Core Curriculum on Internal Medicine
Danbury Hospital Internal Medicine Residency Program

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A. Educational Purpose and Goals

The three-year educational program is geared toward preparation for a career in internal medicine and board certification. The description of the educational program, or curriculum, is for the residents and faculty of the Department of Medicine at Danbury Hospital. It outlines the expected acquisition of knowledge and skills by residents in the Categorical Internal Medicine Program.

The Department of Medicine endorses the team approach to patient care. Since every patient has an attending physician who is legally responsible for that person's care, the effectiveness of the residency depends upon shared responsibility by both residents and attending staff. The Department recognizes that residents must have opportunities for critical decision-making and endorses meaningful patient responsibility as defined by the American Board of Internal Medicine.

All attempts have been made to make this manual as complete and as accurate as possible. An infinite number of unexpected situations may arise, causing the program to diverge from these guidelines. Even concerning day-to-day routines, this manual must be considered a guide only, for the spirit of our profession demands flexibility in patient care responsibility.

For practical purposes we have not included a detailed listing of all clinical conditions, problems, or knowledge areas that may be considered important in each area of the core or elective curriculum. Detailed compilations pertaining to this area has been published by the Federated Council for Internal Medicine in Graduate Education in Internal Medicine: A Resource Guide to Curriculum Development. A copy of this book is available in the Residency Program Office for review by residents and faculty.

B. Teaching Methods

Resident Morning Report (MR)

Four mornings each week (Monday, Tuesday, Thursday and Friday) from 7:45 AM to 8:30 AM, all PGY2's and PGY3's on inpatient teams meet with the Chief Resident and at least two faculty members to discuss patients admitted during the preceding days. The Program Directors are present to critically assess diagnosis and approach to initial management.

Other members of the teaching faculty are encouraged to attend. Except in emergency situations, attendance is required for all PGY2/3 residents.

Patients are presented briefly by the admitting PGY2 or PGY3 with appropriate admission data including electrolytes, blood count, urinalysis, EKG, initial x-rays, gram stained specimens, and peripheral blood smear, and are discussed by the group. Pertinent x-rays, EKGs, and stained slides must be available at Morning Report. Focus of the discussion is selected by the presenting resident; for example, certain cases may be presented to discuss differential diagnoses, while others may be presented to discuss specific management issues. PGY 1's and medical students are welcome to attend.

Intern Report (IR)

All PGY1's meet with the Chief Resident to discuss one or two cases once a week. The format is similar to that of Resident Morning Report.

Attending Rounds (AR)

Twice a week teams meet with their Teaching Attending of the month, Yale Faculty or Chairman/ Sector Chiefs from 4:00 PM to 5:00 PM for Attending Rounds. Two cases should be prepared by PGY-1s for presentation with pertinent diagnostic studies available for scrutiny by the team. The usual format for these rounds include bedside case presentation, followed by an in-depth discussion of the patient led by the Attending. Groups are encouraged to use alternate forms for Attending Rounds such as physical findings rounds where multiple patients with important physical findings are seen by the group to allow additional bedside teaching of physical examination techniques. Each team will have weekly Radiology Rounds with a radiology attending where selected patient films are reviewed with clinical correlation. The ICU Team will review their patients' radiology images daily with the ICU attending during rounds.

Location of Rounds:

- General Ward Team: 10 Tower Conference Room or 4 South Conference Room.
- ICU Team: Time and location per attending physician's preference.
- Cardiology Team: In the CCU

Morbidity and Mortality Report (M&M)

Morbidity and Mortality Report (M & M) is a joint effort between the departments of Internal Medicine and Pathology. The report is held on Wednesdays during the Noon Conference hour (12:00 pm – 1:00 pm).

The Chief Residents of Internal Medicine and Pathology work together to select autopsy cases or surgical biopsy cases that, in general, were under the care of the medical house-staff.

A member of the medical house-staff is required to review the records of the patient and prepare a 'Power Point' presentation that consists of a clinical synopsis, differential diagnoses and a discussion of their leading diagnosis. A member of the pathology house-staff then gives a presentation on the gross and microscopic pathologic findings and a brief discussion on the final diagnosis.

On average, one to two cases are presented during each M & M.

