## **Department of Medicine**

Internal Medicine Residency Program Curriculum

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## MCG Internal Medicine Residency Curriculum 2024-2025 Updated 7/3/24

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## **Educational Purpose:**

During residency, residents will develop the essential tools to become comprehensive internists capable of managing diverse patients with a wide range of diseases. Training will be tailored to meet individual needs, whether pursuing a career in general internal medicine, subspecialty medicine, or academic medicine.

## **Rotational Objectives**

Specific objectives for each rotation are detailed in this document, representing essential skills in medicine to be learned during residency. Click on the listings in the table of contents to hyperlink to the appropriate section.

These objectives are not the only skills to be learned on each rotation but are the criteria by which performance will be measured. Objectives must be reviewed at the beginning and end of each rotation with the attending physician.

#### **Assessment Scale**

For the specific goals and objectives listed in this document, the basic evaluation unit will be one of Entrustment.

Attendings will determine what level they trust you to do each skill:

- 1. Unable to perform the skill, even with assistance.
- 2. Can perform the skill under proactive, ongoing, full supervision.
- 3. Can perform the skill with reactive supervision (i.e., supervision is readily available upon request).
- 4. Can perform the skill independently.
- 5. Can act as a supervisor and instructor for the skill.

This means that most interns will start with a 2 and progress to 3 on most measures by the end of the year, and most PGY-2/3 residents will start with 3 and progress to 4 on most measures by the end of residency.

## **Level of Supervision**

Residents are supervised by an attending physician for all patients encountered. These levels of supervision include:

- 1. Direct Supervision the supervising physician will be physically present with you and your patient.
- 2. Indirect Supervision:
  - a. With direct supervision immediately available the supervising Ephysician will be

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physically within the hospital or other site of patient care, and will be immediately available to provide Direct Supervision.

b. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

For some aspects of patient care, the supervising physician may be a more advanced resident or fellow.

## **Program Learning Objectives/ACGME Core Competencies:**

- 1. Patient Care
  - a. Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life. PC4
  - b. Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures. PC3
  - c. Make informed recommendations about preventive, diagnostic and therapeutic options and interventions based on clinical judgment, scientific evidence, and patient preference. PC3
  - d. Develop, negotiate and implement effective patient management plans and integration of patient care. PC4
  - e. Use information of technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education PC6
- 2. Medical Knowledge
  - a. Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others. MK1
  - Apply an open-minded, analytical approach to acquiring new knowledge. MK1, MK2, MK3
  - c. Access and critically evaluate current medical information and scientific evidence. MK1, MK2, MK3
  - d. Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of internal medicine. MK1
  - e. Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking. MK1, MK2, MK3
  - f. Perform competently the diagnostic and therapeutic procedures considered essential to the practice of internal medicine MK3
- 3. Interpersonal and Communication Skills
  - a. Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients,

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families, and other members of health care teams. ICS1

- b. Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues. ICS2
- c. Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families. ICS1
- d. Interact with consultants in a respectful, appropriate manner. ICS2
- e. Maintain comprehensive, timely, and legible medical records. ICS3
- 4. Professionalism
  - a. Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional developmental, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society. PROF1
  - b. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues. PROF1
  - c. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behavior and disabilities of patients and professional colleagues. PROF3
  - d. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent. PROF2
  - e. Recognize and identify deficiencies in peer performance. PROF1
  - f. Recognize how well-being may affect clinical care PROF4
- 5. Practice-Based Learning and Improvement
  - a. Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices. PBLI1
  - b. Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care. PBLI2
  - c. Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice. PBL2
  - d. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care. PBL2
- 6. Systems-Based Practice
  - a. Demonstrate an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care. SBP3
  - b. Understand, access and utilize the resources, providers and systems necessary to provide optimal care. SBP2
  - c. Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient. SBP3
  - d. Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management. SBP3
  - e. Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care. SBP1

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f. Demonstrate the skills required to identify, develop, implement, and analyze a quality improvement project SBP1

## **MILESTONES 2.0**

#### Patient Care:

- PC1 History
- PC2 Physical Examination
- PC3 Clinical Reasoning
- PC4 Patient Management-Inpatient
- PC5 Patient Management
- PC6 Digital Health

#### Medical Knowledge:

- MK1 Applied Foundational Sciences
- MK2 Therapeutic Knowledge
- MK3 Knowledge of Diagnostic Testing

#### Systems – Based Practice:

- **SBP1** Patient Safety and Quality Improvement
- SBP2 System Navigation for Patient-Centered Care
- SBP3 Physician Role in Health Care System

#### **Practice-Based Learning and Improvement:**

- PBLI1 Evidence-Based and Informed Practice
- PBLI2 Reflective Practice and Commitment to Personal Growth

#### **Professionalism:**

- **PROF1** Professional Behavior
- **PROF2** Ethical Principles
- **PROF3** Accountability/Conscientiousness
- PROF4 Systemic and Individual Factors of Well-Being

#### **Interpersonal and Communication Skills:**

- ICS1 Patient- and Family- Centered Communication
- ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

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## Allergy

#### **Content Goals and Objectives**

- 1. Manage individuals with asthma (PC5)
- 2. Manage individuals with rhinitis (PC5)
- 3. Determine the appropriate initial laboratory evaluation for a suspected immune deficiency (MK3)
- 4. Refer patients for allergy skin testing (PC5)
- 5. Evaluate individuals with urticaria/angioedema (PC3)
- 6. Prescribe emergency treatment plan for a patient at risk for anaphylaxis (ICS1)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## Cardiology/CCU PGY-1

#### **Content Goals and Objectives**

- 1. Interpret EKG and use as tool to make management decisions (MK2)
- 2. Interpret cardiac biomarkers(MK2)
- 3. Differentiate cardiac versus non-cardiac chest discomfort (MK1)
- 4. Diagnose acute coronary syndrome (unstable Angina, NSTEMI, STEMI) (PC3)
- 5. Refer patients for appropriate cardiac imaging and invasive cardiac procedures MK3
- Diagnose, initiate management for, and outline therapeutic goals for heart failure (acute, chronic, systolic and diastolic), basic arrhythmias, and valvular heart disease(PC3)
- 7. Identify the cause of heart failure exacerbations (PC1)
- 8. Identify and describe physical exam findings including murmurs, displaced PMI, S3, S4, hepatojugular reflux, pulsus paradoxus, jugular venous distension, and peripheral vascular system. (PC2)
- 9. Provide timely counsel to patients on dietary and lifestyle changes for aggressive CV risk factor modification (PC4)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner(ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## Cardiology/CCU PGY-2

#### **Content Goals and Objectives**

- 1. Interpret advanced EKGs and use as tool to make management decisions (MK2)
- 2. Refer patients for appropriate cardiac imaging and invasive cardiac procedures MK3
- 3. Titrate cardiac medications MK2
- 4. Manage acute coronary syndrome PC4
- 5. Manage cardiomyopathy and heart failure PC4
- 6. Identify and manage arrhythmias, and recognize low risk ventricular arrhythmias PC4
- 7. Identify cardiogenic shock(MK1)
- 8. Manage inotropes and vasopressor agents in the management of shock and heart failure MK2
- 9. Manage anticoagulant therapy in cardiac patients PBLI1

