

Introduction

This description of educational programs, or curriculum, is for the residents and faculty of the Rutgers NJMS Internal Medicine Residency-Trinitas Regional Medical Center. It outlines what we hope residents in the Internal Medicine Program will learn over three years and where they will learn it. The directors of the various rotations, with input from our residents, have provided the material presented. We thank them for their help, not only in preparing this curriculum, but also for the countless hours they devote to teaching residents. They and the rest of our superb teaching faculty make this program the wonderful success that it is. We also thank our great residents, who care about our program and want to make it better. And of course, we thank the Trinitas GMEC office who really runs things.

Considering the enormity of Internal Medicine, this is a relatively short document. We have tried to keep it short in the hope that residents and faculty will actually use it rather than put it on a shelf to gather dust or throw it in the wastebasket. We suggest that residents read over the section for each rotation before they start it to remind themselves about what they are there to learn. We also suggest that faculty review the sections relevant to their own teaching responsibilities to be sure they are in tune with the learning objectives. Finally, we hope that both residents and faculty will make suggestions about ways that the educational program could be improved.

In the interest of preserving trees and in keeping this a "living document," we have not distributed a printed copy of this document to each resident, but have posted it on the Trinitas Regional Medical Center webpage https://trinitasrmc.org/misc/GME_IM_Curriculum_2021-2022.pdf and will email residents reminders to consult this document or the relevant sections at the start of each rotation. Print copies are available in the Trinitas Regional Medical Center GME office

The ACGME Core Competencies and this Curriculum

The Accreditation Council for Graduate Medical Education (ACGME) recognized six areas of competency that residents in every specialty must obtain over the course of their training. Educational program descriptions for the core rotations and elective experiences in the Rutgers NJMS Internal Medicine Trinitas Residency Program- are organized around the competencies.

An Internal Medicine Collaboration has developed draft working definitions of the core competencies for Internal Medicine. The competencies and working definitions are as follows:

- 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.
2. **Medical Knowledge:** Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and demonstrate the application of their knowledge to patient care and education of others.
- Apply an open-minded and analytical approach to acquiring new knowledge.
 - Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of internal medicine.
 - Apply this knowledge in developing critical thinking, clinical problem solving, and clinical decision-making skills.
 - Access and critically evaluate current medical information and scientific evidence and modify knowledge base accordingly.
3. **Practice-Based Learning and Improvement:** Residents are expected to be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices.
- Identify areas for improvement and implement strategies to improve their knowledge, skills, attitudes, and processes of care.
 - Analyze and evaluate their practice experiences and implement strategies to continually improve their quality of patient practice.
 - Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.
 - Use information technology or other available methodologies to access and manage information and support patient care decisions and their own education.
4. **Interpersonal Skills and Communication:** 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 health care teams.
- Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.
 - Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families.

- Interact with consultants in a respectful and appropriate fashion.
- Maintain comprehensive, timely, and legible medical records.

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 and identify deficiencies in peer performance.

6. Systems-Based Practice: Residents are expected to demonstrate an understanding of the contexts and systems in which health care is provided, and demonstrate the ability to apply this knowledge to improve and optimize health care.

- Understand, access, and utilize the resources and providers necessary to provide optimal care.
- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

**Rutgers- New Jersey Medical School
Trinitas Regional Medical Center
Internal Medicine Residency Program
Inpatient Medicine Floors Curriculum 2021-2022**

Rotation Directors: Dr. William Farrer, Program Director

Dr. Raja Pullatt, Associate Program Director

Inpatient Medicine Floor Rotations

Overview:

At Trinitas Regional Medical Center, residents generally work in teams consisting of two PGY1 and one senior resident (either PGY2 or PGY3). Frequently there will be a 4th year medical student sub-intern on a team. All teams care for patients with both general medical and subspecialty problems across the full age range from 16 years up. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record (Hospitalist) through daily discussion.

Principal Teaching/Learning Activities:

- **Morning Report (MR)** Monday, Wednesday and Friday, from 8:00- 08:30 a.m. All residents on inpatient rotations and when possible those on consult services at Trinitas Regional Medical Center meet with the chief resident and a faculty member to discuss one to two patients admitted within the past week or so. The PGY1 residents or sub-intern on call the prior day briefly present interesting or challenging cases, followed by a group discussion. The cases should draw upon the subspecialty expertise of the faculty member present that morning, so that a productive discussion can occur.

The focus of the discussion is determined by the presenting resident, senior resident, chief resident, and faculty moderator. For example, some cases may be presented to discuss differential diagnosis, while others are presented to discuss specific management issues. Especially early in the academic year, time will be spent on improving presentation skills.

Team Leaders and PGY-1 residents are encouraged to present brief topic reviews relating to their cases, especially when a clinical question is raised by the presentation. They may also wish to refer to the latest practice guidelines and present them to the group.

- **Death Review (DR)** Occurs during MR with Dr. Farrer or Dr. Pullatt when they are present each Monday. All deaths which occurred in the Intensive Care Units over the preceding week are presented briefly by the ICU residents, and a standard form is submitted. The focus of the exercise is performance improvement, although other issues raised by the case will also be discussed.

- **Teaching Rounds (TR)** (refer to Guidelines for Teaching Rounds) Three days each week (Monday, Wednesday, and Friday), groups of two resident teams meet with their teaching attending for the month from 12:00-1:00 p.m. Most days, the format for these rounds should be a bedside case presentation followed by an in-depth discussion of the patient led by the attending. Residents on the presenting teams are expected to give a focused presentation to the group on a specific aspect of the patient's care.

Other formats for attending rounds include:

- Physical findings rounds, where multiple patients with important physical findings are seen by the group to allow additional bedside teaching of physical examination techniques.
- Discussion of important articles from the literature.
- Topic discussions prepared by one of the residents, based on issues encountered during bedside rounds.
- **Core Conferences (CC)** - The Core Conference Series is held 5 times a week: Tuesday and Thursday from 12:00-1:00 p.m. and Monday, Wednesday, and Friday from 8:30-9:15 a.m. During July and August, these lectures are focused on emergency and basic Internal Medicine topics. During the remainder of the year, the series includes inpatient and primary care Internal Medicine and reviews of core topics. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives at Trinitas Regional Medical Center are expected to attend.
- **Resident Journal Club (JC)** - The Journal Club series is held monthly at noon or 8:30 a.m., and is run by the Chief Resident. Each year begins with a series of presentations on the fundamentals of evidence-based medicine. Thereafter, the two assigned residents, in consultation with the Chief Resident, each select a single article. The resident presents an evidence-based review of the article followed by group discussion. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives, are expected to attend.
- **Grand Rounds (GR)** - Most Thursday mornings, except the first Thursday of the month, the Department of Medicine holds Grand Rounds from 9:00-10:00 a.m. Speakers may be either Trinitas faculty or outside experts. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives, are expected to attend.
- **Morbidity and Mortality Conference (M&M)** - The first Thursday of each month, from 9:00-10:00 a.m., a case with a death or significant complication will be presented by a PGY-2 resident. The Chief Resident in consultation with Dr. Farrer will select the case, when possible from among those patients with completed autopsies. Given the infrequency of autopsies, patients with available surgical pathology or those with potential issues with diagnosis and/or management may also be chosen. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives, are expected to attend.

- **Attending/Work Rounds (AR)** Each team will round with the hospitalist attending of record for the majority of their patients, weekdays from 09:30-11:00 a.m. except for Thursdays with a GR or M&M, when rounds are 10:00-11:30 a.m. They will go to the bedside for new admissions and potential discharge patients as well as those patients requiring personal observation by the team. All patients will be discussed, with focus on management decisions such as work-up, treatment, and discharge planning. There will be case based teaching as time allows.
- **Daily Wrap Up (WU)** The attending responsible for the team's patients meets with the residents to review the developments of the day and plans for the next day, including any potential discharges. This generally occurs from 2:00-2:30 p.m.
- **Chief of Service Rounds (CS)** – Each Tuesday, from 08:00-09:00 a.m., a PGY-1 resident on an inpatient rotation will present a patient with an interesting, unusual, or difficult management problem. They will prepare a case protocol and give a topic review. Copies of presentation material are provided as a record to Melissa Mann and also given to attendees as handouts. The attending physician and relevant specialists are invited to attend, and will comment after the resident's presentation. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives, are expected to attend. An evaluation form is filled out by each faculty member present and by the Chief Resident. CS is not held in July.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for the TRMC Inpatient Floor rotations are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.

*** Legend for Learning Activities (See above for descriptions)**

AR - Attending Rounds	DPC - Direct Patient Care	JC - Journal Club	CC- Core Conferences
CS – Chief of Service Rounds	GR – Grand Rounds	M&M- Morbidity & Mortality Conference	DR- Death Review
TR- Teaching Rounds	WU- Wrap Up	MR - Morning Report	

1) Patient Care

Principal Educational Goals	Learning Activities*
Interview patients more skillfully	DPC, AR, TR,
Examine patients more skillfully	DPC, AR, TR
Define and prioritize patients' medical problems	DPC, AR, MR, CS, DR, TR, WU

Generate and prioritize differential diagnoses	DPC, AR, MR, CS, TR
Develop rational, evidence-based management strategies	DPC, AR, MR, CS, DR, TR

2) Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical inpatients	DPC, AR, MR, GR, CS, M & M, JC, CC, DR, TR
Access and critically evaluate current medical information and scientific evidence relevant to patient care	DPC, AR, CS, JC, TR, CC

3) Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients	DPC, AR, MR, CS, DR, TR
Develop and implement strategies for filling gaps in knowledge and skills	CS, JC, TR

4) Interpersonal Skills and Communication

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

5) Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward patients, families, colleagues, and all members of the health care team	All

6) Systems-Based Practice

Principal Educational Goals	Learning Activities*

Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, AR
Collaborate with other members of the health care team to assure comprehensive patient care	DPC, AR
Use evidence-based, cost-conscious strategies in the care of hospitalized patients	DPC, AR, CS, MR, CC, JC, DR, TR

Recommended Resources

- All residents are expected to read about their patients in an appropriate general medicine text. Because it is frequently updated, extensively referenced, and includes abstracts of referenced articles, the program highly recommends **UpToDate** as a primary resource. The program can be accessed via computers anywhere in the hospital or at home. The most recent versions of **Harrison's Principles and Practice of Internal Medicine** (20th edition, 2018) and **Cecil Textbook of Medicine** (26th edition, 2019) are very useful. As a benefit of their ACP membership, residents also have access to **Dynamed Plus**, an online resource with very current reviews and bibliographies.
- The hospital also has a subscription to **Access Medicine**, providing searches of content and textbooks, often with full text available. The latest editions of subspecialty textbooks are also available in the Medical Library. Full text articles are often available through **EBSCO Host** or through the librarian.
- Reading of current literature relevant to each patient is also expected.

Evaluation Methods

- During floor rotations, residents are formally evaluated via the New Innovations online system, using the Milestone-based forms, by their teaching attendings, hospitalists, and colleagues with whom they have worked. Any medical students assigned to the team will also evaluate them. Nurses evaluate resident performance using the program-wide 360⁰ evaluations. Resident satisfaction surveys are also reviewed.
- The teaching attending for the month will give verbal feedback to each resident individually at the conclusion of the rotation. He/she will also speak informally with residents regarding areas for improvement identified earlier in the month, so that residents may work on them.
- Hospitalists will also directly observe resident skills in transitions of care at the time of patient handoffs and discharges, and evaluate these using the appropriate form.
- The Clinical Competency Committee at Trinitas Regional Medical Center meets to review each resident's performance twice yearly. The committee consists of the PD, APD, core faculty, and Chief Resident (non-voting). All evaluations,

including narrative comments, are reviewed. The ACGME Reporting Milestones form is completed for each resident, and made available to them via New Innovations. Information from these meetings is incorporated into the feedback residents receive at their semi-annual review meetings with the Program Director or Associate Program Director.

- The Program Director (PD) or Associate Program Director (APD) reviews their overall evaluation, including the Reporting Milestones, with the resident at the time of their twice-yearly feedback meetings. The PD and/or APD review all evaluations as they are completed each month. If an unfavorable or marginal evaluation is received, an urgent appointment with the PD/APD and the resident may be scheduled to review the issue(s) raised in the evaluation.
- **Monthly Exams (ME)** – All residents on inpatient, outpatient, and subspecialty rotations at Trinitas Regional Medical Center are evaluated with monthly examinations prepared by the Chief Resident. The exam will focus on a subspecialty or primary care topic that has been the focus of Board Review that month. The residents are told the exam topic at least one month in advance. The exam results are reviewed by the Clinical Competency Committee.

Residents are expected to achieve the levels of competency described in the TRMC-Rutgers New Jersey Medical School Internal Medicine Residency Curriculum. This document highlights the expectation of the milestones to achieve during the Inpatient Floors rotation for each PGY level.

Rotation Specific Milestone - Based Objectives for PGY I Resident

1. Patient Care

- Acquires accurate and relevant history from the patient or secondary source (PC-A1, A2)
- Performs an accurate physical examination (PC-B1)
- Accurately tracks important changes in the physical examination over time in the inpatient setting (PC-B2)
- Synthesizes all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem (PC-C1)
- Develops prioritized differential diagnoses and evidence based diagnostic and therapeutic plans for common inpatient conditions (PC-C2)
- Makes appropriate clinical decisions based upon the results of common diagnostic testing (PC-E1)

- With minimal supervision, manages patients with common and complex clinical disorders (PC-F5)
- Recognizes situations which need urgent or emergent medical care (PC-F1)
- Recognizes when to seek additional guidance (PC-F2)
- Initiates management to stabilize patients with emergent medical conditions (PC-F6)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations from faculty and hospitalists, procedure logs.

2. Medical Knowledge

- Demonstrates sufficient knowledge to diagnose and treat common conditions that require hospitalization (MK-A4)
- Treats undifferentiated and emergent conditions (MK-A4)
- Understands indications for and basic interpretation of common diagnostic tests (MK-B1)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations, monthly quiz, Chief of Service presentations.

3. Practice Based Learning and Improvement

- Can identify learning needs as they emerge in patient care activities (PBLI-B1)
- Accesses medical information and library resources to answer clinical questions and support decision making (PBLI-C1)
- Responds welcomingly and productively to feedback from all members of the healthcare team (PBLI-F1)
- Actively and appropriately participates in teaching rounds and conferences (PBLI-H1)

Assessment: Quarterly 360 evaluations, monthly rotation evaluations, Chief of Service presentations.

4. Interpersonal and Communications Skills

- Provides timely and comprehensive verbal and written communication to patients/advocates (ICS-A1)
- Effectively uses verbal and non verbal skills to create and build rapport with patients (ICS-A2)
- Delivers appropriate, succinct, and driven oral presentation (ICS-D1)
- Effectively communicates with other caregivers in order to maintain appropriate continuity during transitions of care (ICS-S1)
- Effectively communicates plan of care to all members of the healthcare team (ICS-D2)
- Requests consultative services in an effective manner and clearly communicates the role of the consultant to the patient, in support of the primary care relationship (ICS-E1, E2)
- Provides legible accurate complete and timely written communication (ICS-F1)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluation, COS evaluation, Pending Chart Listing and Chart Audits, mentor reports.

5. Professionalism

- Documents and reports clinical information truthfully (P-A1)
- Follows formal policies (P-A2)
- Accepts and acknowledges personal errors (P-A3)
- Demonstrates empathy, compassion and commitment to relieve pain and suffering (P-B1)
- Communicate constructive feedback to other members of the health care team (P-C1)
- Respond promptly and appropriately to clinical responsibilities, including but not limited to calls and pages (P-D1)
- Carries out timely interactions with colleagues, patients and their designated caregivers (P-D2)
- Dresses and behaves appropriately (P-F1)
- Maintains appropriate professional relationships with patients, families and staff (P-F2)
- Recognizes and addresses personal psychological and physical limitations that may affect professional performance (P-F4)
- Recognizes the scope of his/her abilities and asks for supervision and assistance appropriately (P-F5)
- Treats all patients with dignity, civility, and respect (P-L1)
- Maintains patient confidentiality (P-J1)

Assessment: Quarterly 360 evaluations, monthly evaluations, Pending Chart and Evaluations Listing, Chart Audits.

6. System Based Practice

- Appreciates roles of a variety of healthcare providers (SBP-B1)
- Works effectively as a member within the interprofessional team to ensure safe patient care (SBP-B2)
- Considers alternative solutions provided by other teammates (SBP-B3)
- Recognizes health system forces that increase the risk for error (SBP-C1)
- Reflects awareness of common socio-economic barriers that impact patient care (SBP-D1)
- Understands and identifies how cost benefit analysis is applied to patient care (SBP-D2)

Assessment: 360 evaluations, monthly evaluations, Pending Chart Listing, Chart Audits, completion of Caring with Compassion online curriculum.

Rotation Specific Milestone - Based Objectives for PGY II Resident

1) Patient Care

- Obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Demonstrates and teaches how to elicit important physical findings for junior members of the healthcare team (PC-B3)
- Modifies differential diagnoses and care plan based upon clinical course and data as appropriate (PC-C3)
- Makes appropriate clinical decision based upon the results of more advanced diagnostic tests (PC-E2)
- Provides specific responsive consultations to other services (PC-G1)
- Recognizes disease presentations that deviate from common patterns and that require complex decision making (PC-C4)
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine (PC-F8)
- Customize care in the context of the patients preferences and overall health (PC-F10)
- Manage complex or rare medical conditions (PC-F6)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations by faculty and hospitalists, procedure logs.

2) Medical Knowledge

- Resident demonstrates sufficient knowledge to evaluate and treat undifferentiated and emergent conditions (MK-A4)
- Understand indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and test performance characteristics (MK-B2-B3)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations, monthly quiz, presentations at Morbidity and Mortality conference.

3) Practice Based Learning and Improvement

- Classifies and precisely articulates clinical questions and develops a system to track, pursue and reflects on these clinical questions (PBLI-B2, B3)
- Effectively and efficiently searches evidence based summary medical information resources (PBLI-C3)
- With assistance, can appraise clinical guideline recommendations (PBLI-D2)
- Customizes clinical evidence for the individual patient (PBLI-E2)
- Actively seeks feedback from all members of the healthcare team, and calibrates self assessment with feedback other external data. Reflects on feedback in developing plans for improvement (PBLI-F2-F4)

- Integrates teaching feedback and evaluation with supervision of interns' and students' patient care (PBLI-H2)
- Maintains awareness of the situation in the moment and respond to meet situational needs (PBLI-G1)

Assessment: Quarterly 360 evaluations, monthly rotation evaluations, presentations at Morbidity and Mortality conference.

