinemia.
8. Describe the various rheumatologic tests used in diagnosing and treating rheumatic disease. Include the ESR, RF, ANA and various autoantibodies, ANCA, urine analysis, and CRP.
9. What are the major inflammatory myopathies? Describe them in terms of their epidemiology, pathophysiology, clinical presentation and treatment.
10. Discuss the various presentations of Scleroderma. Describe the initial evaluation of these patients as well as their clinical presentations and treatment.

11. Discuss the initial evaluation of the patient with osteoporosis. Include epidemiology, risk factors, testing and treatment.

12. Discuss the Seronegative Spondyloarthopathies. Include their common features, basic genetic associations, and treatment.

13. Discuss the approach to the patient with joint disease. Include the major differential diagnosis of patients with monoarticular arthritis as well as oligoarthritis and polyarthritis. Include infectious causes as well as inflammatory and degenerative.

14. Discuss the clinical presentation and basic treatment of the following; Adult Still’s disease, relapsing polychondritis, leukocytoclastic vasculitis, and Lyme disease

**Milestone Objectives**

**Patient Care**

- Trainee obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Trainee routinely identifies subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Trainee modifies differential diagnosis and care plan based upon clinical course and data as appropriate. (PC-C3)
- Recognizes disease presentations that deviate from common patterns and that require complex decision making (PC-C4)
- Trainee makes appropriate clinical decisions based upon the results of more advanced diagnostic tests, such as gram stain and culture results, CT and MRI scans, nuclear medicine studies and serologies (PC-E2)
- Trainee manages independently or as appropriate with Rheumatology specialist supervision, patients with a broad spectrum of rheumatologic diseases seen in the practice of general internal medicine (PC-F8)
- Trainee recognizes complex or rare rheumatologic conditions (PC-F9) and understands when a rheumatology consultation is appropriate (PC-F9)
- Trainee Provides specific responsive consultations to other services (PC-G1)
- Provided consultation for patients with more complex clinical problems, with appropriate supervision as necessary (PC-G2)

**Medical Knowledge**

- Trainee demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understands the relevant pathophysiology and basic science for uncommon or complex rheumatologic syndromes (MK-A8)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests (MK-B2)
- Understands prior probability and test performance characteristics (MK-B3)

**Practice Based Learning**

- Classifies and precisely articulates clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2-B3)
- Effectively and efficiently search evidenced based summary medical information resources (PBLI-C3)
- Appraises the quality of medical information resources and selects among them based on the characteristics of the clinical questions (PBLI-C4)
- Customizes risks and benefits of alternatives to patients (PBLI-E3)

**Interpersonal and Communications Skills**
- Appropriately counsels patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Communicates consultative recommendations to the referring team in an effective manner (ICS-E2)
- Communicates consultative recommendations to referring team in an effective manner (ICS-E2)
- Ensures succinct, relevant and patient specific written communications (ICS-F2)

**Professionalism**
- Recognizes and takes responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases) (P-H1)

**Systems-Based Practice**
- Demonstrates the incorporation of cost awareness principles into standard clinical judgment and complex clinical scenarios (SBP-E3,E4)

**Suggested Reading:**
- *Primer of the Rheumatic Diseases*
- *Harrison’s Book of Internal Medicine*
- *Snider’s Essentials of Musculoskeletal Care*

**Evaluation.** – Faculty members evaluate the resident’s performance at the end of the rotation via the E*Value online system, using the Seton Hall University School of Health and Medical Sciences Internal Medicine Residency Program forms. This is based on his/her performance in the clinics, hospital, and lectures. There will also be a take home written exam at the end of each month. This will be based upon questions from the following topics. Answers are to be summarized and limited to 1-2s hand-written pages each. 360° evaluations are completed by ancillary staff and retained in the trainee’s file.

REVIEWED: 2013
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