#### **Process-Based Goals and Objectives**

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

## Cardiology/CCU PGY-3

#### **Content Goals and Objectives**

- 1. Refer patients for appropriate cardiac imaging and invasive cardiac procedures(MK-3)
- 2. Apply results from cardiac imaging studies to advance care (MK-3)
- Practice cost effective care, with awareness of medication costs, imaging costs, and their indications(SBP-3)
- 4. Manage acute pericarditis (PC4)
- 5. Identify Takotsubo cardiomyopathy(MK-1)
- 6. Identify and manage arrhythmias, including ventricular fibrillation in acute MI PC4
- 7. Manage anticoagulant therapy in cardiac patients, including atrial fibrillation and prosthetic valves (MK2)
- 8. Diagnose cardiac tamponade (PC3)

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#### **Process-Based Goals and Objectives**

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

## **Cardiology Consults**

#### **Content Goals and Objectives**

- 1. Interpret EKGs and use as tool to make management decisions (MK2)
- 2. Provide accurate cardiac risk stratification for operative patients MK3
- 3. Select patients for appropriate cardiac imaging and invasive cardiac procedures MK3
- 4. Counsel patient on lifestyle modifications for aggressive risk factor modifications PC4
- 5. Differentiate cardiac versus non-cardiac chest discomfort (MK-1)
- 6. Manage heart failure PC4
- 7. Begin initial management plan for basic arrhythmias MK2
- 8. Interpret cardiac biomarkers (MK-3)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## **Cardiology Outpatient**

#### **Content Goals and Objectives**

- 1. Interpret EKGs and use as tool to make management decisions (MK-2)
- 2. Refer patients for appropriate cardiac imaging and invasive cardiac procedures (MK3)
- 3. Counsel patient on lifestyle modifications for aggressive risk factor modifications (PC4)
- 4. Differentiate cardiac versus non-cardiac chest discomfort (MK-1)
- 5. Manage heart failure (PC4)
- 6. Begin initial management plan for basic arrhythmias (PC4)
- 7. Interpret cardiac biomarkers (MK3)
- 8. Provide timely counsel to patients on dietary and lifestyle changes for aggressive CV risk factor modification (ICS-1)

#### **Process-Based Goals and Objectives**

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

## **Cardiology EP Elective**

#### **Content Goals and Objectives**

- 1. Apply basic science knowledge of cardiac function and pathophysiology when analyzing clinical presentations of disease, with emphasis on common EP disorders (MK-1)
- Summarize indications and contraindications for commonly ordered electrophysiologic testing (MK-3)
- 3. Demonstrate advanced EKG reading skills (MK-3)
- 4. Begin initial management plan for basic arrhythmias (PC-4)
- 5. Outline and apply current evidence-based practices for primary and secondary prevention of common EP disorders during clinical and teaching encounters (SBP-3)
- 6. Counsel patient on lifestyle and aggressive risk factor modifications (ICS-1)
- 7. Describe the prognosis of common EP disorders (MK-1)
- 8. Exposure to the management of Atrial fibrillation, Atrial flutter, Premature atrial contractions (PAC), Wolff Parkinson White phenomenon/syndrome, Paroxysmal supraventricular tachycardia, sustained ventricular tachycardia, non-sustained

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ventricular tachycardia, Premature ventricular contractions (PVC), Bradycardia, Cardiac conduction abnormalities, Cardiac pacemakers and implanted cardiac defibrillators, Syncope, and Ischemic and non-ischemic cardiomyopathies (PC-4)

- 9. Dysrhythmias evaluation for cardiac and non-cardiac surgery to be performed electively or emergently (PC-3)
- 10. Basic understanding of cardiac rhythm management and devices: indications, device functioning, and device evaluations (MK3)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## Dermatology

#### **Content Goals and Objectives**

- Obtain an accurate and complete history with exposure to common dermatologic diagnoses including nevi, warts, eczema, tinea, contact dermatitis, actinic keratoses, seborrheic keratoses, basal and squamous carcinoma, and malignant melanoma, contact dermatitis, sun damage (Actinic Keratosis, etc), skin conditions related to aging, eczema and atopic dermatitis, seborrheic dermatitis, psoriasis, acne, HIV associated skin issues, skin ulcers, bullous diseases, tinea, and alopecia (PC-1)
- 2. Diagnose, initiate management for, and outline therapeutic goals for common dermatologic conditions (PC-5)
- 3. Assess and recommend proper monitoring and management for the dermatologic manifestations associated with systemic conditions (PC-5)
- 4. Describe the risks for skin cancer, outline the various types of skin cancer, and summarize recommendations for the prevention of skin cancer (MK-1)
- 5. Demonstrate adequate technical skills for skin punch and shave biopsy and intralesional injections (MK3)
- 6. Recognize, describe, and document using the proper nomenclature for primary skin lesions, rashes, and nail findings. (PC-3)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## **Gastroenterology and Hepatology Consults**

#### **Goals and Objectives**

- 1. Take a history specific to gastroenterology (PC-1)
- 2. Begin initial work-up for acute gastrointestinal bleeding PC4
- 3. Recommend GI procedures and imaging studies (MK-3)
- 4. Evaluate chronic diarrhea in a hospitalized patient (PC4)
- 5. Assess risk factors for acute hepatitis, including the use of herbal and over the counter agents (PC3)
- 6. Manage acute hepatitis and interpret serologic testing for hepatitis A, hepatitis B, and hepatitis C (PC3)
- 7. Treat alcohol induced liver disease and alcoholic hepatitis (PC3)
- 8. Distinguish between cirrhotic and non-cirrhotic portal hypertension (MK1)
- 9. Manage common sequelae of cirrhosis and formulate cost-effective approach to the diagnosis of chronically elevated transaminases (SBP3)
- 10. Identify the salient features of fulminant hepatic failure (MK1)
- 11. Identify patients who may benefit from liver transplantation (SBP2)
- 12. Evaluate obstructive jaundice (PC3)
- 13. Diagnose inflammatory bowel disease (MK3)
- 14. Management of acute pancreatitis
- 15. Recognize biliary disease: cholecystitis, acute cholangitis, choledocholithiasis, primary sclerosing cholangitis (MK3)
- Recognize causes of dysphagia including food impactions and foreign body ingestions (MK3)

- 1. Acquire accurate and relevant history and perform a complete physical exam (PC1)
- 2. Review the typical radiographic, endoscopic, and laboratory features of common gastroenterologic diseases (PC1)
- 3. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 4. Develop a prioritized differential diagnoses (PC3)
- 5. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 6. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 7. Minimize unnecessary care including tests (MK3)
- 8. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 9. Integrate clinical evidence into decision making (PC3)
- 10. Evaluate complex medical patients in a timely manner (PC1)
- 11. Demonstrate shared decision-making with the patient (PC4)
- 12. Use feedback to improve performance (PBL2)

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## **Emergency Medicine**

#### **Content Goals and Objectives**

- 1. Develop initial treatment plan for patients with suspected infection (MK2)
- 2. Develop initial treatment plan for patients with chest pain (MK2)
- 3. Develop treatment plan for patients with shortness of breath (MK2)
- 4. Obtain a history and physical exam in a timely manner (PROF3)
- 5. Manage multiple patients simultaneously (SBP2)
- 6. Triage patient to proper level of care (SBP2)
- 7. Communicate effectively with consultants (ICS2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## **Endocrinology Consults**