4) **Interpersonal and Communications Skills**

- Models effective communication skills in challenging situations (ICS-A8)
- Ensures succinct, relevant and patient specific written communications (ICS-F2)
- Engages patients/advocates in shared decision making for uncomplicated diagnostic and therapeutic scenarios (ICS-A4)
- Utilizes patient-centered education strategies (ICS-A5)

Assessment: Quarterly 360 evaluations, monthly rotation evaluation, pending chart listing and chart audits, mentor reports.

5) **Professionalism**

- Provides support (physical, psychological, social and spiritual) for dying patients and their families (P-B3)
- Provides leadership for a team that respects patient dignity and autonomy (P-B4)
- Serves as a professional role model for junior colleagues (e.g. medical students, interns) (P-F6)
- Educates and holds others accountable for patient confidentiality (P-J2)
- Recognizes and takes responsibility for situations where public health supersedes individual health (e.g. reportable infectious disease) (P-H1)

Assessment: Quarterly 360 evaluations, monthly evaluations, Pending Chart Listing, Chart Audits.

6) **Systems-Based Practice**

- Manages and coordinates care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation and skilled nursing (SBP-A2)
- Dialogues with care team members to identify risks for and prevention of medical errors and understands mechanisms for analysis of systems errors (SBP-C4)
- Demonstrates the incorporation of cost awareness principles into standard clinical judgments (SBP-E3)
- Identifies the role of various healthcare stakeholders including providers, suppliers, financiers, purchasers and consumer and their varied impact on the cost of and access to health care (SBP-D3)

Assessment: Quarterly 360 evaluations, monthly evaluations, Pending Chart Listing, Chart Audits.

Rotation Specific Milestone - Based Objectives for PGY III Resident

1) Patient Care

- Is a role model for the junior members of the healthcare team, gathering subtle and reliable information from the patient for junior members of the healthcare team (PC-A4)
- Routinely identifies subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Recognizes disease presentation that deviate from common patterns and that require complex decision making (PC-C4)
- Independently manages patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine (PC-F8)
- Customizes care in the context of the patient preferences and overall health (PC-F10)
- Provides internal medicine consultation for patients with more complex clinical problems requiring detailed risk assessment (PC-G2)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations by faculty and hospitalists, procedure logs.

2) Medical Knowledge

- Demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Demonstrates sufficient knowledge of socio-behavior sciences, including but not limited to health care economics, medical ethics and medical education (MK-A9)
- Understands the relevant pathophysiology and basic science for uncommon and complex medical conditions (MK-A8)

Assessment: Mini Cex, Quarterly 350 evaluations, monthly rotation evaluations, monthly quiz, and procedure logs.

3) Practice Based Learning and Improvement

- Appraises the quality of medical information resources and selects among them based on characteristics of the clinical questions (PBLI-C4)
- Appraises clinical guideline recommendations for bias and cost benefit considerations (PBLI-D4)
- Communicates risks and benefits of alternatives to patients and integrates clinical evidence, clinical context and patient preferences in decision makings (PBLI-E3, E4)
- Reflects (in action) when surprised, applies new insights in future clinical scenarios, and reflect (on action) back on the process (PBLI-G2)

- Takes a leadership role in the education of all members of the healthcare team (PBLI-H3)
- Identifies areas in own practice and local system that can be changed to improve affect of the processes and outcomes of care (PBLI-A4)
- Appraises the quality of medical information resources and selects among them based on the characteristics of the clinical questions (PBLI-C4)
- With assistance appraises study design, conduct, and statistical analysis in clinical research papers (PBLI-D3)

Assessment: Quarterly 360 evaluations, monthly rotation evaluations.

4) Interpersonal and communication skills

- Actively seeks to understand patient differences and views. Reflects this in respectful communication and shared decision making with the patient and the healthcare team (ICS-B3)
- Engages patients/advocates in shared decision making for difficult ambiguous or controversial scenarios (ICS-A6)
- Appropriately counsels patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocations (ICS-A7)
- Engages in collaborative communication with all members of the healthcare team (ICS-D3)
- Communicates consultative recommendations to referring team in an effective manner (ICS-E3)
- Models effective communications skills in challenging situations (ICS-A8)

Assessment: 360 evaluations, monthly rotation evaluation, pending chart listing and chart audits, mentor reports.

5) Professionalism

- Serves as a professional role model for junior colleagues (e.g. medical students, Interns) (P-F6)
- Recognizes the need to assist colleagues in the provision of duties (P-F7)
- Effectively advocates for individual patient needs (P-G2)
- Recognizes and manages conflict when patient values differ from their own (P-I2)
- Maintains ethical relationships with industry (P-E2)
- Recognizes and manages subtler conflicts of interest (P-E3)
- Advocates for appropriate allocation of limited health care resources. (P-K3)

Assessment: 360 evaluations, monthly evaluations, pending chart listing, chart audits.

6) Systems-Based Practice

- Negotiates patient-centered care among care providers (SBP-A3)

- Demonstrates how to manage an interprofessional team by utilizing the skills and coordinating the activities of team members (SBP-B4)
- Demonstrates incorporation of cost awareness principles into complex clinical scenarios (SB-E3, E4)
- Partners with other healthcare professional to identify and propose improvement opportunities within the system (SBP-C6)

Assessment: 360 evaluations, monthly evaluations, Pending Chart Listing, Chart Audits.

Reviewed 10/13 by Dr. Farrer and Dr. Ford PGY III

Reviewed 5/14

Reviewed/Revised 1/15

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Revised 7/16 by William Farrer, MD

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Revised 7/20 by William Farrer, MD

Revised 7/21

**Rutgers- New Jersey Medical School
Trinitas Regional Medical Center
Internal Medicine Residency Program
Inpatient Medicine Nocturnal Medicine (Night Float) Floor Curriculum 2021-2022**

Rotation Director: Dr. William Farrer, Program Director

Overview:

At Trinitas Regional Medical Center, residents on inpatient Floor rotations generally work in teams of two PGY1 and one senior resident (either PGY2 or PGY3). At times there may be only one PGY-1 resident and at times there will be a 4th year Medical Student Subintern on a team. All teams care for patients with both general medical and subspecialty problems across the full age range from 16 years up. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record through daily discussion.

During the 2-week block rotations of Nocturnal Medicine (Night Float), residents work in a team with one PGY-1 admitting to the Floors and covering Floor patients, a PGY-2 resident generally admitting ICU patients and covering the ICUs, and a PGY-3 resident supervising the junior residents. **At times an extra PGY1 (Neurology prelim or Psychiatry resident) will be in the ICU helping the PGY2 in the unit with admissions.** Direct supervision is provided by the Hospitalist present on site (Nocturnalist). Direct and indirect supervision is provided by Primary Care physicians and consultants who may be available on site or by phone.

Learning Goals and Objectives

Residents are expected to achieve the levels of competency described in the Rutgers-New Jersey Medical School/Trinitas Regional Medical Center Internal Medicine Residency Curriculum. This documents highlights the expectation of the milestones to achieve during this rotation for each PGY level

Rotation specific Milestone - Based Objectives for PGY I Resident

1. Patient Care

- Acquires accurate and relevant history from the patient or secondary source. (PC-A1,A2)
- Performs an accurate physical examination(PC-B1)
- Synthesizes all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem (PC-C1)
- Develops prioritized differential diagnoses and evidence based diagnostic and therapeutic plans for common inpatient conditions(PC-C2)

- Makes appropriate clinical decisions based upon the results of common diagnostic testing(PC-E1)
- With minimal supervision, manages patients with common and complex clinical disorders (PC-F5)
- Recognizes situations which need urgent or emergent medical care (Pc-F1).
- Recognizes when to seek additional guidance (PC-F2)
- Initiates management and stabilizes patients with emergent medical conditions (PC-F6)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations, procedure logs,

2. Medical Knowledge

- Demonstrates sufficient knowledge to diagnose and treat common conditions that require hospitalization (MK-A4)
- Treats undifferentiated and emergent conditions (MK-A4)
- Understands indications for and basic interpretation of common diagnostic tests. (MK-B1)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations

3. Practice Based Learning and Improvement

- Can identify learning needs as they emerge in patient care activities(PBLI-B1)
- Accesses medical information resources to answer clinical questions and library resources to support decision making (PBLI-C1)
- Responds welcomingly and productively to feedback from all members of the healthcare team(PBL1-F1)
- Actively and appropriately participates in teaching rounds and conferences, specifically Morning Report (PBLI-H1)

Assessment: Quarterly 360 evaluations, monthly rotation evaluations,

4. Interpersonal and Communications Skills

- Provides timely and comprehensive verbal and written communication to patients/advocates (ICS-A1)
- Effectively uses verbal and non verbal skills to create and build a rapport with patients (ICS-A2)
- Delivers appropriate succinct, driven oral presentation (ICS-D1)
- Effectively communicates with other caregivers in order to maintain appropriate continuity during transitions of care (ICS-S1)
- Effectively communicates plan of care to all members of the healthcare team (ICS-D2)
- Requests consultative services in an effective manner and clearly communicates the role of the consultant to the patient, in support of the primary care relationship (ICS-E1, E2)

- Provides legible accurate complete and timely written communication (ICS-F1)

Assessment: 360 evaluations, monthly rotation evaluation, Pending Chart Listing and Chart Audits, mentor reports,

5. Professionalism

- Documents and reports clinical information truthfully (P-A1)
- Follows formal policies (P-A2)
- Accepts and acknowledges personal errors (P-A3)
- Demonstrates empathy, compassion and commitment to relieve pain and suffering (P-B1)
- Communicates constructive feedback to other members of the health care team (P-C1)
- Responds promptly and appropriately to clinical responsibilities including but not limited to calls and pages (P-D1)
- Carries out timely interactions with colleagues, patients and their designated caregivers (P-D2)
- Dresses and behaves appropriately (P-F1)
- Maintains appropriate professional relationships with patients, families and staff (P-F2)
- Recognizes and addresses personal psychological and physical limitations that may affect professional performance (P-F4).
- Recognizes the scope of his/her abilities and asks for supervision and assistance appropriately (P-F5)
- Treats all patients with dignity, civility, and respect (P-L1).
- Maintains patient confidentiality. (P-J1)

Assessment: 360 evaluations, monthly evaluations, Pending Chart Listing, Chart Audits.

6. System Based Practice

- Appreciates roles of a variety of healthcare providers. (SBP-B1)
- Works effectively as a member within the interprofessional team to ensure safe patient care. (SBP-B2)
- Considers alternative solutions provided by other teammates (SBP-B3)
- Recognizes health system forces that increase the risk for error (SBP-C1)
- Reflects awareness of common socio-economic barriers that impact patient care. (SBP-D1)
- Understands and identifies how cost benefit analysis is applied to patient care (SBP-D2)

Assessment: 360 evaluations, monthly evaluations, Pending Chart Listing, Chart Audits.

Rotation specific Milestone - Based Objectives for PGY III Resident.

1) Patient Care

- Is a role model for the junior members of the healthcare team, gathering subtle and reliable information from the patient for junior members of the healthcare team (PC-A4)
- Routinely identifies subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Recognizes disease presentation that deviate from common patterns and that require complex decision making (PC-C4)
- Independently manages patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine (PC-F8)
- Customizes care in the context of the patient's preferences and overall health (PC-F10)
- Provides internal medicine consultation for patients with more complex clinical problems requiring detailed risk assessment (PC-G2)

Assessment: Mini Cex, Quarterly 360 evaluations, monthly rotation evaluations, procedure logs

2) Medical Knowledge

- Demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Demonstrates sufficient knowledge of socio-behavior sciences, including but not limited to health care economics, medical ethics and medical education (MK-A9)
- Understands the relevant pathophysiology and basic science for uncommon and complex medical conditions (MK-A8)

Assessment: Mini Cex, Quarterly 350 evaluations, monthly rotation evaluations, procedure logs.

3) Practice Based Learning and Improvement

- Appraises the quality of medical information resources and selects among them based on characteristics of the clinical questions (PBLI-C4)
- Appraises clinical guidelines recommendations for bias and cost benefit considerations (PBLI-D4)
- Communicates risks and benefits of alternatives to patients and integrates clinical evidence, clinical context and patient preferences in decision makings (PBLI-E3-E4)
- Reflects(in action) when surprised, applies new insights in future clinical scenarios, and reflect (on action) back on the process (PBLI-G2)
- Takes a leadership role in the education of all members of the healthcare team (PBLI-H3)

- Identifies areas in own practice and local system that can be changed to improve affect of the processes and outcomes of care (PBLI-A4)
- Appraises the quality of medical information resources and selects among them based on the characteristics of the clinical questions (PBLI-C4)

Assessment: Quarterly 360 evaluations, monthly rotation evaluations,

4) Interpersonal and communication skills

- Actively seeks to understand patient differences and views and reflects this in respectful communication and shared decision making with the patient and the healthcare team (ICS-B3)
- Engages patients/advocates in shared decision making for difficult ambiguous or controversial scenarios (ICS-A6)
- Appropriately counsels patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocations (ICS-A7)
- Engages in collaborative communication with all members of the healthcare team (ICS-D3)
- Communicates consultative recommendations to referring team in an effective manner (ICS-E3)
- Role models effective communications skills in challenging situations (ICS-A8)

Assessment: 360 evaluations, monthly rotation evaluation, Pending Chart Listing and Chart Audits, mentor reports,

5) Professionalism

- Serves as a professional role model for more junior colleagues (e.g. medical students and Interns) (P-F6)
- Recognizes the need to assist colleagues in the provision of duties (P-F7)
- Effectively advocates for individual patient needs (P-G2)
- Recognizes and manages conflict when patient values differ from their own (P-I2)
- Recognizes and manages subtler conflicts of interest (P-E3)
- Advocates for appropriate allocation of limited health care resources. (P-K3)

Assessment: 360 evaluations, monthly evaluations, Chart Audits.

6) Systems-Based Practice

- Negotiates patient-centered care among care providers (SBP-A3)
- Demonstrates how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members (SBP-B4)
- Demonstrates incorporation of cost awareness principles into complex clinical scenarios (SB-E3, E4)

- Partners with other healthcare professional to identify and propose improvement opportunities within the system (SBP-C6)

Assessment: 360 evaluations, monthly evaluations, Chart Audits.

Principal Teaching/Learning Activities:

- **Direct Patient Care (DPC)** – Junior residents present their admissions to the PGY-3 resident and the supervising Hospitalist, discussing history and physical findings, test results, and differential diagnoses, followed by management plans. The supervising resident and/or Hospitalist may examine the patient directly with the PGY-1 resident.
- **Morning Report (MR)** – Each except Tuesday, from 7:00 am to 8:00 am, all residents on inpatient rotations and consult services at Trinitas Regional Medical Center meet with the Chief Resident and a faculty member to discuss two to three patients admitted the previous day. At least twice a week, the Night Float PGY-1 resident presents an admission. The focus of the discussion is determined by the presenting resident, senior resident, chief resident, and faculty moderator. For example, some cases may be presented to discuss differential diagnosis, while others are presented to discuss specific management issues. Especially early in the Academic Year, time will be spent on improving presentation skills.
- **Intake Rounds (IR)** – Each day, from 6:30 am to 7:00 am, a Hospitalist reviews the night's admissions with the NF team and the Short Call team that will be taking over the patients' care. The focus is on patient management and ability to present a case succinctly and accurately.
- **Handoffs (HO)** - Residents receive a structured written handoff from the Day team, as well as in-person verbal sign-out at the start of their shift. Likewise, they hand off the new admissions to the incoming team the next morning at Intake Rounds and report on events of the past 12 hours, both verbally and in writing. This is monitored by the Hospitalists.

• **Principal Educational Goals by Relevant Competency**

In the tables below, the principal educational goals for the TH Night Float Floor rotations are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.

* **Legend for Learning Activities (See above for descriptions)**

MR - Morning Report DPC - Direct Patient Care IR- Intake Rounds HO- Handoffs

1) **Patient Care**

Principal Educational Goals	Learning Activities*
Interview patients more skillfully	DPC
Examine patients more skillfully	DPC

Define and prioritize patients' medical problems	DPC, IR, MR
Generate and prioritize differential diagnoses	DPC, IR, MR
Develop rational, evidence-based management strategies	DPC, IR, MR

2) Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical inpatients	DPC, IR, MR
Access and critically evaluate current medical information and scientific evidence relevant to patient care	DPC, IR

3) Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients	DPC, IR, MR
Develop and implement strategies for filling gaps in knowledge and skills	IR

4) Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with patients and families	DPC
Communicate effectively with physician colleagues at all levels	DPC, IR, MR, HO
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients	DPC
Present patient information concisely and clearly, verbally and in writing	DPC, IR, MR, HO
Teach colleagues effectively	DPC, MR
Communicate effectively with colleagues when signing out patients	DPC, HO

5) Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward towards patients, families, colleagues, and all members of the health care team	All

6) Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC
Collaborate with other members of the health care team to assure comprehensive patient care	DPC
Use evidence-based, cost-conscious strategies in the care of hospitalized patients	DPC, IR, MR

Recommended Resources

- All residents are expected to read about their patients in an appropriate general medicine text. Because it is frequently updated, extensively referenced, and includes abstracts of referenced articles, the program highly recommends **UpToDate** as a primary resource. The program can be accessed via computers anywhere in the hospital. The most recent versions of **Harrison's Principles and Practice of Internal Medicine** (20th edition, 2018) and **Cecil Textbook of Medicine** (26th edition, 2019) are very useful. The Hospital also has a subscription to **Access Medicine**, providing searches of content and textbooks, often with full text available. The latest editions of subspecialty textbooks are also available either in the Medical Library or online. Full text articles are often available through **EBSCO Host** or through the librarian.
- Reading of current literature relevant to each patient is also expected.

Evaluation Methods

- During Night Float floor rotations, residents are formally evaluated via the New Innovations online system, using the Rutgers- New Jersey Medical School/Trinitas Regional Medical Center Internal Medicine Residency Program forms, by the Nocturnalist Hospitalist and by their resident colleagues on the team.
- The Nocturnalist will give verbal feedback to each resident individually at the conclusion of the rotation. He/she will also speak informally with residents with areas for improvement identified earlier in the month, so that residents may work on them.
- The Clinical Competency Committee reviews all of these evaluations semiannually. The Committee consists of the PD, APD, selected faculty members, faculty mentors when relevant, and the Chief Resident (nonvoting). The Program Director (PD) or Associate Program Director (APD) reviews their overall performance with the resident at the time of their twice-yearly feedback

meetings. The PD and/or APD review all evaluations as they come into the office each month. If an unfavorable or marginal evaluation is received on any resident, an urgent appointment with the PD/APD is scheduled with that resident to review the issues raised in the evaluation.

