Competencies
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Patient Care

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. Residents:

(1) are expected to demonstrate the ability to manage patients:

(a) in a variety of roles within a health system with progressive responsibility to include serving as the direct provider, the leader or member of a multidisciplinary team of providers, a consultant to other physicians, and a teacher to the patient and other physicians;

(b) in the prevention, counseling, detection, and diagnosis and treatment of gender-specific diseases;

(c) in a variety of health care settings to include the inpatient ward, the critical care units, the emergency setting and the ambulatory setting;

(d) across the spectrum of clinical disorders seen in the practice of general internal medicine including the subspecialties of internal medicine and non-internal medicine specialties in both inpatient and ambulatory settings;

(e) using clinical skills of interviewing and physical examination;

(f) using the laboratory and imaging techniques appropriately;

(g) by demonstrating competence in the performance of procedures mandated by the ABIM; and,

(h) by caring for a sufficient number of undifferentiated acutely and severely ill patients.

(2) must treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective. The program must integrate patient centered care and resident education. On all assignments, residents and faculty interactions must be patient-centered.

How we measure:

1. Direct Observation (Mini CEx)
2. Global Assessment Form (end of rotation evaluation form)
3. Objective structured clinical examination (OSCE)- SIM center cases
4. Structured case discussions with faculty (e.g., in clinic after seeing patient)

Where we teach:

1. All clinical settings
2. On formal rounds
3. Lectures – core, patient care conferences

Medical Knowledge

Internal Medicine 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. Residents:

(1) are expected to demonstrate a level of expertise in the knowledge of those areas appropriate for an internal medicine specialist, specifically:

(a) knowledge of the broad spectrum of clinical disorders seen in the practice of general internal medicine;

(b) knowledge of the core content of general internal medicine which includes the internal medicine subspecialties, non-internal medicine specialties, and relevant non-clinical topics at a level sufficient to practice internal medicine.

(2) are expected to demonstrate sufficient knowledge to

(a) Evaluate patients with an undiagnosed and undifferentiated presentation;

(b) Treat medical conditions commonly managed by internists;

(c) Provide basic preventive care;

(d) Interpret basic clinical tests and images;

(e) Recognize and provide initial management of emergency medical problems;

(f) Use common pharmacotherapy;

(g) Appropriately use and perform diagnostic and therapeutic procedures.

Where we teach:

1. All clinical settings
2. Lectures – core, Grand Rounds, specialty conferences, journal club
3. Board Review course

How We Measure:

1. In-house written exam (U Michigan)
2. Objective structured clinical exam (OSCE) – SIM Center Cases
3. Structured case discussions
4. Direct observation (Mini CEx)
5. Global assessment (end of rotation evaluation form)

Practice-based Learning and Improvement

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:

(1) identify strengths, deficiencies, and limits in one's knowledge and expertise;

(2) set learning and improvement goals;

(3) identify and perform appropriate learning activities;

(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

(5) incorporate formative evaluation feedback into daily practice;

(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

(7) use information technology to optimize learning; and,

(8) participate in the education of patients, families, students, residents and other health professionals.

How We Measure:

1. Direct observation (Mini CEx with feedback)
2. Global Assessment (End of rotation evaluation form)
3. Multisource Assessment – 360 degree evaluations by nurses, clinic secretaries; survey of patients; resident evaluations of teaching; day care rehab director's evaluations of health promotion lecture at Gurwin
4. Project assessment – journal club (teaches how to locate evidence, appraise article using Users Guide to Medical Literature, place article in context of previous articles, how to apply evidence to elderly patients)
5. Record/chart review (QI audits – e.g., at Gurwin)

6. Resident Experience narrative (Palliative Care Journal entry – dealing with death and dying patient)
7. Review of patient outcomes (Project on hospital readmissions)
8. OSCE – Low Health Literacy case – review on how can do better after feedback from peers and actor

Where we teach:

1. Journal Club
2. Teaching: Faculty Development workshops: CHAMP curriculum, how to teach Health Literacy
3. Teaching: feedback from faculty while on Northport DVAMC Junior Attending rotation
4. Lectures on QI processes, patient safety
5. QI audits – doing the audits, analyzing the results

Interpersonal and Communication Skills

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:

(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

(2) communicate effectively with physicians, other health professionals, and health related agencies;

(3) work effectively as a member or leader of a health care team or other professional group;

(4) act in a consultative role to other physicians and health professionals; and,

(5) maintain comprehensive, timely, and legible medical records, if applicable.

How We Measure:

1. Global Assessment
2. Objective Structured clinical exam (OSCE) – Health Literacy
3. Videotaped/recorded Assessment – OSCE

Where we teach:

1. Health Literacy workshop
2. Geriatric Interdisciplinary Team Training (GITT)
3. Feedback from faculty to fellows on notes through attending addendum

Professionalism

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

(1) compassion, integrity, and respect for others; Internal Medicine 21

(2) responsiveness to patient needs that supersedes self-interest;

(3) respect for patient privacy and autonomy;

(4) accountability to patients, society and the profession;

(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

How We Measure:

1. Global Assessment
2. Resident experience narrative (reflection on dealing with death and dying patient during Palliative Medicine rotation)

Where we teach:

1. Palliative Care rotation (learn how to discuss sensitive issues including cultural, religious, personal beliefs regarding end of life wishes)
2. Ethics committee meetings (if timing permits)
3. Orientation lecture – fellowship director reviews Professionalism components, policies and procedures re disruptive behavior, GME Committee's Policy on Termination, Grievance and Due Process
4. Cultural Competency component of Health Literacy workshops
5. HIPPA training

Systems-based Practice

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:

(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

(2) coordinate patient care within the health care system relevant to their clinical specialty;

(3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

(4) advocate for quality patient care and optimal patient care systems;

(5) work in inter-professional teams to enhance patient safety and improve patient care quality; and,

(6) participate in identifying system errors and implementing potential systems solutions.

(7) work in teams and effectively transmit necessary clinical information to ensure safe and proper care of patients including the transition of care between settings; and,

(8) recognize and function effectively in high-quality care systems.

How We Measure:

1. Global assessment (end of rotation evaluation form)
2. Objective structured clinical exam
3. Practice audit – **Outcomes Card**

Where we teach:

1. Lectures by social workers re community resources for geriatric patients and insurance coverage and benefits (Medicare part A, B, D)
2. Clinic: learn about Medical Model Day Care, Hospice, Long and Short Term Home Care, Home Monitoring Systems
3. Palliative Care rotation: learn about inpatient and outpatient hospice
4. Home Care experience
5. Longitudinal and block rotation in nursing home: role of physician and medical director in long term care
6. Lectures during Orientation, Systems Based Care lecture by Program Director on Systems of Care