

Curriculum in Internal Medicine

Conference Schedule
ACGME Competency Based Objectives
Required Rotations
Elective Offerings
Supplemental Curriculum

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TABLE OF CONTENTS

CONFERENCE SCHEDULE	Page 3
ACGME COMPETENCY BASED OBJECTIVES	
Patient Care	Page 5
Medical Knowledge	Page 7
Practice-Based Learning and Improvement	Page 8
Interpersonal Skills and Communication	Page 10
Professionalism	Page 11
System-Based Practice	Page 13
REQUIRED ROTATIONS	
Ambulatory	Page 16
Clinical Geriatrics- PGY II Resident	Page 18
Continuity Medical Clinic	Page 21
Emergency Medicine	Page 24
General Internal Medicine	Page 27
ICU/CCU	Page 29
Multi-Disciplinary Ambulatory	Page 31
Telemetry	Page 33
ELECTIVE ROTATIONS	
Cardiology	Page 36
Chemical Dependency	Page 38
Dermatology	Page 40
Endocrinology	Page 42
Gastroenterology	Page 44
Hematology & Oncology	Page 47
Infectious Disease	Page 49
Nephrology	Page 51
Neurology	Page 53
Ophthalmology	Page 55
Pathology	Page 57
Psychiatry	Page 59
Pulmonary	Page 61
Radiology	Page 63
Rheumatology	Page 65
SUPPLEMENTAL CURRICULUM	
Advanced Cardiac Life Support	Page 68
Diagnostic and Therapeutic Procedures	Page 70
Critical Assessment of the Medical Literature	Page 72
Medical Informatics and Decision-Making Skills	Page 74
Laboratory Medicine	Page 76
Occupation Medicine	Page 78
Socio-Economic and Cost Effectiveness Issues (Quality Assurance, Quality Improvement and Risk Management)	Page 80
End of Life Care and Pain Management	Page 82
Principles of Managed Care	Page 84
Law and Public Policy	Page 86
Physician Impairment	Page 88
Other Topics: Violence Substance Abuse Disorders, Sports Medicine and School Health	Page 89

Conference Schedule

During on-site required rotations, residents are expected to attend the following conferences:
Unless stated otherwise in the specific rotation curriculum.

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Residents on elective rotations or “out of site” are encouraged to attend conferences depending on the rotation schedule, requests, and location.

Residents on ICU/CCU rotations are excused from conferences

ACGME COMPETENCY-BASED OBJECTIVES

These six competencies are an integral part of all rotations. Specific competencies in Medical Knowledge are detailed under each rotation. Residents must demonstrate competence in each of these six areas to successfully complete the residency training program.

- **Patient Care**
- **Medical Knowledge**
- **Practice-Based Learning and Improvement**
- **Interpersonal Skills and Communication**
- **Professionalism**
- **System-Based Practice**

REFERENCE GUIDE TO COMPETENCY- BASED EVALUATION OF RESIDENTS

PATIENT CARE:

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

Please refer to the following assessment tools and benchmarks that may be of used to evaluate resident Competence:

Potential assessment tools used in evaluating competence:

- Case-based module
- Chart stimulated recall
- Checklist of live/recorded performance
- Direct observation of benchmark
- Global rating of live/recorded performance
- Objective structured clinical examination (OSCE)
- Patient
- Portfolio
- Procedure log
- Record review
- Simulations and models
- Standardized oral examination
- Standardized patient examination
- Written examination

Competency: Gather essential and accurate information about the patient.

Knowledge/Skills/Attitudes Benchmarks:

- Demonstrates knowledge of how to access adjunctive sources of information to the history obtained from the family (e.g. chart)
- Interviews patients with an appreciation for their developmental level and/or age
- Describes age-specific concerns in the approach to the physical examination
- Performs a complete history including a chief complaint, history of the present illness, past history, family history, social history and review of systems
- Performs a detailed and accurate physical examination
- Conveys an appreciation for the value of the caretaker's observations and judgments regarding the patient's health and illness
- Conveys an appreciation for the opportunity to be involved in the care of the patient

Competency: Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence, clinical judgment, and patient preference.

Knowledge/Skills/Attitudes Benchmarks:

- Formulates and prioritizes a differential diagnosis based on patient information and/or current scientific evidence and/or sound clinical judgment
- Utilizes the appropriate laboratory tests and imaging studies to evaluate medical problems and interprets the results
- Synthesizes evidence in reaching diagnoses and making therapeutic decisions
- Employs the therapeutic management of choice for a given working diagnosis
- Identifies and accesses available resources (medical literature, consultants) to support the chosen therapeutic path
- Recognizes limitations of the level of training and seeks help appropriately
- Utilizes subspecialty consultation appropriately
- Demonstrates responsibility and accountability for decisions
- Demonstrates compassion for the hardships faced by patients/families as a result of the laboratory or imaging studies ordered in the work-up
- Demonstrates sensitivity to the preferences of patients and their families when arriving at a

management plan

Competency: Carry out patient management plans.

Knowledge/Skills/Attitudes Benchmarks:

- Defines the need for appropriate follow-up based on age, diagnosis, and psychosocial issues
- Counsels and educates patients and families regarding diagnosis and management plans
- Develops written patient instructions appropriate to the clinical situation and caregiver/patient comprehension
- Utilizes potential outcome measures for evaluating the effectiveness of the management plan (e.g. test of cure for sexually-transmitted diseases)
- Transfers information to another provider when necessary and appropriate

Competency: Prescribe and perform competently all medical procedures (invasive and noninvasive) considered essential for the scope of practice.

Knowledge/Skills/Attitudes Benchmarks:

- Demonstrates knowledge of the indications for procedures
- Demonstrates proficiency in performing procedures and maximizes patient comfort
- Accurately describes procedures to patients and caretakers in language that is appropriate to their educational, developmental, and emotional status
- Acknowledges the impact of procedures on patients and families during interactions with staff and with families

Competency: Counsel patients and families.

Knowledge/Skills/Attitudes Benchmarks:

- Provides accurate and up to date information to guide support patients/ families in making informed decisions
- Provides both good and bad news in a sensitive and professional manner
- Handles patient and family emotional response or calls in appropriate help as needed

Competency: Provide effective health maintenance and anticipatory guidance.

Knowledge/Skills/Attitudes Benchmarks:

- Provides appropriate health maintenance and anticipatory guidance/preventive measures based on age, gender, risk factors, and developmental stage
- Identifies appropriate community resources to address patient needs
- Discusses the indications for and the interpretation of recommended screening tests
- Demonstrates ability to perform age-appropriate screening tools for health maintenance (e.g., Mini Mental Status Exam or Denver Developmental Screening Test)

Competency: Use information technology to optimize patient care.

Knowledge/Skills/Attitudes Benchmarks:

- Uses information technology to practice evidence-based medicine
- Uses information technology tools (e.g. personal digital assistant, interactive web sites, computer-based order entry system, hospital data bases) to enhance patient care

MEDICAL KNOWLEDGE:

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care and the education of others.

Please refer to the following assessment tools and benchmarks that may be used to evaluate resident Competence:

Potential assessment tools used in evaluating competence:

- Case-based module
- Direct observation of benchmark
- Chart stimulated recall
- Standardized oral examination
- Record review
- Written examination

Competency: Demonstrate an investigatory and analytic approach to clinical problem solving and knowledge acquisition.

Knowledge/Skills/Attitudes Benchmarks:

- Demonstrates an open-minded and analytical approach to the acquisition and application of knowledge by utilizing evidence-based medicine skills to answer clinical questions, analyze the answers, and apply the relevant aspects to the care of patients
- Seeks and locates resources useful to secure information (e.g., attendings, faculty mentors, literature, electronic sources, group discussions, conferences, etc.)
- Initiates a discussion with the faculty preceptor at the beginning of the rotation to address prescribed as well as individual learning objectives
- Identifies areas for improvement of self-knowledge in clinical situations by seeking feedback from attendings and asking relevant clinical questions
- Implements strategies to improve knowledge based on feedback, performance on written examinations, and self-assessment

Competency: Know, apply, and teach the basic and clinically supportive sciences, which are appropriate to one's medical specialty. (For an outline of the expected knowledge base see each specific rotation curriculum)

Knowledge/ Skills/Attitudes Benchmarks:

- Accesses all available information to support clinical decision-making
- Interprets the principles of evidence-based medicine and statistics as they apply to clinical situations
- Applies knowledge with attention to clinical outcome, cost-effectiveness, risk-benefit, and patient preference
- Develops and maintains a willingness to be a life-long learner by querying the literature and texts on a regular basis, attending daily conferences, and pursuing answers to clinical questions
- Critically evaluates current medical information and scientific evidence and modifies knowledge base accordingly
- Attends and participates in all required conferences on a regular basis
- Teaches other residents and students in an organized, enthusiastic, and effective manner on a regular basis

PRACTICE-BASED LEARNING AND IMPROVEMENT:

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate Scientific evidence, and improve their patient care practices.

Please refer to the following assessment tools and benchmarks that may be used to evaluate resident competence:

Potential assessment tools to evaluate resident competence:

- Case-based module
- Chart stimulated recall
- Checklist of live/recorded performance
- Direct observation of benchmark
- Global rating of live/recorded performance
- Objective structure clinical examination (OSCE)
- Patient
- Procedure skills log
- Record review
- Simulations and models
- Standardized patient examination
- Standardized oral examination
- Written examination

Competency: Analyze practice experience and perform practice-based improvement activities using a systematic methodology.

Knowledge/Skills/Attitudes Benchmark:

- Develops and maintains a willingness to learn from errors
- Describes the process of practice assessment-from identifying key issues for improvement to analysis to implementing change, to analysis of change
- Utilizes the necessary resources to complete the process (e.g., individuals, staff, texts, etc.)
- Implements strategies, along with an interdisciplinary team, to improve patient care practice

Competency: Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.

Knowledge/Skills/Attitudes Benchmarks:

- Interprets the principles of evidence-based medicine and statistics by knowing the principles and statistical techniques necessary for these analyses (e.g., ARR, NNT, p values, risk ratios, meta-analyses, etc.)
- Locates search engines (e.g., Ovid, MD Consult) to effectively search the literature
- Values patient education as the foundation of compliance, and disease management and prevention
- Distills information to enhance patient and self-education

Competency: Obtain and use information about one's own population of patients and the larger population from which the patients are drawn.

Knowledge/Skills/Attitudes Benchmarks:

- Describes the epidemiology of disease in one's patient population including risk factors and public health issues
- Applies epidemiologic information to assess risk/prognosis and to assist in health maintenance and disease management

Competency: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

Knowledge/Skills/Attitudes Benchmarks:

- Performs a critical appraisal of the literature utilizing basic biostatistical techniques and principles of evidence-based medicine
- Facilitates Journal Club, applying the principles of evidence-based medicine
- Completes a scholarly activity (e.g. basic science or clinical research project, literature review, case presentation, etc.)

Competency: Use information technology, peer review, and self-assessment to promote life-long learning.

Knowledge/Skills/Attitudes Benchmarks:

- Uses feedback to identify areas for improvement
- Seeks opportunities to strengthen deficits in knowledge/skills (e.g., specific electives, didactic opportunities, information technology resources, etc.)

Competency: Facilitate the learning of students and other health care professionals.

Knowledge/Skills/Attitudes Benchmarks:

- Assesses educational needs of learners
- Assists learners in accessing information
- Demonstrates responsibility and leadership in engaging learners in the educational process

INTERPERSONAL SKILLS AND COMMUNICATION:

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patient families, and professional associates.

Please refer to the following assessment tools and benchmarks that may be used to evaluate resident competence:

Potential assessment tools used in the evaluation of competence:

- Direct observation of benchmark
- Checklist of live/recorded performance (OSCE)
- Global rating of live/recorded performance
- 360 degree evaluation
- Standardized patient examination
- Objective structured clinical examination
- Patient /parent survey

Competency: Communicate effectively to create and sustain a therapeutic relationship with patients and families.

