

# ACGME Core Competencies and Our Curriculum

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## Internal Medicine Residency Program

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:
- Conduct accurate, comprehensive medical interviews and physical exams
- Generate an acceptable differential diagnosis
- Make proper diagnostic and therapeutic decisions
- Execute appropriate investigational and/or interventional strategies based on both available evidence and patient preference

Floor Attendings are assigned to resident teams on a block basis, and round with them each day. In addition to their teaching capacities, it is their responsibilities to monitor and mentor residents individually to ensure the evolution and maintenance of professional behaviors and attitudes with regard to patients and their families.

- 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.

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

## Patient Care Progressive Responsibilities

### PGY-1

- PGY1 Clinical Competency Exam: An attending physician observes a complete history and physical exam performed by a PGY1 on a selected patient and discusses and reviews the findings. The patient's medical problems are identified and evidence based strategies discussed. The PGY-1 then submits a complete written report to the attending physician
- Be able to perform a thorough and accurate physical exam on patients with common medical problems
- Gather essential information from other sources such as medical records and radiology
- Integrate the past and current clinical information to arrive at a problem oriented, prioritized, differential diagnosis
- Be able to initiate a correct management plan for common medical problems
- Understand the indications, contraindications, and risks of commonly ordered medications, medical tests, and procedures
- Perform the ABIM-required internal medicine procedures with supervision
- Be able to prioritize patients' problems so that daily patient care duties can be completed in an accurate and timely manner
- Understand appropriate monitoring and follow-up of patients, which includes laboratory data, test results, and medication use

## **PGY-2**

All of the above and additionally:

- Be able to obtain a precise, logical and efficient history
- Be able to elicit subtle findings on physical examination
- Be able to use diagnostic procedures and therapies appropriately
- Be able to interpret results of diagnostic tests and procedures properly
- Be able to analyze clinical data to make informed decisions about patient management
- Weigh alternatives for diagnosis and treatment giving consideration to patient preferences, risks, benefits, and cost
- Counsel and educate patients about pertinent health issues, tests, and treatments
- Manage multiple medical problems at once
- Be able to choose an appropriate care location for inpatient conditions
- Be able to perform most ABIM-required internal medicine procedures without supervision

## **PGY-3**

All of the above and additionally:

- Be competent in the care for patients with the majority of internal medicine problems
- Consistently and thoroughly educate patients and their families
- Demonstrate the ability to devote an appropriate amount of time to diagnostic reasoning and treatment as related to the complexity of the problem(s)
- Reason well in ambiguous situations
- Perform all ABIM-required internal medicine procedures without supervision

## **(2) Medical Knowledge**

Residents are expected to:

- Demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and

demonstrate the application of that knowledge to patient care and education of others

- Apply an open-minded and analytical approach to acquiring new biomedical and clinical knowledge
- Develop applicable knowledge of the basic clinical and behavioral sciences that underlie the practice of internal medicine
- Apply this knowledge in developing critical thinking, clinical problem-solving, and clinical decision-making skills in specific cases under their care
- Access and critically evaluate current medical information and scientific evidence and modify knowledge base accordingly

Teaching Attendings are selected for their demonstrated compassionate approach and clinical skills to demonstrate those behaviors in their rounds and other resident contacts. All residents take medical knowledge and In-service examinations each year; their progress is monitored and discussed over three years.

Principle Educational Goals	Learning Activities
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical inpatients	DPC, AR, MR, NC, GR, M&M, CPC, CL
Access and critically evaluate current medical information and scientific evidence relevant to patient care	DPC, AR, JC, CPC, CL

**PGY-1**

- Demonstrate satisfactory knowledge of common medical conditions, sufficient to manage urgent complaints with supervision
- Complete all assigned Johns Hopkins Ambulatory Curriculum modules
- Be able to use various educational resources to seek information about patients' diseases
- Demonstrate knowledge of common procedural indications, contraindications, risks, and benefits
- Be able to apply learned medical knowledge to diagnosis, treatment, and prevention of disease
- Attend conferences such as an Intern Report to continuously learn and reinforce medical knowledge and skills

**PGY-2**

All of the above and additionally:

