

## Competency Based Learning Objectives

The following document is an important description of learning objectives and milestones for residents at different levels of training based on the six core competencies: **1)patient care, 2)medical knowledge, 3)interpersonal communication skills, 4)professionalism, 5)practice-based learning and improvement, and 6)systems-based practice**. These learning objectives are collected for the convenience of our residents and faculty and are intended to allow for rapid review of expectations at different levels of training. Please note that the stated objectives should never limit our achievement expectations. Residents at all levels of training should strive to continuously improve their competency in the diverse skills that define excellence for internists.

### I. Patient Care

All clinical activities are supervised by faculty attendings. Inherent in good patient care is a resident's ability to demonstrate integrity, respect, compassion and empathy for patients and their families. Residents at all levels of training will demonstrate sensitivity and responsiveness to patient's age, culture, gender and disabilities.

#### A. **PGY-1 Skill Set:** PGY-1 residents will:

1. Gather essential and accurate information.
2. Organize and record medical information accurately.
3. Synthesize and interpret data from other providers and diagnostic testing.
4. Develop skills of focused history taking based on the established diagnosis or differential diagnosis.
5. Perform complete physical exams with consistent sequence.
6. Describe and interpret abnormal findings.
7. Identify problems and prioritize the differential diagnosis.
8. Begin to formulate clinical plans of action that are guideline or evidence-based.
9. With experience, develop the appropriate use of diagnostics and therapeutic choices.
10. Begin to prioritize the care of unstable patients.
11. Address acute and chronic problems, as well as addressing issues of prevention and health promotion.
12. Demonstrate an understanding of the indications, contraindications and techniques for procedures.
13. Participate in informed consent with patients.
14. Be supervised for all procedures until clinical competency is achieved.
15. Clearly document all procedures.

#### B. **PGY-2:**

In addition to the above objectives, PGY-2 residents will:

1. Improve on the interpretation of history and improve their efficiency.
2. Correctly detect subtle findings on physical exam.
3. Teach physical exam skills to peers and students.
4. Incorporate patient preference, cost, and risk and benefit when considering specific treatment and diagnosis.
5. Change the course of care for unexpected side effects or undesired outcomes of a treatment plan.
6. Supervise junior residents in procedures when competency has been achieved.
7. Improve procedural skills through repetition.
8. Minimize risk and discomfort of patients.

### C. PGY-3:

In addition to the above noted objective, PGY-3 residents will:

1. Appropriately conduct focused exams.
2. Demonstrate sound reasoning in ambiguous situations.
3. Assist junior residents/students in improving skill of effective decision-making.

## II. **Medical Knowledge**

At this level of professional development most learning is self-directed. It is advised that residents read daily and teach daily the things that they are learning. A spirit of intellectual curiosity and scientific inquiry is desirable. Residents must demonstrate knowledge about established and evolving biomedical sciences, clinical care topics and the social sciences.

### A. PGY-1 Medical Knowledge Objectives - PGY-1 residents will:

1. Demonstrate knowledge of common medical conditions and procedures.
2. Demonstrate satisfactory management of common conditions with minimal supervision by completion of PGY-1 year.
3. Score 40% or above on the In-Service Training exam. If the resulting score is below 40% a specific learning strategy will be agreed upon between the resident and the Educational Program Office.
4. Attend a minimum of 60% of noon conferences and Grand Rounds.
5. Pass the USMLE Step 3 as criteria for promotion to PGY-2 year.

### B. PGY-2 Medical Knowledge Objectives - In addition to the above noted objectives, PGY-2 residents will:

1. Demonstrate improved knowledge and analytical thinking in complex patients.
2. Demonstrate understanding of psychosocial issues, statistical analysis and their application to patient care.
3. Show evidence of continued reading and improvement in medical knowledge.

### C. PGY-3 Medical knowledge Objectives - In addition to the above noted objectives, PGY-3 residents will:

1. Exhibit knowledge of effective teaching methods.
2. Demonstrate competence in interpreting diagnostic EKG's, pulmonary function testing, common radiologic studies, lab medicine, including hematologic, infectious, chemical and microscopic diagnostic studies.