#### **Content Goals and Objectives**

- 1. Perform an accurate physical exam, including thyroid examination and screening diabetic foot exam (skin, pulses, sensory using monofilament) (PC2)
- Recognize and describe common physical features of diabetic neuropathies, hypogonadism, thyroid disorders, hypercortisolism and adrenal insufficiency (primary and secondary) (MK1)
- 3. Diagnose, initiate management for, and outline therapeutic goals for diabetes mellitus in an outpatient and inpatient setting, as well as dyslipidemia in diabetic patients (PC5)
- 4. Assess and recommend proper monitoring and management of diabetic microvascular and macrovascular complications. (ICS1)
- 5. Initiate and titrate insulin based on glucose readings. (MK2)
- 6. Undertake proper evaluation and management of hypothyroidism and thyrotoxicosis, thyroid nodules, hypocalcemia and PTH-mediated hypercalcemia (hyperparathyroidism), osteoporosis, adrenal insufficiency, galactorrhea, gynecomastia, male and female hypogonadism, adrenal disorders (nodules, aldosteronism, pheochromocytoma), and pituitary disorders (prolactinoma, Cushing's disease) (MK3)

- 1. Acquire accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## **General Internal Medicine CCC PGY-1**

#### **Content Goals and Objectives:**

- Manage common medical problems such as hypertension, uncomplicated diabetes, dyslipidemia, depression, COPD and asthma, common pain syndromes, and thyroid disease (PC5)
- 2. Describe community resources available to patients with poor access to care (SBP3)
- 3. Learn how to coordinate care outside of clinic (home health, nursing home, etc) (PC5)
- 4. Recognize when to refer to a specialist (PC5)
- 5. Evaluate patients with urgent medical need (PC3)
- 6. Demonstrate the ability to triage patients based on acuity of medical need (PC1)
- 7. Counsel patient on healthy life-style modifications (ICS1)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)
- 12. Provide care for patients in non-traditional ways between office visits (telephone, email) (ICS3)
- 13. Track, coordinate, and ensure follow up on messages and results (ICS3)
- 14. Provide appropriate preventative care (PC5)
- 15. Work as an active member of the outpatient team (ICS2)

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## **General Internal Medicine CCC PGY-2**

#### **Content Goals and Objectives:**

- 1. Manage complicated common medical outpatient problems such as hypertension, diabetes, hyperlipidemia, COPD, asthma, pain, thyroid disease (PC5)
- 2. Recognize when to refer to specialist care (PC5)
- 3. Describe resources available to patients with poor access to care (SBP3)
- Learn how to coordinate care outside of the clinic (home health, nursing home, etc) (SBP2)
- 5. Evaluate patients with urgent medical need (PC1)
- 6. Demonstrate the ability to triage patients based on acuity of medical need (PC3)
- 7. Counsel patients on lifestyle modifications (ICS1)
- 8. Participate in Quality Improvement projects (SBP1)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)
- 12. Provide care for patients in non-traditional ways between office visits (telephone, email) (ICS3)
- 13. Track, coordinate, and ensure follow up on messages and results (ICS3)
- 14. Provide appropriate preventative care (PC5)
- 15. Work as an active member of the outpatient team (ICS2)

Updated 7/3/24

## **General Internal Medicine CCC PGY-3**

#### **Content Goals and Objectives:**

- 1. Independently manage complicated common medical outpatient problems such as hypertension, diabetes, hyperlipidemia, COPD, asthma, pain, thyroid disease (PC5)
- 2. Appropriately refer to specialist care (PC5)
- 3. Provide resources and resource education to patients with poor access to care (SBP3)
- 4. Coordinate care outside of the clinic (home health, nursing home, etc) (SBP2)
- 5. Evaluate and independently manage patients with urgent medical need (PC2)
- 6. Independently triage patients based on acuity of medical need (PC3)
- Independently counsel patients on lifestyle modifications and follow up on outcomes (ICS1)
- 8. Lead Team "huddle" meetings (ICS2)
- 9. Head outpatient educational curriculum discussion (ICS2)
- 10. Improve care via Quality improvement projects (SBP1)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC-1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS-3)
- 3. Develop a prioritized differential diagnoses (PC-3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC-2)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC-3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PBL3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)
- 12. Provide care for patients in non-traditional ways between office visits (telephone, email) (ICS3)
- 13. Track, coordinate, and ensure follow up on messages and results (PC6)
- 14. Provide appropriate preventative care (PC5)
- 15. Work as an active member of the outpatient team (ICS2)

Updated 7/3/24

## **General Internal Medicine Consults**

#### **Content Goals and Objectives**

- 1. Recognize the need for urgent/emergent medical consultation (PC3)
- 2. Perform peri-operative cardiac and pulmonary risk stratification (MK3)
- 3. Advise adequate peri operative DVT prophylaxis (MK2)
- 4. Manage hyperglycemia and hypertension (PC4)
- 5. Manage peri-operative anticoagulation (MK2)
- 6. Assess and manage fever and delirium (PC4)
- 7. Assess and manage AKI and CKD (PC4)
- 8. Assess and manage electrolyte abnormalities (PC4)

#### **Process-Based Goals and Objectives**

- 1. Acquire accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

## **General Internal Medicine Geriatrics**

#### **Content Goals and Objectives**

- 1. Evaluate functional abilities of geriatric patients (PC1)
- 2. Perform a focused physical exam on post hospital discharge patient (PC2)
- 3. Perform medication reconciliation on post hospital discharge patient (PC6)
- 4. Demonstrate knowledge of the Beers Criteria and appropriate medication use in the geriatric patient (MK2)
- 5. Write initial clinic orders on geriatric patient in the post hospital setting (PC6)
- 6. Evaluate cause of falls and create initial management plan (PC5)
- 7. Evaluate memory loss/dementia and create initial management plan (PC5)
- 8. Evaluate urinary incontinence and create initial management plan (PC5)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)

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- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

## **General Internal Medicine Private Practice Outpatient**

#### **Content Goals and Objectives:**

- 1. Become competent in the comprehensive care of patients in a vibrant, fast paced private practice outpatient general medicine setting (PC5)
- 2. Understand and apply evidence-based guidelines for age specific preventative care, and become more aware of the utilization of Welcome to Medicare Physicals and Medicare Wellness checks (PC5)
- 3. Optimize cost effective practice and become more fluent in practice management and billing and coding in the outpatient setting (SBP3)
- 4. Manage complicated common medical outpatient problems such as hypertension, diabetes, hyperlipidemia, COPD, asthma, pain, thyroid disease (PC5)
- 5. Recognize when to refer to specialist (PC5)
- Describe resources available to patients with poor access to care and apply evidencebased, cost-conscious strategies to diagnose and manage disease in ambulatory patients (SBP2)
- Learn how to coordinate care outside of the clinic (home health, nursing home, etc) (ICS2)
- 8. Evaluate patients with urgent medical need (PC1)
- 9. Demonstrate the ability to triage patients based on acuity of medical need (PC3)
- 10. Counsel patients on lifestyle modifications (ICS1)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)

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- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)
- 12. Provide care for patients in non-traditional ways between office visits (telephone, email) (ICS3)
- 13. Track, coordinate, and ensure follow up on messages and results (ICS3)
- 14. Provide appropriate preventative care (PC5)
- 15. Work as an active member of the outpatient team (ICS2)

