

SAINT JOSEPH INTERNAL MEDICINE RESIDENCY OVERVIEW

Introduction

This document comprises the educational curriculum for the Internal Medicine Residency at Saint Joseph Hospital. It is designed for use by the residents and faculty of the program. The material presented outlines the goals of education for Categorical Internal Medicine Residents over their three years at this institution.

Given the breadth of topics covered in the practice of Internal Medicine, it is impossible to list them in their entirety and maintain a useful document. This kind of detailed compilation has been published by the Federated Council for Internal Medicine Task Force 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 residents and faculty to review.

Each section of this document gives a description of some aspect of the Internal Medicine Residency Program. A copy of this entire document is made available to residents and faculty annually. Furthermore, at the beginning of each rotation, a copy of the rotation-specific section is given to residents and supervising faculty for review.

Full-Time Faculty

The full-time faculty is committed to maintaining the excellence of the program through ongoing evaluation, feedback, and quality improvement processes. The faculty maintains an open-door policy for any residents who need to discuss any issues that arise during or after their residency. The Internal Medicine Residency Offices are located on the second floor of the Russell Pavilion. The faculty includes:

Program Director	Aaron Calderon, MD, FACP
Associate Program Director	Richard Miranda, MD, FACP
Director of Outpatient Services	Eric Seger, DO
Director of Medical Student Services	Elizabeth Cyran, MD, MSPH, FACP
Director of Inpatient Services	Michael Morton, MD, FACP
Director Bedside Ultrasound Services	Gerard Salame, MD
Associate Director of Inpatient Services	Cuong Doan, MD, FACP
Chief Resident	Sophia Raia, MD
Program Administrator	Sue Reinhardt
Assistant Program Administrator	Kendra Chapman

Each resident will be assigned a faculty mentor for the duration of their residency. The primary goal of the mentoring program is to provide residents with an experienced physician to advise them through the three years of residency. In addition, mentors help residents with presentations and other scholarly activities, and may act as a liaison between residents and the program faculty, providing feedback to residents about their performance, and eliciting feedback for the program.

In addition to administration duties for the Internal Medicine Residency Program, faculty members attend at the Caritas Clinic, supervise resident mini-clinical evaluation exercises, regularly

attend conferences to help facilitate discussion, and serve as the teaching attendings for the Faculty Inpatient Team.

Residents are able to anonymously evaluate the full-time faculty on a semi-annual basis by utilizing MyEvaluations.com. The faculty also undergoes an annual performance review by the Saint Joseph Hospital administration.

Volunteer Faculty

The Internal Medicine Residency Program is indebted to its volunteer faculty. Internal Medicine specialists and sub-specialists, as well as specialists from other disciplines provide their expertise on a daily basis to the residents. The volunteer faculty supervises residents in the daily management of patients, as teaching physicians, as subspecialty rotation attending physicians, and as speakers at Noon Conference and Journal Club.

Residents evaluate volunteer faculty at the end of each rotation using MyEvaluations.com. This not only allows comments to be sent to the faculty member, but also allows for confidential comments to be sent about the faculty directly to the Program Director.

Educational Goals

The Internal Medicine Residency Program is designed to provide broad experience in Internal Medicine and to teach physicians to provide evidence-based, safe, high-quality, competent care in this specialty. In addition, the training program will enable physicians to develop the skills and knowledge to function as consultants in Internal Medicine. A basic foundation of knowledge in disease prevention as well as in all sub-specialties will be insured through inpatient and/or clinic rotations. The goal of the program is to provide an educational experience which will enable the resident to provide continuing and comprehensive care for common as well as complex illnesses in both the ambulatory and hospital settings. The resident will be provided with the practical clinical experience, including training all of the necessary diagnostic and therapeutic procedures, and the academic instruction to prepare him/her to be a competent, responsible, caring physician. Although knowledge and skills in general internal medicine will be emphasized, subspecialty training will be organized to enable the resident to provide both secondary and tertiary, scientifically based, empathic care for patients. Residents will receive increasing patient responsibility at each year of training in both the inpatient and ambulatory care settings. This responsibility will also extend to their supervisory duties for third and fourth year students as well as interns and junior residents. The program will also foster opportunities for residents to expand their knowledge in basic science, evidence-based medicine and research, and to become skilled in teaching their specialty. The total program will meet or exceed all of the recommendations and requirements of the Residency Review Committee and the American Board of Internal Medicine. To accomplish this, resident training is centered on the American College of Graduate Medical Education's Core Competencies:

1. Patient Care (PC)

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical Knowledge (MK)

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

3. Practice-based Learning and Improvement (PBL)

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- a. identify strengths, deficiencies, and limits in one's knowledge and expertise;
- b. set learning and improvement goals
- c. identify and perform appropriate learning activities
- d. systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement;
- e. incorporate formative evaluation feedback into daily practice;
- f. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- g. use information technology to optimize learning; and
- h. participate in the education of patients, families, students, residents and other health professionals.