- **Monthly Exams (ME)** – All residents on inpatient, outpatient, and subspecialty rotations at Trinitas Regional Medical Center are evaluated with monthly examinations prepared by the Chief Residents. The exam will focus on a subspecialty or primary care topic that has been the focus of Board Review that month. The residents are told the exam topic at least one month ahead. The exam results are reviewed by the Clinical Competency Committee.

Revised July 2015 by W. Farrer, MD

8/16, 4/18 by W. Farrer, MD

7/19 by W. Farrer, MD

7/20 by W. Farrer, MD, M. Gonzalez, MD

7/21

Rutgers New Jersey Medical School

Trinitas Regional Medical Center

Intensive Care Unit (ICU), Trinitas Regional Medical Center (Director: Michael Brescia, M.D.)

2020-2021

Overview:

The Intensive Care Unit (ICU) is a 25 bed combined medical, coronary care, and surgical unit. There are 8 medical beds and 7 coronary care beds. The Unit specializes in the care of medically critically ill patients with a wide spectrum of medical and surgical diseases. Conditions cared for in the ICU include but are not limited to: acute hypoxia, acute respiratory distress syndrome, acid-base imbalances, liver and renal failure, acute stroke, intracranial hemorrhage, status epilepticus, coma, congestive heart failure, acute myocardial infarction, and arrhythmias. Resident rotations in the ICU are one month in length. While on the ICU rotation, the same team cares for Coronary Care Unit patients as for other patients. While in the ICU, residents work closely with the Pulmonary, Critical Care, and Cardiology Attendings. Multidisciplinary Rounds include a social worker, pharmacist, medical librarian, nurses, and a nutritionist. Call is every fourth night.

Responsibilities of Residents

- **PGY-1 Residents** are on their first ICU rotation.
 - They admit patients and follow them daily, under the close supervision of the PGY-3 resident.
 - They start to become proficient in the management of critically ill patients
 - They learn indications, risks, and benefits for common ICU procedures and start to become proficient in them, under the supervision of the PGY-3 resident and ICU Attendings.
 - They present cases at Walk Rounds and Attending Rounds and participate in discussions.

- **PGY-2 Residents**
 - Admit patients and follow them daily, supervised by the PGY-3 resident
 - They become proficient in the management of critically ill patients
 - They become proficient in common ICU procedures

*** Legend for Learning Activities (See above for descriptions)**

DPC – Direct Patient Care TR – Teaching Rounds
 DSP – Directly Supervised WR – Work Rounds
 Procedures

1) Patient Care

Principal Educational Goals	Learning Activities*
Effectively evaluate and manage patients with critical medical illness, including those on mechanical ventilation and vasopressors	DPC, WR, TR
Insert central venous lines and arterial lines with proper technique	DSP

2) Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with critical medical illness	DPC, WR, TR
Access and critically evaluate current medical information and scientific evidence relevant to medical and neurological critical care	DPC, WR, TR
Understand the physiologic and pathophysiologic principles of invasive hemodynamic monitoring including indications	DPC, DSP, WR, TR

3) Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of patients with critical medical illness	DPC, TR, WR
Develop real-time strategies for filling knowledge gaps that will benefit patients in the medical intensive care unit	DPC, WR, TR

4) Interpersonal Skills and Communication

- Perform accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions Identify pertinent abnormalities using common maneuvers.(PC-B1)
- Accurately tracks important changes in the physical exam over time (PC-B2)
- Synthesizes all available data, including interview, physical examination and preliminary data, to define each patient's central clinical problem. (PC-C1)
- Develops prioritized differential diagnoses and evidenced based diagnostic And therapeutic plans for the common ICU condition (PC-C2)
- Makes appropriate clinical decisions based upon the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function testes, urinalysis and other body fluids (PC-E1)
- Begins to manage patients with common and complex clinical disorders seen in the ICU. (PC-F4-F5)
- Recognize situations with a need for urgent and emergent medical care including, life threatening conditions,. (PC-F1)
- Initiates management and stabilized patients with emergent medical conditions (PC-F6)

II Medical Knowledge

- Demonstrate sufficient knowledge to diagnose and treat common condition that require ICU hospitalization (MK-A2)
- Treat undifferentiated and emergent conditions. (MK-A4)
- Understands indications for basic interpretation of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, Chest Radiographs, Pulmonary function tests, urinalysis and other body fluids.(MK-B1)

III Practice Based Learning and Improvement

- Can identify learning needs as they emerge in patients care activities (PBL1-B1)
- Access medical information resources to answer clinical questions and library resources to support decision making(PBLI-C1)
- Effectively and efficiently search NLM database for original clinical research(PBLI-C2)
- Responds welcoming and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients and their advocates (PBLI-F1)
- Actively participates in teaching conferences/rounds(PBLI-H1)

IV Interpersonal Communication skills

- Provide timely and comprehensive verbal and written communication to patient/advocates (ICS-A1)
- Effectively uses verbal and non verbal skills to create rapport with patients/families(ICSA2-A3)
- Effectively communicates with other caregivers in order to maintain appropriate continuity during transitions of care(ICS-C1)

- Appropriately perform invasive procedures and provide post procedure management for common procedures done in the ICU (PC-D1)
- Makes Appropriate clinical decision based upon the results of more advanced diagnostic tests(PC-E2)
- Provide specific responsive consultation to other services (PC-G1)

II Medical Knowledge

- Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions (MK-A4)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests and understands prior probability and test performance characteristics (MK-B2-B3)

III Practice Based Learning and Improvement

- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2-B3)
- Effectively and efficiently search evidence-based summary medical information resources (PBL1-C3)
- With assistance can appraise clinical guidelines recommendations for bias and cost benefit considerations (PBL1-D2)
- Customize clinical evidence for an individual patient (PBLI-E2)
- Actively seek feedback from all members of the healthcare team and calibrates self assessment with feedback and other external data. Reflects on feedback in developing plans for improvement (PBLI-F2, F4)
- Integrates teaching, feedback and evaluation with supervision of interns' and students; patient care (PBLI-H2)

IV. Interpersonal and Communications skills

- Utilize patient centered education strategies(ICS-A5)
- A role model for effective communication in challenging situations (ICS-A8)
- A role model and teach effective communication with next caregiver during transitions of care (ICS-A8)
- Ensure succinct relevant and patient specific written communication (ICS-F2)

V. Professionalism

- Provide support(physical, psychological, social and spiritual) for dying patients and their families(P-B3)
- Provide leadership for a team that respects patient dignity and autonomy (P-B4)
- Serves as a professional role model for more junior colleagues (e.g., medical students, Interns)(P-F6)
- Educate and hold others accountable for patient confidentiality (P-I2)

VI System Based Practice

IV- Interpersonal and Communication Skills

- Engage patients/advocates in shared decision making for difficult, ambiguous or controversial scenarios (ICS-A6)
- Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Role models effective communication skills in a challenging situations (ISC A8)
- Actively seeks to understand patient differences and views and reflects this in respectful communication and shared decision making with the patient and the healthcare team(ICS-B3)
- Engage in collaborative communication with all members of the healthcare team (ICS-D3)
- Communicates consultative recommendations to the referring team in an effective manner (ICS-E2)

V. Professionalism

- Serves as a professional role model for more junior colleagues (e.g. medical students, Interns) (P-F6)
- Recognize the need to assist junior colleagues (e.g medical students, interns) (P-F6)
- Recognize the need to assist colleagues in the provision of duties (P-F7)
- Effectively advocate for individual patient needs (P-G2)
- Recognize and manage conflict when patient values differ from their own. (P-I2)

VI System Based Practice

- Negotiate patient centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing the skills and coordinating the activities of inter-professional team members(SBP-B4)
- Demonstrate the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios (SBP-E3-E4)

Reviewed 10/13 by Drs Brescia and Garg and Dr. Rampal PGY III

Reviewed 5/14 Drs Brescia, Garg Ford PGY III

Reviewed/Revised Drs Brescia, Garg, Dr. Pena (PGY II)

Reviewed/revised 6/16 Drs Brescia, Garg Meyreles (PGY II) and Al Nabulsi (PGY II)

Reviewed/Revised 5/17, 5/18 Drs Brescia and Garg

Reviewed/Revised 6/19 Dr. Brescia Hilda Enriquez(PGY III)

Reviewed Revised 7/20 Dr. Brescia, Dr. Melvin Santana (PGY III)

**Rutgers- New Jersey Medical School
Trinitas Regional Medical Center
Internal Medicine Residency Program
Inpatient Medicine Nocturnal Medicine (Night Float) ICU Curriculum 2021-2022**

Rotation Director: Dr. Michael Brescia, Medical Director of ICU

Overview:

The Intensive Care Unit (ICU) is a 25 bed combined medical, coronary care, and surgical unit. There are 8 medical beds and 7 surgical beds, and 10 coronary care beds. The Unit specializes in the care of medically critically ill patients with a wide spectrum of medical and surgical diseases. Conditions cared for in the ICU include but are not limited to: acute hypoxia, acute respiratory distress syndrome, acid-base imbalances, liver and renal failure, acute stroke, intracranial hemorrhage, status epilepticus, coma, congestive heart failure, acute myocardial infarction, and arrhythmias. Residents care for all patients on the Medicine service and act as consultants for patients on the Surgery, Ob/Gyn, and other services.

Resident Nocturnal Medicine (Night Float) rotations in the ICU are two weeks in length. While on the ICU Night Float rotation, the resident cares for all patients as covered by the Day teams. While in the ICU, residents work closely with Pulmonary, Critical Care, and Cardiology Attendings. They have direct supervision for Service patients from the in-hospital Nocturnalist Hospitalist and when needed from the Night Float PGY-3 resident. This rotation is for PGY-2 residents, who work from 7:00 pm to 8:00 am the next morning, Sunday through Thursday nights (five days per week).

Rotation specific Milestone - Based Objectives for PGY-2 Resident.

1. Patient Care

- Obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient (PC-A3)
- Modifies differential diagnosis and care plan based upon clinical course and data as appropriate (PC-C3)
- Appropriately performs invasive procedures and provides post procedure management for common procedures done in the ICU (PC-D1)
- Makes appropriate clinical decisions based upon the results of more advanced diagnostic tests (PC-E2)
- Provides specific responsive consultation to other services (PC-G1)

2. Medical Knowledge

- Demonstrates sufficient knowledge to diagnose and treat undifferentiated and emergent conditions (MK-A4)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests and understands prior probability and test performance characteristics (MK-B2-B3)

3. Practice Based Learning and Improvement

- Classifies and precisely articulates clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2,B3)

- Effectively and efficiently searches evidence-based summary medical information resources (PBLI-C3)
 - With assistance can appraise clinical guidelines recommendations for bias and cost benefit considerations (PBLI-D2)
 - Customizes clinical evidence for an individual patient (PBLI-E2)
 - Actively seeks feedback from all members of the healthcare team and calibrates self assessment with feedback and other external data. Reflects on feedback in developing plans for improvement (PBLI-F2, F4)
- 4. Interpersonal and Communications skills**
- Utilizes patient centered education strategies(ICS-A5)
 - A role model for effective communication in challenging situations (ICS-A8)
 - A role model and teaches effective communication with next caregiver during transitions of care (ICS-A8)
 - Ensures succinct, relevant, and patient specific written communication (ICS-F2)
- 5. Professionalism**
- Provides support (physical, psychological, social and spiritual) for dying patients and their families(P-B3)
 - Educates and holds others accountable for patient confidentiality (P-I2)
- 6. System Based Practice**
- Dialogues with care team to identify risk for and prevention of medical errors (SBP-C3)
 - Understands mechanisms for analysis and correction of system errors (SBP-C4)
 - Demonstrates the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios (SBP-E3,E4)

Principal Teaching/Learning Activities:

- **Direct Patient Care (DPC)** – Residents have responsibility for the care of all Medical patients in the ICU's during their shift, with supervision from the Nocturnalist for Service patients and backup assistance from the PGY-3 Night Float Resident. They continue and monitor therapy as given to them via handoff from the day team, and handle problems that arise on existing patients. They are also responsible for new admissions to the ICU during their shift.
- **Directly Supervised Procedures (DSP)** - Residents have the opportunity to learn procedures under the direct supervision of the ICU Attending, Cardiology Fellow, Private Physician, or Consultant. Central venous lines and arterial lines will be done in the presence of the attending or Team Leader until the resident has documented satisfactory competency in these procedures.
- **Handoffs (HO)** – Residents receive a structured written handoff from the Day team, as well as in-person verbal sign-out at the start of their shift. Likewise, they hand off the new admissions to the incoming team the next morning and report on events of the past 12 hours, both verbally and in writing. This is monitored by the Chief Resident.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for the Medical Intensive Care Unit are listed for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.

*** Legend for Learning Activities (See above for descriptions)**

DPC – Direct Patient Care HO- Handoffs
 DSP – Directly Supervised
 Procedures

1) Patient Care

Principal Educational Goals	Learning Activities*
Effectively evaluate and manage patients with critical medical illness, including those on mechanical ventilation and vasopressors	DPC
Insert central venous lines and arterial lines with proper technique	DSP

2) Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with critical medical illness	DPC
Access and critically evaluate current medical information and scientific evidence relevant to medical and neurological critical care	DPC
Understand the physiologic and pathophysiologic principles of invasive hemodynamic monitoring including indications	DPC, DSP

3) Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of patients with critical medical illness	DPC
Develop real-time strategies for filling knowledge gaps that will benefit patients in the medical intensive care unit	DPC

4) Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with patients and families in a stressful critical care environment, including discussion of end-of-life issues and limits of care	DPC
Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care	DPC, HO
Communicate effectively with colleagues when signing out patients or turning over care to another service	DPC, HO

5) Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward towards patients, families, colleagues, and all members of the health care team	All

6) Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for critically ill medical patients	DPC
Collaborate with other members of the health care team to assure comprehensive care for patients with critical medical illness	DPC
Use evidence-based, cost-conscious strategies in the care of patients with critical medical illness	DPC

Recommended Resources

- All residents are expected to read about their patients in an appropriate general medicine text. Because it is frequently updated, extensively referenced, and includes abstracts of referenced articles, the program highly recommends **UpToDate** as a primary resource. The program can be accessed via computers anywhere in the hospital. The most recent versions of **Harrison's Principles and Practice of Internal Medicine** (20th edition, 2018) and **Cecil Textbook of Medicine** (25th edition, 2015) are very useful. For more focused reading for immediate patient management, the **Washington Manual of Medical Therapeutics** and **Current Medical Diagnosis and Treatment** are helpful. The latest editions of subspecialty textbooks are also available either in the Medical Library or online..
- Reading of current literature relevant to each patient is also expected.

Evaluation Methods

- During the ICU Night Float rotation, residents are formally evaluated via the New Innovations online system, using the Rutgers New Jersey Medical School/Trinitas Regional Medical Center Internal Medicine Residency Program forms by their resident colleagues on the team.
- The Program Director (PD) or Associate Program Director (APD) reviews all of these evaluations with the resident at the time of their twice-yearly feedback meetings. The PD and/or APD review all evaluations as they come into the office each month. If an unfavorable or marginal evaluation is received on any resident, an urgent appointment with the PD/APD is scheduled with that resident to review the issues raised in the evaluation.
- **Monthly Exams (ME)** – All residents on inpatient, outpatient, and subspecialty rotations at Trinitas Regional Medical Center are evaluated with monthly examinations prepared by the Chief Residents. The exam will focus on a subspecialty or primary care topic that has been the focus of Board Review that month. The residents are told the exam topic at least one month ahead. The exam results are reviewed by the Residency Evaluation Committee.
- The Clinical Competency Committee at Trinitas Regional Medical Center reviews each resident's performance twice yearly. The Committee consists of the PD, APD, core faculty, and the Chief Resident. Information from these meetings is incorporated into the feedback residents receive at their regular meetings with the Program Director or Associate Program Director.

Reviewed by
M. Brescia and A. Garcia, MD Chief Resident May 2019
M. Brescia and M. Santana, MD PGY III July 2020
M. Brescia July 2021

**Rutgers NJ Medical School
Trinitas Regional Medical Center
Ambulatory**

Dr. Sadanand Palekar MD

A.

Overview:

Continuity of care, along with comprehensive care and coordinated care, defines the general internist's practice. An appreciation of the importance of physician-patient relationship, patient advocacy, case management, professionalism, and continuity permeates the General Medicine Ambulatory Experience. Disease prevention, health promotion and wellness are emphasized.

The General Medicine Ambulatory Experience includes three components:

1. Medical Continuity Clinic (CC):

This is the most important component of the General Medicine Ambulatory Experience. The Continuity Clinic is located in the community-based Dorothy B. Hersh Health Center at the New Point Campus, 655 East Jersey Street, Elizabeth. Each resident is assigned a permanent Clinic Day and follows a panel of patients in the Continuity Clinic throughout three years of residency. Each PGY1 resident picks up a panel of patients from a departing resident. The ratio of residents to faculty in Continuity Clinic sessions is 4:1 or less. Faculty Preceptors do not see their own patients while precepting residents. Every patient seen by a resident is reviewed with the faculty preceptor before discharge. Residents attend Continuity Clinic weekly one half-day per week except during vacation, ICU months, and (most) on-call days. Additional sessions are scheduled during some rotations, as per the new ACGME requirements.

Resident schedules are designed as PGY1, 2, and 3 prototypes. The PGY1 resident has 1 new patient and 2 follow-up patients scheduled each session, with increasing patient slots added as they progress through the year. The PGY2 and PGY3 residents have 2 new patients and 5 follow-up patients scheduled each session. New patients are scheduled for longer time slots than follow up patients. Residents have one slot for an urgent visit each session. This slot is designated for Emergency Room follow-up appointments and/or patients from the resident's panel who are sick or require urgent review of an abnormal test. The residents learn how to perform a focused history and physical around the presenting problem.

The approach to care in the Continuity Clinic is multi-disciplinary. Residents work as part of a team with nurses, medical assistants, registrars, and financial counselors to offer comprehensive care meeting the broad needs of their patients. Nurses are available to triage patients referred from the Emergency Room, urgent visits, new patients and Regional Medical Center discharges. They review the educational components of the medical visit with the patients prior to discharge, and are available for focused visits such as blood pressure checks. Nurses are also the initial phone contact for patient questions and may contact the patient's resident if further information and/ or instructions are needed. Social work, nutrition, Diabetes Education, and Wound Care are available at the Clinic or the Regional Medical Center. The patient population in the Continuity Clinic is quite heterogeneous, including individuals from a wide range of socioeconomic and ethnic backgrounds, mainly Hispanics, with an increasing number of undocumented immigrants and working poor.