## **General Internal Medicine Private Practice Hospitalist**

#### **Content Goals and Objectives**

- Manage acute illnesses described in the General Internal Medicine Wards PGY2-3 Curriculum (PC4)
- 2. Understanding what a career in Hospital Medicine entails (PROF4)
- Understanding of the role and expected outcomes inherent with Utilization Management (SBP1)
- 4. Understand the different Payment Models involved with Hospital Medicine (SBP3)
- 5. Implement Cost Containment Methods in inpatient care (SBP3)
- 6. Learn about the Prospective Payment System and Value Based Purchasing (PC3)
- 7. Learn how to appropriately use Case Management and Social Services to more efficiently care for and manage the disposition of patients (ICS2)
- 8. Understand the emphasis behind Quality Improvement in a hospital setting, and how it is measured and incentivized (SBP1)
- 9. Discuss HCAHPS scores and understand the measures and metrics of Patient Satisfaction (PBLI2)
- 10. Understand the role of the Hospitalist with system throughout where the Hospitalist facilitates the timely and efficient movement of patients from the ED to the inpatient wards and on to discharge disposition (SBP3)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)

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- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

## **General Internal Medicine Wards PGY-1**

#### **Content Goals and Objectives**

- 1. Initiate basal bolus insulin therapy and manage blood glucose over time (MK2)
- 2. Manage elevated blood pressure (PC4)
- Diagnose the cause of loss of consciousness and differentiate syncope from other etiologies (MK3)
- 4. Initiate antibiotic(s) for pneumonia (MK2)
- 5. Initiate antibiotic(s) for skin and soft tissue infections (MK2)
- 6. Initiate venous thromboembolism prophylaxis (MK2)
- 7. Initiate cost-effective workup of venous thromboembolism (SBP3)
- 8. Manage exacerbations of obstructive lung disease (PC4)
- 9. Initiate CIWA protocol in patients at risk for alcohol withdrawal (MK2)
- 10. Manage derangements of electrolytes (PC4)
- 11. Identify causes of delirium (PC3)
- 12. Initiate cost-effective workup for anemia (SBP3)
- 13. Assess and treat pain (PC4)
- 14. Initiate fall precaution orders in patients at risk for falls (SBP2)
- 15. Initiate workup and management of fever (PC4)
- 16. Distinguish between hepatic, cholestatic and infiltrative patterns of liver disease (MK1)
- 17. Perform paracentesis, thoracentesis, and central line placement (PC4)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## **General Internal Medicine Wards PGY-2**

#### **Content Goals and Objectives**

- 1. Manage extremes of blood pressure (PC4)
- 2. Demonstrate a cost effective workup of loss of consciousness (SBP3)
- Adjust type, dose, and duration of therapy for pneumonia based on clinical course (MK2)
- 4. Differentiate deep-seated soft tissue infections versus superficial infections (PC2)
- 5. Manage and escalate care in a patient with sepsis (PC4)
- 6. Manage anticoagulation in a patient with suspected or known venous thromboembolism (MK2)
- 7. Recognize and manage impending respiratory failure (PC4)
- 8. Manage benzodiazepines in a patient with alcohol withdrawal (MK2)
- 9. Manage derangements of electrolytes (PC4)
- 10. Utilize pharmacologic and non-pharmacologic methods to manage delirium (SBP2)
- 11. Demonstrate appropriate use of blood products (SBP3)
- 12. Use an opioid conversion table to titrate pain management (MK2)
- 13. Use basal bolus insulin therapy to manage blood glucose in peri-procedural patients and in fragile diabetics (MK2)
- 14. Manage acute and chronic pancreatitis (PC4)
- 15. Manage common sequelae of cirrhosis (PC4)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## **General Internal Medicine Wards PGY-3**

#### **Content Goals and Objectives**

- 1. Independently manage extremes of blood pressure (PC4)
- 2. Implement a cost effective workup of loss of consciousness (SBP3)
- Independently adjust type, dose, and duration of therapy for pneumonia based on clinical course (MK2)
- 4. Independently differentiate deep-seated soft tissue infections versus superficial infections (PC2)
- 5. Manage and escalate care in a patient with sepsis independently (PC4)
- 6. Independently manage anticoagulation in a patient with suspected or known venous thromboembolism (MK2)
- 7. Recognize and manage impending respiratory failure independently (MK1)
- 8. Independently manage benzodiazepines in a patient with alcohol withdrawal (MK2)
- 9. Manage derangements of electrolytes independently (PC4)
- 10. Independently utilize pharmacologic and non-pharmacologic methods to manage delirium (SBP2)
- 11. Demonstrate appropriate use of blood products independently (SBP3)
- 12. Use an opioid conversion table to titrate pain management independently (MK2)
- 13. Independently basal bolus insulin therapy to manage blood glucose in peri-procedural patients and in fragile diabetics (MK2)
- 14. Manage acute and chronic pancreatitis independently (PC4)
- 15. Independently manage common sequelae of cirrhosis (PC4)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## **General Internal Medicine Night Medicine PGY-1**

#### **Content Goals and Objectives**

- 1. Manage hyperglycemia (PC4)
- 2. Manage elevated blood pressure (PC4)
- 3. Diagnose the cause of loss of consciousness and differentiate syncope from other etiologies (PC3)
- 4. Manage exacerbations of obstructive lung disease (PC4)
- 5. Manage alcohol withdrawal (PC4)
- 6. Manage derangements of electrolytes (PC4)
- 7. Recognize delirium and identify potential causes (PC3)
- 8. Initiate workup and management of fever (PC4)
- 9. Manage pain complaints overnight (PC4)
- 10. Document cross-cover care (ICS2)
- 11. Demonstrate the ability to make basic interpretations of chest and abdominal x-rays and electrocardiograms (MK3)
- 12. Using IPASS, communicate effectively, both verbally and through appropriate written sign-out, with colleagues whose patients are being covered (ICS2)
- 13. Communicate effectively with nursing staff regarding acute patient problems (ICS3)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## **General Internal Medicine Night Medicine PGY-2**

#### **Content Goals and Objectives**

- 1. Supervise PGY-1 residents in the care of cross cover patients overnight (ICS2)
- Evaluate and stabilize patients newly received from the Emergency Department or as Direct Admissions from other facilities and transfer to a higher level of care when necessary (PC4)
- 3. Demonstrate mastery of ACLS by running the night Code Blue team and is expected to respond to all codes and manage the resuscitation and stabilization of these patients in conjunction with the MICU team (PC4)
- 4. Effectively utilize the relatively limited resources available during the night to assure high quality patient care and patient safety (SBP2)
- 5. Know when to ask for help and advice from fellows and attending physicians (PROF4)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## **General Internal Medicine Night Medicine PGY-3**

#### **Content Goals and Objectives**

- 1. Supervise PGY-1 residents in the care of acutely ill cross cover patients overnight (ICS2)
- Independently evaluate and stabilize patients newly received from the Emergency Department or as Direct Admissions from other facilities and transfer to a higher level of care when necessary (PC4)
- 3. Demonstrate mastery of ACLS by independently running the night Code Blue team and is expected to respond to all codes and manage the resuscitation and stabilization of these patients in conjunction with the MICU team (PC4)
- Effectively utilize the relatively limited resources available during the night to assure high quality patient care and patient safety and taking personal ownership in assisting in appropriate handoff in the AM (SBP2)
- 5. Appropriately ask for help and advice from fellows and attending physicians (PROF4)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## Hematology/Oncology Consults