## III. **Interpersonal and Communication Skills**

Patients often judge their physicians by the interpersonal skills. As physicians we also judge each other by how clearly we communicate. Residents at all levels of training should be able to do the following:

1. Articulate present full histories and physicals.
2. Summarize relevant aspects of history, physical, diagnostic testing and assessment and plan.
3. Should welcome, mentor and teach learners of all levels.
4. Display empathy and competence while interviewing and examining patients.
5. Attend Learning to TALK sessions during Ambulatory Block.

### A. PGY-1 Interpersonal and Communication Skills Objective – PGY-1 residents will:

1. Provide complete and accurate documentation of patient care that is legible and timely.
2. Demonstrate appropriate verbal and nonverbal skills in patient and colleague interaction.
3. Respect appropriate boundaries of patients and colleagues that follow the tenets of ethics in patient care and professionalism.
4. Show ability to work in teams with junior and senior colleagues, attendings, students, nurses and social workers.
5. Supervise, teach and give constructive feedback to students.
6. Participate in videotaped patient and teaching encounters to improve communication skills.

**B. PGY-2 Interpersonal and Communication Skills Objective** - In addition to the above objectives, PGY-2 residents will:

1. Engage patients in difficult discussions (examples include end-of-life-care) and successfully negotiate with "difficult" patients.
2. Evaluate and give constructive feedback to junior team members about their presenting skills.
3. Successfully manage, take charge and coordinate care when they are the senior resident on an inpatient team. This includes setting expectations, encouraging academic discussions and insuring that patients are well informed about their medical conditions and clinical plan of action.
4. Communicate clearly with team members, consultants, primary care physicians, patients and families.

**C. PGY-3 Interpersonal and Communication Skills Objective** - In addition to the above noted objectives, PGY-3 residents will:

1. Be able to negotiate most difficult patient situations with minimal direction.
2. Function as team leaders with decreasing reliance upon attending physicians.
3. Develop skills for effective public speaking and teaching.
4. Demonstrate the ability to articulate/advocate for issues of ethical concern, quality improvement, and patient safety.

#### **IV. Practice-Based Learning and Improvement Objectives**

Residents are expected to be intellectually curious. They should use patient care experiences, reading and evidence-based medicine as a foundation for practice improvement and lifelong learning. Residents should understand the limits of their knowledge and experience and ask for help when needed. Self-improvement comes from regular assessments of all competencies and receiving balanced and honest feedback.

**A. PGY-1 Practice-Based Learning and Improvement Objectives** – PGY-1 residents will:

1. Show motivation to learn.
2. Use medical literature to support decision-making.
3. Begin skills of:
  - a. Asking relevant and accurate clinical questions.
  - b. Understanding the difference between background and foreground information.
  - c. Efficiently using technology to access the medical literature.
4. Participate in best-case practice project each year. The goal is to assess the quality of patient care and to effect continuous quality improvement in the outpatient clinics.
5. Perform periodic chart audits to review quality of documentation in patient care and outcomes.
6. Participate in videotaped encounters as communicator and educator (for the purpose of continuous quality improvement as a teacher and with patient communications. This is done each year to track improvement).
7. Attend simulation training sessions for procedures during the Ambulatory Block.

**B. PGY-2 Practice-Based Learning and Improvement Objectives** - In addition to the above noted objectives PGY-2 residents will:

1. Demonstrate an understanding and use of an evidenced-based medicine approach in providing patient care.
2. Teach colleagues and students how to research relevant literature.
3. Participate in "PICO" projects monthly while on ward rotations.
4. Display self-initiative to stay current with new medical knowledge.
5. Use consult time to practice integrating evidenced-based medicine with expert opinion and professional judgment.