The residents are the primary care providers of the patients in their panel. The residents have mailboxes in the Continuity Clinic, where all laboratory and radiology results are filed for the residents to review and address. Panic levels or urgent test results are addressed by a covering resident or the Preceptor. Residents are responsible for keeping track of all ordered tests. Since many patients do not speak English, a language line system with dual handsets is available. When patients are admitted to Trinitas Regional Medical Center, if the patients' primary care residents are on the Inpatient Service rotation, they are encouraged to participate in the care of their own patients. The emphasis of the Continuity Clinic is comprehensive, longitudinal care and disease prevention.

Additional curriculum geared at the termination process is presented to PGY 3's in the spring of their final year. PGY 3 residents write off service notes in their penultimate or final clinic encounter.

Expectations are higher for increasing levels of post graduate training. For example, peri-operative evaluations are usually assigned to PGY 3s because this involves high level, complex decision making.

The continuity clinic will also feature "Telemedicine". Initially it would involve making phone calls and doing an interview about patients interval complaints, discuss BP and Blood sugar values if available, go over their medications and counsel them about continues care. Upon availability of appropriate equipment in the clinic and in patients with a smart phone, a video call will be done instead of a simple audio phone call".

2. Ambulatory Care Rotations (ACR)

The second component is the **Ambulatory Care Rotation**. Each PGY 1, PGY2, and PGY3 completes a one-month Ambulatory Block rotation. During these blocks, the residents rotate through private doctors' offices. The residents may also have extra Continuity Clinic sessions. The ACR experience offers residents the opportunity to experience a variety of different ambulatory settings. These include:

- **Private Office (PO):** Each PGY2 or PGY3 spend their Ambulatory Block seeing patients in the private office of one of our clinical General Medicine faculty, who

provide supervision and case-based teaching during the rotation. The clinician acts as a mentor offering one-to-one teaching experience. Residents learn about practice management, managed care and ambulatory procedures. Residents may also have sessions in places such as the Women's Health Center, the private office of an ophthalmologist, the Wound Care Center, Occupational Health and the Rheumatology Clinic. The emphasis is on teaching residents the broader knowledge and skill base required to practice comprehensive general internal medicine.

- **General Medicine Ambulatory Rotation (AR):**

Each of the PGY1 residents has one-month rotations throughout various outpatient clinics and private physician offices. The standard schedule has a different assignment each morning and afternoon of the week. Rotations include the private offices of an ophthalmologist, the Women's Health Center, the Wound Care Center, the Cancer Center and the Outpatient Clinics based at the Jersey Street Campus which include Allergy, Endocrinology, ENT, Neurology, Orthopedics, Podiatry, Psychiatry, Pulmonary and Rheumatology. Residents also visit the Trinitas Regional Medical Center outpatient Physical Therapy unit, Occupational Health and the Women's Health Center. This rotation offers PGY1 residents an overview of the broad knowledge and skills required by the general internist in practice.

3. Ambulatory Didactic Programs:

The final component of the ambulatory educational program is the **Ambulatory Didactic Program**, which includes Noon Conferences on alternate Tuesdays devoted to topics in Ambulatory Medicine. Several additional Noon Conferences are devoted to the broader topics of Ambulatory General Internal Medicine. Conference formats include lectures, case presentations and discussions, role-playing, and the presentation of multiple choice questions for discussion. Outside speakers and speakers from other disciplines are utilized as needed. Sessions with multi-disciplinary speakers are utilized for topics such as Managed Care, Practice Management, Quality of Care, and Legal Medicine. Resident participation is always encouraged. Residents are encouraged to offer suggestions for topics for future sessions. Ambulatory topics are also presented as part of the Grand Round series and interesting cases from Continuity Clinic are occasionally presented at the Chief of Service Rounds.

Principal Teaching/Learning Activities:

The principal teaching/learning activity of the ambulatory programs is through **Direct Patient Care (DPC)** activities. In all ambulatory settings, residents present their cases to the supervising faculty preceptor and a discussion of evaluation and management ensues. Often resident and faculty member return together to the examining room to expand on the history or physical examination and to teach about interviewing and

examination techniques. The **Ambulatory Didactic Programs** described above complement direct patient care activities.

Principal Educational Goals by Relevant Competency

The goals of the teaching program are to expand each resident's knowledge of the principles of continuity of care as they apply to the medical care of their patients. The competencies of the General Medicine Ambulatory Experience include the knowledge, skills, and attitudes that make the difference between the provision of episodic, fragmented, and occasionally ineffective care, and care that typifies quality general internal medicine practice with an emphasis on continuity of care.

In the tables below, the principal educational goals for the ambulatory programs are listed for each of the six ACGME competencies. All goals are met via increasing levels of knowledge and responsibility during the PGY1 through PGY3 years, except where noted. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the following legend

*** Legend for Learning Activities (See above for descriptions)**

ADP = Ambulatory Didactic Program
 PO =Private Office
 CC =Continuity Clinic
 General Medicine
 Ambulatory Rotation (AR)

1) Patient Care

Principal Educational Goals	Learning Activities*
Effectively interview ambulatory patients	CC, PO, AR, ADP
Effectively examine ambulatory patients	CC, PO, AR
Maintain focus and timeliness in the evaluation and management of ambulatory problems	CC, PO, AR
Understand and implement appropriate strategies for disease prevention and health promotion	CC, PO, AR, ADP
Develop strategies to efficiently evaluate and manage common ambulatory medical problems	CC, PO, AR, ADP
Competently perform frequently required office-based procedures	CC, PO, AR, ADP
Effectively use consultants	CC, PO, AR
Peri-Operative Evaluation: PGY2 and PGY3	CC,PO, AR

2) Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences of general internal medicine underlying the medical care of ambulatory patients	CC, PO, AR, ADP
Access and critically evaluate current medical information and scientific evidence relevant to ambulatory patient care	CC, PO, AR, ADP
Know how to modify risk factors for disease by counseling to achieve behavioral change	CC, PO, AR, ADP
Apply current guidelines to optimize patient care before surgery: PGY2 and PGY3	All

3) Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of ambulatory patients	CC, PO, AR, ADP
Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting	CC, PO, AR, ADP

4) Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with patients and families across a broad range of socioeconomic and ethnic backgrounds	CC, PO, AR
Communicate effectively with physician colleagues and members of other health care professions to assure comprehensive patient care	CC, PO, AR
Explore psychological issues as appropriate	CC, PO, AR
Serve as the patient's advocate	CC, PO, AR

5) Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward towards patients, families, colleagues, and all members of the health care team	All
Assists overloaded colleagues	CC, PO, AR

6) Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for ambulatory patients	CC, PO, AR, ADP
Collaborate with other members of the health care team to assure comprehensive ambulatory patient care	CC, PO, AR
Effectively use office-based triage systems and telephone-based care	CC, PO, AR, ADP
Practice efficiently so that patient care proceeds at an acceptable rate, appropriate for the nature of each encounter	CC, PO, AR, ADP
Use evidence-based, cost-conscious strategies in the care of ambulatory patients	CC, PO, AR, ADP
Begin to understand the business aspects of practice management in a variety of settings	CC, PO, AR, ADP

Milestone Objectives

Patient Care

- Obtain Relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Modify differential diagnoses and care plan based upon clinical course and data as appropriate (PC-C3)
- Makes appropriate clinical decisions based upon the results of more advanced diagnostic tests (PC-E2)
- Provide appropriate preventive care and teach patients regarding self care (PC-F3)
- With supervision manage patients with common clinical disorders seen in the practice of ambulatory general internal medicine (PC-F4)
- Independently manage patients with a broad spectrum of clinical disorders seen the practice of ambulatory internal medicine (PC-F8)
- Customize care in the context of the patients preferences, belief systems and overall health (PC-F10)

Medical Knowledge

- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understand the relevant pathophysiology and basic science for uncommon or complex medical conditions (MK-A8)

- Demonstrate sufficient knowledge of sociobehavioral sciences including but not limited to health care economics, medical ethics, and medical education (MK-A9)

Practice Based Learning and Improvement

- Appraise the quality of medical information resources and select among them based in the characteristics of the clinical question(PBLI-C4)

Interpersonal and Communication skills

- Engage patients/advocates in shared decision making for difficult, ambiguous or controversial scenarios (ICS-A4)
- Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Engage in collaborative communication with all members of the health care team (ICS-D3)
- Ensure succinct, relevant and patient specific written communications (ICS- F2)

Professionalism

- Demonstrate empathy and compassion to all patients (PB1-B2)
- Provide support (Physical, psychological, social and spiritual) for dying patients and their families, (PB3)
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status and (P-I1)
- Maintain patient confidentiality. (P-J1)
- Recognize and manage conflict when patient different from their own values. (P-I2)

System Based Practice

- Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation, and visiting nurse services (SBP-A2)
- Negotiate patient centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing skills and coordinating activities of interprofessional team members (SBP-B4)
- Reflect awareness of common socio-economic barriers that impact patient care (SBP-D1)
- Demonstrate incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios (SBL-E3-E4)

Recommended Resources

- **Ambulatory Care Learning Modules**
- **UpToDate, AccessMedicine** (available throughout Trinitas Regional Medical Center)
- **Textbooks Available** in Continuity Clinic
- **Library of Ambulatory Medicine Books, Articles and Primary Care Literature Reviews**— available in the Chief of Primary Care's office
- **Medical Library** at Trinitas Regional Medical Center

- **Medline Searching** – available in practices, residents' lounge and Medical Library

Evaluation Methods

Their primary Faculty Preceptors use the e*value system to formally evaluate residents' continuity care performance, quarterly. Each evaluation is reviewed with the resident and feedback and suggestions given for improvement. In addition, Faculty Preceptors complete mini-CEX evaluations with the residents. Preceptors in the Private Office sites evaluate the residents at the end of each rotation. As per new ACGME requirements residents may receive faculty guidelines to develop a data base action plan regarding management of their continuity patients and will review it with faculty preceptors.

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4/10 (with input from Drs. Lee and Ramos);

4/11 (with input from Dr. Imran)

5/12 (with input from Dr. Yadav)

9/13

5/14 with input from Dr. Srivastava

1/15 Dr. Butler and Dr. Goddard

6/16 Dr. Butler and M. Ahmed

6/17 Dr. Butler

6/19 Dr. Palekar

7/20 Dr. Palekar, Dr. Mathew(R) and Dr. C. Nwachukwu (R)

7/21

Rutgers New Jersey Medical School at Trinitas Regional Medical Center Internal Medicine Residency Program: Curriculum for Cardiovascular Medicine Rotation

Overview

The Department of Cardiovascular Medicine at Trinitas Regional Medical Center has a busy clinical service as well as state-of-the-art laboratories in the diagnostic and therapeutic cardiac disciplines. This affords the medical resident a wide variety of experiences.

The cardiovascular elective is open to second and third-year internal medicine residents. The resident is an active member of the Cardiology consult team, along with an attending, a fellow, and the occasional medical student. The focus in this elective is on inpatient consultative cardiology, with exposure to the CCU environment as well as inpatient consults to the Cardiology service from the wards, ICU, and emergency room. There is also exposure to outpatient cardiology in an office setting.

Educational Objectives

This rotation provides an excellent opportunity for the resident to acquire experience in the management of a broad range of acute and chronic cardiovascular diseases, including myocardial infarction, unstable angina, chronic coronary artery disease, evaluation of chest discomfort, use and limitations of noninvasive and invasive cardiac testing, congestive heart failure, arrhythmias, lipid disorders, hypertension, peripheral vascular disease, valvular heart disease, cardiomyopathy and pulmonary heart disease, as well as preoperative evaluation of patients with known or suspected cardiac disease. The resident is expected to consider the etiology, pathogenesis, clinical presentation and natural history of the condition encountered. The medical resident will work in conjunction with medical house staff and a cardiology fellow, and under the supervision of a cardiology attending. The rotation is flexible in format, and to supplement the hands-on clinical experience, depending on interest, the resident can spend variable amounts of time on electrocardiogram (ECG) interpretation and echocardiography interpretation with emphasis on basic cardiac anatomy, physiology and pathophysiological correlation.

At the end of the rotation, the resident will be proficient in the following common areas of clinical cardiology:

- Diagnosis and management of chest pain
- Use and limitations of noninvasive and invasive testing
- Diagnosis and management of acute coronary syndromes
- Diagnosis and management of congestive heart failure
- Diagnosis and management of atrial and ventricular arrhythmias
- Diagnosis and management of cardiomyopathy
- Diagnosis and management of dyslipidemia
- Preoperative evaluation of patients with known or suspected cardiac disease

Schedule and Responsibilities

The medical resident should start the day with work rounds at 8 am on the Cardiology consult service. The resident will work with the two cardiology fellows on the clinical service and

noninvasive rotation. The medical resident is expected to see 2-3 new consults per day, and follow and write daily progress notes on those patients after discussion with the cardiology fellow or attending and can carry up to a maximum of seven patients.

The learning objectives are achieved through direct patient care as well as close observation of clinical management of cardiology patients who are not necessarily being directly followed by the resident. It is important for the resident to gain exposure to CCU as well as non-CCU cardiology patients, but depending on level of interest, the resident may devote more time to one environment than the other.

Medical residents are encouraged to become involved in directly witnessing test performance and/or test results on patients they follow (i.e., witness exercise tests, review radiologic studies, nuclear scans, echo images/results and cardiac catheterization data).

The resident on Cardiology elective will also spend at least two half days at either Dr. Pullatt or Dr. Joshi's office seeing outpatient consults and follow-ups.

Work Rounds (Fellow, residents, and nurses):
Monday- Friday: Morning 8:30 am to 10:30 am

Cardiology Attending Teaching Rounds:
Monday - Friday

Educational Didactic Conferences

Tuesday: Morning report with Dr. Pullatt 7:00 to 8:00 AM

Wednesday: Cardiology fellow conference from 7:00 to 8:00 AM

1st Wednesday of the month: Cardiology mortality and morbidity rounds at 8:00 a.m.

- Morning report takes place at 8 South conference room while cardiology conferences take place at the Cancer Center first floor conference room.
- The medical resident is expected to make arrangements (around clinical work) to attend all cardiology conferences.

The medical resident is encouraged to utilize "open time" between clinical work for

- Didactic reading about cardiology conditions/ patients they have encountered that day. They should look up relevant topics from the literature
- Additional reading of ECGs to refine their interpretive skills. This can be arranged with the Cardiology fellow. Alternatively, you may feel free to introduce yourself to the Cardiology attending assigned to the ECG rotation that week and make individual arrangements to spend thirty minutes to an hour in a given day
- Witnessing selected cardiology procedures such as transesophageal echocardiography, cardioversion, Implantable loop recorder implantation, cardiac catheterization or angioplasty. Again, feel free to introduce yourself and make appropriate arrangements. Cardiology attendings are accustomed to medical residents and enjoy this interaction whenever logistically feasible. Direct witnessing of up to three of these procedures in a given rotation can be a valuable experience, though higher numbers beyond this generally are not worthwhile

Educational Goals Based on the ACGME General Competencies

In the tables below, the principle educational goals of the cardiovascular disease curriculum are listed for each of the six ACGME competencies:

- 1) Patient Care
- 2) Medical Knowledge
- 3) Practice-Based Learning and Improvement
- 4) Interpersonal and Communication Skills
- 5) Professionalism
- 6) Systems-Based Practice

The abbreviations for the types of learning environments are defined below.

Learning Environments:

- SDPC Supervised direct patient care
 WR Work rounds
 EDC Educational didactic conferences
 DSP Directly supervised procedures

1) Patient Care

Objective	Learning Environments
Perform a history and examination	SDPC, WR
Formulate and carry out effective management plans	SDPC, WR
Clearly and succinctly document patient management in the medical record	SDPC, WR
Competently perform procedures (Read ECGs, read stress tests, read echocardiographs, interpret pulmonary artery tracings, perform central lines, etc.)	DSP, EDC

2) Medical Knowledge

Objective	Learning Environments
Application of basic knowledge of pathophysiology to the diagnostic and therapeutic process	SDPC, WR, EDC

Development of an appropriate, efficient differential diagnosis	SDPC, WR, EDC
Interpretation of lab data, electrocardiograms, noninvasive cardiac images, radiologic images	SDPC, WR, EDC

3) Practice-Based Learning

Objective	Learning Environments
Identify deficiencies in knowledge base and develop independent reading program to address these gaps	SDPC, WR, EDC
Effectively perform a literature search to answer clinical questions	SDPC, WR, EDC
Attendance at section teaching conferences	EDC

4) Interpersonal and Communication Skills

Objective	Learning Environments
Communicate accurately and compassionately with patients and their families	SDPC, WR
Professionally interact with entire health care team	SDPC, WR

5) Professionalism

Objective	Learning Environments
Treat all patients, health care providers and hospital employees with respect and integrity	SDPC, WR
Maintain patient confidentiality at all times	SDPC, WR, EDC

6) Systems-Based Practice

Objective	Learning Environments
Proper use of ancillary services including the Echo and Nuclear lab, laboratory and radiologic testing, and consultation from other clinical services	SDPC, WR, EDC
Demonstration of an understanding of the available resources for continuing patient care	SDPC, WR
Ability to gather pertinent clinical information from other caregivers	SDPC, WR

Resident Evaluation

Residents are informally evaluated on an ongoing basis by the attending and the cardiology fellow. Any deficiencies that are identified are quickly rectified. In addition, attendings who have worked with the resident are required to complete official evaluation electronically via New Innovations, which are filed in the resident's record. The PD or APD of the residency, in conjunction with the resident, reviews these evaluations in a semiannual time frame .

Suggested Reading

While there is no specific reading list for the rotation, the following texts are recommended as general educational resources. In addition, residents are encouraged to access the Cardiology Fellows' Library, which has a varied selection of both textbooks and multimedia (computer based, videotape and CD) learning materials.

1. Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 11th Edition, 2018
2. Harrison's Principles of Internal Medicine, 20th edition, 2018
3. Marriott HJ. Practical Electrocardiography. 12th edition, 2013.
4. Mayo Clinic Cardiology: Concise Textbook, 4th edition, 2012.
5. O'Keefe The Complete Guide to ECGs, 4th edition, 2016.

Review

5/19 R. Pulatt, MD

8/20 R. Pullutt, MD

Rutgers New Jersey Medical School
Internal Medicine Residency Program

Trinitas Regional Medical Center
Educational Program Description - A Competency-Based Curriculum
Emergency Medicine

2021 - 2022

Course Directors:

John D'Angelo, DO - Trinitas Regional Medical Center

OVERVIEW:

Emergency Medicine involves the evaluation and care of acute illness and injuries that require intervention within a limited time span. It is defined by a time interval rather than by a particular organ. Some conditions may be encountered in office practice, others in acute care settings. Regardless of the setting, the general internist should be able to manage common emergency conditions and provide consultation and management for a variety of acute serious illnesses.