4. Interpersonal and Communication Skills (IC)

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- a. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- b. communicate effectively with physicians, other health professionals, and health related agencies;
- c. work effectively as a member or leader of a health care team or other professional group;
- d. act in a consultative role to other physicians and health professionals; and
- e. maintain comprehensive, timely, and legible medical records, if applicable.

5. Professionalism (P)

Residents must demonstrate a commitment to carrying out professional responsibilities, and an adherence to ethical principles. Residents are expected to demonstrate:

- a. compassion, integrity, and respect for others;
- b. responsiveness to patients needs that supersedes self-interest;
- c. respect for patient privacy and autonomy;
- d. accountability to patients, society and the profession; and
- e. sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

6. Systems-based Practice (SBP)

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- a. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- b. coordinate patient care within the health care system relevant to their clinical specialty;
- c. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care, as appropriate;
- d. advocate for quality patient care and optimal patient care systems;
- e. work in inter-professional teams to enhance patient safety and improve patient care quality; and
- f. participate in identifying system errors and in implementing potential systems solutions.

Residents are expected to gradually gain competence in these areas throughout their training. Residents' progress in these areas is evaluated monthly by their teaching physician and other residents on their team, and monitored on an ongoing basis by the full-time faculty. Below is a chart outlining evaluation of residents specifically by competency:

	Evaluation Setting	Competencies Evaluated
Interactive Conferences	Case Report Conference	PC, MK, PBL, IC, P, SBP
	Morbidity and Mortality Conference	PC, MK, PBL, IC, P, SBP
	Clinical-Pathological Correlation	MK, PBL, IC, P, SBP
	Senior Talk	MK, PBL, IC, P, SBP
	Journal Club	MK, PBL, IC, P, SBP
Rotation-specific Evaluations	Teaching Attending Evaluations	PC, MK, PBL, IC, P, SBP
	Peer Evaluations	PC, MK, PBL, IC, P, SBP
	Nurse Evaluations	PC, MK, PBL, IC, P, SBP
	Caritas Clinic Staff Evaluations	PC, MK, PBL, IC, P, SBP
	Focused Point of Care Feedback	PC, MK, PBL, IC, P, SBP
	Evidence-Based Medicine Evaluations	MK, PBL, IC, SBP
Standardized Evaluations	ABIM In-Service Examination	MK, PBL
	Observed Standardized Clinical Examination (OSCE)	PC, PBL, IC, P, SBP
	Practice Improvement Modules	PC, PBL, IC, P, SBP
Faculty Reviews	Quarterly Faculty Mentor Performance Review	PC, MK, PBL, IC, P, SBP

Semi-annual Performance Review with Outpatient Director	PC, MK, PBL, IC, P, SBP
Semi-annual Performance Review with Program Director	PC, MK, PBL, IC, P, SBP

The faculty assesses each resident throughout their training in the above settings and by review of formal evaluations from each rotation. Resident performance is discussed at monthly faculty meetings to confirm that each resident is progressing appropriately. Residents meet semi-annually (after the 2nd and 4th quarters) with the Program Director to review their progress, obtain feedback on their performance, and give feedback on their experience in the program; residents meet with their mentor semi-annually (after the 1st and 3rd quarters) for the same purpose. All residents meet semi-annually with the Director of Outpatient Services to review their progress and obtain feedback in the Caritas Clinic, as well as give feedback as to their clinic experience.

Didactic Sessions

Regularly scheduled didactic sessions occur on each rotation. The details of these sessions may be found in the sections of this document pertaining to those specific rotations.

Resident Responsibilities

Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program is provided in the Policy Guidelines which is reviewed, revised, and distributed annually.

Scholarly Activities

All residents are required to actively participate in scholarly activity during their three years of training, and are required to submit one project as the primary author. Residents meet with their mentor to discuss an activity that suits their individual interests, and formulate a plan that advances the resident’s knowledge of basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. Saint Joseph Hospital has exceptional resources for this endeavor, with a full-time research department providing support to the residents. Should residents wish to pursue basic laboratory research, the full-time faculty is able to facilitate projects through its affiliation with the University of Colorado, Denver.