- Demonstrate advancement in content knowledge and analytical thinking in order to develop well-formulated differential diagnoses for patients with uncommon diseases as well as patients with multiple problems
- Demonstrate knowledge of epidemiology and social and behavioral science and be able to apply that knowledge to the care of the patient
- Understand the indications, contraindications and risks of commonly used medications and procedures
- Demonstrate leadership and teaching skills in managing daily rounds and outpatient sessions
- Attend and participate in conferences such as Morning Report to continuously learn and reinforce medical knowledge and skills
- Independently present up-to-date scientific evidence to support hypotheses
- Develop knowledge of statistical principles such as sensitivity, specificity, predictive values, number needed to treat and odds ratios

### **PGY-3**

All of the above and additionally:

- Regularly display self-initiative to stay current with new medical knowledge
- Demonstrate continued advancement in medical knowledge as appropriate for ABIM certification
- Demonstrate an investigatory and analytic approach to clinical situations

### **(3) Practice Based Learning and Improvement**

Residents are required to be able to efficiently access scientific literature and demonstrate competency in the application of appropriate methodology and analytic tools so as to improve their personal patient care practices while minimizing the possibility of making significant medical errors. This function is facilitated via the Danbury Hospital program by the provision of the following modalities:

- On-line access to all major and most minor on-line journals and publications
- On-line access to select medical texts
- 24-hour access to the offerings of the in-house Horblit Health Science Library
- Formal and ongoing training in the use of the Computerized Physician Order Entry System (CPOE)

- 24-hour pharmacist coverage hospital-wide
- Telemetry Web Viewer
- PACS system which provides on-line access of current and past radiographic imaging inclusive of formal radiologist readings
- On-line access to current and past dictated reports, which include histories and physicals, consultant reports, etc.

These modalities are available to the house staff at every computer on every floor involved in patient care as well as in in-call rooms. Residents receive ongoing feedback with regard to their performance from Attendings, nursing, pharmacists, and the in-house information technology group. Formal evaluations are performed by program directors every six months.

Residents also are required to participate in independent clinical research with faculty sharing common interests. Such research is generally presented at formal scholarly gatherings ranging in scale from Danbury Hospital's Annual Joseph L. Belsky, MD, Research Day to the regional or National ACP meetings.

Principle Educational Goals	Learning Activities
Identify and acknowledge gaps in personal knowledge and skills in the care of patients	DPC, AR, MR, NC
Develop and implement strategies for filling gaps in knowledge and skills	JC, CL

### Practice-Based Learning and Improvement Progressive Responsibilities:

#### PGY-1

- Be self-motivated
- Be able to formulate clinical questions in the day-to-day care of patients
- Be able to locate scientific literature to assist in medical decision-making
- Be able to identify ones limitations of knowledge and skills and seek help when needed
- Accept feedback and develop self-improvement plans when appropriate
- Start to develop skills in teaching with patients, staff, and colleagues

#### PGY-2

All of the above and additionally:

- Be able to formulate, search, and answer clinical questions using the scientific literature
- Use an evidence-based approach to providing patient care
- Demonstrate continual self-evaluation to correct deficiencies and develop new skills
- Demonstrate teaching initiative and skills with patients, students, and colleagues

### **PGY-3**

All of the above and additionally:

- Be able to appraise and assimilate scientific literature into daily practice
- Appropriately integrate EBM with expert opinion and professional judgment
- Effectively and efficiently utilize consultation services to improve both patient care and self-knowledge
- Be able to analyze personal practice patterns systematically, and look to continuously improve
- Demonstrate use of teaching skills to create an effective learning environment for students, junior house staff, and patients

### **(4) Interpersonal and Communication Skills:**

Residents are expected to:

- Demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare teams
- Provide effective and professional consultation to other physicians and healthcare professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
- Use effective listening, verbal and nonverbal, questioning, and narrative skills to communicate with patients and families
- Interact with consultants in a respectful, timely, and appropriate fashion
- Maintain comprehensive, timely, and legible medical records

History and physical, progress notes, consult notes are reviewed by their respective attending physicians, and regularly by program directors. Timely completeness of medical records are tracked and feedback given to residents when needed.

Interaction with their patients and family members are observed by their respective attending physicians, senior residents and program directors to ensure residents' communication skills are adequate and acceptable.

Principle Educational Goals	Learning Activities
Communicate effectively with patients and families	DPC, AR
Communicate effectively with physician colleagues at all levels	DPC, AR, JC, MR
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients	DPC, CRM
Present patient information concisely and clearly, verbally and in writing	DPC, AR, MR
Teach colleagues effectively	DPC, AR, JC, MR, CPC, M&M

Residents also consistently interact with other healthcare professionals including the nursing staff, nursing administrators, and clinical case managers who participate in the "360-degree" resident evaluations on a regular basis.