PGY 2-3 residents spend a one-month required block rotating in the emergency department (ED). Blocks can be in two week intervals. In addition, all dually-accredited allopathic/osteopathic residents do a one month block in their PGY -1 year. Supervision in the ED is by full-time faculty in the Department of Emergency Medicine. Residents perform initial evaluations of adult, adolescent, and pediatric patients presenting to the ED with medical and minor surgical problems. All patients are presented to the Emergency Medicine attending who then evaluates the patient to verify history and physical findings. Together the medical resident and Emergency Medicine attending develop and diagnostic and therapeutic plan. If a patient requires admission, the resident calls the patient's primary care physician and discusses the case with him. When needed, consultants in Surgery, Gynecology, Neurology, Neurosurgery, Orthopedics, ENT, Urology and the medical sub-specialties are called in to see the patient.

Duties and Responsibilities Residents

Residents are expected to see patients of all acuities and disease types while in the emergency department.

Residents are to perform a thorough yet focused history and physical and formulate a list of appropriate differential diagnoses. They will then formulate and initiate an appropriate therapeutic and diagnostic plan. The resident will then discuss their findings and plan with the attending physician.

All diagnostic results will be reviewed and interpreted by the resident. Pertinent positives and critical values will be reviewed with the attending physician including radiographs.

Residents will perform procedures, commensurate with experience, with the attending physician being present for "key portions" only.

PGY-3 residents will be expected to assume a “leadership role” in resuscitations and be well versed in Advanced Cardiac Life Support protocols. All resuscitations will be conducted under the direct supervision of the attending physician

Emergency Medicine Rotation at Trinitas Regional Medical Center

During the Emergency Medicine rotation, residents are assigned sixteen 10-hour shifts, generally from 9 a.m. to 7 p.m. They will attend their regular weekly Continuity Clinic and will not have ED shifts scheduled on clinic days.

Principal Teaching/ Learning Activities

The principal teaching and learning activities during the Emergency Medicine Rotation are:

Direct Patient Care (DPC) activity working one-on-one with the Emergency Medicine attending staff.

Direct Supervision of Procedures (DSP) performed by medicine residents in the ED and supervised by Emergency Medicine faculty. These procedures may include suturing of lacerations, placement of central venous and arterial lines, immobilization and supportive bandaging of soft tissue orthopedic injuries, and incision and drainage of abscesses.

Common Clinical Presentations

- Abdominal pain
- Acute vision loss
- Cardiac arrest
- Cardiac arrhythmias
- Chest pain
- Coma
- Dehydration
- Diarrhea
- Dyspnea
- Gastrointestinal bleeding
- Headache
- Hemoptysis
- Hip fracture
- Leg swelling
- Musculoskeletal trauma
- Palpitations
- Severe hypertension
- Shock
- Syncope
- Vaginal bleeding
- Vomiting
- Wheezing

Procedural Skills

- Abdominal paracentesis
- Advanced cardiac life support
- Arthrocentesis

- Cardioversion
- Fluorescent staining of cornea
- Incision and drainage of abscesses
- Lumbar puncture
- Masked ventilation to maintain airway
- Needle decompression of tension pneumothorax
- Placement of central venous catheters
- Placement of nasogastric tube
- Splinting
- Repair of laceration
- Endotracheal intubation (optional)
- Insertion of temporary pacemaker (optional)
- Pericardiocentesis (optional)

Ordering And Understanding Tests

- Computed tomography of head, chest, abdomen, and neck
- Echocardiography
- Noninvasive vascular studies
- Pulmonary angiography
- Toxicology studies
- Ultrasound of abdomen and pelvis
- Ventilation/ perfusion scans of the lungs

Principal Educational Goals By Relevant Competency

In the tables below, the principal educational goals for the Emergency Medicine rotations are listed for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/ learning activity for each goal, using the legend below.

Legend for Learning Activities

- **DPC**- direct patient care
- **DSP**- directly supervised procedures
- **EMRL** Emergency Medicine Reading List

Patient Care

Principal Educational Goals	Learning Activities
Effectively perform initial evaluation and management of patients with medical emergencies and minor surgical emergencies	DPC
Effectively assess patients' need for hospital admission and appropriate level of inpatient care	DPC
Know indications for common emergency department procedures and perform these procedures with proper technique	DSP

Medical Knowledge

Principal Educational Goals	Learning Activities
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with medical	DPC

and minor surgical emergencies	
Access and critically evaluate current medical information and scientific evidence relevant to medical and surgical emergency care	DPC,

Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities
Identify and acknowledge gaps in personal knowledge and skills in the care of patients with medical and minor surgical emergencies	DPC
Develop strategies for filling knowledge gaps that will benefit patients with medical and minor surgical emergencies	DPC

Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities
Communicate effectively with patients and families in a stressful ED environment	DPC
Communicate effectively with physician colleagues in the ED and members of other health care professions to assure timely, comprehensive patient care	DPC
Communicate effectively with primary care physicians regarding the care of their patients in the ED	DPC
Communicate effectively with consulting residents and attendings from specialty services whose assistance is needed in the evaluation or management of patients in the ED	DPC
Communicate effectively with colleagues when signing out patients	DPC

Professionalism

Principal Educational Goals	Learning Activities
Behave professionally towards patients, families, colleagues, and all members of the health care team	All

Systems-Based Practice

Principal Educational Goals	Learning Activities
Understand and utilize the multidisciplinary resources necessary to care optimally for patients in the ED	DPC, EMRL
Collaborate with other members of the health care team to assure comprehensive care for patients in the ED	DPC, EMRL
Facilitate the safe and timely transfer of admitted patients from the ED to the appropriate inpatient setting	DPC, EMRL
Use evidence-based, cost-conscious strategies in the care of patients with medical and minor surgical emergencies	DPC, NC, EMRL

Rotation-Specific Milestone Objectives

Patient Care

- Obtain Relevant historical subtleties and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient. (PC-A3)
- Routinely identify subtle or unusual findings that may influence clinical decision making, using advanced maneuvers when applicable (PC-B4)
- Modify differential diagnosis and care plan based upon clinic course and data as appropriate.
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of emergency medicine(PC-F8)
- Manage complex or rare emergent medical conditions and understand when consultation is appropriate (PC-F9)

Medical Knowledge

- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understand indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and performance characteristics (MK-B2-B3)

Practice Based Learning

- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions. (PBL-B2-B3)
- Effectively and efficiently search evidence based summary medical information resources (PBLI-C3)
- Appraise the quality of medical information resources and select among them based on the characteristics of the clinical question(PBLI-C4)
- Customize clinical evidence for an individual patient and integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E2, E4)
- Communicate risks and benefits of alternatives to patients (PBLI-E3)

Interpersonal and Communication Skills

- Actively seek to understand patient differences and views and reflect this in respectful communication and shared decision making with patient and the healthcare team(ICS-B3)

Professionalism

- Role model effective communications for more junior colleagues (e.g. medical students, interns) (P-F6)
- Effectively advocate for individual patient needs (P-G2)

System Based Practice

- Negotiate patient centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members

Recommended Resources

- Tintanalli Emergency Medicine; a Comprehensive Study Guide

- Goldfrank's Toxicologic Emergencies
- Fleisher and Ludwig Textbook Pediatric Emergency Medicine
- Robert and Hedges Clinical Procedure in Emergency Medicine
- Tintinalli and Pearlman Emergency Care of the Women
- UpToDate (available on all hospital computers)
- Medline Searching and MDConsult (available all hospital computers)
- Thaler; The only EKG book you will need.
-

Evaluation Methods

Residents are formally evaluated by the Emergency Medicine attendings, at either Trinitas Regional Medical Center or Saint Michael's Medical Center, at the end of the monthly rotation or two week block, using the standard evaluation form in the web-based E-Value system. Each resident is assessed as to his or her knowledge, skills and attitudes, and achievement of the goals and objectives for the rotations in accordance with the six ACME competencies and milestones. In addition, 360° evaluations are provided by nurses and ancillary staff. The evaluations will be reviewed with the resident and feedback and suggestions for improvement given.

REVIEWED: 2013, 2014, 2015, 2016, 2017 , 2018, 2019
John D'Angelo, DO – TRMC and Steven Narbut 2019 PGY III
8/2020 J. D'Angelo, DO

**Rutgers-New Jersey Medical School
Trinitas Regional Medical Center
Internal Medicine Residency**

Endocrinology Elective Curriculum 2021-2022

Ari Eckman, MD

Educational Goals:

At the completion of the Endocrinology Elective, the resident will understand the principles of evaluation and management of endocrinological problems in both inpatient and outpatient settings.

Educational/Learning Objectives:

By the end of the Elective, the residents should:

- Be able to take a history recognizing and understanding the importance of the symptoms related to thyroid dysfunction, diabetes mellitus, erectile dysfunction, menstrual irregularities, infertility, menopause related problems, hirsutism, osteoporosis, calcium disorders, endocrine hypertension, hyperlipidemia, adrenal, and pituitary disorders.
- Know how to evaluate thyroid glands for size and nodularity, how to assess thyroid ophthalmopathy, how to evaluate the retina of the diabetic, and how to evaluate testicular size. Will be familiar with the physical findings in typical patients with Addison's Disease, hypopituitarism, Graves' disease, Cushing's syndrome, and hypogonadism.
- Be familiar with the interpretation of laboratory data relevant to diagnosis of pituitary and target organ hormonal excess and deficiency, and know the typical associated non-hormonal laboratory findings in such cases.
- Have experience and/ or training in the management of patients with Type I and Type II diabetes, using the full spectrum of oral agents and a variety of insulin regimens including insulin pump regimens as well as insulin drips. They will also participate in the evaluation of patients with nodular and functional thyroid disease, and learn about the indications for fine-needle aspiration of the thyroid. They will learn the evaluation and management of hyperlipidemias and osteoporosis.
- Diagnosis and management of other endocrine disorders will vary in coverage depending on patients seen, but hyperparathyroidism, primary and secondary Cushing's syndrome, hirsutism, adrenal insufficiency, hypogonadism, hypocalcemia, hypercalcemia, hypoglycemia, polycystic ovarian syndrome, pituitary adenomas and hypopituitarism will also be encountered during a typical rotation. Residents are less likely to see patients with insulinoma, Addison's disease, pheochromocytoma, and other uncommon diagnoses.

- Should the residents during their Endocrinology rotation or during the hospitalist rounds, come across any interesting endocrinological diagnoses, residents are encouraged to write case reports and/or poster presentations about those cases.
- Be familiar with when to order and how to interpret thyroid scan and uptake studies.
- Be able to evaluate diabetes-related end organ damages. This includes:
 - Examination of the feet for signs of vascular insufficiency, autonomic changes, ulcers, gangrene, and nail dystrophy.
 - Examination of the skin for evidence of diabetic related skin diseases
 - Eye examinations including fundoscopic evaluation of diabetic retinopathy/maculopathy
 - Examination of the vascular tree for any evidence of macro-vascular diseases
- Evaluation of skin rashes and pigmentation, hirsutism, and clinical stigmata of various lipid disorders.
- Know the importance of examination of the gonads and breasts, measurement of body-mass index, and blood pressure measurements.
- Understand the importance of monitoring HbA1C and appropriately managing the variations in blood glucose in diabetic patients.
- Be able to interpret various electrolyte disturbances and their management
- Know the indications for and interpret bone density studies and appropriate management of osteoporosis
- Be able to interpret suppression and stimulation tests of endocrinological glands, i.e., pituitary/hypothalamic functions, adrenal functions
- Understand the pathophysiology of dyslipidemias, their clinical importance, therapeutic options and monitoring of the disease and complications of therapy
- Be able to evaluate hypercalcemia in both outpatient and inpatient populations, including clinical manifestations, differential diagnostic tests, and management.
- Be able to evaluate hyperparathyroidism, including Vitamin D deficiency, and understand treatment options, as well as surgical indications.
- Acquire a knowledge base of a broad spectrum of endocrinological disorders with an understanding of the following aspects of each: pathophysiology, clinical presentation, natural history and long term-outcome, complications, therapeutic options and complications of therapy.

Schedule of Activities

- **Endocrine Clinic**

Endocrine Clinic is held each Wednesday from 8:30 am to 11:30 am. Residents will see patients referred to the Clinic and present the case to the Attending faculty member. Residents on certain other Outpatient rotations will also attend Endocrine Clinic, affording the opportunity for longitudinal patient follow-up.

- **Inpatient Consultations**

Residents will perform inpatient consults referred to the Service, presenting the cases to the Faculty Attending and write a detailed consultation note after the discussion. Follow-up under the supervision of the faculty will be performed routinely, including daily follow-up notes, as appropriate.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for this rotation are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.

*** Legend for Learning Activities (See above for descriptions)**

AR - Attending Rounds
 DPC - Direct Patient Care
 CS - Chief of Service Rounds
 JC - Journal Club
 GR - Grand Rounds
 MR - Morning Report
 SS- Subspecialty Conferences
 M&M- Morbidity & Mortality Conference

1) Patient Care

Principal 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, CS
Generate and prioritize differential diagnoses	DPC, AR, MR, CS
Develop rational, evidence-based management strategies	DPC, AR, MR, CS

2) Medical Knowledge

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

3) Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients	DPC, AR, MR, CS
Develop and implement strategies for filling gaps in knowledge and skills	CS, JC

4) Interpersonal Skills and Communication

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

5) Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward towards patients, families, colleagues, and all members of the health care team	All

6) Systems-Based Practice

Principle Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC
Collaborate with other members of the health care team to assure comprehensive patient care	DPC
Use evidence-based, cost-conscious strategies in the care of hospitalized patients	DPC, AR, CS, MR, SS, JC

Milestone Objectives

I Patient Care

- Obtain Relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual physical finding that may influence clinical decision making, using advanced maneuvers where applicable (PCB4)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-C3)
- Make appropriate clinical decision based upon results of more advanced diagnostic tests such as thyroid, US, CT and MRI scans, and nuclear medicine studies and laboratory tests (PC-E2)
- Independently manage or as appropriate with Endocrinology specialist supervision, patients with a broad spectrum of Endocrinology disorders.
- Provide endocrinology consultation to other services and provide Endocrinology consultation for patients with more complex clinical problems.

II Medical Knowledge

- Demonstrate sufficient knowledge to evaluate complex or rare endocrine conditions and multiple coexistent conditions (MK-A7)
- Understand the relevant pathophysiology and basic science for endocrinological disorders Or complex Endocrine conditions (MK-A8)

III Practice Based Learning and Improvement

- Classify and precisely articulate clinical questions and develops a system track, pursue and reflect on these clinical questions (PNLI-B2, B3)
- Effectively and efficiently search evidence based summary medical information resources. (PBLI-C3)
- Customize clinical evidence for an individual patient and integrates clinical evidence, clinical context and patient preferences in decision making (PVLII-E2, E4)
- Communicate risks and benefits of alternatives to patients (PBLI-E3)

IV Interpersonal and Communication Skills

- Communicate consultative recommendations to the referring team in an effective manner (ICS-E2)
- Ensure succinct, relevant and patient specific written communications (ISC-F2)

V. Professionalism

- Reports to rounds on time, dresses appropriately and responds to phone calls in a timely manner.

VI System Bases Practice

- Demonstrate incorporation of cost-effectiveness into standard clinical judgment and complex clinical scenarios, as appropriate. (SB E3-E4)

Evaluation and Feedback

Residents on this elective will receive continuous informal evaluation of performance from the faculty attending daily. Formal evaluation of the resident is completed by the attending at the conclusion of the rotation assignment using the Rutgers-NJMS/Trinitas evaluation form in New Innovations. The written evaluations are provided to the Internal Medicine Program Director.

Suggested Reading

Endocrinology Section of the Cecil or Harrison *Textbook of Medicine*.

Endocrinology Sections of *Up To Date*, available on all TRMC computers.

Supplemental reading in *Williams Textbook of Endocrinology*, 13th edition, 2013; and De Groot & Jameson, *Endocrinology* 5th edition, 2005.

Supplemental reading in *Greenspan's Basic & Clinical Endocrinology*, 10th edition, 2017.

*Reviewed and Revised 2012, 2013, 2014 Drs Barenetsky, Eckman Amarah,
Reviewed and Revised 2015 Eckman, Viswanathan(Resident)
Reviewed and Revised 2016 Eckman, Al-dallal(Resident), Meyreles (Resident)
Review 2016 Dr Eckman*

Reviewed 2017 Dr Eckman

Reviewed and revised 2018 Dr. Eckman and Dr Chris Martin, PGY III; W. Farrer, MD

Reviewed and revised 6/2019 Dr. Eckman and Dr. Hilda Enriquez PGY III

Reviewed and revised 7/2020 Dr. Eckman

Rutgers New Jersey medical School
Internal Medicine Residency Program
Trinitas Regional Medical Center
Educational Program Description - A Competency-Based Curriculum
Geriatrics Rotation

2021-2022

Educational Coordinator: Karim Khimani, MD

Overview:

All PGY III residents spend four weeks on a required Geriatrics rotation. Under the supervision of faculty certified in Geriatrics, they participate in a variety of experiences with elderly patients in settings ranging from inpatient services to patients' own homes. Individual experiences are described below under teaching/learning activities.

Principal Teaching/Learning Activities:

- **Geriatric Outpatient Practice (GOP)** – Direct Patient Care under the supervision of Geriatrics Faculty Members in their outpatient practices. Residents spend 4 days per week in the GOP
- **Nursing Home (BBECNH)** – Residents participate directly with Geriatrics faculty in the ongoing care of inpatients at various nursing homes.
- **Skilled Nursing Facility (SNF)** – Residents spend one day per week seeing patients in a SNF under the supervision of geriatrics faculty.
- **Geriatrics Consultation Service (GCS)** – Residents see elderly inpatients for whom geriatric consultation is requested.
- **Outpatient Rehabilitation Services (ORS)** – Residents spend 2 hours observing a range of outpatient rehabilitation therapies including physical therapy, occupational therapy, speech therapy and home safety evaluation.
- **Topic Review and Presentation (TRP)** – Each resident is expected to do one or two evidence-based topic reviews, which are then presented to Geriatrics faculty and other residents on Geriatrics rotations. Geriatric faculty members present one lecture per month as part of the Core Curriculum.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for the Geriatrics Rotation are listed for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activities for each goal, using the legend below.

