

Department of Medicine

NAS, Milestones, Competencies

PGY-2 Core Competency and Curricular Milestone Expectations

The following document is an important description of the competency and milestone expectations 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. All clinical activities are supervised by faculty with direct supervision being required for all non-credentialed housestaff procedures and indirect supervision being required for all other housestaff clinical responsibilities.

- **ACGME Rules Regarding Supervision**

- *Level 1/Direct Supervision*, defined by immediate, in-person supervision, is required for all procedures performed by non-credentialed housestaff regardless of the time of day. The supervisor may be a credentialed house officer or faculty member; if the former, the responsible faculty member must be immediately available either on/off site (this is defined as Indirect Supervision depending on the time of day as is described below).
- *Level 2A/Indirect Supervision*, defined as immediate on-site availability, is required of faculty between 7AM-4PM daily for housestaff clinical responsibilities and is required of senior housestaff 24 hours a day for PGY-1s.
- *Level 2B/Indirect Supervision*, defined as immediate availability from off-site faculty, is required of faculty between 4PM-7AM daily for housestaff clinical responsibilities.

Patient Care

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.

PGY-2 Patient Care: In addition to the PGY-1 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.

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.

PGY-2 Medical Knowledge: In addition to the PGY-1 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.
4. Present a 20-minute Quality Review/M&M at AM Conference.

Interpersonal and Communication Skills

Patients often judge their physicians by their 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. Articulately 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.

PGY-2 Interpersonal and Communication Skills: In addition to the PGY-1 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.
5. Provide a formal presentation to the Department on a Quality/M&M topic.

Practice-Based Learning and Improvement

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.

PGY-2 Practice-Based Learning and Improvement: In addition to the PGY-1 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.

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.

PGY-2 Professionalism: In addition to the PGY-1 objectives, 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.

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.

PGY-2/3 Systems-Based Practice: In addition to the PGY-1 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. Present cases with our Department Quality Officer in our monthly M&M/Quality Review conferences; specifically, the resident will conduct a root-cause analysis of the issue and review his/her findings at the conference.

Curricular Milestones: Core Internal Medicine

PGY-2

VII. Medical Knowledge

- a. House Officer has demonstrated sufficient knowledge to diagnose and treat common conditions in the hospital and/or ambulatory setting.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. In-Training Exam has been taken? Yes or No.
 - iv. Evaluated Through Multi-Source Evaluation? Yes or No.
 - v. Evaluated Through Self-Reflection? Yes or No.
- b. House Officer has demonstrated sufficient knowledge to provide preventive care services.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iv. Evaluated Through Self-Reflection? Yes or No.
- c. House Officer has demonstrated sufficient knowledge to diagnose and treat unclear and/or emergent conditions.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iv. Evaluated Through Self-Reflection? Yes or No.
- d. House Officer has demonstrated an understanding of the indications and meaning of common diagnostic tests (i.e. laboratory tests, imaging studies, ECGs, etc.).
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iv. Evaluated Through Self-Reflection? Yes or No.
- e. House Officer has demonstrated an understanding of pre- and post-test probability and other test performance characteristics.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iv. Evaluated Through Self-Reflection? Yes or No.

VIII. Patient Care

- a. House Officer has demonstrated the ability to seek out and verify secondary sources of information (i.e. family, pharmacy, review of past records, etc.).
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iv. Evaluated Through Self-Reflection? Yes or No.
- b. House Officer has demonstrated the ability to track changes in the history and physical over time.
 - i. Evaluated Through Direct Observation? Yes or No.

- ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iv. Evaluated Through Self-Reflection? Yes or No.
- c. House Officer has demonstrated the ability to synthesize all data available to them to formulate an appropriate, prioritized differential diagnosis and treatment plan.
- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iv. Evaluated Through Self-Reflection? Yes or No.
- d. House Officer has demonstrated an understanding of the indications for common procedures, how to manage post-procedure complications, and has performed some of the ABIM-required procedures.
- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Chart Audit/s? Yes or No.
 - iii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iv. Evaluated Through Self-Reflection? Yes or No.

IX. *Professionalism*

- a. House Officer has demonstrated the ability to provide constructive feedback to team members.
- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Reflection? Yes or No.
- b. House Officer has demonstrated the ability to report an impairment or substandard care by another health care provider.
- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- c. House Officer is demonstrating personal accountability in recognizing barriers to performance improvement.
- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- d. House Officer is aware of and educating others about HIPAA.
- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
 - iv. Evaluated Through Chart Audits? Yes or No.
- e. House Officer is aware of the disparities in health care.
- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.

X. *Interpersonal and Communication Skills*

- a. House Officer is prompt and comprehensive when communicating with patients.
- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.

- b. House Officer is demonstrating sensitivity to the many aspects that make every patient unique.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- c. House Officer recognizes and utilizes both verbal and non-verbal aspects of communication when dealing with patients (and/or family/friends).
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- d. House Officer is effectively communicating with all members of the health-care team and is explaining everyone's role to the patient (and/or family/friends).
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.

XI. Practice-Based Learning

- a. House Officer appreciates the value of self-directed improvement and is doing so regularly with a panel of patients.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- b. House Officer knows how to navigate the myriad of evidence-based tools and is able to critically appraise the literature
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- c. House Officer welcomes and incorporates feedback from patients and other members of the health-care team.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- d. House Officer is attending and participating at Noon Conference and Power Rounds regularly.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Self-Evaluation? Yes or No.

XII. Systems-Based Practice

- a. House Officer understands the role and responsibilities of local healthcare systems and agencies.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- b. House Officer is open and accepting of thoughts and ideas from other members of the healthcare team.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- c. House Officer appreciates the barriers to safe and efficient patient care and is able to learn from his/her or other's mistakes.

- i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.
- d. House Officer has an awareness of the socioeconomic forces that affect patient care and demonstrates cost-effective patient care.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Multi-Source Evaluation? Yes or No.
 - iii. Evaluated Through Self-Evaluation? Yes or No.