#### **Content Goals and Objectives**

- 1. Assess and manage leukocytosis, anemia, thrombocytopenia, thrombocytosis, polycythemia, and leukopenia (MK1)
- 2. Manage anticoagulation of venous thromboembolism in the cancer patient (PC4)
- 3. Determine need for plasmapheresis in the setting of TTP (MK2)
- 4. Differentiate between various types of hemolytic anemia (MK1)
- 5. Initiate diagnostic work-up and manage treatment for suspected Heparin Induced Thrombocytopenia (PC4)
- 6. Adjust long-acting and/or short-acting narcotics in cancer and sickle cell patients (MK1)
- 7. Initiate work-up of spinal cord compression, Superior Vena Cava Syndrome, Hyperviscosity Syndrome (MK3)
- 8. Initiate initial diagnostic evaluation of suspected neoplasm (MK3)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## Hematology/Oncology: Inpatient/Bone Marrow Transplant Service PGY-1

#### **Content Goals and Objectives**

- 1. Diagnose, evaluate, and initiate antibiotic therapy for neutropenic fever (PC4)
- 2. Initiate diagnostic testing and therapy for venous thromboembolism in the cancer patient (MK3)
- 3. Manage hyperkalemia and hyperuricemia during tumor lysis syndrome (PC4)
- 4. Initiate workup of non-neutropenic fever (MK3)
- 5. Initiate antibiotics for pneumonia in setting of neutropenia (MK2)
- 6. Manage common complications of Graft Versus Host Disease (PC4)
- 7. Refer patients for hospice and palliative care (SBP2)
- 8. Participate in end of life care family meeting (ICS1)
- Understanding and ordering initial diagnostic tests for acute hematologic malignancy (MK3)
- Recognizing, diagnosing, and initiating therapy for Disseminated Intravascular Coagulation (DIC), Superior Vena Cava Syndrome, Leukostasis, Acute Chest Syndrome in Sickle Cell Anemia patients (PC4)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## Hematology/Oncology: Inpatient/Bone Marrow Transplant Service PGY2/3

#### **Content Goals and Objectives**

- Diagnose and manage common complications of hematologic malignancy including: Tumor Lysis Syndrome (TLS), Venous Thromboembolism, Disseminated Intravascular Coagulation (DIC), Pain, Anorexia, Cachexia, End of Life Care, Palliative/Hospice Care (PC4)
- 2. Manage Hyperkalemia and Hyperuricemia associated with TLS (MK2)
- Recognize and Begin Workup for Hematologic Malignancies including but not limited to: AML, APL, Hodgkins Lymphoma, Non-Hodgkins Lymphoma (DLBCL, SLL, Follicular Lymphoma), ALL, CLL, and MDS. (MK3)
- Become familiar with induction regiments for AML such as 7+3 (Cytarabine + Anthracycline) and APL such as ATRA. Residents should also familiarize themselves with regiments for other diseases such as Hyper-CVAD, ABVE, BEACOPP. (MK1)
- 5. Residents should familiarize themselves with common chemotherapeutic agents and common side effects associated with each. (MK2)
- 6. Diagnose and Manage complications associated with chemotherapy: mucositis, nausea and vomiting, cachexia, heart failure, pancytopenia, rash, and fever. (PC4)
- 7. Diagnose and Manage High Risk Neutropenia and Neutropenic Fever (PC4)
- 8. Understand Ann Arbor System for Lymphoma Staging, IPSS-R for MDS, & ECOG Performance Status (MK1)
- 9. Recognize and Manage Graft vs. Host Disease in Bone Marrow Transplant (PC4)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

## **Hospitalist Medicine**

#### **Content Goals and Objectives**

- 1. Increase resident (PGY2/3) exposure to academic hospital medicine (SBP2)
- 2. Enhance clinical skills and medical decision making by working one-on-one with Hospitalist faculty without a resident led team (SBP3)
- Enrich interactions with the greater inter-professional healthcare team that include Advanced Practice Providers, PT/OT, respiratory medicine, social work, and care coordinators (ICS2)

- 1. Appropriate triage of patients for the Hospitalist service admitted from the E.D. (MK1)
- 2. Determination of goals of hospitalization, and determining which medical issues can be safely deferred to the outpatient setting (PC4)
- Communicating the specific goals of hospitalization to patients, caregivers, and nursing staff (ICS2)
- 4. Understanding and implementing the discharge planning process (SBP2)
- 5. Exposing residents to value based medicine, fiscal care responsibility and the need for prioritizing diagnostic tests (MK3)
- 6. Recognizing quality and utilization measures, their basis and the utility of tracking unexplained variances (SBP1)
- 7. Safely transitioning the patient back to the care of the primary care physician (SBP2)
- 8. Exposing residents to appropriate medical documentation and billing (ICS3)
- Identify community resources that are available for uninsured and insured patients (PC5)
- 10. Develop a greater understanding of performance improvement process and permit residents to participate in Hospitalist quality improvement project (SBP1)

Updated 7/3/24

## **Infectious Disease Consults**

#### **Content Goals and Objectives**

- 1. Initiate workup of fever of unknown origin (PC4)
- 2. Select antibiotic therapy and duration for organisms with antibiotic resistance (MK2)
- 3. Evaluate and manage endocarditis (PC4)
- 4. Evaluate and manage meningitis (PC4)
- 5. Select type, dose, and duration of antibiotic therapy for osteomyelitis (MK2)
- Select type, dose, and duration of antibiotic therapy for complicated urinary tract infections (MK2)
- 7. Select type, dose, and duration of therapy for post-operative infections (MK2)
- 8. Determine diagnostic testing and treatment of infectious colitis (MK3)
- 9. Adjust type, dose, and duration of therapy for pneumonia based on historical risk factors and clinical course (PC4)
- 10. Select antibiotics and duration of therapy for treatment of bacteremia (MK2)

#### **Process-Based Goals and Objectives**

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

## **Transplant Multidisciplinary PGY-2**

#### **Content Goals and Objectives**

- Manage both acute and chronic renal failure, including assessment of renal function (PC4)
- 2. Manage extremes of blood pressure (MK2)
- 3. Manage hyperkalemia in the renal patient (PC4)
- 4. Dose drugs appropriate to the level of renal function (MK2)
- 5. Manage complications of a renal transplant patient, ie drug interactions, new onset DM, opportunistic infections (PC4)
- 6. Manage calcium and parathyroid abnormalities in the renal patient (PC4)
- 7. Develop a leadership role as part of a multi-disciplinary team (ICS2)

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- 8. Recognize and identify dermatologic pathology found in immunosuppression and chronic kidney disease patients (MK1)
- 9. Implement a diagnostic work-up for metabolic acidosis and alkalosis (PC4)
- 10. Understand both acute and maintenance immunosuppression (MK2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## **Nephrology Consults**

#### **Content Goals and Objectives**

- 1. Initiate workup for acute renal failure (MK3)
- 2. Manage hypokalemia and hyperkalemia (PC4)
- 3. Initiate workup for disorders of sodium (PC4)
- 4. Initiate management of hypertensive emergency (PC4)
- 5. Initiate workup for acid base disturbances (MK3)
- 6. Recognizing the indications for dialysis in selected patients (MK2)
- 7. Manage kidney disease for inpatients on other services (ICS2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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### **Neurology Consults**

#### **Content Goals and Objectives**

- Diagnose, initiate management for, and outline therapeutic goals for the following common neurologic conditions: stroke and TIA, headache (acute and chronic), altered mental status (dementia, delirium, coma), demyelinating disorders and multiple sclerosis, seizure disorders, CNS infections (PC4)
- 2. Demonstrate the ability to recognize and elicit neurological abnormalities on the physical exam and accurately localize a neurologic deficit/injury (MK3)
- 3. Recognize and initiate emergent management of acute stroke (ischemic and hemorrhagic), status epilepticus (PC4)
- 4. Demonstrate adequate cognitive and technical skills for: lumbar puncture and interpretation of results of CSF fluid analysis (PC4)
- 5. Understands the indications for, and interpret the report findings of MRI and CT scans of the brain and spine, EEG and EMG studies, and brain angiography and biopsy (PC8)

