

# CURRICULUM

## Introduction.

Our Curriculum is an important document that defines the educational goals of our Residency Training Program and is intended to clarify the learning objectives for all inpatient and outpatient rotations. Our program requirements are based on the ACGME standards for categorical training in Internal Medicine. This is a document that will change over time and is developed based on the following principles.

1. The Curriculum was developed and updated by a broad representation of faculty and residents.
2. The Curriculum will define clearly the expectations of junior and senior residents on specific rotations. This is to help insure that our residents are gradually increasing their responsibility in regard to patient care and teaching responsibilities. It also reflects the expectation that medical knowledge will gradually increase at different levels and that much of that learning is self-directed. It is also expected, as resident's progress through the 3-year training program that their skills with practice-based learning and the application and improvement of complex systems that we work in continue to improve throughout the 3-year training cycle.
3. The primary goal of our Curriculum is to assist in training excellent internists who can successfully (a) practice quality medicine in both the inpatient and outpatient setting, (b) pursue subspecialty training, (c) develop skills as an educator, and/or (d) participate in research.
4. It is our hope that our residents will continually exhibit intellectual curiosity and that they will bring that style of practice to their patient care. This is best accomplished by being well trained in practice-based learning.

It is difficult to convey in a Curriculum our very high standard of professionalism and ethical conduct that we model and expect from all of our residents.

Graduate medical education by nature involves a great deal of self-directed learning. Our hope is that the Curriculum will serve as a helpful template to guide learning and clinical maturation throughout all years of training.

Our electronic evaluation system is intended to reflect on a timely basis fair evaluations of the residents' performance. E-value also allows us to clearly track development in all of the 6 core competencies. Residents are expected to meet minimum standards in the 6 core competencies and are strongly encouraged to develop excellence in all of these.

Those 6 core competencies include patient care, medical education, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.

It is our expectation that our residents will read Rotation Specific Curricula prior to all rotations. It is also our ongoing intent to develop a post-test after specific rotations in order to test specific areas of knowledge.