### Interpersonal Communication Progressive Responsibilities:

#### PGY-1

- Be able to perform an accurate, thorough yet concise oral presentations regarding patient care
- Use effective listening, narrative, and non-verbal skills to elicit information from patients
- Be able to use medical terminology appropriately
- Prepare written notes (admission notes, transfer notes, progress notes, discharge summaries, etc.), which are legible and timely
- Establish rapport with patients from a variety of backgrounds
- Demonstrate proficiency in use of verbal and nonverbal skills in interactions with colleagues, nursing, and ancillary staff

- Be able to effectively communicate uncomplicated diagnostic and therapeutic plans to patients and their advocates.
- Be able to work as team members with medical students, senior residents, and attending physicians as well as with other members of the healthcare team
- When working with medical students, be able to observe students, demonstrate skills and give constructive feedback

## PGY-2

All of the above and additionally:

- Progressively assume a leadership role, facilitating interactions between team members, including establishing expectations, and overseeing patient care
- Be able to engage patients in shared decision-making or ambiguous or controversial scenarios
- Effectively discuss informed consent, resuscitation status, and death and dying with patients and families
- Should be able to negotiate most "difficult" patient encounters including the irate patient
- Provide effective education and counseling to patients and families regarding health and illness
- Demonstrate an effective working relationship with other members of the healthcare team including nurses and ancillary staff

## PGY-3

All of the above and additionally:

- Be able to successfully negotiate nearly all difficult patient encounters with minimal direction
- Be able to function as team leaders with decreasing reliance on attending physicians
- Be able to function as a consultant, including completion of appropriate documentation and verbal communication with the requesting physician, whether serving as a consultant for general internal medicine or when on an elective
- Be able to demonstrate the development of long term professional relationships with patients followed since early in the PGY-1 year

## (5) Professionalism

Residents are expected to:

- Demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society
- Demonstrate respect, compassion, integrity, and altruism in their relationships with patients, families, and colleagues
- Demonstrate sensitivity and responsiveness to patients and colleagues, including gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors, and disabilities
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
- Recognize, identify and modify deficiencies in peer performance when in a supervising position

Residents should behave professionally towards patients, families, colleagues, and all members of the Healthcare team. This is evaluated by:

- Residents evaluations of one another (PGY-1 of PGY2-3 and PGY-2+3 of PGY-1) to help evaluate peer interactions
- 360-degree evaluations by nurses/CRMS to help evaluate residents' relationships with the nursing staff
- 360-degree evaluation by patients to help evaluate the residents interaction with their patients
- Clinical Competency exams by PGY-1, an attending observes a history and physical exam done by an intern and observes first hand the physician/patient interaction
- Mini-CEX, an attending observes a short interaction between the resident and a selected patient
- Residents also participate in the ACGME sponsored teleconference on professionalism, as well as the Annual Cultural Sensitivity Seminars

Principle Educational Goals	Learning Activities
Behave professionally toward patients, families, colleagues, and all members of the health care team	AR, DPC, CRM, MR

## Professionalism Progressive Responsibilities

### PGY-1

- Demonstrate respect and compassion in interactions patients and their families, colleagues, and other members of the health care team
- Demonstrate respect, compassion, integrity, and honesty
- Be responsible for the safety and wellbeing of patients, colleagues and staff
- Appropriately maintaining patient confidentiality
- Responding in a timely manner to staff needs including pages and abnormal lab tests
- Following directions
- Completing tasks assigned
- Maintaining a professional appearance
- Being punctual
- Showing responsibility for meeting program requirements

### PGY-2

All of the above and additionally:

- Display initiative and leadership in his/her daily role as a resident physician
- Demonstrate commitment to ethical principles including but not limited to patient confidentiality, informed consent, and business practices
- Demonstrate sensitivity to patient culture, gender, age, preferences, and disabilities
- Demonstrate progress in meeting some or most program requirements including the completion of scholarly projects
- Display initiative in career planning after the completion of residency
- Exhibit concern for the educational development of fellow residents and students
- Provide leadership
- Willing to help colleagues

### PGY-3

All of the above and additionally:

- Be able to act appropriately in the role as a medical consultant
- Demonstrate progress in meeting all program requirements
- Function as team leaders with decreasing reliance on attending physicians
- Being a self-directed learner