*** Legend for Learning Activities (See above for descriptions)**

GCS – Geriatrics Consult
Service

SNF – Skilled Nursing Facility

TRP – Topic Review &
Presentation

MCC-Multiidisciplinary

GOP – Geriatrics Outpatient
Practice

Patient Care

Principal Educational Goals	Learning Activities*
Perform an efficient focused office visit with an older patient, including appropriate interview and physical examination	GOP
Recognize, evaluate and initiate appropriate treatment for geriatric syndromes	GOP, GCS, SNF, GIS MCC
Promote wellness and maintenance of function in elderly patients, including direction of patients to community resources related to wellness	GOP
Appropriately prescribe medications in elderly patients	GOP, GCS, SNF, GIS
Refer patients appropriately for inpatient geriatrics consultation, outpatient geriatric assessment, and rehabilitation services	GOP, GCS
Safely turn and transfer a patient with impaired mobility	SNF

Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of elderly patients	GOP, GCS, TRP, GIS MCC
Access and critically evaluate current medical information and scientific evidence relevant to elderly patients	GOP, GCS, TRP, GIS
Understand the concept of wellness and appreciate the importance of maintenance of function in elderly patients	GOP
Understand the important alterations in pharmacokinetics and pharmacological effect of medications commonly prescribed for elderly patients	GOP, GCS

Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of elderly patients	GOP, GCS, SNF, GIS MCP, HCF
Develop evidence-strategies strategies for filling gaps in personal knowledge and skills in the care of elderly patients	GOP, GCS, SNF, GIS MCP, HCF

Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with elderly patients and their families	GOP, GCS, SNF, HCF
Recognize and deal effectively with the communication challenges resulting from cognitive impairment in elderly patients	GOP, GCS, SNF, HCF
Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive care for elderly patients at various levels of care	GOP, GCS, SNF, MCP
Teach colleagues about important topics in Geriatrics	TRP
Provide sensitive and comprehensive terminal care including support for family and other caregivers.	GOP, GIS, HCF

Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward patients, families, colleagues, and all members of the health care team	All

Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for elderly patients	GOP, GCS, SNF, GIS, MCC
Collaborate with other members of the health care team to assure comprehensive care for elderly patients	GOP, GCS, SNF, GIS, MCC
Use evidence-based, cost-conscious strategies in the care of elderly patients	GOP, GCS, SNF, GIS, MCC
Understand the full range of living options for elderly persons and the cognitive and functional abilities required for successful living in these various settings	GOP, GCS, SNF, GIS, MCC

Milestone Objectives

Patient Care

- Obtain Relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PCA-3)
- Routinely identify subtle or unusual physical findings that may influence critical decision making, using advanced maneuvers where applicable (PC-B4)
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making. (PC-C4)
- Make appropriate clinical decisions based upon the results of common diagnostic test (PC-E2)

- Provide appropriate preventive care and teach patients regarding self care
- With minimum supervision, manage patients with common and complex clinical disorder seen in the practice of geriatric medicine (PC-F8)
- Customize care in the context of patients preferences and overall health

Medical Knowledge

- Demonstrate sufficient knowledge to diagnose and treat common conditions in geriatric patients that require hospitalization (MK-A2)
- Demonstrate sufficient knowledge to evaluate common ambulatory condition in geriatric medicine (MK-A3)
- Demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understands the pathophysiology and basic science for uncommon and complex medical conditions. (MK-A8)

Practice Based Learning and Improvement

- Demonstrate sufficient knowledge of socio behavioral sciences including but not limited to healthcare economics, medical ethics and medical education (PBLI)
- Appraise the quality of medical information resources and select among them, based on the characteristics of the clinical questions (PBLI-C4)

Interpersonal and Communication Skills

- Engage patients and advocates in shared decision making for difficult ambiguous or controversial scenarios (ICS-A4)
- Appropriately counsel patients about the risks and benefits of treatment, tests, and procedures, (ISC-A7)
- Engages in collaborative communication with all members of the health care teams (ICS-D3)
- Ensure succinct, relevant and patient specific written communications (ISC-F2)

Professionalism

- Demonstrates professionalism during interactions with colleagues, other health team members, the patient caregiver, and the patients family or loved ones
- Provide support (Physical, psychological, social and spiritual) for dying patients and their families (P-B3)
- Treat patients with dignity, civility, and respect regardless of race, culture, gender, ethnicity, age socioeconomic status and maintains patient confidentiality (P-I1, PJ1)
- Recognize and manage conflict when patient values differ from their own (P-12)

System Based Practice

- Negotiate patient centered care among multiple care providers (SBP-A3)
- Demonstrate how to manage the team by utilizing the skills and coordinating the activities of inter-professional team members (SBP-B4)
- Reflect awareness of common socio-economic barriers that impact patient care.

Recommended Resources

The rotation director at the beginning of the rotation provides a list of 10-15 important Geriatrics topics to all residents. Reading of all articles is required during the rotation

Evaluation Methods

Residents are formally evaluated by the supervising Geriatric attending. Each resident is assessed as to his or her knowledge, skills and attitudes, and achievement of the goals and objectives for the rotations in accordance with the six ACME competencies and milestones. All attendings will use the standard Rutgers NJ Medical School Trinitas Internal Medicine resident evaluation form. This is completed on our on line E*value system.. The faculty member meets with each resident following the rotation to discuss the evaluation with the resident.

Reviewed 7/17 Dr. Khimani

5/18 Dr. Khimani and Dr. B. Abuqayas PGY III

7/19 Dr. Khimani

7/20 Dr. Khimani

7/21 Dr. Khimani

Rutgers NJ Medical School
Internal Medicine Residency Program

Trinitas Regional Medical Center
Educational Program Description - A Competency-Based Curriculum
Gastroenterology

2021-2022

Michael J. Viksjo, MD – Trinitas Regional Medical Center

Overview and Goals:

The goal of this rotation is give the residents a broad experience in Gastroenterology in both the inpatient and outpatient settings. The resident will be in a supervised position as a consultant in the evaluation and management of patients with common gastrointestinal problems, including but not limited to the luminal tract, pancreas, biliary tract, and the liver. Both primary gastrointestinal disorders and the gastrointestinal manifestations of non-GI disorders will be covered.

Principal Educational Objectives:

The resident will become familiar with the management of the following entities during the elective, as outlined below in the Seton Hall University School of Health and Medical Sciences Internal Medicine Residency Program Curriculum:

Abdominal distension
Abdominal pain
Abnormal liver function test
Anorectal discomfort, bleeding, or pruritis
Anorexia, weight loss
Ascites
Constipation
Diarrhea
Excess intestinal gas
Fecal incontinence
Food intolerance
Gastrointestinal bleeding
Heartburn
Hematemesis
Indigestion
Iron-deficiency
Jaundice
Liver failure
Malnutrition
Melena
Nausea, vomiting
Noncardiac chest pain
Swallowing dysfunction

Educational Activities:

1. The consultative team consists of an attending, the medical resident, and a medical student .The day starts in the endoscopy suite, where the residents are exposed to a variety of endoscopic procedures including, but not limited to:
 - Control of acute variceal bleeding.
 - Control of other acute non-variceal bleeding such as peptic ulcer disease, gastric AVM, and Mallory-Weiss tear.
 - Control of lower GI bleeding, endoscopic polypectomy, and screening colonoscopies
 - Percutaneous endoscopic gastrostomy placement, its indications, complications and post placement care

2. Bed-side rounds with the attending start immediately after endoscopy and cover such topics as:
 - Acute abdomen and other GI emergencies
 - Liver disease including viral hepatitis, cirrhosis, ascites and complications
 - Acute pancreatitis and its complications and management
 - Acute diarrhea and colitis work-up and management
 - Obstructive jaundice and other biliary diseases
 - Nutritional issues in Gastroenterology

3. The resident will obtain exposure to outpatient Gastroenterology in the GI clinic. Residents will be involved in the initial evaluation, examination, and management of each clinic patient under close supervision of the attending.

GI Inpatient Consultation Service:

The resident on GI elective acts as a consultant on the inpatient service. He or she evaluates patients with common clinical gastrointestinal problems (as outlined above). Cases are reviewed and discussed in detail with the faculty preceptor and fellow in an interactive fashion.

GI Procedures:

Residents have the opportunity to observe procedures performed on all inpatients, especially those on whom they consulted .It is expected that the resident will become familiar with the indications, contraindications, interpretation, and possible complications of these procedures.

Practice Setting:

Patient care will be provided in the inpatient setting. Residents will be involved in both the initial consultation and follow-up care of patients in the hospital.

Working Arrangements:

Residents will be assigned for the month to the Gastroenterology attending on service. Residents will make daily rounds with the team on the consultative service. On average, the team follows ten in-patients/day. Following rounds, the resident will evaluate one to three new consults. Cases will be pre-selected for the resident so that there will be a spectrum of common GI disorders.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for the Gastroenterology elective are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.

*** Legend for Learning Activities (See above for descriptions)**

IS – Inpatient Service OS- Outpatient Service PR- Procedural training SS- Subspecialty Conferences
 BR- Bedside Rounds GIC- GI Conference JC- Journal Club

Patient Care

Principal Educational Goals	Learning Activities*
Interview patients more skillfully	IS, OS, BR
Examine patients more skillfully	IS, OS, BR
Define and prioritize patients' medical problems	IS, OS, BR
Generate and prioritize differential diagnoses	IS, OS, BR
Develop rational, evidence-based management strategies	IS, OS, BR

Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Gastroenterology	All
Access and critically evaluate current medical information and scientific evidence relevant to patient care	IS, OS, GIC, JC
Develop familiarity with the indications, contraindications, interpretation, and possible complications of GI procedures	PR, IS, OS, BR

Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of patients with gastroenterological problems	IS, OS, GIC, JC, BR
Develop and implement strategies for filling gaps in knowledge and skills	GIC, JC IS, OS, BR

Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with patients and families	IS, OS, BR
Communicate effectively with physician colleagues at all levels	IS, OS, BR, JC, GIC
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients	IS, OS, BR

Present patient information concisely and clearly, verbally and in writing	IS, OS, BR, GIC, JC
Teach colleagues effectively	IS, OS, JC, BR, GIC

Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward towards patients, families, colleagues, and all members of the health care team	All

Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex GI problems.	IS, OS, BR
Collaborate with other members of the health care team to assure comprehensive patient care	IS, OS, BR
Use evidence-based, cost-conscious strategies in the care of patients	IS, OS, BR, GIC, JC, SS

Milestone Objectives

Patient Care

- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive and detailed information that may not often be volunteered by the patient(PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-C3)
- Makes appropriate clinical decisions based upon the results of more advanced diagnostic tests such as elective Tumor markers for certain GI malignancy and auto antibodies for infiltrative liver disease (PC-E2)
- Independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine (PCF-1)
- Appropriately perform invasive procedures and provide post procedure management for common procedures such as flexible sigmoidoscopy (PC-D1)
- Provide specific, responsive consultation to other service and provide GI consultations for patients with more complex clinical problems with appropriate supervision (PC-G1-G2)

Medical Knowledge

- Demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and performance characteristic (MK-B2, MK-B3)

Practice-Based Learning

- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBL:-B2-B3)

- Appraise the quality of medical information resources and select among them based on the characteristics of the clinical questions (PBL-C4)
- Customize clinical evidence for an individual; patients and integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E2-E4)

Interpersonal and Communication Skills

- Appropriately counsel patients about the risks and benefits of treatments, tests and procedures (ISC-A7)
- Communicate consultative recommendations to the referring team in effect manner (ICS-E2)
- Ensure succinct, relevant, and patient specific written communications (ICS-F2)

Professionalism

- Treat patients with dignity, civility and respect regardless of race, culture gender, ethnicity, age or socioeconomic status and maintains confidentiality (P-I1,PJ1)

Systems-Based Practice

- Demonstrate the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios

Method of Evaluation:

Residents on this elective will receive continuous informal evaluation of performance from the inpatient and outpatient service attending daily. At the first session of the month the attending will review goals and expectations for the month. They will also discuss the six competencies and milestones for which they are being evaluated. Formal evaluation of the resident is completed utilizing the E*Value web-based reporting system. experience. 360° evaluations are completed by ancillary staff and retained in the trainee's file.

Suggested References:

Text Books:

- Sleisenger and Fordtran's Gastrointestinal and Liver Diseases.
- Diseases of the Liver by L. Schiff and E. R. Schiff.

Society Guidelines (follow links for practice/clinical guidelines)

- American Society for Gastrointestinal Endoscopy www.asge.org
- American College of Gastroenterology www.gi.org
- American Gastroenterology Association www.gastro.org
- American Association for the Study of Liver Diseases www.aasld.org

REVIEWED/Revised 2017

Michael J. Viksjo, MD

REVIEWED 2018

6/2019

7/2020

Rutgers NJ Medical School
Internal Medicine Residency Program

Trinitas Regional Medical Center
Educational Program Description - A Competency-Based Curriculum
Hematology/Oncology

2021-2022

Faculty: G. Capo, MD, M. Cholankeril, MD, W. Kessler, MD

Educational /Learning Objectives

Residents are expected to learn the following during the 4-week Hematology/Oncology elective:

- Interpretation of peripheral blood smears and understanding of bone marrow morphology
- Rational approach to the diagnosis and treatment of cytopenias, such as anemia, thrombocytopenia, pancytopenia,
- Biology of hematopoietic stem cells, including an introduction to the growth factor/cytokine networks
- Appropriate use of hematopoietic growth factors such as erythropoietin, granulocyte colony stimulating factor, etc.
- Appropriate use of blood and blood products. Work up of various transfusion reactions
- Increase understanding of the genetic and molecular events that lead to malignancy
- Principles governing the diagnosis and treatment of chronic leukemias, myeloma, myeloproliferative disorders, non-Hodgkin's lymphoma, and Hodgkin's disease
- Communication regarding the delivery of "bad news" and discussion of end of life decisions
- Gain experience in pain management and other aspects of palliative care and learn the skills for active participation in family meetings for goals of care.
- Increase familiarity with infectious, metabolic, and hematological complications of cancer and cancer therapy
- Learn the indications for cancer screening procedures in adults
- Learn the indications for adjuvant therapies of common adult cancers
- Learn the management of benign hematological conditions like TTP, ITP, DIC, hemophilia, sickle cell crisis.
- Learn the management of the critical issues associated with cancer patients like febrile neutropenia.
- Learn to utilize the services available in our cancer center like breast cancer navigation in outpatient medical clinic setting.
-

Hematology/Oncology Elective at Trinitas Regional Medical Center

Ambulatory Experience.

The resident will attend:

- Hematology Clinic – 2nd and 4th Tuesday and Thursday from 1-4
- Oncology Clinic – Tuesday and Friday from 1-6PM
- Private office (optional) Monday and Wednesdays 1-6PM

The resident will see new patients and interesting follow-ups under the direct supervision of the attending physician staffing the clinic. The resident will have the opportunity to participate in a multidisciplinary team approach to the care of cancer and hematology patients at its most developed level.

Inpatient Experience.

- Residents will participate in **Daily Rounds** on inpatient Hematology/Oncology patients with participation in admission work up, orders and follow up
- **Consults.** Residents are given the opportunity to make an initial assessment and presentation to the attending,
- **Residents will be encouraged to participate in family meetings at bed side with palliative care team.**

Conferences and Seminar

Tumor Board meeting the first Friday at 12:00 noon. Residents have the opportunity to present cases and discuss current issues in cancer management. In addition, guest speakers are scheduled once a month.

Residents are encouraged to attend Chief of Service Rounds, M&M and Grand Rounds.

The resident will see new patients and interesting follow-ups under the direct supervision of the attending physician staffing the clinic. The resident will have the opportunity to participate in a multidisciplinary team approach to the care of cancer and hematology patients at its most developed level.

Inpatient Experience.

Residents will participate in **Daily Rounds** on inpatient Hematology/Oncology patients that take place between 1:00pm – 4:00pm with the Attending Physician, Fellow, and Medical Students. Residents will participate in order writing, admission workup, discharge planning and management of acute medical problems that arise in these patients. The resident will have an opportunity to perform bone marrow biopsies.

Consults. The attending on service will assign inpatient consults to the Resident during the time that the resident is not in an outpatient clinic. The resident will evaluate the patient and present the consult to the fellow and attending on service. This will facilitate the involvement of Fellows in teaching the resident and also assure continuity of care, particularly after discharge. The Attending Physician on service will be responsible for that consult.

Clinic Tuesday and Thursday at 1:00PM

Conferences and Seminars.

The residents attend several regularly scheduled conferences and seminars. These include:

- **Morning Report -**
- **Hematology/Oncology Lectures:** Two lectures scheduled each month

- **Tumor Board Conference:** The first Friday of the month. There is discussion including surgeons, radiation oncologists, medical oncologists, radiologists, and pathologists. Residents on the Hem/onc electives can attend other Tumor Boards throughout the rotation.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for the Trinitas Hematology/Oncology elective are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.

*** Legend for Learning Activities (See above for descriptions)**

IC – Inpatient Consult Amb- Ambulatory DR- Daily Rounds SS- Subspecialty Conferences
 TB – Tumor Board JC – Journal Club MR – Morning Report

Patient Care

Principal Educational Goals	Learning Activities*
Interview patients more skillfully	IC, Amb, DR
Examine patients more skillfully	IC, Amb, DR
Define and prioritize patients' medical problems	IC, Amb, DR, MR
Generate and prioritize differential diagnoses	IC, Amb, DR, MR
Develop rational, evidence-based management strategies	IC, Amb, DR, MR, SS, TB, JC

Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Endocrinology	All
Access and critically evaluate current medical information and scientific evidence relevant to patient care	MR, TB, , JC

Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of patients with hematological and Oncologic problems	DR, MR, JC, SS, TB
Develop and implement strategies for filling gaps in knowledge and skills	DR, SS, JC, TB

Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with patients and families	IC, Amb, DR
Communicate effectively with physician colleagues at all levels	IC, Amb, DR, MR, TB
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients	IC, Amb, DR
Present patient information concisely and clearly, verbally and in writing	IC, Amb, DR, MR, JC, , TB
Teach colleagues effectively	IC, Amb, DR, JC, MR TB

Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward towards patients, families, colleagues, and all members of the health care team	All

Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex hematologic and Oncologic problems.	IC, Amb, DR
Collaborate with other members of the health care team to assure comprehensive patient care	IC, Amb, DR
Use evidence-based, cost-conscious strategies in the care of patients	All

Rotation-Specific Milestone Objectives

Patient Care

- Obtain relevant historical subtleties that inform and prioritize both differential diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Modify differential diagnosis and care plan based upon clinical course and data as appropriate. (PC-C3)
- Recognize disease presentation that deviate from common patterns and that require complex decision making (PC-C4)
- Appropriately invasive procedures and post procedure management for common Hem/onc procedures, such as interpretation of peripheral blood smears, bone marrow morphology and understanding the flow cytometry abnormality implications and cytogenetic abnormality implications. Participation in bone marrow aspiration and biopsy procedures, (PC-D1)
- Make appropriate clinical decisions based upon the results of more advanced diagnostic tests. Such as understanding and interpreting the pathology of the various common malignances, including molecular markers, PCR for BCR/acl, flow cytometry for CLL, serum protein electrophoresis.
- Manage patients with conditions that require intensive care (PC-F7)
- Resident independently manages or as appropriate with a Hematologist/Oncologist supervision, patients with a broad spectrum of clinical disorders seen in the practice of general Internal Medicine. (PC-F8)
- Resident recognizes complex or rare Hem/Onc diseases and understands when a Hem/Onc consult is appropriate(PC-F9)
- Resident provides Hem/Onc consultation for patients with more complex clinical problems requiring detailed risk assessment with appropriate supervision when necessary. (PC-G1-G2)

Medical Knowledge

- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understands the relevant Hem/Onc Pathophysiology and basic science for uncommon or complex medical conditions(MK-A8)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests such as PET/CT scans, MRIS, CT Scans, abnormal collection of bodily fluids (MK-B2)

Practice-Based Learning

- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2,B3)
- Effectively and efficiently search evidence based summary of medical information resources (PBLI-C3)
- Appraise the quality of medical information and select among them based on the characteristics of the clinical questions (PBLI-C4)
- Customize clinical evidence for individual patients(PBLI-E2)
- Integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E4)
- Communicates risks and benefits of alternative to patients. (PBLI-B3)Actively seeks feedback from all members of the healthcare team(PBLI-F2)
- Calibrates self assessment with feedback and other external data. (PBLI-F3)
- Reflects on feedback in developing plans for improvement (PBLI-F4)

Interpersonal and Communications Skills

- Appropriately counsels patients about the risks and benefits of tests and procedures, highlighting cost awareness and resource allocation. (ISC-A7)
- Communicates consultative recommendations to referring team in an effective manner (ISC-E2)
- Ensure succinct, relevant, and patient specific written recommendations (ISC-F2)

Professionalism

- Demonstrates empathy compassion and commitment to relieve pain and suffering to all patients (P-B1-B2)
- Recognizes and addresses personal, psychological and physical limitations that may affect professional performance. (PF4)
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status (PL1)
- Maintains patient confidentiality (J1)

Systems-Based Practice

- Demonstrates the incorporation of cost awareness principles into standard clinical judgments and decision making. (SB-E3-E)

Course Reading

The attending faculty member will guide the resident on service.