Knowledge/Skills/Attitudes Benchmarks:

- Identifies the primary provider(s) of information
- Identifies self and other members of the health care team and explains role appropriately to patient and/or care givers/family members
- Communicates with patient/caregiver in the appropriate setting, by recognizing the logistics of the working environment (e.g., private areas, public areas, areas for interviewing, areas for physical examination, etc.)
- Demonstrates the ability to maintain a therapeutic relationship with patients over time
- Uses appropriate language at the proper developmental/educational level for the patient and/or caregivers/family members
- Elicits initial and interval histories from patients using effective verbal and non-verbal techniques (e.g., asks the appropriate type of question-open-ended, direct, leading-at various phases of the interview)
- Uses effective listening skills to elicit information
- Uses correct English in written and verbal communication
- Maintains comprehensive, timely, and legible medical records and correspondence
- Communicates effectively to maximize patient/caregiver/family understanding
- Facilitates, reflects, clarifies, confronts, and/or interprets at the appropriate time(s) in the patient encounter
- Provides effective patient/caregiver/family education in verbal and written form

Competency: Work effectively with others as a member or leader of a health care team or other professional group.

Knowledge/Skills/Attitudes Benchmarks:

- Identifies and learns the names of health care team members
- Assumes the appropriate role on the team
- Communicates effectively and respectfully with other members of the health care team
- Facilitates team communication when in role of team leader

- Assumes the role of consultant where appropriate
- Provides constructive verbal and written feedback to other members of the health care team

PROFESSIONALISM:

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Please refer to the following assessment tools and benchmarks that may be used to evaluate resident competence:

Potential assessment tools used in determining competence:

- | | |
|--|------------------------------------|
| ▪ Case-based module | ▪ Portfolio |
| ▪ Chart stimulated recall | ▪ Record review |
| ▪ Checklist of live/recorded performance | ▪ Simulations and models |
| ▪ Direct observation of benchmark | ▪ Standardized oral examination |
| ▪ Global rating of live/recorded performance | ▪ Standardized patient examination |
| ▪ Objective structured clinical examination (OSCE) | ▪ Written examination |
| ▪ Patient | |

Competency: Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Knowledge/Skills/Attitudes Benchmarks:

- Identifies important roles physicians play in society (e.g. school board members, public health administrators, among others)
- Discusses the role of peer review as it relates to professional accountability
- Demonstrates the defining attributes of the medical professional, including:
 - Acts with honesty and integrity (being truthful, keeping one's word, meeting commitments and being forthright in interactions with patients, peers, and supervisors)
 - Shows reliability and responsibility (being responsible for and accountable to others, admitting error, honoring, and completing assigned duties)
 - Shows respect for others in all spheres of contact and regard for others' worth and dignity
 - Provides compassion and empathy by listening attentively and responding humanely to concerns of patients and their families
 - Strives for self-improvement so as to provide the highest quality of health care through lifelong learning and education
 - Indicates self-awareness and a knowledge of one's own limits by recognizing the need for guidance and supervision and through use of self-evaluation tools
 - Communicates and collaborates with others (members of the health care team and patient caregivers/families) to provide the best care for patients
 - Practices altruism and advocacy by displaying an unselfish regard for and devotion to the welfare of patients and their families
- Interacts with patients, staff, colleagues, and other health professionals in a respectful manner to include appropriate dress, verbal and non-verbal behavior
- Demonstrates a commitment to on-going professional development through regular attendance at

- conferences and reading medical literature
- Responds positively to constructive criticism by improving behavior and/or skills

Competency: Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

Knowledge/Skills/Attitudes Benchmarks:

- Recognizes ethical dilemmas and utilizes consultation from the hospital's ethics committee appropriately
- Adheres to the laws and rules governing the confidentiality of patient information
- Obtains proper informed consent from patient or family member/legal guardian, recognizing the situational need for determining competence
- Engages in ethical business practices

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

Knowledge/Skills/Attitudes Benchmarks:

- Recognizes the impact that characteristics such as culture, age, gender, and disability has on patient care, preferences/perceptions, and outcomes
- Demonstrates recognition of the cultural issues that can play an important role in how patients perceive the need for health care
- Considers the impact of disability on a patient's life and that of the family

SYSTEMS-BASED PRACTICE:

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Please refer to the following assessment tools and benchmarks that may be used to evaluate resident competence:

Potential assessment tools in evaluating competence:

- Case-based module
- Chart stimulated recall
- Direct observation of benchmark
- Global rating of live/recorded performance
- Portfolio
- Record review
- Written examination

Competency: Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.

Knowledge /Skills/Attitudes Benchmarks:

- Differentiates between various medical practices, including hospital and community based models, PPO, and HMO health care delivery systems
- Describes the methods by which individuals or hospitals can be reimbursed, including fee-for service, capitation, hospital DRGs, etc.
- Becomes familiar with documentation criteria for different levels of care

Competency: Practice cost-effective health care and resource allocation that does not compromise quality of care.

Knowledge/Skills/Attitudes Benchmarks:

- Demonstrates commitment to the practice of cost-effective medical care
- Considers cost/benefit analysis in providing clinical care
- Identifies factors that contribute to rising health care costs and strives to lessen them where appropriate
- Recognizes resource limitation within the health care system

Competency: Advocate for quality patient care and assist patients in dealing with system complexities.

Knowledge/Skills/Attitudes Benchmarks:

- Recognizes potential conflicts of interest between the individual patients and their health care organizations
- Anticipates problems patients/caregivers may face in negotiating with the health care system and advocates on the patient's behalf

Competency: Partner with health care managers and health care providers to assess, coordinate, and improve health care.

Knowledge /Skills/Attitudes Benchmarks:

- Identifies and works with other health care professionals and organizations that may assist in a patient's care
- Functions as the coordinator of a health-care team to manage complex patient issues
- Recognizes health care team's impact on the system (e.g. keeping a sick patient out of the hospital/higher care institution).

Competency: Understand the reciprocal impact of personal professional practice, health care teams, and the health care organization on the community/society.

Knowledge/Skills/Attitudes Benchmarks:

- Identifies ways in which a physician may interact with health-care professionals, health administrators, and community groups to positively impact the health and well being of one's community
- Gathers information about the community in which one works (e.g. demographics and sociocultural beliefs and practices that affect health and disease)
- Identifies the natural history and epidemiology of major health problems in the community being served (e.g., discusses the literature on incidence, prevalence and expected course of common conditions encountered in the discipline)

Required Rotations

Name of rotation: Ambulatory Medicine /
Private Practice

Department: Department of Medicine

Course Director: Martin R. Linker, M.D.

Site(s): Various

Duration of rotation: one month only
 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

This rotation is a one month experience. The goals of this rotation are to provide the residents with a private practice experience in GIM or one of the medical subspecialties and to teach them the nuances of patient care particular to that setting. Additionally, they will learn about various aspects of practice management.

Resident responsibilities, including interns and residents:

The residents are expected to actively participate in patient care and to participate in self directed/ problem-based learning. Their attendance is expected to be 100%.

Educational objectives:

Patient Care

1. Gather essential and accurate information about the patient.
2. Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence, clinical judgment, and patient preference.
3. Carry out patient management plans.
4. Provide effective health maintenance and anticipatory guidance.

Medical Knowledge

1. Discuss the diagnosis and treatment of common problems encountered in this setting.
2. Demonstrate an investigatory and analytic approach to clinical problem solving and knowledge acquisition.

System-Based Practice

1. Describe types of medical practices such as sole ownership, partnership, association, corporation and independent contractor.
2. Describe various payment methods such as private insurance, Medicaid, Medicare, HMO and PPO.
3. Identify and work with other health care professionals and organizations that may assist in a patient's care.
4. Become familiar with documentation criteria for different levels of care.
5. Discuss office scheduling of appointments, patient flow, and telephone use.
6. Describe methods of QA in the office setting.

7. Describe how information is shared with third-party payers, consultants and hospitals.

Check all principle teaching methods used during this rotation:

- | | |
|--|--|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies,
including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

This is an invaluable rotation providing the residents with an opportunity to learn about office practice from physicians. Not only will they gain experience in the care of common outpatient problems, but they will learn how an office functions day to day.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input checked="" type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Residents have the opportunity to work in an environment similar to that in which many of them may eventually find themselves working.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm

Residents may attend conferences, but they are not required to attend during Ambulatory Rotation.

Name of rotation: Clinical Geriatrics

Department: Department of Medicine

Course Director: Conrad May, M.D.

Site: Baltimore Veterans Affairs
Medical Center (UMMS)

Duration of rotation: one month only
 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

As the population ages, physicians will need to appreciate the specific medical care needs of the elderly. The Clinical Geriatrics Elective will provide residents with an opportunity to participate in the care of older patients in model ambulatory clinics (Geriatric Evaluation/Dementia Clinic at the Baltimore VAMC and Geriatrics Clinic at Union Memorial Hospital), inpatient units (Geriatric Evaluation and Management Unit at the Baltimore VAMC), home care (Home Based Primary Care) and long-term care (Baltimore Rehabilitation and Extended Care Center). The residents will be members of interdisciplinary teams, which provide care to the frail elderly in these settings. The educational purposes of this rotation are to introduce the residents to aspects of the physiology of aging, the atypical presentations of illness in the elderly, comprehensive geriatric evaluation and the evaluation of geriatric syndromes, the coordination of care involving multiple disciplines, some basic principles of geriatric rehabilitation with the goals of maximizing independence and improving functional outcomes.

Resident responsibilities, including interns and residents:

The residents will evaluate and manage age-prevalent conditions in the geriatric patients under the supervision of geriatricians and geriatric medicine fellows. The residents will (1) perform inpatient consultations on hospitalized patients, (2) participate in comprehensive geriatric evaluations of newly referred outpatients, (3) evaluate and manage patients in ambulatory, home and long-term care settings, (4) attend conferences in the Division of Gerontology.

Educational objectives: During this rotation, the resident will:

1. Demonstrate familiarity with the physiologic changes that accompany aging.
2. Discuss theories of aging.
3. Distinguish between age-related physiologic changes and disease
4. Understand the epidemiology of age-prevalent conditions
5. Recognize atypical presentation of illnesses in the elderly
6. Develop skills in interdisciplinary geriatric evaluation
7. Perform functional and mental status assessments
8. Discuss basic principles of geriatric rehabilitation

9. Work effectively in an interdisciplinary setting for coordinated patient care
10. Develop care plans, drawing upon expertise of other disciplines
11. Use community resources, including nursing services, senior centers, adult day care and respite care.
12. Manage specific geriatric syndromes, including Dementia/delirium/depression, falling, osteoporosis, incontinence, failure to thrive
13. Develop understanding of and sensitivity to psychosocial aspect of aging
14. Recognize psychosocial issues in aging, including social isolation, dependency and bereavement, economic issues and ethical dilemmas in end-of- life care.
15. Recognize role of depression, anxiety and motivation in rehabilitation
16. Appreciate the role of family dynamics in planning for care

Check all principle teaching methods used during this rotation:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies, |
| <input checked="" type="checkbox"/> Other: Geriatric Conferences including radiology | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

The most important educational opportunities associated with this elective are to experience the continuum of care available for older, frail patients and to work closely with geriatric specialists from other health care disciplines. Patients are referred to geriatrics from all inpatient services (Medicine, Surgery, Neurology, Psychiatry) as well as from outpatient sites Primary Care, Emergency Care Services). Inpatient consultations involve patients with recent functional decline secondary to acute medical illnesses such as stroke, pneumonia, congestive heart failure and myocardial infarction. Outpatients are most often referred for cognitive impairment, behavior problems, poly-pharmacy, non-compliance with medications, unexplained weight loss, falling and psychosocial problems. Clinical encounters include: bedside rounds with the interdisciplinary team; urgent care encounters in residential settings; ambulatory experiences with geriatricians, nurse practitioners, social workers, geropsychiatrists, clinical pharmacists, psychologists and home visits with nurse practitioners and social workers.

Check the principal ancillary education materials used:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input checked="" type="checkbox"/> Other: Geriatrics Conference, computer | <input type="checkbox"/> Case studies |
| | based instructional module in geriatrics |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills

- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other

Identify strengths and limitations specific to the resources of the sponsoring institution:

The resident will be provided with opportunities to learn to care for seniors from varying economic, social and educational backgrounds as well as in multiple sites for delivering clinical care to the frail older adult.