- 1. Acquire accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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# **Neurology Outpatient Elective**

### **Content Goals and Objectives**

- 1. Demonstrate proficiency in obtaining a neurological history and performing a neurological examination (PC1)
- 2. Distinguish neurological from non-neurological complaints (PC2)
- 3. Localize the lesion anatomically (PC1)
- 4. Formulate a rational differential diagnosis, order appropriate laboratory and diagnostic tests, and effectively manage patients (PC2)
- 5. Interpret EEG, EMG and NCS, sleep studies, CT, MRI/MRA, myelogram, carotid ultrasound, and angiography reports correctly and apply properly to patient care (PC3)
- 6. Demonstrate a basic knowledge of neuroanatomy permitting interpretation of at least non-contrasted and contrasted CT scans (PC1)
- 7. Perform at least five lumbar punctures, order the appropriate tests on the CSF, and correctly interpret the results (PC4)
- 8. Describe how to perform and interpret the Tensilon test (PC1)
- 9. Read and demonstrate knowledge about the following clinical neurological presentations: (MK1)
  - a. Abnormal speech
  - b. Abnormal vision
  - c. Altered sensation
  - d. Confusion
  - e. Disturbed coordination/gait
  - f. Dizziness
  - g. Headache
  - h. Hearing loss
  - i. Localized pain syndromes
  - j. Loss of consciousness and coma
  - k. Memory impairment
  - I. Seizures
  - m. Sleep disorders
  - n. Tremor
  - o. Weakness-focal and generalized

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- Recognize the scope of abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)

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- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

### **Neurology Inpatient Elective**

#### **Content Goals and Objectives**

- 1. Demonstrate ability to apply clinical skills and use the physical examination to localize neurologic lesions. (PC1)
- 2. Complete a comprehensive history and must develop the ability to perform a competent neurological examination, including: (PC1)
  - a. Mental status: language, memory, attention/concentration, affect, intellect
  - b. Cranial nerves
  - c. Motor exam including details on bulk, strength and tone
  - d. Reflex exam including stretch and pathological reflexes
  - e. Detailed sensory examination
  - f. Coordination and gait and balance
- 3. Demonstrate ability to develop a rational clinical approach to solving basic clinical neurological problems including: (PC2)
  - a. Stupor and coma
  - b. Seizures
  - c. Tremor
  - d. Weakness
  - e. Dizziness, syncope
  - f. Vertigo
  - g. Sensation changes
  - h. Dementia and delirium
  - i. Paralysis
  - j. Headaches
  - k. Changes in vision or other sensory organs
- 4. Demonstrate ability to perform lumbar puncture including appropriate pre- and postprocedure counseling and care. (MK3)
- Demonstrate understanding of neuroanatomy sufficient to localize neurologic lesions. (MK1)
- 6. Reflect an understanding of the differential diagnosis and natural history of common neurological issues. (PC3)
- 7. Demonstrate understanding of the indications, basic techniques, and basic interpretation of the following tests: (MK3)
  - a. lumbar puncture and CSF analysis
  - b. Carotid Dopplers
  - c. Neuro-imaging including CT scans MRI scans PET scans
  - d. EMG and nerve conduction studies
  - e. EEG and evoked potential studies

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- f. Metabolic testing, testing for autoimmune neurological diseases
- 8. Understand the pathophysiology, clinical presentations, and achieve competence in the diagnosis and treatment of the following diseases: (MK1)
  - a. Stroke
  - b. TIA/ RIND
  - c. Meningitis- both acute and chronic
  - d. Alzheimer's disease and other causes of dementia
  - e. Alcohol and drug related neurological disorders
  - f. Seizure disorder
  - g. Parkinsonism and other movement disorders
  - h. MS and other demyelinating diseases
  - i. Carpal tunnel and other entrapment syndromes
  - j. CNS tumors and malignancy
  - k. Peripheral neuropathy and radiculopathies
  - I. Migraines and other causes of headaches
  - m. Guillian-Barre Syndrome
  - n. ALS and other motor neuron diseases
  - o. Peripheral neuropathy
  - p. Myopathy
  - q. Muscular dystrophy
  - r. Myasthenia gravis and other dystonias
  - s. Neuro AIDS
- 9. Reflect satisfactory knowledge of the use of specific neurological drugs. (MK2)
- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)

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- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

### **Ophthalmology**

#### **Content Goals and Objectives**

- 1. Perform a history with particular attention to eye complaints and recognition of symptoms and signs of a variety of eye conditions (PC1)
- 2. Evaluation and management of red eye, including conjunctivitis (PC2)
- 3. Formulate differential diagnoses for and manage common eye problems including impaired vision, cataracts, and macular degeneration (MK1)
- 4. Screening for and management of glaucoma (PC3)
- 5. Detection and management of diabetic retinopathy (MK2)
- 6. Evaluation of eye pain (PC1)
- 7. Recognize when a patient needs subspecialty referral (PC5)
- 8. Understand and participate in the use of guidelines for eye care (MK2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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# **Orthopedics and Sports Medicine**

### **Content Goals and Objectives**

- 1. Identify and diagnose common musculoskeletal problems (MK1)
- 2. Recognize and examine significant anatomic structures of the extremities and perform a joint-specific examination:
  - a. Shoulder: including the rotator cuff musculature, impingement tests, biceps tendon disorders including SLAP tears, AC joint, and instability) (MK2)
  - b. Knee: including the patellofemoral articulation, the cruciate and collateral ligaments, disorders of frontal and patellofemoral alignment, the presence of an effusion, and accessory structures (MK2)
  - c. Ankle: including the Ottawa Ankle Rules for distinguishing the need for radiological study in the presence of ankle pain. (MK2)
- 3. Initiate pharmaceutical or physical therapy treatment plans (PC2)
- 4. Determine the indications for advanced imaging or referral to an orthopedist and consider the cost effectiveness of various imaging techniques (SBP3)
- 5. Performs procedures under supervision demonstrating appropriate sterile and procedural technique, to include: (PC4)
  - a. Closed reduction, common dislocation
  - b. Closed reduction, common fracture
  - c. Cast application and removal
  - d. Splint application
  - e. Arthrocentesis and joint injection
  - f. Tendon sheath injection
  - g. Bursa injection
  - h. Taping and strapping
  - i. Arthroscopy
  - j. Musculoskeletal ultrasound

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## **Palliative Care Medicine**

### **Content Goals and Objectives**

- Diagnose, initiate management for, and outline therapeutic goals for the following conditions in patients at the end of life: chronic pain, altered mental status (depression, delirium and dementia), fatigue, anorexia and cachexia, nausea and constipation, dyspnea, palliative emergencies (PC2)
- 2. Accurately assess competency and medical decision-making capacity, with a focus on life-sustaining medical treatments, and identify the appropriate surrogate decision-maker when necessary (PC2)
- 3. Understand, discuss and properly enter Do Not Resuscitate (DNR) orders, and record the presence of Advance Health Care directives (also known as Living Wills), Power of Attorney or Health Care Proxy documents (PROF2)
- Describe the indications, limitations and benefits of Palliative Care and Hospice Care. (SBP2)
- 5. Adequately discuss life expectancy, expected adverse outcomes and prognosis with patients and their families (PC1)
- 6. Demonstrate effective and empathetic communication skills with patients and their families (PROF1)
- 7. Understand the benefits and risks of therapies for symptom management, including supplemental oxygen, opioids, sedatives and other therapies (i.e. XRT) (SBP3)
- 8. Address and institute the proper means to resolve ethical and financial concerns that may arise at the end of life (SBP3)
- 9. Assess and make available support to meet the spiritual needs of individual patients and their families (PROF4)
- 10. Demonstrate the proper skills to care for dying patients living the last hours of life, and provide support to families in coping with grief and bereavement after the death of their loved one (PC3)