The residents have unlimited access to the hospitals' library, clinical trial protocol documents, and computers for literature searches.

Harrison's Hematology and Oncology, Dan L. Longo.

Williams Hematology, 8th Edition, Ernest, Beutler, Marshall A. Lichtman, Barry S. Coller, Thomas J. Kipps, Uri Seligsohn.

Up-to-Date

New England Journal of Medicine

Journal of Clinical Oncology

Blood

Method of Evaluation

Residents on this elective will receive continuous informal evaluation of performance from the inpatient and outpatient service attendings. Formal evaluation of the resident is completed in writing at the conclusion of the rotation assignment using the standardized Seton Hall University School of Health and Medical Sciences format via E*Value. The written evaluations are provided to the Internal Medicine Program Director. 360° evaluations are completed by ancillary staff and retained in the trainee's file.

REVIEWED: 2013, 2014, 2015

Revised 1/2015 William Kessler, MD – TRMC

Alina Basnet, MD- Resident

Michelle Cholankeril, MD

Reviewed/Revised, 2016, William Kessler, MD, Geraldo Capo, MD, Michelle Cholankeril, MD and Majdi Al Nabulsi, MD PGY III

Reviewed 7/2017 William Kessler, MD, Geraldo Capo MD, Michelle Cholankeril, MD
8/2020 G, Capo, MD, M. Cholankeril, MD W. Kessler, MD 7/21

Rutgers- New Jersey Medical School
Internal Medicine Residency Program
at
Trinitas Regional Medical Center

*Educational Program Description - A Competency-Based Curriculum
Infectious Disease*

2021-2022

Drs. William Farrer, Julius Salamera, and Clark Sherer – Trinitas Regional Medical Center

Educational/Learning Objectives

The trainee will learn how to appropriately evaluate and manage common Infectious Disease problems of adults, primarily in the hospital setting, but also in the subspecialty outpatient clinic, EIP (HIV) clinic, and private office. Training and education will occur under the direction of faculty members within the Division of Infectious Diseases. A focused approach to history taking, physical examination, and ordering of diagnostic tests, with emphasis on the microbiology lab, will be stressed. This will occur in a thoughtful and logical manner in accordance with current standards of practice in Infectious Diseases.

The trainee will acquire a basic understanding of the program objectives as listed below. These areas include, but are not limited to

- pneumonia
- urinary tract infections, including cystitis, pyelonephritis, and catheter associated infections; as well as asymptomatic bacteriuria
- intra-abdominal infections
- infectious diarrhea including *Clostridium difficile*
- skin and soft tissue infections
- osteomyelitis, septic arthritis, and diabetic foot infections
- nosocomial infections
- fever of unknown origin
- vascular catheter and device infections
- endocarditis
- infections in injection drug users
- HIV infection
- HCV infection
- febrile neutropenia, and
- the systemic inflammatory response syndrome.

The trainee will develop familiarity with

- drug resistant organisms, such as ESBL producing and CRE gram negative bacilli, MRSA, and VRE.
- interpretation of culture results and the difference between infection and colonization,
- basic concepts of infection prevention and control, and
- the appropriate selection and dosing of antibiotics.

The ability to generate a differential diagnosis incorporating relevant physical findings and laboratory data will be stressed, as well as identifying causes of treatment failure such as incorrect diagnosis and therapy. Formulating appropriate treatment plans, including empiric and pathogen specific therapy will also be emphasized.

The trainee will be provided with relevant original research and review articles pertaining to specific diseases encountered, and will also be directed to Practice Guidelines from the Infectious Disease Society of America and major texts as necessary.

Sites and Methods of Teaching:

Inpatient Service

When on elective the trainee will perform consultations under the supervision of the Infectious Diseases faculty member who is to see the patient. The trainee will evaluate the patient and then present the case to the faculty member, who will then see the patient with the trainee. Differential diagnosis, further evaluation and a treatment plan will be reviewed. The trainee will enter a comprehensive consultation into the EMR after the discussion. Constructive feedback will be given to the trainee. Relevant references will be made available. Daily follow-up will occur in a similar manner.

Outpatient Services

Trainees actively participate in the Infectious Diseases Clinic, which takes place the fourth Tuesday of each month from 1:00-3:00 p.m. at the Dorothy B. Hirsch Clinic. Some of the patients in the Clinic have HIV infection. The trainee will see new patients alone and present the case to the faculty member, who will see the patient together with the trainee. Management issues, diagnostic testing, treatment and appropriate follow-up and referral will be discussed.

The trainee may accompany the faculty members when they see patients in their private offices as well. The spectrum of patients includes but is not limited to those with HIV, HCV and HBV, Lyme disease, chronic osteomyelitis and diabetic foot infections, and other skin and soft tissue infections. Travel Medicine patients are also seen.

As time allows, residents will also spend a few mornings in the Early Intervention Program, the hospital run and Ryan White grant-funded HIV Clinic, under the supervision of Dr. Salamera.

Infectious Disease Rounds

The trainee is encouraged to attend the bi-monthly New Jersey Infectious Disease Rounds held at various regional hospitals. These generally are held Wednesdays from 4:00 to 6:00 p.m. Particularly interesting and unusual cases are presented and references are provided.

Other Didactic Instruction

- Morning Report – an Infectious Disease faculty member directs this twice a week, and will often discuss interesting cases.
- Infectious Diseases lectures once or twice a month
- Chief of Service Rounds, which occur weekly except during in July, often involve presentation and discussion of instructive Infectious Disease cases

- Morbidity and Mortality Conference, given monthly, often involves presentation of a patient with Infectious Disease issues.
- Medical Grand Rounds is devoted to Infectious Disease topics three times a year.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for the Infectious Diseases elective are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.

*** Legend for Learning Activities (See above for descriptions)**

IS – Inpatient Service OS- Outpatient Service IDR- Infectious Diseases Rounds SS- Subspecialty Conferences
 CS – Chief of Service GR – Grand Rounds MR – Morning Report M&M- Morbidity & Mortality Conference

Patient Care

Principal Educational Goals	Learning Activities*
Interview patients more skillfully	IS, OS
Examine patients more skillfully	IS, OS
Define and prioritize patients' medical problems	IS, OS, MR, CS
Generate and prioritize differential diagnoses	IS, OS, MR, CS
Develop rational, evidence-based management strategies	IS, OS, IDR, MR, CS

Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Infectious Diseases	All
Access and critically evaluate current medical information and scientific evidence relevant to patient care	IS, OS, IDR, CS

Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of patients with Infectious Diseases	IS, OS, IDR, MR, CS
Develop and implement strategies for filling gaps in knowledge and skills	CS, IDR

Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with patients and families	IS, OS

Communicate effectively with physician colleagues at all levels	IS, OS, CS, MR, M & M
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients	IS, OS
Present patient information concisely and clearly, verbally and in writing	IS, OS, CS, MR, M & M
Teach colleagues effectively	IS, OS, CS, JC, MR, M & M

Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward patients, families, colleagues, and all members of the health care team	All

Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex Infectious Diseases problems such as HIV/AIDS and infections requiring long-term IV antibiotics.	IS, OS
Collaborate with other members of the health care team to assure comprehensive patient care	IS, OS
Use evidence-based, cost-conscious strategies in the care of patients	IS, OS, CS, MR, SS

Rotation-Specific Milestone Objectives

Patient Care

- Trainee obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient (PC-A3)
- Trainee routinely identifies subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Trainee modifies differential diagnosis and care plan based upon clinical course and data as appropriate. (PC-C3)
- Recognizes disease presentations that deviate from common patterns and that require complex decision making (PC-C4)
- Trainee makes appropriate clinical decisions based upon the results of more advanced diagnostic tests, such as gram stain and culture results, CT and MRI scans, nuclear medicine studies and serologies (PC-E2)
- Trainee manages independently or as appropriate with Infectious Disease specialist supervision, patients with a broad spectrum of Infectious Diseases seen in the practice of general internal medicine (PC-F8)
- Trainee recognizes complex or rare Infectious Disease conditions (PC-F9) and understands when Infectious Disease consultation is appropriate (PC-F9)

- Trainee provides specific responsive consultations to other services(PC-G1)
- Provides Infectious consultation for patients with more complex clinical problems, with appropriate supervision as necessary(PC -G2)

Medical Knowledge

- Trainee demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understands the relevant pathophysiology and basic science for uncommon or complex infections and febrile syndromes (MK-A8)
- Understands indications for and has basic skills in interpreting more advanced diagnostic tests(MK-B2)
- Understands prior probability and test performance characteristics (MK-B3)

Practice Based Learning

- Classifies and precisely articulates clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2-B3)
- Effectively and efficiently search evidenced based summary medical information resources (PBLI-C3)
- Appraises the quality of medical information resources and selects among them based on the characteristics of the clinical questions (PBLI-C4)
- Customizes risks and benefits of alternatives to patients (PBLI-E3)

Interpersonal and Communications Skills

- Appropriately counsels patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Communicates consultative recommendations to the referring team in an effective manner (ICS-E2)
- Effectively communicates consultative recommendations to referring team (ICS-E2)
- Ensures succinct, relevant and patient specific written communications (ICS-F2)

Professionalism

- Recognizes and takes responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases) (P-H1)

Systems-Based Practice

- Demonstrates the incorporation of cost awareness principles into standard clinical judgment and complex clinical scenarios (SBP-E3,E4)

Course of Reading:

Trainees will be directed to specific sections of the core texts as indicated by the diseases and problems seen on the consultation service, as well as in the clinics and office. The core texts are:

- Mandell, Douglas, and Bennett's *Principles and Practice of Infectious Diseases* 9th edition. 2019.

- Practice Guidelines available on the I.D.S.A. web site: www.idsociety.org
- *UpToDate* and *AccessMedicine* are available on all hospital computers
- Case related journal articles, both original research and reviews, and other relevant literature will be distributed.

Evaluation:

Each faculty member will complete the standard TRMC evaluation form via New Innovations. Verbal feedback regarding the trainee's performance will be given at the end of the elective, and also during the rotation as needed. 360° evaluations will also be provided by nurses and ancillary staff.

REVIEWED: 2013

Jihad Slim, MD

Maria Szabela, MD – PGY 3

William Farrer, MD and Jina Jiramethee, MD- PGY 3

REVISED 2015

William Farrer, MD, S. Pandya, PGY III

REVISED 2016

William Farrer, MD

REVISED May 2017

William Farrer, MD

REVISED February 2018

William Farrer, MD

REVISED June 2019

William Farrer, MD

Revised July 2020

**Rutgers New Jersey Medical School
Trinitas Regional Medical Center
Internal Medicine Residency**

Nephrology Elective Curriculum 2021-2022

EDUCATIONAL COORDINATOR – James McAnally, MD

Educational/Learning Objectives

◆ **Goals**

To understand the principles of evaluation and management of acid base, fluid and electrolyte, and nephrologic problems.

◆ By the end of the elective, the resident should be able to:

- φ Perform a urinalysis, identify chemical and microscopic components accurately, and apply this finding to the clinical setting in formulating a differential diagnosis.
- φ Interpret arterial blood gases, plasma and urine anion gap, and evaluate and formulate a specific treatment plan for simple and mixed acid based disturbances.
- φ Evaluate and formulate a specific treatment plan for disorders of water, sodium, potassium, calcium, phosphate, and magnesium balance.
- φ Evaluate timed urinary collections for creatinine and protein.
- φ Know the appropriate workup and differential diagnosis of clinical problems including hematuria, proteinuria, and acute and chronic renal failure.
- φ Discuss the management of acute renal failure.
- φ Demonstrate an understanding of the management of chronic renal failure, including problems related to end stage renal disease.
- φ Identify the features of glomerulonephritis, nephrotic syndrome, and acute and chronic interstitial nephritis.
- φ Describe the effects of certain drugs (antibiotics, non-steroidal anti-inflammatory drugs) on the kidney.
- φ Identify patients/situations that require consultation with a Nephrologist.

- φ Discuss primary and secondary hypertension and describe reasons for and plans for workup of secondary causes.

- **Clinical Activities**

- ◆ In-patient hospital rounds and inpatient consults. Residents will be expected to independently evaluate clinical problems and formulate and discuss differential diagnosis, workup and treatment plan with the Nephrologist.

- **Didactic Activities**

- Weekly informal didactic sessions, where the resident presents reviews of selected nephrological problems.
- Residents on Nephrology elective are expected to attend all regularly scheduled conferences, including Morning Report, that do not conflict with the activities of the rotation.

Principal Educational Goals by Relevant Competency

In the tables below, the principal educational goals for the TRMC Nephrology elective are indicated for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below.

*** Legend for Learning Activities (See above for descriptions)**

IS – Inpatient Service RC- Renal Clinic DU- Dialysis Unit rounds SS- Subspecialty Conferences
 NR- Nephrology teaching Rounds GR- Grand Rounds MR – Morning Report M&M- Morbidity and Mortality conference

1. Patient Care

Principal Educational Goals	Learning Activities*
Interview patients more skillfully	IS, RC
Examine patients more skillfully	IS, RC, DU
Define and prioritize patients' medical problems	IS, RC, DU
Generate and prioritize differential diagnoses	IS, RC, DU, MR, NR
Develop rational, evidence-based management strategies	IS, RC, DU, MR, NR

2. Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the practice of Nephrology	All
Access and critically evaluate current medical information and scientific evidence relevant to patient care	MR, NR, GR

3. Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of patients with renal problems	All
Develop and implement strategies for filling gaps in knowledge and skills	All

4. Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with patients and families	IS, RC, DU
Communicate effectively with physician colleagues at all levels	All
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients	IS, RC, DU
Present patient information concisely and clearly, verbally and in writing	IS, RC, DU, MR, NR, M&M
Teach colleagues effectively	All

5. Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward patients, families, colleagues, and all members of the health care team	All

6. Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex	IS, RC, DU

renal problems including end stage renal disease.	
Collaborate with other members of the health care team to assure comprehensive patient care	IS, RC, DU
Use evidence-based, cost-conscious strategies in the care of patients	All

Milestone Objectives

I Patient Care

- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated and detailed information that may not often be volunteered by the patient. (PC-A3)
- Routinely identifies subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers when applicable.
- Modify differential diagnoses and care plan based upon clinical course and data as appropriate (PC-C3)
- Resident manages independently managing patients with appropriate supervision, a broad spectrum of the common and rare renal problems (PC-F8)
- Provide specific responsive consultation to other services (PC-G1)

II Medical Knowledge

- Demonstrates sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Resident understands the relevant pathophysiology and the subsequent pathophysiology of common renal and electrolyte disorders. (MK-A8)

III Practice Based Learning and Improvement

- Resident will be able to identify learning needs as they emerge in patient care activities
- Access medical information resources to answer clinical questions and library resources to support decision making (PBLI-C1)
- Effectively and efficiently search NLM database for original clinical research (PBLI-C2)
- Responds welcomingly and productively to feedback from all members of the healthcare team including faculty, peer residents, students, nurses allied health workers, patients and their advocates, (PBLI-F1)

IV Interpersonal and Communication Skills

- Effectively uses verbal and non verbal skills to create rapport with patients and families (ICS A2, A3)
- Demonstrates sensitivity to differences in patients including but not limited to race, culture gender, sexual orientation, socioeconomic status, literacy and religious beliefs (ICS-B2).
- Effectively communicates with other caregivers in order to maintain appropriate continuity during transitions of care.(ICS-C1)

- Deliver appropriate succinct hypothesis driven oral presentations and effectively communicates plan of care to healthcare team members. (ICS-D2)
- Request consultative services in effective manner. Clearly communicates the role of the consultant to the patient, in support of the primary care relationship (ISC-E2)
- Provides legible, accurate, complete and timely written communication that is congruent with medical standards (ICS-F2)

V. Professionalism

- Document and report clinical information truthfully (P-A1)
- Follows Formal policies (P-A3)
- Demonstrate empathy compassion and commitment to relieve pain and suffering to all patients (PB1-B2)
- Communicates constructive feedback to other members of the healthcare team (P-C1)
- Carries out timely interactions with colleagues, patients and the designated caregivers (P-D2)
- Will respond promptly and appropriately to clinical responsibilities including but not limited to calls and pages.(P-D1)
- Dresses, grooms, and behaves appropriately. (P-F1)
- Maintains professional relationship with patients, families and staff (P-F2)
- Ensure prompt completion of clinical, administrative, and curricular tasks, (P-F3)
- Recognizes and addresses personal, psychological and physical limitations that may affect professional performance. (P-F4)
- Recognizes the scope of his/her abilities and ask for supervision and assistance appropriately(P-F5)
- Treats patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status and maintains patient confidentiality (-I1,PJ1)

VI. System based Practice

- Appreciates roles and works effectively with a variety of healthcare providers, including but not limited to, consultants, therapists, nurses, home care workers, pharmacists and social workers to ensure safe patient cares (SBP-B1)
- Considers alternative solutions provided by other team members. (SBP-B3)
- Recognizes health system forces that increase the risk for error including barriers to optimal patient care. (SBP-C1)
- Identifies reflects upon, and learns from critical incidents such as near misses and preventable errors (SBP C2)
- Minimizes unnecessary care including tests, procedures therapists, and ambulatory or hospital encounters (SBP- E2)

Course of Reading

- ◆ Required readings:

- φ *Clinical Physiology of Acid-Base and Electrolyte Disorder*, 6th edition, 2018. B.D. Rose: Chapters 10, 20-30.
- φ Nephrology syllabus provided to the resident (Table of Contents attached)

Evaluations

Residents are formally evaluated by the supervising Nephrologist. Each resident is assessed as to his or her knowledge, skills and attitudes, and achievement of the goals and objectives for the rotations in accordance with the six ACME competencies. All attendings will use the standard Rutgers-NJMS/Trinitas resident evaluation form in New Innovations. The faculty member meets with each resident following the rotation to discuss the evaluation with the resident. The completed evaluation is then sent to the medicine program director for review.