Conferences or Attending/Patient Care Rounds:

Name Location Day Time

Geriatrics Psychiatry Grand Rounds VA Monday 12:30-1:30 pm

Attending Rounds VA M, W, F 9:00-10:30 am

Dementia Clinic Conference VA Tuesday 12:00-1:00 pm

Geriatrics Clinic Conference Union Memorial Wednesday 3:00-5:00 pm

Geriatric Medicine Board Review VA Thursday 1:00-2:00 pm

Gerontology Conference VA Thursday 3:00-4:00 pm

Clinics:

Name Location Day Time

Evaluation/Dementia Clinic VA Tuesday 9:00 am - 12:00 noon

Geriatrics Clinic VA Tuesday 1:00 - 5:00 pm

Geriatrics Clinic VA Wednesday 8:30 am - 5:00 pm

Home Based Primary Care Loch Raven (By arrangement)

Name of rotation: Continuity Medical Clinic

Department: Department of Medicine

Course Director: Martin Linker, M.D

Site: Family Health Center

Duration of rotation: one month only
 2 weeks possible
 longitudinal

General description of the rotation including educational purpose, rationale or value:

The continuity medical clinic provides a longitudinal experience in general internal medicine for one half day per week for all three years of residency. Residents achieve an appreciation for the natural history of disease and familiarity with common problems encountered in the practice of general internal medicine. There is a focus upon preventive medicine, cost containment and psychosocial/behavioral issues. They are also taught how and when to seek subspecialty consultation and how to provide general medicine consults to sub specialists. Residents are supervised by faculty with an approximate 1:4 ratio.

Resident responsibilities, including interns and residents:

The residents and interns are expected to be the primary care provider for their panel of patients. They coordinate patient care with sub specialists, provide preventive care including counseling on behavior modification, and provide general medical consults on their patients to other physicians. Residents document each patient encounter by a progress note in the "SOAP" format, which is countersigned by the attending. Residents are contacted throughout the week by phone to address issues and questions on their patients which occur when they are not in clinic and are expected to document the content of all phone conversations in the medical record. Residents are encouraged to see their patients when they are hospitalized and provide input regarding their care to the service resident. They are expected to be in clinic every week except during vacation, holidays, or post-call.

Educational objectives:

Patient Care

1. Gather essential and accurate information about the patient.
2. Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence, clinical judgment, and patient preference.
3. Carry out patient management plans, including appropriate follow up of all diagnostic tests ordered.
4. Accurately document information gathered from as well as given to each patient.
5. Provide effective health maintenance and anticipatory guidance.

Medical Knowledge

1. Discuss the diagnosis and treatment of common problems encountered in an outpatient clinic.
2. Demonstrate an investigatory and analytic approach to clinical problem solving and knowledge acquisition.

Practice-Based Learning

1. Develop and maintain a willingness to learn from errors.
2. Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.

Interpersonal and Communication Skills

1. Demonstrate the ability to create and maintain a therapeutic relationship with patients and families.
2. Communicate effectively and respectfully with other members of the health care team.

System-Based Practice

1. Demonstrate commitment to the practice of cost-effective medical care.
2. Anticipate problems patients/care givers may face in negotiating the health care system and advocates on the patient's behalf.
3. Identify and work with other health care professionals and organizations that may assist in a patient's care.
4. Function as the coordinator of a health-care team to manage complex patient issues.

Check all principle teaching methods used during this rotation:

- | | |
|--|---|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input type="checkbox"/> Conferences specific to rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies, including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Residents see patients with a broad mix of medical problems. The majority of patients are Medicare patients. A large proportion of patients are geriatric patients. The attendings are responsible for reviewing all patients with the interns and residents. Charts are reviewed at each session by the attendings with their co-signature as verification of review.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency

- [x] Observation of resident's leadership and teaching skills
- [x] Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- [x] Resident's attendance of rounds and conferences monitored
- [x] Other: Evaluation of interviewing skills and approach to psychosocial problems

Identify strengths and limitations specific to the resources of the sponsoring institution:

Our strengths lie in the level of supervision we are able to provide and the stability and commitment of the clinic attendings. The nursing staff also provides excellent support and guidance to the residents. The Family Health Center is adjacent to the hospital and ancillary services such as phlebotomy and radiology are available.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Emergency Medicine

Department: Emergency Medicine

Course Director: Rhamin S. Ligon, M.D.

Site: MGH Emergency Room

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The MGH Emergency Department provides 24 hour a day/seven days a week community emergency medical care. This includes first contact with OB/GYN, psychiatric, general trauma and adult medical patients with on-call consultation as needed. The Emergency department cares for approximately 36,000 patients per year and accounts for 50-60% of hospital admissions at MGH. The goals of the rotation are to provide an opportunity for residents to evaluate and care for patients in the acute setting with a significant spectrum of diagnoses and to expose them to a continuum of acuity levels in such patients- e.g., cardiopulmonary resuscitations to general community ambulatory care. There is 24 hour coverage by on-sight attending physicians seven days a week. Residents work five or six shifts per week of either 9 or 10 hours per shift. Multiple attending physician coverage during the busiest periods allows for bedside review and teaching on each case. The residents attend Medical Grand Rounds weekly and Emergency Medicine Conference monthly. Emphasis is on ongoing development of history-taking and examination skills with emphasis on integrating diagnostic interpretive and management skills into appropriate acute care decision-making-including participation in admission decisions.

Resident responsibilities:

The Emergency Department is divided into Acute Care area and an urgent Care/Fast Track area. Residents rotate through the Acute Care setting and may also rotate through the Fast Track area- in each case, under the supervision of attending physicians credentialed and appointed to the Emergency Department. They are assigned patients in a non-differentiated manner as first-contact provider and are responsible for history and physicals, chart documentation, and for ordering and interpreting diagnostic studies.

Educational objectives:

1. First contact evaluation and management of ambulatory patients, including problem-focused history, examination and treatment (including legibility and thoroughness of chart/record keeping);
2. Initial EKG interpretation in ED context for acute diagnosis and management;
3. Initial X-Ray interpretation of ED studies for acute diagnosis and management ;
4. Evaluation and initial management of OB/GYN patients presenting with acute problems;
5. Evaluation and initial management of musculoskeletal injuries;

6. Wound Care evaluation and management including laceration repair, sterile technique and local anesthetic use;
7. General airway management including asthma and acute respiratory distress syndromes;
8. Evaluation and initial management of chest pain, acute coronary syndromes and cardiac dysrhythmias;

9. Evaluation and initial management of disorders related to acute EENT problems;
10. Evaluation and initial management of acute neurological syndromes including stroke, TIA, seizures and acute mental status changes.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input type="checkbox"/> Conference specific to the rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Residents care for a broad spectrum of Medical, Surgical & Gynecological cases with a wide degree of intensity. The Emergency Department Attendings provide continuous teaching & supervision of each case with the resident(s) involved. Residents are encouraged to attend the aforementioned weekly and monthly conferences

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic materials |
| <input checked="" type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Handouts on relevant topics | <input type="checkbox"/> Case studies |
| <input type="checkbox"/> Other: _____ | |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The strengths include presence of Emergency Medicine Attendings who review all cases and provide close supervision, teaching (24/7), diverse patient population with wide range of presentations and clinical problem with varying acuity, and first contact experience in an unselected, undifferentiated manner.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Residents may attend conferences, but they are not required during ER Rotation.

Name of rotation: General Medicine

Department: Department of Medicine

Course Director: Martin R. Linker, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

The General Medicine inpatient rotation is a general medicine service for patients admitted to the hospital. The main goal of this rotation is to provide a milieu for the resident to learn the principles of medical care from the perspective of the general internist. The medical team, usually consisting two upper level residents and four PGY 1 medical residents (i.e. interns), cares for up to 48 patients. Residents care for patients with a broad variety of medical illnesses. Through the use of patient care rounds, teaching rounds led by attendings, and small group discussions, residents learn basic and advanced internal medicine skills. Emphasis is placed on cost efficient medical care, medical ethics, and preventive medicine, when applicable. Interdisciplinary care rounds provide residents with an opportunity to learn different methods of evaluating patient function and improve their patients' care. Residents are encouraged to use computer applications to obtain current citations to answer their questions about disease processes and clinical management. MD Consult is available online.

Resident responsibilities, including interns and residents:

The resident's clinical and teaching responsibilities are detailed in the House Staff Manual. As team leaders, the residents are expected to function as the supervisors of all members of the team and guide the clinical care of the patients and the educational development of the interns and students. The interns have primary care responsibility for all patients admitted to them on their night on-call. Responsibilities include performing a complete history and physical examination, evaluating patients daily and writing daily progress notes, ordering and interpreting tests, and performing procedures, as indicated and based on the residents individual competencies. All residents are expected to attend the various conferences, including Research Conference, Morning Report, Medical Grand Rounds, Noon Conference, Health Care Issues Conference, Mortality and Morbidity Conference, Medical Staff Patient Care Conference and Journal Club.

Educational objectives: During this rotation, the resident will:

1. Evaluate and manage patients from the perspective of the generalist in a managed care environment including attention to cost efficient patient care, preventive medicine, psychosocial issues and medical ethics through a multidisciplinary approach.
2. Attain competency in various diagnostic procedures (e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination) and therapeutic procedures (e.g., central line placement).

3. Expand knowledge base in Internal Medicine per specialty-specific objectives.
4. Enhance their interpersonal, leadership and teaching skills.
5. Develop increasing independence in patient evaluation and management.

Check all principle teaching methods used during this rotation:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies,
including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Residents care for patients with a broad mix of general medical illnesses. The service attending is the physician of record for patients without a designated physician. Clinical encounters include bedside rounds, work rounds, attending rounds, direct primary care by interns and clinical evaluation and supervision by upper level residents. Procedures are done by interns when appropriate under the guidance and supervision of a certified resident and the attending.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input checked="" type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input checked="" type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Maryland General Hospital strengthens this rotation by providing supportive ancillary services, including phlebotomy, respiratory therapy and augmented unit clerk activities. A robust case management system facilitates patient care. The computer system facilitates access to clinical laboratory and radiologic data. No major limitations of the sponsoring institution have been noted.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Attending Rounds	Hospital	Daily	Variable

Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: ICU/CCU

Department: Department of Medicine

Course Director: Surjit Julka, M.D., F.C.C.P.
Sanjay Shah, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The resident will assist in the ICU operation by evaluating the patients, assisting with procedures relevant to the ICU practice and review relevant pathologic material. The main goal of this rotation is to enable the resident to diagnose and treat diseases related to critical care medicine. Residents learn the basic and advanced clinical skills required for ICU critical care medicine through daily rounds with the ICU Director or his designee. Residents are encouraged to use library resources to obtain current information on disease processes and management.

Resident responsibilities:

The resident has primary responsibility for all medical patients and the surgical patients who need medical consultations, including complete history and physical examination, daily progress notes and documentation of all procedures. The resident is expected to assist the ICU Director in managing the clinical care of the ICU patients.

Educational objectives:

The educational goals of the ICU rotation include:

1. Learn to care for patients in the ICU with a variety of disease including: acute respiratory failure, different forms of shock, sepsis, drug overdose, diabetic ketoacidosis, hypertensive emergencies, intracerebral hemorrhage, cerebrovascular accident. The resident will learn the principals of cost containment, psychosocial issues and medical ethics through a multidisciplinary approach.
2. Extend the knowledge base in critical care medicine.
3. Learn the indications, contraindications and skills involved in the performance of noninvasive mechanical ventilation, hemodynamic monitoring, fluid and electrolyte management, insertion of central lines and drawing of arterial blood gasses.
4. Develop increasing independence in patient evaluation and management.
5. Enhance their interpersonal leadership and teaching skills.