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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# Pulmonary/Critical Care PGY-1

#### **Content Goals and Objectives**

- 1. Implement the appropriate mode of ventilator assistance for acute respiratory failure (PC3)
- 2. Manage DKA (PC2)
- 3. Identify various sources and types of shock (MK1)
- 4. Deliver appropriate goal-directed therapy for severe sepsis (MK2)
- 5. Interpret chest x-rays for common lung disorders (PC4)
- 6. Begin initial work up for GI bleeding (PC1)
- 7. Recommend appropriate route for nutritional supplementation (PROF3)
- 8. Lead a patient and family in an end-of-life discussion (PROF4)
- 9. Place arterial and central venous lines (PC4)
- 10. Perform thoracentesis and paracentesis (PC4)

### **Process-Based Goals and Objectives**

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)
- 12.

# Pulmonary/Critical Care PGY 2

#### **Content Goals and Objectives**

- Implement the appropriate mode of ventilator assistance for acute respiratory failure (PC3)
- 2. Manage ventilatory changes (PC3)
- 3. Identify various sources and types of shock (MK1)
- 4. Deliver appropriate goal-directed therapy for severe sepsis (PC2)
- 5. Place arterial and central lines (PC4)
- 6. Perform thoracentesis and paracentesis (PC4)
- 7. Lead a family and patient through an end-of-life discussion (PROF4)

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#### **Process-Based Goals and Objectives**

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

# Pulmonary/Critical Care PGY 3

### **Content Goals and Objectives**

- Implement the appropriate mode of ventilator assistance for acute respiratory failure (PC3)
- 2. Independently manage ventilatory changes (PC3)
- 3. Identify various sources and types of shock (MK1)
- 4. Deliver appropriate goal-directed therapy for severe sepsis (PC2)
- 5. Independently place arterial and central lines (PC4)
- 6. Lead and/or supervise a family and patient through an end-of-life discussion (PROF4)

- 1. Acquire accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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### **Pulmonary Consults**

#### **Content Goals and Objectives**

- 1. Interpret pulmonary function tests (MK3)
- 2. Refer patients for pulmonary rehabilitation (PC5)
- 3. Discuss a 2nd line or 3rd line smoking cessation plan for a patient who failed 1st line therapy (PC4)
- Initiate the basic workup for a patient with undifferentiated interstitial lung disease. (MK3)
- 5. Provide first line therapy to a cystic fibrosis patient presenting with a new productive cough (PC5)
- Manage a patient on chronic home oxygen therapy who presents with the complaint of dyspnea (MK2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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# Radiology

#### **Content Goals and Objectives**

- 1. Understands the various imaging techniques used for medical diagnosis and when to order each technique (MK3)
- 2. Interpret the results of radiological investigations and diagnose common Internal Medicine presentations (pneumonia, gall bladder disease, pulmonary embolism/deep vein thrombosis, stroke, etc) (PC4)
- Determines which imaging technique to use based on patient's clinical presentation (PC3)
- 4. Communicates with residents and/or the attending physician who have ordered the imaging test (ICS2)
- 5. Understands the consideration of cost awareness while ordering imaging tests (SBP2)
- 6. Understands the risk versus benefit of various radiological tests (MK3)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## Rheumatology

### **Content Goals and Objectives**

- 1. Obtain an accurate and complete history for common rheumatologic disorders with a specific focus on musculoskeletal and rheumatologic symptoms and injuries (PC1)
- 2. Perform an appropriate musculoskeletal examination, including assessment of abnormalities of small and large joints, perarticular tissue, and spine (PC2)
- 3. Demonstrate the proper use and interpretation of routine rheumatology laboratory tests (MK3)
- Demonstrate adequate technical skills for arthrocentesis and injection of knee, shoulder and elbow (PC5)
- 5. Analyze synovial fluid white blood cell count, gram stain, C&S and crystal examination, and interpretation of report findings of bone and joint x-rays (PC3)
- 6. Diagnose, initiate management for, and outline therapeutic goals for the following common rheumatologic conditions, including osteoarthritis, rheumatoid arthritis, gout, fibromyalgia, ankylosing spondylitis, lupus, scleroderma, polymyositis/dermatomyositis, systemic vasculitis, reflex sympathetic dystrophy, bursitis, septic arthritis, rotator cuff tendinitis and other extremity tendinitis/fasciitis, sports injuries (PC5)
- 7. Recognize, assess, and recommend proper diagnostic exams for urgent/emergent musculoskeletal problems, including acute injuries, joint swelling and effusion, and potentially serious rheumatologic illness such as systemic vasculitis or lupus (MK3)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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### Women's Health

#### **Content Goals and Objectives**

- 1. Demonstrate respectful and professional manner during sensitive physical exam maneuvers (PROF-1)
- 2. Perform a routine pelvic and breast exam (PC2)
- 3. Initiate workup for a new breast lump (PC3)
- 4. Manage a patient at-risk for osteoporosis (MK2)
- 5. Initiate workup for a patient with amenorrhea (PC3)
- 6. Manage a patient with dysfunctional uterine bleeding (MK1)
- 7. Initiate workup for polycystic ovarian syndrome. (MK1)
- 8. Manage a patient with perimenopausal symptoms (PC5)
- 9. Provide age-appropriate cancer screening (breast, cervical) (PC5)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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### **International Rotation**

#### **Content Goals and Objectives**

- 1. Personally prepare for travel (packing, vaccines, visas etc.) (PROF3)
- 2. Research topics appropriate to the region of travel during the pre-planning phase (MK1)
- 3. Deliver a post-trip educational activity sharing your medical and cultural experiences with your peers (PBLI2)
- 4. Create and deliver on-site projects as assigned (SBP3)
- 5. Demonstrate cultural sensitivity (PROF2)
- 6. Demonstrate flexibility of on-site education and care plans (SBP3)
- 7. Recognize Healthcare disparities and utilize limited resources in a creative and practical manner (SBP2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## **Medical Economics and Practice Management**

### **Content Goals and Objectives**

- 1. Understand economic impact of healthcare on the US economy (SBP2)
- Learn basics of billing, coding, and how clinical work is translated into a clinical unit (SBP2)
- 3. Review differences in the private practice model, federal health care model and academic model for practitioners (SBP3)
- 4. Optimize contract negotiation, work negotiation for positions after training (SBP3)
- 5. Be aware of quality drivers in our current health system, including but not limited to Core Measures, Meaningful Use and Pay for Performance (SBP1)
- 6. Review practice management in continuity practice: understand front desk operations, nursing support, overhead, and numbers of patients seen (SBP2)
- 7. Understand how health delivery systems vary in different countries (SBP3)
- 8. Define a patient centered medical care home, and know the impact it has on the patient experience and value in the health care system (SBP3)
- 9. Review your coding, documentation, and billing in the continuity outpatient practice from the perspective of a coder and administrator (SBP3)

