

Department of Medicine

NAS, Milestones, Competencies

PGY-3 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-3 Patient Care: In addition to the PGY-1 and PGY-2 objectives, 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.

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-3 Medical Knowledge: In addition to the PGY-1 and PGY-2 objectives, PGY-3 residents will:

1. Exhibit knowledge and competency of effective teaching methods.
2. Present a 20-minute lecture on a topic of his/her choosing at Power Rounds.

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-3 Interpersonal and Communication Skills: In addition to the PGY-1 and PGY-2 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.

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.

PGY-3 Practice-Based Learning and Improvement: In addition to the PGY-1 and PGY-2 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.

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-3 Professionalism: 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.

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 Objectives - 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-3

I. Medical Knowledge

- a. House Officer has demonstrated sufficient knowledge to diagnose and treat medical conditions requiring intensive care.
 - 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 care for complex or rare medical 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.
- c. House Officer has demonstrated sufficient understanding of the pathophysiology of complex or rare medical 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 medical economics, medical ethics, and medical education.
 - 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.

II. Patient Care

- a. House Officer has demonstrated to junior learners appropriate techniques to acquire subtle or sensitive patient information.
 - 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 modify diagnoses and/or care plans when necessary as well as recognize when certain presentations require complex decision making.
 - 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 recognize and manage urgent/emergent conditions as well as recognize when consultative care is necessary.
 - 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 the ability to manage most medical conditions (whether common or complex) and is able to customize the care based on individual patient needs and preferences.

- 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 the ability to provide prompt consultative care for both common and complex medical issues.
- 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.

III. *Professionalism*

- a. House Officer has upheld the ethical expectations of research and scholarship.
- 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 provided support for dying patients (and patient's 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.
- c. House Officer has provided team leadership that respects patient dignity and autonomy.
- 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 understands the ethical dilemmas involved in the doctor-industry relationship and is able to manage conflicts of interest.
- 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 a role model for junior learners and provides assistance when needed.
- 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.
- f. House Officer is an advocate for individual patients, but also recognizes when public health supersedes individual interests.
- 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.
- g. House Officer is able to recognize and manage differences of opinion be it between a patient or 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.
- h. House Officer appreciates the disparities in healthcare and advocates for resources in appropriate fashion.
- 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. *Interpersonal and Communication Skills*

- a. House Officer engages patients/advocates in shared-decision making for both uncomplicated and complex scenarios.
 - 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 using patient-centered education strategies and appropriately counsels patients about risks, benefits, and costs as they relate to tests and procedures.
 - 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 role models effective communication skills in all situations (be it with patients and/or family/friends, other members of the health-care team, or as a consultant to other services) and is able to effectively transition 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.
- d. House Officer is maintaining succinct, relevant, patient-specific written records.
 - 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.

V. *Practice-Based Learning*

- a. House Officer has participated in a quality-improvement project.
 - 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 able to articulate specific clinical questions and has an appropriate method/system in place for finding answers.
 - 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 understands how to navigate evidence-based resources (including the National Library of Medicine) and is able to critically appraise literature found there.
 - 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 able to customize evidence-based literature to the individual patient and is able to discuss risks, benefits, and costs of alternative decisions.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Self-Evaluation? Yes or No.
- e. House Officer includes other's evaluations when performing self-assessment and is able to develop practice-improvement plans.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Self-Evaluation? Yes or No.
- f. House Officer, in addition to supervision, is teaching and providing evaluation/feedback to junior learners and is taking a leadership role as educator for the health-care team.
 - i. Evaluated Through Direct Observation? Yes or No.
 - ii. Evaluated Through Self-Evaluation? Yes or No.

VI. *Systems-Based Practice*

- a. House Officer is able to negotiate patient-centered care among varying disciplines and providers and is able act as leader of all those involved in a patient's 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.
- b. House Officer is alone or in partnership with others identify, prevent, and manage both patient and system errors.
 - 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 able to identify all healthcare stakeholders and their impact on healthcare costs.
 - 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 understands the principles of and the relationship between coding, billing, and documentation.
 - 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.