Check all principle teaching methods used during this training:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input checked="" type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input checked="" type="checkbox"/> | Small group discussions |
| <input checked="" type="checkbox"/> | Conference specific to the rotation | <input checked="" type="checkbox"/> | Bedside clinical rounds |
| <input checked="" type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies including radiology |
| <input type="checkbox"/> | Other: _____ | | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Residents care for a wide variety of critical care medicine patients. The rotation includes daily clinical/teaching rounds with the ICU Director or his designee. The resident is supervised by the ICU Director or his designee in patient-care activities. The ICU Director utilizes cases for teaching. Clinical encounters include rounds and direct patient care.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input checked="" type="checkbox"/> | Pathologic materials |
| <input checked="" type="checkbox"/> | Radiologic studies | <input checked="" type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Case studies |
| <input type="checkbox"/> | Other: _____ | | |

Methods used to evaluate the residents and the rotation:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance |
| <input checked="" type="checkbox"/> | Evaluation of attending teaching skills and other attributes |
| <input checked="" type="checkbox"/> | Rotation assessment by resident |
| <input checked="" type="checkbox"/> | Observation of resident's clinical competency |
| <input checked="" type="checkbox"/> | Observation of resident's leadership and teaching skills |
| <input checked="" type="checkbox"/> | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input checked="" type="checkbox"/> | Resident's attendance of rounds and conferences monitored |
| <input type="checkbox"/> | Other: _____ |

Identify strengths and limitations specific to the resources of the sponsoring institution:

Maryland General Hospital is a community teaching hospital affiliated with the University of Maryland Medical System. The hospital receives patients with a wide variety of critical care medical conditions. The ICU Director or his designee is board-certified in pulmonary medicine or critical care medicine and the institution has excellent diagnostic and therapeutic facilities.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Daily Morning Rounds	Hospital	Daily	9:30 am
Morning Teaching Rounds	Hospital	Daily	TBA
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm

Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Residents on ICU/CCU rotations are excused from conferences

MULTI- DISCIPLINARY AMBULATORY (MDA)

Course Directors: Dr. John Payne - Hospice, Dr. Friedel - Ophthalmology, Dr. Pula - NeuroSciences, Dr. Edelberg – OB/GYN

SITES: MGH & The Joseph Richey Hospice

Duration of rotation: one month only longitudinal
 2 weeks possible

General description of the training including educational purpose, rationale or value:

Resident will rotate through each area:

(Example of Resident Schedule Adjusted Accordingly to Resident’s Continuity Clinic Schedule)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Joseph Richey Hospice	Dermatology	Surgery	Joseph Richey Hospice	Neurology
Afternoon	Ophthalmology	GYN	Orthopedics	Medical Clinic	ENT

RESIDENT WILL ATTEND EACH CLINIC SINCE ALL CLINICS ARE EVALUATED INDIVIDUALLY

Resident responsibilities:

Must attend each assigned rotation on weekly basis.

Educational objectives:

GYN

1. Resident will receive instruction in evaluation and management of diseases of women.

Neurology

2. Residents are to become familiar with diagnosis and management of neurological diseases through patient evaluation supervised by the attending neurologist.

Hospice (End-of-life care)

- 3. Define hospice care.
- 4. Discuss issues of dying and bereavement.
- 5. Develop knowledge of the practical aspects of interactions with patients and their families.
- 6. Discuss means to control symptoms of terminally ill patients.
- 7. Discuss the ethical issues surrounding hospice care.

ENT

- 8. Intern will become familiar with Otolaryngology and Rhinology that are diagnosed and managed by the intern.

Ophthalmology

- 9. Intern will become familiar with Otolaryngology and Rhinology that are diagnosed and managed by the intern.

Surgery

- 10. Residents should review, instruct n ill patients to determine which patient needs Hospital or need a surgical referral.

AMBULATORY

- 11. Familiarity with family diseases, mental health, sexuality, chemical dependencies, sports medicine, health issues in adolescents.

Check all principle teaching methods used during this training:

- | | |
|--|---|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conference specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident’s clinical competency
- Observation of resident’s leadership and teaching skills
- Review of the resident’s history/physical exam, progress notes and documentation of procedures in the chart
- Resident’s attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Multi-Disciplinary Ambulatory Assessment.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am

Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Telemetry

Division: Cardiology

Course Director: Randolph Whipples, M.D.

Sites: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

Participate in direct patient care/management of patient admitted to the Cardiology/Telemetry are at Maryland General Hospital.

Resident responsibilities:

Initial history and physical, to include Diff. DX, Management, day to day follow up of these patients.

Educational objectives:

1. Understand initial evaluation and treatment of acute coronary syndromes.
2. Understand initial examination and treatment of heart failure.
3. To be able to recognize and treat the major cardiac dysrhythmias.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input type="checkbox"/> Conference specific to the rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Learn the initial management /evaluation of a wide mix of cardiac patient admitted to Maryland General Hospital. Understand appropriate diagnostic testing and interpretation. Learn various treatment possibilities for cardiac patient.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic materials |
| <input type="checkbox"/> Radiologic studies | <input checked="" type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |

- Handouts on relevant topics
- Other: _____

- Case studies

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strengths: Opportunity of direct patient management with attending supervision. Limits – no interventional/surgical cardiac procedures done at Maryland General Hospital.

Conferences or Attending/Patient Care Rounds:

<u>Name</u>	<u>Locations</u>	<u>Day</u>	<u>Time</u>
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Attending Rounds Review specific patient, EKG, diagnostic studies

Elective Rotations

Name of rotation: Cardiology

Division: Cardiology

Course Director: Randolph Whipps, M.D.

Sites: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

Resident will spend one month in general cardiology purpose is to become familiar with initial evaluation and follow up of both in patients and out patients also to become familiar with cardiac testing indications and limitations. To become more proficient in Electrocardiogram interpretations.

Resident responsibilities:

Initial evaluation follow-up of inpatients as requested. Observe performance of various cardiac testing procedures. Participate in review/interpretation of ECG's stress tests echocardiograms cardiac catheterization and nuclear imaging. Expected to read regarding various diagnosis seen..

Educational objectives:

1. Understand evaluation/management of hypertension.
2. Understand evaluation/management of chest pain.
3. Understand evaluation/management of acute coronary syndrome.
4. Understand evaluation/management of heart failure.
5. Competency in Cardiac Physical Examination. Achieve basic competency in electrocardiogram interpretation; familiarity with other cardiac tests – stress testing, nuclear imaging, echocardiography and cardiac catheterization, especially indications and limitations.
6. Understand examination/management of major common cardiac arrhythmias including role of electrophysiological testing, pacemakers, and AICD.
7. Understand evaluation/management of cardiac risk factors: hyperlipidemia, diabetes, hypertension, smoking, and role of preventative cardiology
8. Familiarity with congenital heart disease, pericardial, aortic and peripheral vascular diseases.
10. Understand the evaluation/management of syncope.
11. Understand the evaluation/management of valvular heart disease.

Check all principle teaching methods used during this training:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input checked="" type="checkbox"/> | Small group discussions |
| <input checked="" type="checkbox"/> | Conference specific to the rotation | <input type="checkbox"/> | Bedside clinical rounds |
| <input checked="" type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies |

[] Other: _____

including radiology

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Encounter a mix of patient problems – inpatient/outpatient/ER. Become familiar with cardiac testing to be able to understand best test for each problem.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic materials |
| <input checked="" type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Case studies |
| <input type="checkbox"/> | Other: _____ | | |

Methods used to evaluate the residents and the rotation:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance |
| <input type="checkbox"/> | Evaluation of attending teaching skills and other attributes |
| <input type="checkbox"/> | Rotation assessment by resident |
| <input type="checkbox"/> | Observation of resident's clinical competency |
| <input type="checkbox"/> | Observation of resident's leadership and teaching skills |
| <input type="checkbox"/> | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input type="checkbox"/> | Resident's attendance of rounds and conferences monitored |
| <input type="checkbox"/> | Other: _____ |

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strength: Close individual supervision.

Limit: No interventional cardiac procedures done at Maryland General Hospital.

Conferences or Attending/Patient Care Rounds:

<u>Name</u>	<u>Locations</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	Telemetry Unit	Daily	Variable
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Individual Supervision in ECG, Stress testing, echocardiogram etc.

Name of rotation: Chemical Dependency

Division: Chemical Dependency

Course Director: Michael G. Hayes, MD

Sites: MGH & Center for Addition Medicine

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The Chemical Dependency Service (CDS) offers a 2 week/1month rotation with the intent of introducing house officers/students to a variety of clinical problems associated with drug abuse and dependence. The setting is balanced between the inpatient and outpatient services most of which are located on the campus of Maryland General Hospital.

Residents/students will be asked to participate with the health care team in the evaluation and follow up of patients who are treated for several drug withdrawal syndromes. This will include the usual work up and the management of the medications useful in relieving the withdrawal symptoms of opiates, alcohol, and occasionally the sedative-hypnotics especially the benzodiazepines. The residents will be guided and supervised by the clinicians who make up the staff of the CS to include the nurse practitioner and two physicians. The residents will also visit and observe the working of a large inner city for-profit methadone program. They will also be asked to see the CD consults in the hospital, to be reviewed by the attending and/or the CRNP.

The residents will have the opportunity to develop and improve the following skills:

1. The diagnosis of alcohol and other drug dependencies and their clinical sequel including withdrawal.
2. The management of a variety of withdrawal syndromes including nicotine.
3. The referral of patients for continued therapy of chemical dependency.
4. The use of methadone of its various indications.
5. The use of bupenorphine in its various forms.
6. Various smoking cessation methods.

Resident responsibilities:

The resident will be responsible to attend the service on a 9 – 5 schedule unless other wise arranged. He (she) will be expected to make rounds on the inpatients daily, to see the consults firs with one page consultation written before seeing the patient with the attending, attend the outpatient ambulatory clinic on a time available schedule, attend at least one intensive outpatient session, and attend at least two sessions in the Dept. of Medicine as well as grand rounds on Tuesday am.

Educational objectives:

1. Expand their knowledge of addiction medicine.
2. Learn to identify and manage the usual addiction problems found at Maryland General Hospital.
3. Observation skills.
4. Learn about methadone practice as well as the new drug Suboxone.
5. Learn about the different levels of care and modalities assoc. with addictive diseases

Check all principle teaching methods used during this training:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input type="checkbox"/> | Small group discussions |
| <input checked="" type="checkbox"/> | Conferences | <input checked="" type="checkbox"/> | Bedside clinical rounds |
| <input type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Ambulatory clinic participation |
| <input checked="" type="checkbox"/> | Group therapy obs/participation | | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Residents will care for a variety of addictions patients and problems. Clinical encounters include daily rounds, direct patient care by the resident in a variety of settings with an emphasis on the ambulatory clinic both for detoxification and maintenance including methadone. Supervision will be by the CRNP and/or the two doctors. The resident will be urged to visit and participate in all of the many modalities available on the MGH campus. He (she) will be urged to participate in conferences and teaching sessions at the hospital and other settings.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic materials |
| <input type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Articles from the literature |
| <input checked="" type="checkbox"/> | Video tapes | <input type="checkbox"/> | Case studies |
| <input checked="" type="checkbox"/> | Textbook | | |

Methods used to evaluate the residents and the rotation:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Evaluation of residency performance |
| <input type="checkbox"/> | Evaluation of attending teaching skills and other attributes |
| <input type="checkbox"/> | Rotation assessment by resident |
| <input checked="" type="checkbox"/> | Observation of resident's clinical competency to include professionalism |
| <input type="checkbox"/> | Observation of resident's leadership and teaching skills |
| <input checked="" type="checkbox"/> | Review of the resident's history/physical exam, progress notes consultations |
| <input checked="" type="checkbox"/> | Attendance of rounds, conferences, assignments, consults |
| <input type="checkbox"/> | Other: _____ |

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Attending Rounds	Hospital	Daily	Variable
IOP Sessions	IOP	MWF	am & pm

Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Dermatology

Department: Department of Medicine

Course Director: Kathryn Neuman-Rudo, M.D.

Site: MGH / Dermatology Clinic

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

Expose the resident to patients seeking Dermatologic care, discuss Dermatologic diseases, differential diagnoses and treatment options.

Resident responsibilities:

Observe and learn. Participate by asking questions of both patients and attending. Independent reading to supplement clinical experience.

Educational objectives:

1. Attendance.
2. Observation skills.
3. Dermatology descriptions.
4. Attitude.
5. Enthusiasm: asking questions, etc.
6. Able to formulate appropriate and differential diagnosis related to patient’s complaint.
7. Studying and increasing knowledge.

Check all principle teaching methods used during this training:

- | | |
|---|---|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input type="checkbox"/> Conference specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input checked="" type="checkbox"/> Other: <u>Independent Reading</u> | including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Exposure to a large volume of general Dermatology patients – all ages and skin types.

Clinic experience is limited to medical Dermatology. – No surgical procedures (Cryosurgery with liquid nitrogen may be done.)

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic materials |
| <input type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Case studies |
| <input checked="" type="checkbox"/> | Other: <u>Dermatology Textbook</u> | | |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident’s clinical competency
- Observation of resident’s leadership and teaching skills
- Review of the resident’s history/physical exam, progress notes and documentation of procedures in the chart
- Resident’s attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Positives

Large volume of patients.
All age groups.
One-on-one instruction.