- Attend and actively participate in the didactic sessions and site visits in a professional manner (PROF3)
- 2. Complete the Introduction to Practice Management Modules, Pre-Test, Post-Test, Pre-Evaluation, and Post-Evaluation (PBLI2)
- 3. Complete the Billing, Coding, and Documentation Quality Improvement Project (SBP1)

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### Research

### **Content Goals and Objectives**

- 1. Develop a hypothesis driven research question (MK1)
- 2. Develop a short research proposal (PBL1)
- 3. Choose the appropriate study design for a project (MK1)
- 4. Demonstrate proper ethics in medical research (PROF2)
- 5. Interpret the results of a research project (MK2)
- 6. Write a research abstract (ICS3)
- 7. Present a poster or PowerPoint presentation on research project (ICS2)
- 8. Recognize and manage conflicts of interest (such as caring for family members and professional associates as patients) (PROF2)

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## **Pain Management Elective**

### **Content Goals and Objectives**

- 1. Describe the different etiologies of common pain syndromes and identify these in the outpatient primary care setting. (MK1)
- 2. Describe the indications and use of physical therapy, pharmacologic agents, nerve blocks, psychosocial support in the treatment of chronic pain (PC5)
- 3. Provide competent patient care, data acquisition, diagnosis, and management for patients with chronic pain complaints (PC5)
- 4. Establish a pain contract with patients and identify medication-seeking behavior to facilitate appropriate use of narcotics in the outpatient primary care setting (PC3)
- Identify and assess pain using a pain scale to monitor improvement with treatment (PC1)
- Describe indications, contraindications, and side effects of such procedures as nerve blocks of facet joints, epidurals, pain pump refills, trigger point injections, and cryotherapy (MK2)
- 7. Identify patients who can be treated for their pain by a primary care physician and those requiring specialized, referral care (SBP2)

- 1. Acquire accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

Updated 7/3/24

# **Ambulatory Oncology Elective**

### **Content Goals and Objectives**

- Provide care for patients newly diagnosed with cancer, patients actively receiving chemotherapy and patients suffering from complications related to chemotherapy of cancer itself (PC5)
- 2. Choose a cost-effective evaluation of patients suspected to have a malignancy (SBP2)
- 3. Identify the risk factors, screening, and early detection of breast cancer, lung cancer, colon cancer, prostate cancer, skin cancers and cervical cancer (PC1)
- 4. Recognize and management the classic toxicities of chemotherapy (PC5)
- 5. Describe the TMN staging of cancers and prognosis/survival related to stage (MK2)
- Demonstrate proper timing and compassionate delivery of bad news to patients and family (PROF4)
- Evaluate and manage somatic and neuropathic pain both acute and chronic. Demonstrate correct titration of pain medications both narcotic and non-narcotic, choosing the appropriate route of administration, and recognition of limitations due to metabolic pathways (PC5)
- Apply principles of palliative care including but not limited to management of fatigue, anorexia, pain, dyspnea, and recognition of the benefits of appropriate medical therapy (PC5)
- 9. Provide care for patients with undiagnosed and diagnosed non-malignant hematologic disorders and explain the pathophysiology of hemophilia and demonstrate how to evaluate and manage its complications (PC5)
- 10. Describe chemotherapy principles including concepts of induction, adjuvant, and intensification therapy (MK2)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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## **VA Spinal Unit Elective**

#### **Content Goals and Objectives**

- 1. Demonstrate neurologic exam to determine level of spinal lesion (PC2)
- 2. Stage skin breakdown, and know how to manage and prevent them (MK1)
- 3. Understand role of ongoing rehabilitation for spinal cord patients (PC3)
- 4. Assess for UTI in patients with chronic indwelling catheters (PC3)
- 5. Practice antibiotic stewardship in treating infections in this prone population (PC4)
- 6. Understand management of baclofen pumps and their risks and benefits (PC4)
- 7. Prevent skin breakdown in patients with chronic fecal incontinence (MK1)
- 8. Know signs of dysautonomia and interventions for treating (PC2)
- 9. Demonstrate appropriate use of consultations, including pulmonary toilet, rehab, and pain management (PC5)

- 1. Acquire accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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# **GI Motility Elective**

#### **Content Goals and Objectives**

- 1. Identify key aspects of history and physical exam necessary to accurately diagnose motility disorders (PC1)
- Identify key aspects of physical exam necessary to accurately diagnose motility disorders (PC2)
- 3. Describe key features of gastroparesis, and understand appropriate evaluation of this disorder (MK1)
- 4. Identify appropriate testing for patients presenting to the GI motility practice (MK3)
- 5. Know non pharmacologic treatments for gastric motility (PC5)
- Interpret motility test results, and begin to describe treatment options for these patients (ICS1, MK1)
- 7. Recognize the psychosocial impact that gastric motility disorders have (PROF4)
- 8. Understand the risk benefit ratio of different treatments (MK2)
- 9. Review progression in literature and intervention in treating this disorder (PBL1)

- 1. Acquire accurate and relevant history and perform a complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

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### **Quality Improvement**

### **Content Goals and Objectives**

- 1. Describe a root cause analysis (PBL-1)
- 2. Review mortality data with supervision from the Program Director, understanding how cases are selected for coroner review, cause of death, and standard of practice (SBP2)
- 3. Present a morbidly and mortality case (ICS2)
- 4. Create and or contribute to an ongoing process improvement project with direct impact on the training program workflow and efficiency (SBP1)
- 5. Understand and create a fishbone diagram reviewing an adverse outcome with different causes/contributing elements to the case (SBP1)
- 6. Contribute to a culture of reviewing adverse outcomes with an eye to identifying ways to prevent them from recurring (SBP2)
- 7. Develop quality improvement project with completion of at least 3 PDSA cycle (SBP1)
- 8. Support colleagues and outpatient and inpatient care in the continuity practice through consistent presence, participation, and interaction (ICS2)

### **Process-Based Goals and Objectives**

- 1. Acquire accurate and relevant history and perform an complete physical exam(PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)

## **Vascular Medicine Elective Rotation for Internal Medicine Residents**

### **Content Goals and Objectives**

- 1. Interpret ABI/PVR studies and use as tool to make management decisions (MK2)
- 2. Refer patients for appropriate vascular imaging and invasive vascular procedures (SBP4)
- 3. Counsel patient on lifestyle modifications for aggressive risk factor modifications (ICS1)
- 4. Differentiate vascular versus non-vascular leg discomfort (MK1)
- 5. Diagnosis and manage of aneurysmal, inflammatory, and atherosclerotic diseases affecting the peripheral vasculature (PC2)
- 6. Begin initial management plan for acute pulmonary embolism (PC3)
- 7. Interpret noninvasive vascular studies (MK1)
- 8. Provide timely counsel to patients on dietary and lifestyle changes for aggressive CV risk

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factor modification (ICS1)

- 1. Acquire accurate and relevant history and perform an complete physical exam (PC1)
- 2. Complete accurate and comprehensive documentation in a timely manner (ICS3)
- 3. Develop a prioritized differential diagnoses (PC3)
- 4. Develop an evidence-based diagnostic and therapeutic plan (PC4)
- 5. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately (PC3)
- 6. Minimize unnecessary care including tests (MK3)
- 7. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient (PC1)
- 8. Integrate clinical evidence into decision making (PC3)
- 9. Evaluate complex medical patients in a timely manner (PC1)
- 10. Demonstrate shared decision-making with the patient (PC4)
- 11. Use feedback to improve performance (PBL2)