Attending physicians from both the department of Internal Medicine and Pathology supervise and participate in discussions during M& M. The medical house-staff receive a written evaluation from the attending regarding: 1) organization and presentation skills, 2) appropriateness of the differential diagnoses, 3) appropriateness of the case discussion; 4) demonstration of medical knowledge; and 5) overall performance.

Clinical Pathology Conferences (CPC)

CPCs cover a wide range of internal medicine topics. Each CPC is supervised by an attending from the Department of Internal Medicine and they give a written evaluation of the resident regarding: 1) organization and presentation skills; 2) appropriateness of the differential diagnosis; 3) appropriateness of the case discussion; 4) demonstration of medical knowledge; and 5) overall performance.

Noon Conference (NC)

Noon Conference will take place Monday, Tuesday, Thursday and Friday (except Hospital holidays) at 12:00 pm in the 4 South Conference Room.

Attendance and promptness by the residents is mandatory for these conferences, except for emergency situations. Residents on subspecialties and electives will be excused from their duties to attend conferences.

Several basic science conferences are scheduled each year. These will be held on Wednesday in the Cafeteria Conference Room from 12:00 pm to 1:00 pm. There will be no M&M rounds when basic science lectures are to be held.

Resident Journal Club (JC)
There is currently a weekly Nephrology forum held for the residents. Once a month, there are Hematology-Oncology tumor boards.

Grand Rounds (GR)
Grand Rounds take place each Wednesday from 8:00 am to 9:00 am in the Health Education Auditorium (with the exception of the 3rd Wednesday of the month when the Department of Medicine Business Meeting will convene). A variety of formats are used: topic review, clinical pathological conferences, case of the month, etc. It is mandatory that all residents attend Grand Rounds; promptness is imperative.

Cardiac Cath Conference (CCC)
Cardiac Cath Conference meets each Wednesday from 5:00 pm to 6:00 pm in the 5 West Conference Room. PGY-1s on the Cardiology Team will be asked to present their patients. Clinical history and exam, EKGs, echocardiograms, and MUGA scans are correlated with the catheterization findings.

This conference is attended by the Section of Cardiology and usually a cardiac surgeon. **Attendance is mandatory for Cardiology Team residents and interns.**

Other Conferences
Other conferences held at Danbury Hospital are listed in the monthly Continuing Medical Education calendar located under 'Clinical Assistance" on the Intranet web site. This includes Journal Clubs, EKG Conference, Pulmonary Conference, and many other departmental functions.

Work Rounds

- **Sign-In**

  Will commence in the Resident's Computer Room promptly at 7:00 am on Monday through Friday and at 8:00 am, on Saturday, Sunday and holidays.

  At this time, the Night Float intern will redistribute the sign-out sheets and discuss any significant developments with the appropriate PGY-1. The senior residents will receive the newly admitted patients by the night float team. **All residents and interns on duty for admitting rotations must be present.**

- **Work Rounds**

  The interns will start pre-rounding on their patients at 7:00 am. Residents will start rounding on the newly admitted patients and will help the interns manage any unstable/severely ill patient.

  From 7:45 am to 8:30 am, residents participate in Morning Report, while interns continue their pre-rounds. At 8:30 am the team (consisting of 1 resident, 2 interns, 1-3 students) will meet with the hospitalist attending and decide which patients they will round on (usually new patients, patients to be discharged that day and unstable patients). Work Rounds will take place from 8:30 am to 12:00 pm.

  Teams are geographically distributed: three teams on the 9th floor and two teams on the 11th floor. Each team will have one case manager assigned for their patients. At a specific time for each floor, the senior residents will leave the work rounds for 5-10 minutes to participate in the multidisciplinary rounds, where they discuss their patients' condition with nurses, physical

therapists and case managers. This is a good time for the residents to get specific information about the patients, develop a discharge planning and inform the nursing team about further plans. Two teams are distributed on the 8th floor and will cover the cardiology patients.

On work rounds, the PGY-1 should succinctly present each case, summarize the problem list and plans for the day. The current chart data, problem list, medications and IVs should be scrutinized by the team and updated as necessary. Orders, but not progress notes, **must** be written during work rounds. A brief, pertinent regional physical exam should be performed by the team.

The team leader should insure that rounds begin promptly, are attended by all members of the team, and provide the appropriate teaching to the junior members of the team.