Negatives

High percentage of A.A. patients.
No Derm surgical exposure.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Endocrinology Division

Department: Endocrinology

Course Director: Arsalan Sheikh, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

During this elective, residents will work with first and second year fellows in providing inpatient and outpatient endocrinology subspecialty care. Residents will be responsible for inpatient consultations and outpatient clinics in general endocrinology and diabetes. They will also participate in conferences, didactic sessions, and journal clubs. The purpose of this elective is to expose residents to endocrinology as it is practiced: a primarily outpatient subspecialty with an important role as a consultation service to both medical and surgical services.

Resident responsibilities, including interns and residents: The resident will:

1. Participate in outpatient clinics.
2. Consult on inpatients with endocrine disorders.
3. Review literature on endocrine disorders, and present this information to the endocrine service and consulting physicians.
4. Participate in journal clubs and conferences.

Educational objectives: During this rotation, the resident will:

1. Review the rationale, protocols, and interpretation of endocrine testing.
2. Relate endocrine pathophysiology to clinical disease.
3. Learn which endocrine problems require subspecialty consultation.
4. Describe the pathogenesis and complications associated with hyperglycemia among hospitalized patients.
5. Describe therapeutic options for management of hyperglycemia in the inpatient and outpatient settings.
6. Describe the standards of care for treatment of diabetes with respect to glycemic, blood pressure and lipid goals, frequency of glucose monitoring, and what testing is needed to be performed on patients at each visit, and on an annual basis.
7. Discuss the immediate and long-term management of hyper and hypocalcemia.
8. Describe the appropriate management of hyperthyroidism among outpatients and critically ill patients.
9. Initiate appropriate therapy for patients presenting in diabetic ketoacidosis and

hyperosmolar hyperglycemia states.

10. Discuss the management of patients with a solitary thyroid nodule.

11. Be able to describe the pre and postoperative management of patients with pituitary adenomas.

Check all principle teaching methods used during this rotation:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies, including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Patients with a variety of endocrine disorders are seen, including diabetes, hypoglycemia, thyroid disorders, adrenal disease, osteoporosis, hypercalcemia, pituitary and hypothalamic disorders and multiple endocrine neoplasia. Particular emphasis is placed on thyroid disease diabetes. Unique to our mix of diseases is our hypertension clinic and consultations on patients undergoing pancreatic transplantation.

Residents also gain experience in procedures and testing central to the practice of endocrinology including fine needle aspiration of the thyroid and intensive glucose monitoring in diabetes.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input checked="" type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: Quality of performance of clinical investigation (if resident chooses this

Identify strengths and limitations specific to the resources of the sponsoring institution:

The endocrine division works closely with colleagues.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am

Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm
Endocrine Clinic	Family Health Center	Friday (once/month)	12:00 pm

Name of rotation: Gastroenterology

Division: Gastroenterology

Course Director: Moorkath Unni, M.D.

Sites: MGH/In patient, GI Clinic & GI Lab
MGH /Professional Building & Office
Practice

Duration of rotation: one month only
 2 weeks

General description of the training including educational purpose, rationale or value:

The GI rotation is designed to provide the resident with a comprehensive overview of the subspecialty of gastroenterology under the supervision of a gastroenterology consultant. There may be one or two medical students with the gastroenterologist. Responsibilities include providing consultations for inpatients at the hospital. The primary teaching mechanism is daily consultation rounds which include didactic sessions and patient management rounds. In addition, instruction in ambulatory outpatient gastroenterology is provided at the GI clinic and in the office setting, usually at the Maryland General Professional building. The overall objectives are to provide the resident with a critical, in-depth approach to the diagnosis and cost effective use of laboratory, radiological and endoscopic procedures, and the pharmacology and appropriate use of drugs for GI diseases. The resident has the opportunity to observe pathology at the GI lab and review histology at the Pathology lab. The resident is encouraged to discuss the latest articles in the major peer-reviewed journals.

Resident responsibilities:

The first major responsibility of the resident is to evaluate inpatients for whom a GI consultation has been requested. There is usually one patient per resident per day. The case is discussed in detail with the attending. The resident is responsible for writing a consultation report, conveying management recommendations to the medical team, closely following the progress of the patient and making further recommendations to the medical team. The resident will be responsible for assembling and evaluating x-rays and biopsies on patients and carrying out appropriate literature searches. The resident will also be responsible for providing short didactic sessions on subjects of interest to the consultation team. The second major responsibility of the resident is to evaluate new and follow-up patients in the outpatient clinics for a minimum of two half days each week. Patients are presented to the GI attending physician for decisions regarding ambulatory diagnosis and management plans. The resident is also expected to attend and participate in the monthly GI noon conferences.

Educational objectives:

During this rotation, this resident will:

1. Demonstrate approach to providing consultative opinions for common GI and hepatobiliary diseases.
2. Discuss approach to outpatient management of common GI and hepatobiliary diseases.
3. Use laboratory, radiologic, and endoscopic procedures in a cost-effective manner and discuss risk/benefit analysis of these studies.
4. Discuss appropriate diagnostic and management steps for common GI emergencies.

Check the principal teaching methods used during this rotation:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input checked="" type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input checked="" type="checkbox"/> | Small group discussions |
| <input checked="" type="checkbox"/> | Conferences specific to rotation | <input checked="" type="checkbox"/> | Bedside clinical rounds |
| <input type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies, including radiology |
| <input type="checkbox"/> | Other _____ | | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Diseases that the resident will encounter include those of the esophagus such as esophageal reflux and esophageal carcinoma, gastric diseases such as peptic ulcer, carcinoma, gastritis, gastroparesis; duodenal diseases including duodenal ulcer; small bowel diseases including malabsorption and inflammatory bowel disease, colonic disease including polyps, diverticular disease, carcinomas and inflammatory bowel disease; and pancreatitis, pancreatic carcinoma, gallstones, biliary disease, and liver diseases. Patient characteristics include inpatients and outpatients. Types of encounters include inpatient consultations and outpatient clinics. Services include consultations and management of outpatients and observing GI procedures.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | Reading lists | <input checked="" type="checkbox"/> | Pathologic materials |
| <input checked="" type="checkbox"/> | Radiologic studies | <input checked="" type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes, and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strengths include a comprehensive exposure to the practice of gastroenterology including inpatient consultations, management of ambulatory patients, and a wide range of patients.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Attending Rounds	Hospital	Daily	Variable
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Hematology/Oncology

Division: Hematology/Oncology

Course Director: Ravi Krishnan, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

Tasks will include the initial evaluation of patients with cancer (both inpatient and outpatient consults), ongoing patient follow-up during their hospital stay, assistance with procedures required for the diagnosis and treatment of cancer (thoracentesis, paracentesis, bone marrow aspirate and biopsy, lymph node aspirates), and review of pathology slides imaging studies from patients seen during the rotation. Residents will attend a private practice or clinic at least two half-days per week.

Resident responsibilities, including interns and residents:

Residents will be required to perform consults (initial patient exam, compilation of patient histories) and present each patient to the team attending. The resident will then be required to provide follow up treatment as required for each patient during the rotation. The resident will also be expected to attend the conferences listed with this rotation.

Educational objectives:

During this rotation, the resident will:

1. Improve their ability to evaluate, interpret and suggest treatment for patients with cancer.
2. Experience the current practice of hematology and oncology as seen both in the academic and private setting.
3. Understand the current evaluation and treatment of the major tumor types seen in the United States (colon, breast, lung, and prostate).
4. Improve their ability to perform invasive diagnostic tests as required in the treatment and evaluation of cancer and blood disorders.

- | | |
|-------------------|--|
| 1. Anemia. | 5. Thrombocythemia |
| 2. Erythrocytosis | 6. Thrombocytosis |
| 3. Leucocytosis | 7. Coagulation Disorders 8 indications & Complications |
| 4. Leukopenia | of transfusion of blood products |

Learn the Risk Factors, Symptoms and Signs, Staging and Treatment for:

1. Lung Cancer
2. Breast Cancer
3. Colon Cancer
4. Prostate Cancer
5. Lymphoma
6. Pain Management
7. Advanced Directives and End of Life Care/Hospice

Check all principle teaching methods used during this rotation:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies, including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Residents will see a broad sampling of patient mix as is characteristic of patients at a teaching hospital. Clinical encounters consist of inpatient & outpatient consult and follow-up. Procedures performed will be dictated by the patient and tumor mix for the month.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input checked="" type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The hospital sees a broad range of tumor types typical for a common hospital.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm

Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Infectious Disease

Division: Infectious Disease

Course Director: Chandralekha Banerjee, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

Residents will participate in evaluation and management of patients seen on the ID service. Residents will have a core curriculum and learn of disease processes from articles, evaluation and management of patients, teaching on each patient, plus conferences.

Resident responsibilities:

Attend conferences, see patients & follow patients on the medical service and keep up with assigned reading.

Educational objectives:

The goals are for the resident to be able to evaluate a patient and make appropriate diagnostic and therapeutic decisions with regards to Infectious Diseases. The resident should particularly be able to:

- a. Complete a history and perform a complete, accurate physical.
- b. Formulate differential diagnoses.
- c. Communicate well with the patients.
- d. Demonstrate understanding for antibiotics and their use.
- e. Demonstrate understanding of approach to patient with fever.
- f. Diagnose and treat infective endocarditis.
- g. Diagnose and treat of meningitis.
- h. Diagnose and treat skin and soft tissue infections
- i. Understand the role of vaccinations and preventive medicine.
- j. Have a general understanding of HIV infection, AIDS and opportunistic infections associated with that and treatment of such.

The resident is supervised at all times by an attending. The resident may independently evaluate the patient initially, but the patient is always evaluated, examined and discussed with the attending.

Check all principle teaching methods used during this training:

Attending teaching rounds

Interdisciplinary rounds

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Patient management discussions | <input type="checkbox"/> | Small group discussions |
| <input type="checkbox"/> | Conference specific to the rotation | <input checked="" type="checkbox"/> | Bedside clinical rounds |
| <input type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies including radiology |
| <input type="checkbox"/> | Other: _____ | | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

The inpatient ID consult service includes patients across a wide range of services including Medicine, Surgery, Neurosurgery, Ophthalmology, OB-GYN, ENT, etc., as well as patients with varying degrees of severity of illness including intensive care patients. Common presentations include: fever of unknown origin, bacteremia, infectious endocarditis, pneumonia, empyema, meningitis, brain abscess, osteomyelitis, and urinary tract infections. Emphasis will be placed on generating a strong database including history, physical examination and laboratory values including microbiology, antibiotic levels, and radiology. These data will be used to make initial treatment plans and subsequent day-to-day treatment decisions. In addition, an important component of the elective is the opportunity to participate in the comprehensive, longitudinal outpatient management of HIV infected adults at all stages of the infection.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic materials |
| <input checked="" type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Case studies |
| <input type="checkbox"/> | Other: _____ | | |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The ID services has a rich mix of patients with various pathologies.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Attending Rounds	MGH	Daily	Variable
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm

Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm
IHV Clinic	Family Health Center	Thursday	12:00 pm

Name of rotation: Nephrology

Division: Nephrology

Course Director: Michael C. Yen, M.D.

Site: MGH

Associate Course Director: Cedric Bryan, M.D.

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The resident has access to a large population of in-patients and outpatients and a variety of kidney diseases and dialysis patients. There is no transplant program.

Resident responsibilities:

The resident sees both inpatients and outpatients for initial consultations and then presents the case to the attending nephrologist. He then follows up on a daily basis and the attending nephrologist.

Educational objectives:

1. Urinalysis (What can it tell us?) (How is it done?) (When is it important?)
2. Review of Systems – significance of nocturia, hematuria, dysuria, kidney stones.
3. Proteinuria – Method of measurement and significance.
4. Physical exam – edema, skin turgor and fundoscopic exam.
5. Reversibility of C.R.F.
6. Hypertension – Targets.
7. Hyperkalemia – risk factors, ECG changes, Rx.
8. Hyponatremia – causes, signs, and Rx.
9. Dialysis – indications, methods and complications.
10. Modification of drug doses in renal disease.

Check all principle teaching methods used during this training:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conference specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

The residents see a wide variety of renal patients. We also have a large population of hemodialysis and peritoneal dialysis patients. Renal social and dietary services add to the practical aspect of daily nephrology.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic materials |
| <input type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Case studies |
| <input type="checkbox"/> | Other: _____ | | |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

No major limitations of the sponsoring institution have been noted.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm
Renal Clinic	Family Health Center	Thursday	8:00 am

Name of rotation: Neurology

Department: NeuroSciences

Course Director: Thaddeus Pula, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

This rotation provides the resident with inpatient and outpatient experience in the diagnosis and management of patients with various neurological conditions with an emphasis on those listed below under the educational objectives.