**C. PGY-3 Practice-Based Learning and Improvement Objectives** - In addition to the above noted objectives PGY-3 residents will:

1. Apply knowledge of study design and statistics to relevant literature.

2. Present a thoroughly researched didactic presentation that demonstrates an in-depth knowledge of a clinical topic of their choosing.
3. Show mastery of the use of technology and its applications to patient care, acquisition of medical knowledge and educational presentations.

#### **IV. Professionalism**

This competency is difficult to define by level of training. There are many qualities and characteristics that are fundamental to the practice of medicine. All physicians must be competent. This includes being timely in regard to patient care needs. In work related activities, patient care must always come first. Intrinsic to the competency of Professionalism is honesty. Residents at all levels should be trustworthy and should tell the truth. This includes 1) in reporting and presenting patient communications 2) documentation 3) admitting areas of deficiency and 4) billing. The practice of medicine has historically been synonymous with a spirit of compassion and respect for others. A resident's attitude should manifest an interest in helping their patients, demonstrating respect and compassion for all patients and understanding the need for patient confidentiality. Physicians also have a responsibility for the safety and well being of their patients, colleagues and staff. Residents should not be unduly influenced by any outside forces including the pharmaceutical industry, insurers or patients' families. Under no circumstances should the quality of care, nor the specific care offered, be unduly influenced by these outside forces.

##### **A. PGY-1 Professionalism Objectives:**

PGY-1 residents will be expected to adhere to the principles that are outlined above.

##### **B. PGY-2 Professionalism Objectives – In addition to the above PGY-2 residents will:**

1. Continue to improve their knowledge with self-directed learning.
2. Improve in their ability to deliver bad news.
3. Understand the patient care issues involving advanced directives, DNR status, futility, withholding or withdrawing care.
4. Show appropriate sensitivity to issues of culture, age, sex, sexual orientation and disability.
5. Show concern for the educational development of colleagues and students.
6. Provide leadership on teams and throughout the residency.
7. Volunteers for activities that are good for the community and the institution overall.

##### **C. PGY-3 Professionalism Objectives - In addition to the above noted objectives, the PGY-3 resident will:**

1. Show leadership in improving all of the above noted activities personally and in mentoring that with their colleagues.
2. The most experienced resident class sets the tone of the training experience for all residents. It is desirable that senior residents work hard at setting a high standard, enjoy their work, and bring that enthusiasm to their profession.

#### **VI. Systems-Based Practice Objectives**

Modern medicine is practiced in a complex series of interwoven systems including insurers, hospitals, health care providers, private and public practitioners and the legal system. The residents must demonstrate an awareness of the larger context and system on health care delivery and the ability to effectively call on system resources to provide care that is of optimum value.

##### **A. PGY-1 Systems-Based Practice Objectives – The PGY-1 resident will:**

1. Demonstrate the ability to work well within their core clinical team.
2. Participate in multidisciplinary rounds utilizing the different services (nursing, social work, respiratory therapy, physical therapy, case managers, etc.) to improve efficiency and patient outcomes.
3. Show understanding of cost-effective patient care and resource utilization.
4. Participate in evaluation of the systems we work in to improve patient outcomes, efficiency and physician satisfaction.

5. Use best-case practice project, housestaff liaison committee, and housestaff meetings to change inefficiencies in the system and below standard care.

**B. PGY-2/3 Systems-Based Practice Objectives** - In addition to the above noted objectives, the PGY-2/3 will:

1. Coordinate multidisciplinary care and provide leadership in the management of complex patients.
2. Demonstrate an understanding of the multi-layered medical delivery systems (including hospitals, ambulatory sites, rehab medicine, and in-home care resources).
3. Show the ability to work with extended care providers, especially with longitudinal chronic care in the outpatient setting.
4. Demonstrate an understanding of managed care, federal versus private insurers and the social consequences of the uninsured.
5. Participate in M&M Rounds with Dr. Kaufmann; specifically, the resident will conduct a root-cause analysis of the issue and present the case and his/her findings at the conference.

Revised by Dr. Stephen Knohl – December 2008