

NAMC Internal Medicine Ward Service

Residents assigned to the NAMC Internal Medicine Ward rotation work in 3 teams of 1 senior resident (either PG-2 or PG-3) and two interns (PG-1) during the 4 week rotation. The ward rotation has a Q3 call schedule, the team on call (Senior resident and one intern, the second intern is on call the next time the team is on call) takes up to 5 admissions. All ward teams care for patients with both general medical and subspecialty problems across the full age range from adolescence to the elderly. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record through daily evaluation and discussion. The post-call team leaves the hospital at 10:00 am, at which point the counterpart intern on this team assumes all aspects of patient care for the team. There is one day off during the week.

Patients seen on the NAMC Internal Medicine Ward Services are in NAMC on the general medicine services. They include patients without a previously documented faculty physician from clinics or the ER, patients referred to faculty physicians, private patients of faculty physicians, patients of community practitioners and patients from NAMC Internal Medicine Clinic.

Principal competency based educational goals

The principal educational goals for residents on this rotation are indicated for each of the six ACGME Competencies in the tables below. The common goals apply to PG-1, PG-2/3 except where specified separately for each level of training.

A. Patient Care

	Educational Goals	Educational Activities	Evaluation tools
1	Ability to take a good medical history and perform a careful and accurate physical examination.	DPC, FR, MR, DL	FE, MR
2	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, FR	FE
3	Define and prioritize patients' medical problems and generate appropriate differential diagnoses.	DP,C MR, DL, FR	FE, MR, ITE
4	Develop rational, evidence-based management strategies.	DPC, MR, DL, FR, JC	FE, MR, ITE
5	<i>PG-1</i> – Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, abdominal	DPC, DSP, FR	FE, DSP

	paracentesis, thoracentesis, nasogastric intubation, and endotracheal intubation. <i>PG-2/3</i> – Develop proficiency in performance of procedures listed above.	DPC, DSP, FR	FE, DSP
6	Participation (PG-1) and later leadership (PG- 2/3) of discussions of end-of life issues with families.	DPC , FR, MR	FE, ITE

B. Medical Knowledge

	Educational Goals	Educational Activities	Evaluation tools
1	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical patients.	DPC, MR, DL	FE, ITE
2	Access and critically evaluate current medical information and scientific evidence relevant to patient care.	DPC, MR, DL, JC	FE, ITE
3	<i>PG-1-</i> Understand basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses seen on a general medicine inpatient service including Common infectious syndromes Pneumonia, ▪ ARF, ▪ Hyponatremia, ▪ Delirium, ▪ Weight loss, ▪ Respiratory failure, ▪ Chest pain, ▪ Abdominal pain, ▪ Hypertensive urgency, ▪ Liver failure. ▪ UTI/pyelonephritis ▪ Pneumonia: community and hospital acquired ▪ COPD/Asthma exacerbations ▪ DVT/PE ▪ Diabetes Mellitus ▪ DKA and NKHOC ▪ Acute coronary syndromes ▪ Non ST Elevation MIs ▪ Congestive Heart Failure ▪ Atrial fibrillation with rapid ventricular response ▪ Pancreatitis, cholecystitis, diverticulitis ▪ Acute renal failure ▪ Volume depletion ▪ Delirium ▪ Uncontrolled	DPC, MR, DL	FE, ITE

	hypertension • Recognize the indications for and basic interpretation of diagnostic studies PG-2/3 - Develop and demonstrate proficiency in above.	DPC, MR, DL	FE, ITE
4	PG-1 - Familiarity with indications for and interpretation of chest and abdominal X-ray, electrocardiograms, and pulmonary function tests. PG-2/3 - Develop and demonstrate proficiency in above.	DPC, MR , DL DPC, MR , DL	FE, ITE FE, ITE
5	PG-1- Familiarity with indications for and interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests. PG-2/3 - Develop and demonstrate proficiency in above.	DPC, MR, DL DPC, MR, DL	FE, ITE FE, ITE

C. Interpersonal Skills and Communication

	Educational Goals	Educational Activities	Evaluation tools
1	Communicate effectively with patients and families across a broad range of socioeconomic and ethnic backgrounds.	DPC, FR	FE, PDR
2	Communicate effectively with physician colleagues and members of other health care professions to assure comprehensive patient care.	DPC, FR	FE, PDR, PR
3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC, FR	FE, PDR
4	Present information concisely and clearly both verbally and in writing on patients.	DPC, FR, MR, DL	FE

D. Professionalism

	Educational Goals	Educational Activities	Evaluation tools
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team.	DPC, FR, DL	FE, PR, PDR
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care	DPC, FR, DL	FE , PR, PDR
3.	Appreciation of the social context of illness.	DPC, FR, DL	FE
4.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, FR, DL	FE
5.	Understand ethical concepts of confidentiality, consent, autonomy and justice.	DPC, FR, DL	FE, PDR
6.	Understand professionalism concepts of integrity, altruism and conflict of interest.	DPC, FR, DL	FE, PDR
7.	Increase self-awareness to identify methods to manage personal and professional sources of stress and burnout.	DPC, DL	PDR
8.	Increase knowledge and awareness of personal risks concerning drug/alcohol abuse for self and colleagues, including referral, treatment and follow-up.	DPC,DL	FE

E. Practice-Based Learning and Improvement

	Educational Goals	Educational Activities	Evaluation tools
1.	Identify and acknowledge gaps in personal knowledge/skills in the care of hospitalized patients.	DPC, FR, DL	FE

2.	Develop and implement strategies for filling gaps in knowledge and skills.	DPC, FR, DL, JC	FE, PDR
3.	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of principles of evidence-based medicine	DPC, FR, JC, DL	FE, ITE

F. Systems-Based Practice

	Educational Goals	Educational Activities	Evaluation Tools
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, DL	FE
2.	Use evidence-based, cost-conscious strategies in the care of hospitalized patients.	DPC, FR, DL	FE
3.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, FR, DL	FE
4.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, pathologists, respiratory therapists, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, FR, DL	FE
5.	Knowing when and how to request medical subspecialist, and how best to utilize the advice provided.	DPC, FR, DL	FE
6.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, FR, DL	FE
7.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FR, DL	FE
8.	PG-2/3 – Willingness and ability to teach medical students and PG-1 residents.	DPC, FR, DL	FE
9.	PG-2/3 - Leadership of team, including PG-1 residents, medical students, nurses, clinical pharmacists, case manager, and social worker.	DPC, FR, DL	FE