Resident responsibilities:

The resident will participate on a daily basis as a member of the clinical team. An effort will be made to have the resident interview, examine, assess and present each inpatient neurology consult. Every case will be reviewed in detail with a staff Neurologist. The resident will also participate in the weekly Neurology clinic which is supervised by a Neurology attending. In addition to reading and surveying text of Neurology, the residents will be asked to research specific topics in detail.

Educational objectives:

1. Strokes.
2. Intracranial / hemorrhages.
3. Seizures / status epilepticus.
4. Alzheimer's disease/dementia.
5. Parkinson's disease / tremor.
6. LMN Weakness – MG / GBS / polymyositis / respiratory failure.
7. UMN Weakness – MS / ALS / Cervical – spondylosis / acute cord compression.
8. Headache migraine / temporal arteritis / SAH / meningocephalitis.
9. Diabetic polyneuropathy / CTS / Bell's Palsy.
10. Coma brain death / ↑ICP / toxic-metabolic encephalopathy / brain death.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input type="checkbox"/> Conference specific to the rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies |

[] Other: _____

including radiology

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

As noted above.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic materials |
| <input checked="" type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Case studies |
| <input type="checkbox"/> | Other: _____ | | |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The availability of the Neurology Staff Physician is a notable strength; there are months when the mix of patient conditions is not diverse.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Attending Rounds	MGH	Daily	Variable
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm
Neurology Clinic	Family Health Center	Friday	9:00 am

Name of rotation: Ophthalmology
Course Director: Samuel Friedel, MD

Department: Ophthalmology
Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

The goals of this rotation are to provide the resident with an outpatient experience in ophthalmology which equips them with the knowledge, skills and attitudes necessary to care for GIM patients with ophthalmologic problems and helps them to understand when referral to an ophthalmologist may be indicated.

Resident responsibilities, including interns and residents:

The residents actively participate in patient care and engage in self directed/problem based learning. They are expected to augment their clinical experience by reading a primer provided to them at the beginning of the rotation. Their attendance is expected to be 100%.

Educational objectives:

Patient Care

1. Direct ophthalmoscopy: improve technique; learn to identify pathology such as: disc edema, arterial-venous nicking, copper and silver wiring, and the signs of Glaucoma.
2. Understand the effects of Diabetes Mellitus on the eye, emphasizing the role of the primary care physician to insure that patients receive annual dilated eye exams from an ophthalmologist.
3. Learn basic exam techniques, such as testing for an afferent papillary defect, visual fields and extra ocular motility.
4. Understand the effects of HIV/AIDS on the eye, including the threshold CD4 counts for opportunistic infections.
5. Learn how to recognize eye emergencies, such as closed angle glaucoma, penetrating ocular injuries and others one might see in an emergency room.

Medical Knowledge

1. List common ophthalmologic problems, such as red eye, eye pain, impaired vision, glaucoma and diabetic retinopathy, and describe a subsequent evaluation.
2. Discuss ophthalmic presentations of systemic illnesses encountered by an internist.
3. Identify the dose, mechanism of action, effects, side effects and interactions of commonly used ophthalmic medications.
4. Recite problems for which referral to an ophthalmologist may be necessary.

Check all principle teaching methods used during this rotation:

- | | |
|--|--|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies,
including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

The residents are given the opportunity to learn how to perform various outpatient ophthalmologic procedures under close supervision. These procedures will be invaluable to practice of GIM.

Check the principal ancillary education materials used:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input type="checkbox"/> Handouts on relevant topics | <input type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The strengths of this rotation lie in the ability to learn the use of ophthalmologic tools to perform outpatient ophthalmologic procedures.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm

Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Pathology

Department: Pathology

Course Director: John Braun, M.D.

Site: MGH Pathology Laboratory

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The pathology elective allows the medical students or resident of participate in the actual workings of the Pathology Department. Generally the laboratory service is split into two parts, the Anatomical section ad the Clinical Pathological section.

In the Anatomical Pathology section the person rotating will be expected to participate in autopsies, surgical cutting in which the gross specimens are examined, dictated, and sectioned by the pathologists, and the subsequent review of the slides that are made the following day. While the autopsy service is not all that busy, we do occasionally have autopsies and the resident is expected to attend these autopsies and be an active³ participant in discussing and examination of the various organs and the development of a cause of death. In the surgical pathology side the slides come out in the morning and we review the individual cases through the double-headed microscope discussing them as we sign them out. The main goal of the rotation is to acquaint the resident with the workings of Pathology Department since there is no way that the resident can obtain enough experience to actually be responsible for signing out of the autopsies or of the surgical pathology cases. At the same time, the cytology cases are available for review. We do a significant number of medical cytologies along with the GYN cytologies.

If the resident so desires, a rotation in any one or all of the clinical pathology departments including blood bank, hematology, microbiology and chemistry can be arranged either for the entire rotation if they want to examine something in depth or for a day or two to gain a superficial knowledge of how that section works.

Resident responsibilities:

The resident will be expected to participate in the activities of the department including attendance at the autopsies, attendance at the grossing table where the larger specimens should be of special interest to see how we examine them, choose sections and to follow-up with the microscopic and final sign-out of the case. We review troublesome peripheral smears and the resident can review these with us. During the rotation, the resident is expected to attend the morning report in medicine, and the noon conferences in the medical department as it supplements the teaching in the pathology department. Night or weekend call is not expected.

Educational objectives:

During the rotation, the resident will:

1. Obtain a comprehensive idea of how the anatomical pathology department functions.
2. Develop some experience in examining peripheral smears.
3. Be able to look through the microscope and review the slides with the pathologist.
4. Gain exposure to a wide variety of surgical pathology including biopsies, GYN specimens, some dermatopathology and GYN pathology.
5. If desired, develop some ideas about the workings of any of the clinical pathology sections rotated through.

Check all principle teaching methods used during this training:

- | | | | |
|-------------------------------------|--|--------------------------|--|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input type="checkbox"/> | Small group discussions |
| <input type="checkbox"/> | Conference specific to the rotation | <input type="checkbox"/> | Bedside clinical rounds |
| <input checked="" type="checkbox"/> | Individual instruction of procedures | <input type="checkbox"/> | Review of diagnostic studies including radiology |
| <input checked="" type="checkbox"/> | Review of Cases through double-head microscope | | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Strengths: Wide variety of pathology among the patient population.

Check the principal ancillary educational materials used:

- | | | | |
|--------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | Reading lists | <input checked="" type="checkbox"/> | Pathologic materials |
| <input type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Case studies |
| <input type="checkbox"/> | Other: _____ | | |

Methods used to evaluate the residents and the rotation:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance |
| <input type="checkbox"/> | Evaluation of attending teaching skills and other attributes |
| <input checked="" type="checkbox"/> | Rotation assessment by resident |
| <input type="checkbox"/> | Observation of resident's clinical competency |
| <input type="checkbox"/> | Observation of resident's leadership and teaching skills |
| <input type="checkbox"/> | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input type="checkbox"/> | Resident's attendance of rounds and conferences monitored |
| <input checked="" type="checkbox"/> | Other: Individual discussing cases reviewed |

Identify strengths and limitations specific to the resources of the sponsoring institution:

Ability to spend individual time with resident, adequate case variety, weakness; low autopsy rate

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Psychiatry

Department: Psychiatry

Course Director: Carlos Millan, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

The main goal of this rotation is to familiarize the resident with psychiatric problems of the medically ill. The resident will have the opportunity to: (1) learn when to obtain psychiatric consultations; (2) identify the psychiatric components of medical, surgical and traumatic illnesses; (3) learn to distinguish psychiatric illness which poses as organic disease, psychiatric illness which causes or complicates organic disease, and medical illnesses which present as psychiatric; (4) refine his or her skills in taking a psychiatric history, performing mental status exams and formulating cases; (5) treat patients psychopharmacologically and psychotherapeutically; and (6) work with the referring team to optimize patient care.

Resident responsibilities, including interns and residents:

The resident's responsibilities will be to provide timely consultations to the patients that are assigned to them and to provide on-going psychiatric intervention as needed. The residents will be responsible for writing a complete psychiatric consultation and documenting all subsequent encounters with the patient in the medical record.

The residents are expected to participate in patient care in an ambulatory setting. They will be expected to demonstrate appropriate knowledge of diagnostic categories, therapeutics and referral systems. As well they will be required to review appropriate literature.

Educational objectives:

During this rotation, the resident will:

1. Expand their psychiatric knowledge base.
2. Identify, manage and discuss the common psychiatric problems found in the medically- ill, such as delirium, depression, anxiety, substance abuse, and somatoform disorders.
3. Evaluate patient's competency.
4. Obtain a pertinent history and exhibit skill in organizing information about lifestyle and cultural issues, psychological and behavioral elements in illness.

5. Formulate appropriate treatment plans, including initial pharmacologic interventions for conditions frequently encountered in an internal medicine clinic.
6. Identify the does, mechanism of action, effects, side effects and interactions of medications commonly used to treat psychiatric disorders.
7. Recite problems for which referral to a psychiatrist may be necessary.

Check all principle teaching methods used during this rotation:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies, including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Residents will care for patients with a variety of psychiatric problems. The assigned attending will teach on all cases. Clinical encounters include daily attending rounds and direct patient care by the resident. Prn supervision by one of the faculty is always available.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Maryland General Hospital will strengthen this rotation by providing supportive ancillary services. No major limitations of the sponsoring institution have been noted.

Conferences or Attending/Patient Care Rounds:

<u>Name</u>	<u>Locations</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	Hospital	Daily	Variable
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am

Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Pulmonary

Division: Pulmonary

Course Director: Sanjay Shah, M.D

Sites: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The resident will assist in the operation of the consultation service by evaluating inpatients and outpatients, assisting with procedures relevant to the specialty service, and reviewing relevant pathologic material. The main goal of this rotation is to enable the resident to diagnose and treat diseases related to the respiratory system. The residents learn the basic and advanced clinical skills required for pulmonary medicine through daily rounds with the Head of the Pulmonary Division. Residents are encouraged to use library resources to obtain current literature on disease processes and management.

Resident responsibilities:

The Head of the Pulmonary Division or his designee has primary responsibility for all patients on the consultation service, including a complete history and physical examination, daily progress notes, documentation of all procedures, and teaching of residents and students. The resident is expected to assist the Head of the Pulmonary Division and share this responsibility in managing the clinical care of the patients. The residents may also help in the preparation of the pulmonary conference. Residents will attend the outpatient clinic and see private consultations in conjunction with the Head of the Pulmonary Division.

Educational objectives:

1. Learn to care for patients with a variety of pulmonary diseases including; asthma, COPD, Acute respiratory failure, sarcoidosis, interstitial lung disease, pneumonia, pulmonary embolism, pleural effusion. They will also learn the principals of cost containment, psychosocial issues and medical ethics through a multidisciplinary approach.
2. Expand their knowledge base in pulmonary medicine.
3. Learn the indications, contraindications, and skills involved in the performance of diagnostic and therapeutic procedures, e.g., bronchoscopy, pleural biopsy, pulmonary function studies, thoracentesis, drawing arterial blood gases and sleep studies.
4. Develop increasing independence in patient evaluation and management.
5. Enhance their interpersonal leadership and teaching skills.

Check all principle teaching methods used during this training:

- | | | | |
|-------------------------------------|---|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input checked="" type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input checked="" type="checkbox"/> | Small group discussions |
| <input checked="" type="checkbox"/> | Conference specific to the rotation | <input checked="" type="checkbox"/> | Bedside clinical rounds |
| <input checked="" type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies |
| <input checked="" type="checkbox"/> | Review and discussion of articles and
MKSAP/MED study questions. | | including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Residents care for a wide variety of pulmonary patients. The pulmonary attending utilizes each case for teaching. Clinical encounters include daily teaching rounds with the head of the Pulmonary Division or his designee. The resident will be supervised on a daily basis by the Head of the Pulmonary Division or his designee in all patient-care activities.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input checked="" type="checkbox"/> | Pathologic materials |
| <input checked="" type="checkbox"/> | Radiologic studies | <input checked="" type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Case studies |
| <input checked="" type="checkbox"/> | MKSAP/MED study questions | | |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

This is a teaching community hospital affiliated with the University of Maryland Medical System, which receives patients with a wide variety of pulmonary/medical conditions. The Head of Pulmonary Division and his designee are board certified in pulmonary medicine and the institution has excellent diagnostic and therapeutic facilities.