This includes bedside clinical evaluation, discussion of pathophysiology and management rationales, and providing pertinent examples from the literature.

From 12:00 pm to 1:00 pm, residents and interns will attend noon conference, after which team members will work on specific patient care problems (communicating with other providers and families, finishing notes, preparing discharges for the next day). At 3:00 pm the team will regroup for update rounds, discuss any recent developments and the discharges for the next day.

Each team is On-call every fifth day, beginning at 7:00 am. Work rounds will be conducted as presented above until 1:00 pm. During this time the admissions will be done by the Triage team (see below). At 1:00 pm the on-call team will start admitting. One of the interns will be assigned to do admissions and the other will cross-cover the other teams after 5:00 pm (known as dayfloat). If between 1:00 pm and 4:00 pm the team gets more than four pending admissions, the triage resident will be available to help with 1-2 patients. The on-call team will stop taking admissions at 7:30 pm, after which all admissions will be distributed to the nightfloat team. The on-call team will finish their sign-out and leave the hospital no later than 10:00 pm.

The Triage team is composed by a third year resident and one hospitalist embedded in the ED with the main purpose to expedite the admission process during the morning and peak times of the day. This resident arrives at 7:00 am and starts doing admissions for any team on the floor, taking care of the geographical distribution of each team. Teams will receive the newly admitted patients after their work rounds (around 1:30 pm-2:00 pm). The triage resident will then stop admitting for the non-on-call teams. From 2:00 pm to 5:00 pm, the triage resident will help the on-call team with admissions, especially during their afternoon academic activities (4:00-5:00 pm), so that the on-call team can still participate in their teaching rounds.

- **Sign-Out Rounds**

  Sign-out rounds are held at 5:00 pm Monday - Friday. PGY2s and PGY3s must give full sign-out **in-person** to the PGY2/3 on call for that team.

  Daily, each PGY-1 must pass on a printed or typed complete sign-out on each of his patients to the PGY-1 on call for his service. The ICU Team PGY2/3 must leave a written triage list for moving patients out of the ICU.

  The Cardiology Team PGY2/3 must leave a written triage list for removing telemetry monitors and moving patients off 8W and out of CCU. **The Floor Team PGY2/3 must leave a written triage list for removing telemetry monitors from more stable patients.**

C. Educational Content

1. Mix of Diseases

   Encountered patients will have a wide variety of conditions representative of common medical problems. Problems concerning Cardiovascular Medicine, Pulmonary Medicine, Infectious Disease, gender specific disease states, Hematology and Oncology, Neurology, Gastroenterology, Nephrology and Hypertension, Dermatology, ENT, Ophthalmology, Orthopedic injuries, Preoperative management, Medical problems with the Surgical Patient, Endocrinology, Rheumatologic disease states, Critical Care Medicine, Care of the Pregnant woman, Poisoning and Overdose, Pyschiatry as well as other disease states.

2. Patient characteristics and Clinical Encounters

   Patients admitted to the teaching service include a wide demographic and ethnic mix from the greater Danbury Region. There is a wide variety of socioeconomic situations. This mix provides the resident physician with a stimulating training experience with broad diagnostic opportunities.

3. Reading lists, other educational resources

   All residents are expected to read about their patients' cases in an appropriate general medicine text.

   The following is a list of recommended resources, this list is not comprehensive and individuals may have personal preferences. Also the library staff is available to assist.

   Textbooks and Hard Copies:

   • Harrison's Textbook of Medicine
   • MKSAP (also available on CD-ROM)

   Journals:

   • New England Journal of Medicine
   • Annals of Internal Medicine

   Online Resources:

   Our library staff is available to help you navigate our excellent on line resources.

   • Johns Hopkins Ambulatory Medicine Modules
   • Cardiosource
   • Visual Dx (in development)
   • Up to Date
   • ACP Pier Modules
   • Health Care Resources List;
     - Research and Statistics:
     - .Evidence Based Resources:
       - Brittish Medical Journal
       - US Preventive Services Task Force Recommendations

D. Method of Evaluation of Resident and Faculty Competence

After each block rotation faculty provide a review of the resident's competency based performance on Evalue. In turn the resident evaluates the faculty's performance as well as the rotational experience. These evaluations are reviewed during our biannual House staff evaluation committee meetings.