Reviewed/Revised	5/12 Dr Mcanally and Dr. Bishop, PGY III resident
	5/13 Dr McAnally
	5/14 Dr Mcanally
	5/15 Dr McAnally
	5/16 Drs. McAnally
	5/17 Drs McAnally and Dr Sartawi, PGY III Resident
	5/18 Drs McAnally and Garcia, PGY III Resident; W. Farrer, MD
	6/19 Dr. McAnally
	7/20 Dr. McAnally
	7/21

**Rutgers NJ Medical School
Neurology- Curriculum**

Sites: Trinitas Regional Medical Center

Education Coordinator: Nancy Gadallah, DO

Neurology Faculty:

**Nancy Gadallah, DO Trinitas Regional Medical Center
Jawad Kirmani MD JFK Medical Center**

Overview:

Residents in their PGY-2 or PGY-3 year must take a one month rotation in Neurology under the supervision of Dr. Nancy Gadallah, at Trinitas Regional Medical Center, . Residents also may take the rotation at JFK under the supervision of Dr. Jawad Kirmani . This rotation is full-time, five days per week. There is no Neurology night or weekend call at either facility.

Educational Objectives:

Neurology encompasses the prevention, diagnosis, and management of disorders of the central and peripheral nervous systems. The primary care internist should possess a broad range of competencies in neurology.

- Will be comfortable with a Neurological exam
- He or she should be familiar with the presenting features, diagnosis, and treatment of common neurological disorders.
- The primary care internist may encounter patients with neurological disorders in a variety of settings, including ambulatory care, long-term care, home care, and the hospital. In communities where a neurologist is not available, the primary care internist may be a consultant for some neurological disorders.
- Understand principles of supportive care for Stroke patients and the expected complications.

Principal Educational Goals:

By the conclusion of this rotation, the resident will have an understanding of the pathophysiology, clinical presentation, diagnosis, and management of common neurological disorders. These include:

- Migraine

- Vertigo
- Dementia, delirium, and encephalopathy
- Cerebrovascular disease
- Seizure disorders
- Movement disorders including Parkinson's disease and chorea
- Disorders of the spinal cord, peripheral nerves, and muscle
- Multiple sclerosis

Rotation at Trinitas Regional Medical Center

Principal Teaching/Learning Activities:

➤ Inpatient Consultation/ Daily Attending Rounds:

Residents are given the opportunity to make an initial assessment, presentation to the attending and participate in ordering the work up and further management.

Residents are expected to assess and evaluate critically ill patients, apply the evidence based current medical information, improve system based practice by understanding how to use the multidisciplinary resources and collaborate with other members of the health care team to assure comprehensive patient care.

Residents with Dr Gadallah are expected to review and present pertinent current articles in the medical literature.

Residents participate in Code Stroke assessment & decision making.

Residents are expected to go over pertinent neuro imaging related to each case.

➤ Neuroradiology meetings:

Residents are given the opportunity to participate in presentations and in preparing the cases. Conference is held the last Tuesday of every month.

➤ Neurology Outpatient Clinic and Private Office: Residents participate in the weekly Neurology Clinic, held every Monday from 7:30-10:30 . Residents will also have the opportunity to see private patients in the Neurology Practice. They will have exposure to a diverse mix of patients in the out patient setting.

Goals: - Interview and examine patients more skillfully and generate a differential diagnosis, then apply evidence based management and cost-effective strategies.

- Improve their interpersonal skills and communication with patients and their families.

➤ **NeuroDiagnostic Experience :**

- Neuroradiology : review patients' brain CT scans and MRI imaging.
- EEG Review Exposure to EEG interpretation is provided during the rotation.
- Electrodiagnostic (EMG) use and indications(Only done at JFK)

➤ **Neurology lectures-** There is one neurology lecture a month as part as the core Internal Medicine Lecture series.

➤ Residents are encouraged to participate in some form of neurology research

If Residents complete the rotation at JFK

Principal Teaching/Learning Activities

Medicine Residents are directly supervised by the Neurology resident and the Neurology attending who also sees every patient

- Neurology Inpatient service- Direct patient care under the supervision of Neurology attending and residents. Resident will examine and write admission notes on selected patients admitted to the neurology service. They will participate in consultations to other inpatient services. Residents are then encouraged to follow the patients they have seen.
- Outpatient clinic- Held each afternoon and supervised by neurology faculty.
- Neurology Attending Rounds- Held Daily Mon-Fri 9-11AM. This involves bedside presentations and detailed discussion of a patient on the neurology service.
- Neurology Grand Rounds- Held every Wednesday from 11:30-12:30. Important topics in neurology are reviewed and discussed.
- Neurology Morning report- Held daily Monday-Friday 8-9am. Neurology on call Resident leads a discussion of recently admitted patients.
- Neurology Noon Conference held Monday, Tuesday, Thursday and Friday from 11:30-12:30. Neurology faculty present reviews on Neurology topics.

Milestone Objectives

I Patient Care

- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans including sensitive complicated, and detailed information that may often not be volunteered by the patients (PC-A3)
- Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable (PC-B4)
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Modify differential diagnoses and care plan based upon clinical course and data as appropriate (PC-C3)
- Make appropriate clinical decisions based upon the results of more advanced diagnostic tests such as MRI, CT scans, Nuclear Medicine and EEGs (PC-E2)
- Independently manages patients as appropriate with a Neurologist supervision, with a broad spectrum of Neurological Disorders seen in the practice of general Internal Medicine (PC-F8)
- Recognizes complex or rare neurological conditions and understand when Neurological consultations is appropriate (PC-F9)
- Provide specific, responsive consultations to other services and provide Neurological Consultations for patients with more complex clinical problems with appropriate supervisions (PC-G1-G2)

II Medical Knowledge

- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions (MK-A7)
- Understand the relevant pathophysiology and basic science for uncommon or complex neurological conditions (MK-B2-B3)

III Practice Based Learning and Improvement

- Classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBL-B2-B3)
- Effectively and efficiently search evidence based summary medical information resources (PBLI-C3)
- Appraises the quality of medical information resources and select among them based on the characteristics of the clinical questions (PBLI-C4)
- Customize clinical evidence for an individual patients and integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E2-E4)
- Communicates Risks and benefits of alternatives to patients (PBLI-E3)

IV Interpersonal and Communication Skills

- Appropriately counsel patients about the risks and benefits of treatment, tests and procedures (ISC-A7)

- Communicate consultative recommendations to the referring team in an effective manner (ISC-E2)
- Ensure Succinct, relevant and patient specific written communications (ISC-F2)

V. Professionalism

- Recognize and takes responsibility for situations where public health supersedes individual health (e.g. seizure related incident)

VI. System Based Practice

- Demonstrates the incorporation of cost awareness principles into standard clinical judgments and complex clinical scenarios. (SB-E3-E4)

Principal Educational Goals by Relevant Competency

In the tables below, the principle educational goals for the Neurology Rotation are listed for each of the six ACGME competencies. The second column of the table indicates the most relevant principal teaching/learning activity for each goal, using the legend below. This may vary slightly based on the hospital resident completes the rotation in.

*** Legend for Learning Activities (See above for descriptions)**

IC – Inpatient Consult service	OC – Outpatient Clinic	NR- NeuroRadiology
EEG- EEG Review	NL – Neurology Lectures	AR- Attending Rounds
GR- Grand Rounds(JFK only)	NMR- Neuro Morning report(JFK Only)	

Patient Care

Principal Educational Goals	Learning Activities*
Effectively obtain an accurate neurological history	IC, OC, AR
Effectively perform and interpret a neurological examination	IC, OC, AR
Appropriately select and interpret neurology laboratory and imaging studies for patients under their care	All
Effectively evaluate and manage common inpatient neurology problems, including but not limited to	IC, AR, NL

coma, mental status changes, stroke, and seizures	
Effectively evaluate and manage common outpatient neurology problems, including but not limited to headache, dizziness, back and neck pain, and peripheral neuropathies	OC, AR, NL
Perform lumbar punctures with proper technique	IC, OC

Medical Knowledge

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with neurological illness	All
Access and critically evaluate current medical information and scientific evidence relevant to patients with neurological illness and complaints	All
Know the appropriate indications for commonly ordered neurology tests and procedures, including: EEG, EMG, nerve conduction studies, evoked potentials, lumbar puncture, CT and MR imaging of brain and spinal cord	All

Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of patients with neurological illness and complaints	AR, NL
Develop evidence-based strategies for filling gaps in personal knowledge and skills in the care of patients with neurological illness and complaints	All

Interpersonal Skills and Communication

Principle Educational Goals	Learning Activities*
Communicate effectively with patients and families	IC, OC, AR
Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care	IC, OC, AR, NL

Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward towards patients, families, colleagues, and all members of the health care team	All

Systems-Based Practice

Principal Educational Goals	Learning Activities*
Understand and utilize the multidisciplinary resources necessary to care optimally for patients with neurological illness and complaints	All
Collaborate with other members of the health care team to assure comprehensive care for patients with neurological illness and complaints	IC, OC, AR
Use evidence-based, cost-conscious strategies in the care of patients with neurological illness and complaints	All

Recommended Resources

- Samuels Martin A- Office Practice of Neurology 2nd ed, 2003
- The resident is expected to read and master the text The Neurologic Examination by DeMyer and DeMyer. 6th ed, 2011
- Adams R, Victor M and Ropper A, Principles of Neurology. 10th ed., McGraw Hill, New York, 2014
- Rowland LP, Merritt's Textbook of Neurology. 13th ed., Williams & Wilkins, Baltimore, 2015
- Stephen Waxman- Correlative NeuroAnatomy 24th ed, 1999
- Mayo clinic Medical Neuroscience Beanarroch Eduardo Edition 5, available at <http://www.worldcat.org/title/mayo-clinic-medical->

Evaluation Methods

Residents are formally evaluated by the supervising Neurology Attending at the hospital they are completing the rotation in. Each residents is assessed as to his or her knowledge, skills and attitudes, and achievement of the goals and objectives for the rotations in accordance with the six ACME competencies All attendings will use the standard Trinitas RMC resident evaluation form. This is completed on our on line New Innovation system. The faculty member meets with each resident following the rotation to discuss the evaluation with the resident. The completed evaluation is then sent to the medicine program director for review.

Reviewed/Revised April 29th, 2011 by Drs Schanzer/Tao with input from Dr. Labib El Kahwaji, PGY III Resident.

Reviewed and Revised 5/12 by Drs Schanzer, Tao , Hana Weisbrodt and Dr. Puri PGY III Resident.

Reviewed and Revised 8/13 by Drs. Schanzer and Tao and III

5/14 Drs Schanzer and Tao, Dr. Marling PGY

1/15 Drs Schanzer, Tao, Lottfala, PGY III

6/16 Dr Gadallah and Sudarsan Kollimuttathuillam, PGY II

7/16 Dr. Farrer

6/17 Dr Gadallah

5/18 Dr. Gadallah and Hilda Enriquez, DO PGY II

5/19/ Dr Gadallah and Leena Bondili, MD PGY III

8/20 Dr. Gadallah

7/21

**Rutgers NJ Medical School
Internal Medicine
Trinitas Regional Medical Center
Pulmonary
Dr. Michael Brescia Site Director
2021-2022**

Educational/Learning Objectives:

- To develop an understanding of how to evaluate common pulmonary problems encountered in clinical practice
- To develop skills for critical thinking with respect to clinical databases, radiological studies and reports from the literature.
- To sharpen skills for performing common procedures
- Participation on the inpatient pulmonary consultative service. The spectrum of patient encounters includes patients presenting with respiratory symptoms in our Emergency Department, consultations on the general medical floors as well as evaluation of acutely ill patients in various intensive care units. A practical approach to management of common pulmonary problems seen in general internal medicine will be stressed.

Educational Activities

- **Pulmonary Function Tests: How to interpret PFTs**
Residents will learn indications and the nuances of interpreting pulmonary function tests performed on their own patients as well as patients referred for testing from throughout the hospital. They will also have the opportunity to have their own pulmonary function measured and interpreted, learning how these data are obtained.
- **Ambulatory Clinical Activities**
Residents will have the opportunity to spend two ½ day sessions in the Ambulatory Pulmonary Clinic at the New Point Campus. Differential diagnosis and approaches to common respiratory problems are stressed.
- **Inpatient Consultation Service**
Our emphasis will be on new consultations and follow-up of patients previously seen by the resident. Resident will be able to evaluate patients during inpatient pulmonary consults. The consultations serve as the focus of a discussion of the case with the Pulmonary Disease Consultant and lead to the development of a plan of evaluation and treatment. The resident will be directed to review the related literature relative to the case discussion

- **Experience With Procedures**

Residents are encouraged to perform procedures with direct faculty supervision. Opportunities to assist with aspects of conscious sedation and bronchoscopy are also available. A video bronchoscope system is utilized which facilitates observation and teaching during the procedure. If the resident physician is not credentialed in performing thoracentesis, this rotation will provide the opportunity. The resident who has been credentialed may be asked to supervise other residents who have not been.

- **Daily Teaching Rounds on Pulmonary Inpatients (Usually Consultations)**

This will include review of any radiographic studies and pulmonary function data with the Pulmonary Consultant on service.

Additional experience with respirators and non-invasive ventilation will occur in the ICU and respiratory step down areas. The resident and the attending on service will round in the ICU with the ICU house staff in addition to seeing patients on the general medical wards.

- **Sleep Lab**

Resident will get opportunity to visit sleep lab and review Polysomnograms to better understand various breathing disorders during sleep when doing the elective with Dr. Garg

- **Tumor Board**

Resident will have the opportunity to participate in tumor board meetings. A multidisciplinary approach is used in the diagnosis and management of cancer patients. Cases are presented and discussed at length among various subspecialties (Medicine, Radiology, Pathology, Surgery, Oncology) to formulate comprehensive plans for future management.

The elective is designed to provide a one-on-one quality teaching experience with a Pulmonary Consultant. The resident will have additional opportunity to meet with the consultant to discuss any relevant subject matter.

Time is given for resident's participation in usual activities as their regularly scheduled conferences. Attendance at Medical Grand Rounds is encouraged.

Milestone Objectives

I Patient Care

Obtain Relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive complicated and detailed information that may not often be volunteered by the patient(PC A3)

Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers.

- Modify differential diagnosis and care plan based upon clinical course and data as appropriate (PC-A3)
- Recognize disease presentations and symptom complexities that deviate from common patterns and that require complex decision making (PC-C4)
- Appropriately perform invasive procedures and provide post procedure management for pulmonary procedures (such as Thoracentesis) (PC-D1)
- Manage patients with conditions that require intensive care(PC-F7)
- Manage appropriate clinical decision based upon the results of more advanced diagnostic tests such as peak flow, Chest X-ray, CT scan, Nuclear Medicine Studies and labs (PC-E2)
- Residents will be able to manage independently, or as appropriate with pulmonologist supervision, patients with a board spectrum of pulmonary disease seen in the practice of general internal medicine (PC-F8)
- Recognized complex or rare pulmonary disease and understands when Pulmonary Consultations are appropriate (PC-F9)
- Resident will be able to provide specific, responsive consultation to other services and provide Pulmonary Disease consultation for patients with more complex clinical problems with appropriate supervision (PC-G1-G2)

II Medical Knowledge

- Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive care (MK-A6)
- Will be able to understand the relevant pulmonary pathophysiology of uncommon or complex medical conditions (MK-A8)
- Will be able to understand indications for and has basic skills in interpreting more advanced diagnostic tests and understand prior probability and test performance characteristics (MK-B2,B3)

III Practice Based Learning and Improvement

- Will be able to classify and precisely articulate clinical questions and develops a system to track, pursue and reflect on these clinical questions (PBLI-B2,B3)
- Will be able to effectively and efficiently search evidence evidenced based summary medical information resources (PBLI-C3)
- Appraise the quality of medical information and select among them based on the characteristics of the clinical questions (PBLI-C4)
- Customize clinical evidence for an individual patients and integrates clinical evidence, clinical context and patient preferences in decision making (PBLI-E2,E4)
- Communicates risks and benefits of alternatives to patients (PBLI-E3)
- Actively seeks feedback from all members of the health care team and calibrates self assessment with feedback and other external data. PBLI-F2)
- Resident will be able to reflect on feedback in developing plans for improvement (PBLI-F4)

IV Interpersonal and Communication Skills

- Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation (ISC-A7)
- Communicates consultative recommendations to the referring team in an effective manner (ISC-E2)
- Ensure succinct, relevant, and patients specific written communications (ISC-F2)
- Recognizes and takes responsibility for situations where public health supersedes individual health (e.g, pulmonary TB)

VI System Based Practice

- Demonstrates the incorporation of cost awareness principles to complex clinical scenarios (SB-E3)

- **Evaluations**

The standard Rutgers NJ Medical School- Trinitas Internal medicine resident evaluation form will be completed by the supervising pulmonologist at the end of the elective experience. Study questions in pulmonary and critical care from the recent recertification modules are available for review and self-testing.

Reviewed 4/10 by Dr. Garg

5/11 by Garg, Input from Dr. Imran PGY III

5/12

5/13

5/14

1/15- Drs Garg, Brescia and De pena PGY III

7/16 Drs Garg, Brescia and Tellez- Jacques, PGY III

7/17 Drs Garg and Brescia

5/18

7/19 Dr. Brescia

7/20 Dr. Michael Brescia

7/21