Conferences or Attending/Patient Care Rounds:

<u>Name</u>	<u>Locations</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	MGH	Daily	Variable
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am

Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm
Pulmonary Clinic	Family Health Center	Tuesday/Thursday	1-3:00 pm

Name of rotation: Radiology

Department: Radiology

Course Director: Dharmendra Kumar, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The radiology elective allows exposure to radiology including, fluroscopy, CT, MRI, US, Nuclear Medicine and Interventional Radiology.

Resident responsibilities:

To actively participate in day-to-day activity of the departments read journals, articles and discuss. Attend autopsy cases if available to correlate radiology with pathology.

Educational objectives:

Important educational activities for student/Resident will include exposure to large number of patients from ICU, and ED. Immunocompromised, drug addiction, dialysis patients, and high risk OB patients constitute the bulk of patients requiring interventional radiology. Other procedures and services include abdominal studies, mammography, ultrasound and nuclear medicine studies.

1. Improvement of observation skills.
2. Attendance.
3. Depth of Understanding of individual patients.
4. Understanding of basic principles of Radiology and neurology technologies. (MRI and Ultrasound)
5. Attitude.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attending teaching conferences | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Under the supervision of the attending physician, the resident develops their own learning schedule, spending more or less time in a particular area, depending on prior training, knowledge, experience and interest. Each are of the competency requirements are covered. Many residents divide the rotation into clinical sections (i.e., bone, neuro, cardiac, renal, etc.) concentrating on the technical and physics related aspects, which may more specifically related to these areas.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input checked="" type="checkbox"/> | Pathologic materials |
| <input checked="" type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Other | <input checked="" type="checkbox"/> | Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strengths: A large number and variety of radiologic tests to observe and discuss.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Attending Rounds	Hospital	Daily	Variable
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm

Name of rotation: Rheumatology

Division: Rheumatology

Course Director: Mohammad Oreizi-Esfahani, M.D.

Site: MGH

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The rotation allows the House Staff to participate in the diagnosis and management of a wide range of Rheumatologic disorders.

Resident responsibilities:

Actively participate in the management of patients with different musculoskeletal diseases.

Educational objectives:

1. History of patient with rheumatologic complaints.
2. Joint examination.
3. Interpretation of laboratory tests in rheumatology.
4. Interpretation of synovial fluid tests.
5. Basic radiologic findings in rheumatology.
6. Intra-articular and peri-articular injection.
7. Approach to a patient with monoarthritis.
8. Approach to a patient with polyarthritis.
9. Management of osteoarthritis.
10. Pharmacology of non-steroidal anti-inflammatory agents.

Check all principle teaching methods used during this training:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input checked="" type="checkbox"/> | Small group discussions |
| <input type="checkbox"/> | Conference specific to the rotation | <input checked="" type="checkbox"/> | Bedside clinical rounds |
| <input checked="" type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies including radiology |
| <input type="checkbox"/> | Other: _____ | | |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

The House Staff is exposed to a broad range of Rheumatic conditions on the consult services as well as in the outpatient setting. The House Staff will also get familiar with procedures such as intra or peri-articular injections and joint aspiration.

Check the principal ancillary educational materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic materials |
| <input checked="" type="checkbox"/> | Radiologic studies | <input checked="" type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Handouts on relevant topics | <input type="checkbox"/> | Case studies |
| <input type="checkbox"/> | Other: _____ | | |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strength includes the exposure to a wide variety of musculoskeletal disorder.

Conferences or Attending/Patient Care Rounds:

Name	Locations	Day	Time
Attending Rounds	Hospital	Daily	Variable
Morning Report	Armory 4 th Flr. Conf. C	Monday- Friday	10:30 am
Medical Grand Rounds	Gatch Auditorium	Thursday	12:00 pm
Noon Conference	Armory 4 th Flr. Conf. C	Monday – Friday	12:00 pm
Health Care Issues	Armory 4 th Flr. Conf. C	1 st Monday Every Month	12:00 pm
Mortality & Morbidity	Armory 4 th Flr. Conf. C	2 nd & 4 th Monday	12:00 pm
Patient Care Medical Staff	Armory 4 th Flr. Conf. C	3 rd Monday	12:00 pm
Journal Club	Armory 4 th Flr. Conf. C	3 rd Friday	12:00 pm
Research Conference	Armory 4 th Flr. Conf. C	2 nd Wednesday Every Month	12:00 pm
Cancer Conference	Gatch Auditorium	2 nd Thursday	12:00 pm
Rheumatology Clinic	Family Health Center	Tuesday	8:00 am

Supplemental Curriculum

Advanced Cardiac Life Support

General description of the training including educational purpose, rationale or value:

All residents are required to be certified in ACLS upon entering the residency program and to be re-certified again after two years. The curriculum is provided by Department of Anesthesiology and distributed to all residents when they take the course. This training is essential to providing care to patients in a critical care setting and in the event of a cardiac arrest.

Resident responsibilities:

Residents must attend the ACLS course when needed and document their certification status in their Procedure Log Books. Their status will be noted on their annual transcript. This instruction will be reinforced clinical during rotations in the intensive care units and as Medical Consultant under the supervision of intensivists.

Educational objectives: During this training, the resident will:

1. Demonstrate the principles and basic pathophysiology for administering advanced cardiac life support.
2. Apply these principles and training during clinical rotations, including those in the intensive care units and while Medical Consultant.
3. Pass the certifying examination and maintain active status throughout the training period.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

ACLS is required for maintenance of active credentials during the training program.

Check the principal ancillary educational materials used:

- | | |
|---|---|
| <input type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: Passing of certifying ACLS written examination

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strengths include the comprehensive nature of the curriculum with official certification in ACLS skills and knowledge, and consistent reinforcement on clinical rotations in the intensive care unit and Medical Consultation.

Conferences or attending/Patient Care Rounds:

Not applicable.

Diagnostic and Therapeutic Procedures

General description of the training including educational purpose, rationale or value:

The residency training program and the American Board of Internal Medicine require certification of clinical competency in specified diagnostic and therapeutic procedures. The settings in which the residents learn these procedures are varied, including inpatient services, intensive care units, emergency rooms, walk- in clinics, outpatient clinics and continuity medical clinics. Residents receive both didactic and various practice sessions in some procedures prior to performing them on patients. All uncertified residents must be supervised by a certified resident or attending and document the procedure in their Procedure Log Book.

Resident responsibilities:

The resident is responsible for attending the designated lectures to learn specific techniques and demonstrate initiative in completing the requisite number of procedures.

Educational objectives: During this training, the resident will:

1. List the indications, methods, alternatives and complications for each procedure.
2. Discuss the principles of informed consent and ensure that this is obtained on all patients.
3. Become certified in all required procedures prior to completing the training program.
4. Be supervised by a certified individual for procedures until he/she is certified.
5. Document all completed procedure in the Procedure Log Book.
6. Discuss results of bodily fluids obtained, e.g., ascites, pleural fluid, and synovial fluid.
7. Document procedure in the patient's record clearly and appropriately.

Check all principle teaching methods used during this training:

- | | |
|--|---|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies |
| <input checked="" type="checkbox"/> Other: <u>Videotape instruction</u> | <input checked="" type="checkbox"/> Review of diagnostic studies, including radiology |

Through the various inpatient and outpatient rotations, residents will have ample opportunity to care for patients who will need these diagnostic and therapeutic procedures. Clinical encounters will include patients for whom the resident is the primary inpatient provider, episodic caregiver or continuity care physician.

The specific procedures required and the requisite number for determination of clinical Competency with the American Board of Internal Medicine (ABIM) are:

	Required for Certification
Abdominal paracentesis	3
Arterial line placement	5
Arterial puncture for ABG	5
Arthrocentesis (knee)	3
Breast examination	5
Central line placement	5
Internal jugular	3
Subclavian	3
Femoral	3
Flexible sigmoidoscopy	20 (optional)
Lumbar puncture	5
NG tube placement	3
Pelvic examination with Pap & wet prep	5
Rectal examination	5
Thoracentesis	5

Several other procedure essential to primary care but not required by the ABIM are offered to residents through a series of workshops. These include:

1. Skin biopsies and shavings
2. Ophthalmology procedures
3. Management of stains and sprains
4. Communication skills

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input checked="" type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The wide variety of cases and patient mix, plus the autonomy and responsibility given to

residents allow them to execute these diagnostic and therapeutic procedures and achieve skill and competency in performing them.

Conferences or attending/Patient Care Rounds:

Conferences offering didactic and practical instruction in performing the procedures are scheduled.

Critical Assessment of the Medical Literature

General description of the training including educational purpose, rationale or value:

Use of techniques of evidence based medicine and critical appraisal of the medical literature is an integral part of all clinical rotations. These principles are formally taught during the monthly Journal Club sessions. Here, a second year resident is assigned to critically review a key article with the help of the Chief Resident and then present their CAT (critical appraisal topic) during the Journal Club.

Through all these opportunities, residents learn how to search the medical literature effectively and efficiently using software packages, search engines and the library's educational opportunities.

Resident responsibilities:

Each PGY-2 resident is required to select an article, choose a faculty preceptor and present one Journal Club session during the year.

Educational objectives: During this training, the resident will:

1. Discuss basic principles of evaluating a journal article.
2. Compare the differences between an article that deals with a diagnostic study, a therapeutic trial, a descriptive analysis, etc.
3. Demonstrate basic skills of teaching a small group session.
4. Search the medical literature efficiently and effectively.
5. Present proficient and effective slide presentation software, e.g., Power Point.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input checked="" type="checkbox"/> Other: <u>Power Point, scanning, handout preparation</u> | <input type="checkbox"/> Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

The important educational content includes learning the skills to critically appraise and evaluate the literature. Through the JAMA series articles and papers reviewed for the talks, residents are able to incorporate these principles into their everyday patient care activities. Skills

acquired in searching for literature and in slide presentation will be useful in the resident's future career as a physician and leader in the community.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: Assessment of teaching skills at Senior Conference and Journal Club

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strengths include the research expertise in both basic science and clinical trails, which allows residents to receive appropriate guidance in their review of a key topic.

Conferences or attending/Patient Care Rounds:

Journal Club – Monthly 3rd Friday

Medical Informatics and Decision-Making Skills

General description of the training including educational purpose, rationale or value:

With knowledge expanding at a rapid pace, residents require training in assessing and utilizing this information. Residents learn basic techniques for electronic retrieval of the medical literature, computer-assisted medical instruction and electronic information networks throughout their training. Through their day-to-day clinical activities, residents retrieve patient information, including lab studies and discharge summaries, through the hospital computer system. Residents already have the ability to order radiologic studies on-line.

Resident responsibilities:

Residents are required to attend all pertinent sessions during orientation or Morning Report. Other responsibilities are detailed in the Critical Appraisal Curriculum.

Educational objectives: During this training, the resident will:

1. Be introduced to the principles and skills of computer-based knowledge management in their clinical practice.
2. Access patient information and order tests and medications in an efficient manner.
3. Work cooperatively with library services.
4. Continue the process of gaining skills for life- long learning.
5. Manage this information, when necessary, in slide presentation, chart or database format.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Not applicable.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |

Handouts on relevant topics
 Other: _____

Articles from the literature
 Case studies

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Not applicable.

Conferences or attending/Patient Care Rounds:

Resident Orientation sessions

Morning Report and other conferences.

Laboratory Medicine

General description of the training including educational purpose, rationale or value:

Through the care of their patients, residents use laboratory science to support them in their clinical decision making. Knowledge of the indications for ordering these tests is integral to the daily activities of the resident. Residents learn about the use and indications for these tests through didactic conferences, bedside teaching and small group discussions.

Resident responsibilities:

Residents are required to attend the appropriate conferences to learn the didactic material and incorporate this knowledge into their clinical practice under the supervision of attendings.

Educational objectives: During this training, the resident will:

1. Discuss the indications for and use of various laboratory tests.
2. Balance the risk and benefit to the patient for each of these studies.
3. Interpret both positive and negative results.
4. Apply principles of epidemiology and evidence based medicine in determining the significance of the results.