Residents can confidentially access their individual data electronically including Attending evaluations, ABIM procedure logs, Mini-CEXs, as well as all other program requirements. Ultimately residents will have their own personal portfolio.

(a)Block Rotations

During each rotation, residents are formally evaluated on line by their respective attending. Evaluations are competency based using ABIM standard evaluation forms. . They are also evaluated by their resident colleagues and by medical students assigned to the team. Included in this process are 360 degree and Case Manager evaluations.

(b)Mentors

Each resident's portfolio is also reviewed their mentor. The mentor meets with the resident frequently during the year and will present a resident's portfolio to the House staff Evaluation Committee several times a year.

(c) House staff Evaluation Committee

The house-staff evaluation committee meets 5-6 times a year to review each residents' progress. Members of the committee consist of hospitalists, program directors and various specialists. Thus, a competency based group consensus is established for each resident.

(d) Program Directors Feedback Session

These are comprehensive meetings that take into account issues of remediation, meeting program requirements and decisions for advancement. If an unfavorable or marginal evaluation is received on any resident, an urgent appointment with the Program Director is scheduled with that resident to review the issues raised in the evaluation.

Throughout the year, the Chief Resident and the Program Directors meet several times a week to review resident performance in an ongoing fashion. Information from these meetings is incorporated into the feedback that residents receive during their regular meetings with the Program Director.

Program and Faculty Performance

Residents are asked to evaluate their attendings performance after each block rotation. Additionally residents are asked to evaluate the program as a whole. These issues are discussed with the faculty and form the basis for faculty development and program modifications

E. The ACGME Core Competencies and our Curriculum

The Internal Medicine Residency Program at Danbury follows the guidelines and policies of the Accreditation for Graduate Medical Education (ACGME). The following is a list of the competencies:

1) Patient Care
2) Medical Knowledge
3) Practice Based Learning and Improvement (self improvement)
4) Interpersonal and Communication Skills
5) Professionalism (basis for all physician skills)
6) Systems Based Practice (working with the health care system)

The house staff evaluation process is competency based. In this edition of our curriculum, educational program descriptions for the core rotations have been restructured around these core competencies.

Principle Educational Goals by Relevant Competency and Expected Progressive Responsibilities

In the tables below, the principle educational goals for the Inpatient rotations are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principle teaching/learning activity for each goal, using the legend below. Included in this section are Attending responsibilities and evaluation tools for the resident's maturation and growth.

Legend for Learning Activities (See above for descriptions)

AR: Attending Rounds
DPC: Direct Patient Care
JC; Journal Club
GR: Grand Rounds
MR: Morning Report
NC: Noon Conference
M&M: Mortality and Morbidity
CL: Computer Literacy
CPC: Clinical Pathology Conference
CRM: Case Manager Interaction

(1). Patient Care:

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 care at the end of life.
- Gather accurate, essential information from all sources, including medical interviews, physical examination, records, and diagnostic/therapeutic procedures.
- Make informed recommendations about preventive, diagnostic, and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preferences.
- Develop, negotiate and implement patient management plans.
- Perform competently the diagnostic procedures considered essential to the practice of general internal medicine

Ensuring that patient care is compassionate, appropriate and effective for the treatment of health problems and the promotion of health is accomplished by:

- Attending Rounds, Morning Report and Intern Report (as outlined above under Principle Teaching /Learning Activities): During the formally structured (daily) morning and (weekly) intern reports, patient case presentations are critiqued by attending physicians so as to ensure that residents are able to:
  a) Conduct accurate, comprehensive medical interviews and physical exams
  b) Generate an acceptable differential diagnosis
  c) Make proper diagnostic and therapeutic decisions
  d) Execute appropriate investigational and/or interventional strategies based on both available evidence and patient preference.

- Mini CEX: An attending physician observes a focused history and physical exam on a selected patient by an intern or resident. The focused history and physical exam is discussed and reviewed. The medical problem(s) is then identified, and a rational, evidence based management strategy is compiled.

Principle Educational Goals	Learning Activities*
Interview patients more skillfully	DPC, AR
Examine patients more skillfully	DPC, AR
Define and prioritize patients' medical problems	DPC, AR, MR
Generate and prioritize differential diagnoses	DPC, AR, MR
Develop rational, evidence-based management strategies	DPC, AR, MR