Check all principle teaching methods used during this training:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Through the Acute Medicine Lecture Series, residents are exposed to the understanding and interpretation of a variety of laboratory studies, including acid-base analysis, arterial blood gases, anemia, renal insufficiency, abnormal liver functions studies, endocrinologic abnormalities (such as hypo/hyponatremia, hypo/hyperglycemia, hypo/hypercalcemia) and serologic studies. Although residents have exposure to the indications and use of blood products, most of this learning occurs during the Cancer Center rotation. The indications and use of studies is reviewed extensively as part of Morning Report and the Clinicopathologic Conference. During electives, residents receive enhanced training in certain laboratory studies, e.g., serologic studies (rheumatology), arterial blood gas analysis (intensive care units), PAP smears (women's health and adolescent medicine), renal abnormalities (nephrology) and liver abnormalities (GI).

Residents also have the opportunity to take electives in radiology where they learn the indications and interpretation of various roentgenographic, angiographic and nuclear medicine studies. Use of radiographic studies is reinforced during electives, such as cardiology, pulmonary medicine, gastroenterology and neurology. These studies are also reviewed throughout the inpatient and outpatient clinical rotation, as well as in Morning Report and other teaching conferences.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input checked="" type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input checked="" type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

As specified under previous curriculum.
Conferences or attending/Patient Care Rounds:
As noted above.

Occupational Medicine

General description of the training including educational purpose, rationale or value:

Opportunities are available through an elective in Occupational Medicine with Dr. Melissa McDiarmid in the Division of General Internal Medicine. This elective involves the initial management and on going care of patients with occupational illnesses or concerns. Residents may make visits to industrial health sites to learn the process of an industrial site inspection. Electives are also available with the Division of Pulmonary and Critical Care Medicine in environmental lung diseases and exposures. The principles are also reviewed in a variety of conferences including the Ambulatory Care Seminars and Morning Report.

Resident responsibilities:

During electives, residents are responsible to participate in the assigned clinical activities, including outpatient sessions and field trips, and the didactic and seminar sessions.

Educational objectives: During this training, the resident will:

1. Learn the principles of occupational medicine and environmental health.
2. Learn how federal organizations, such as OSHA, affect the work place.
3. Begin to develop skills in investigating a potential environmental insult or hazard.
4. Understand the interplay between the patient's care and the legal, social work and insurance industries.

Check all principle teaching methods used during this training:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Residents evaluate patients with exposures to a variety of elements, such as lead and other heavy metals, chemical solvents and aerosolized vapors. During the pulmonary elective, residents evaluate patients with pulmonary symptoms, e.g. shortness of breath and bronchospasm, potentially related to the workplace or other environmental hazards.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input checked="" type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strengths include the clinical and research expertise of the two attendings involved in the field of occupational medicine. Both have strong backgrounds, making them invaluable to training residents in this field. Because of their expertise, they draw patients from throughout the city and region for evaluation, management and treatment of their occupational illnesses.

Conferences or attending/Patient Care Rounds:
 Pulmonary conference
 Seminars in Occupational Medicine

Socio-Economic and Cost Effectiveness Issues (Quality Assurance, Quality Improvement and Risk Management)

General description of the rotation including educational purpose, rationale or value:

As part of the resident's clinical training in inpatient and ambulatory medicine, attendings emphasize the clinical problems within the context of the patient's socioeconomic identity and risk factors. Interdisciplinary rounds are an integral part of all inpatient services and are held anywhere from once per week to daily. The epidemiologic principles of cost effectiveness are reviewed during the year-long EBM curriculum. Principles of quality assurance, quality improvement and risk management are introduced during the orientation sessions and further emphasized during the Ambulatory Block Rotations. Residents are required to complete a QA/CQI project with a chart review during their C and D Ambulatory Blocks. Principles of managed care emphasized during all clinical encounters and during rotations at health maintenance organizations (Kaiser Permanente) during the Ambulatory Rotations. All residents participate in sessions with the Baltimore City Health Department or other community service organizations during their Ambulatory Block Rotations. Here, they are exposed to governmental and private organizations that deal with these issues. Residents who participate in various hospital and departmental committees contribute to the quality improvement process for patient care, education and hospital systems. These committees and work groups include the Postgraduate Education Committee, Information Technology Committee, Autopsy Reporting Task Force, Quality Assurance Committees (UMMS and VA), Notification of Primary Care Admissions Task Force, Continuity Clinic Discussion Groups, among others.

Resident responsibilities:

Residents participate in these sessions as a part of their clinical training, particularly during the Ambulatory Block Rotations in internal medicine. Morning Report is a required conference.

Educational objectives: During this training, the resident will:

1. Discuss impact of socioeconomic factors on the development, management and prognosis of various diseases.
2. Understand the interplay between these factors and the ability to initiate preventive care initiatives with the patient.
3. List the various social service organizations can help foster positive patient care.
4. Demonstrate understanding of the principles, objectives and processes of QA, QI and risk management.
5. Complete a QA/CQI project including data collection and interpretation during 2 of their ambulatory block rotations.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

As noted above.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Not applicable.

Conferences or attending/Patient Care Rounds:

Morning Report (including sessions in diversity training, managed care, etc.)

Journal Club (EBM curriculum)

Sessions with Baltimore City Health Department

Various Committees and Work Groups as noted above

End-of-Life Care and Pain Management

General description of the training including educational purpose, rationale or value:

A variety of venues are used for residents to learn about the care of patients with chronic pain or who require palliative care. Residents will complete a new web-based module with a comprehensive curriculum in this area. A didactic curriculum is presented through a series of quarterly conferences on Palliative Care in addition to 3-4 sessions during the Ambulatory Care Seminars. Residents are also taught about these topics during their two rotations on the Cancer Center and during their hospice care components of the Ambulatory Block Rotation. Many of these topics are also reviewed during the bimonthly Ethics Seminars. Topics include chronic pain management, use of narcotics, alternative medicine, prevention and management of complications of chronic pain treatment, and medico-legal topics such as advanced directives, living wills, medical futility and determination of patient competency.

Resident responsibilities:

Residents are expected to attend required conferences at a 60% rate.

Educational objectives: During this training, the resident will:

1. Assess chronic pain and initiate appropriate therapy.
2. Discuss the principles of chronic pain management.
3. Prevent and assess for complication of long-term pain and its therapy.
4. Assess a patient's competency and understand the legal process of appointing guardianship through the courts.
5. Discuss the Maryland State laws regarding medical futility, advanced directives and living wills.
6. Discuss alternative therapies for palliative care, e.g., acupuncture, phytomedicinals and spirituality.
7. Complete the web-based modules on palliative care and end-of-life issues.

Check all principle teaching methods used during this training:

- | | |
|--|---|
| <input type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Review of diagnostic studies, including radiology. |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

The topics included in this curriculum are listed above and include content medical,

alternative and medico-legal areas. The didactic material is presented in a small group or conference format, while the clinical application is accomplished during rotations in the Cancer Center and Hospice components of the Ambulatory Block Rotations. Residents complete a pretest to assess their knowledge of the evaluation and management of chronic pain.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The bulk of the curriculum is presented by individuals who are expert in this field and are funded through educational grants to provide this curriculum for the residency training program. Residents have the opportunity to learn the material in a conference setting and apply it clinically through their rotations in the Cancer Center and at hospices in the community.

Conferences or attending/Patient Care Rounds:

Palliative Medicine Seminars – bimonthly
Ambulatory Care Seminars – 3-4/year
Attending Rounds – daily during Cancer Center rotations

Principles of Managed Care

General description of the training including educational purpose, rationale or value:

Residents are exposed to didactic and clinical experiences that deliver a curriculum in managed care. The didactic components are presented through the Ambulatory Care Seminar curriculum and Primary Care Workshops. The clinical components extend across a broad array of venues, including inpatient services (particularly the Med 2 Service at University Hospital), continuity medical clinics and the managed care components of the Ambulatory Block Rotations. During the Med 2 rotation, residents are supervised by generalists with expertise in caring for patients with capitated insurance and other managed care coverage. Residents learn about the importance of length of stay data, referrals, pre-approval procedures and dealing with various health maintenance organizations. A significant emphasis is placed on managed care principles in the continuity clinics at all the sites. For example, at University Health Center residents care for patients who are insured by various managed care organizations, such as Medicaid, Free State, Care Partners and Medicare HMOs. In an interdisciplinary manner, residents work with referral staff to ensure that patients receive comprehensive care. Similarly, residents who care for patients at the VA's Primary Care Clinic and Mercy's continuity medical clinic learn the principles of managed care through direct patient care and with supervision by experienced generalists. All residents are required to rotate through Kaiser Permanente during their Ambulatory Block Rotations where they learn about office management, case management, preventive care and other issues involved in managed care. Residents in the Med-Peds program receive an expanded curriculum in managed care. Through our grant funded by HRSA and the Bureau of Health Professions, Med-Peds residents have a required one-month rotation in managed care. They complete a quality assurance/utilization project and attend case management meetings.

Resident responsibilities:

Responsibilities are specific to each of the venues noted above and are detailed in the curriculum regarding that component.

Educational objectives: During this training, the resident will:

1. Learn basic principles of managed care, emphasizing similarities and differences in strategies for patient care and reimbursement.
2. Obtain clinical experience in a community HMO through the Ambulatory Block Rotations.
3. Participate in conferences and workshops where concepts of quality improvement, analysis of cost, utilization review and health plan performance are discussed.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |

- | | |
|---|--|
| <input type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Since residents rotating in a variety of inpatient and ambulatory sites, including HMOs, they have first-hand exposure to training in the practical application of managed care principles. These are reinforced through a didactic curriculum as noted above.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation: (various with component)

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The strengths include the managed care expertise of the generalists who supervise and teach the residents, the diversity of patients with managed care coverage, and the hands-on experience at community HMOs. There are no specific limitations

Conferences or attending/Patient Care Rounds:

- Ambulatory Care Seminars – weekly
- Attending Rounds (Med 2)
- Managed care sessions during Ambulatory Block Rotations
- Managed care rotation (conferences, seminars) – Med-Peds residents

Law and Public Policy

General description of the training including educational purpose, rationale or value:

Various conferences and seminars throughout the residency training deal with the principles of legal and governmental regulation, as well as public policy. These issues are important for the resident to learn about given the integral involvement of clinical practice with issues of informed consent, advanced directives, DNR orders, living wills, disability assessment, organ donation, patient advocacy, state laws concerning patients' rights, managed care and insurance regulation. Residents receive training in federal regulations related to clinical care through seminars organized by UMMS. Some of these issues are addressed under the Ethics curriculum (See main curriculum book). In addition, residents learn about HCFA documentation rules at orientation and throughout the year by using templates for history and physical examinations. Through the primary care workshops series, residents participate in a session on billing and coding procedures.

Resident responsibilities:

Residents are required to attend the conferences that deal with these issues. Many are addressed as part of resident orientation, attending rounds, Morning Report and other conferences.

Educational objectives: During this training, the resident will:

1. Discuss interplay between the legal and medical system, particularly as it pertains to informed consent, definition of death, futility of care, disability determination, managed care and insurance regulation.
2. List regulations pertinent in the State of Maryland.
3. Demonstrate understanding of importance HCFA regulations pertinent to chart documentation.
4. Apply these principles in the care of their patients in the inpatient and ambulatory settings.

Check all principle teaching methods used during this training:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: <u> Seminar sessions </u> | <input type="checkbox"/> Review of diagnostic studies,
including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Educational content is as noted above. Other characteristics have been previously

described.

Check the principal ancillary educational materials used:

- | | |
|---|---|
| <input type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

Not applicable.

Conferences or attending/Patient Care Rounds:

Resident Orientation
Morning Report, Ethics Seminar, Primary Care Workshops, attending rounds, etc.
HCFA documentation seminar

Physician Impairment

General description of the training including educational purpose, rationale or value:

All residents are required to receive training in physician impairment as part of their orientation. These topics include alcohol and other substance abuse, depression, dementia, other mental, emotional and physical disorders in their peers, and principles and methods of active intervention. This training is arranged by UMMS. Residents also have the opportunity to discuss these and other pertinent issues at the Support Group session held bimonthly for both the first year residents and for upper level residents.

Resident responsibilities:

Residents are required to attend the specified number of sessions during orientation. Support Group sessions are optional.

Educational objectives: During this training, the resident will:

1. Discuss the warning signs of physician impairment.
2. Demonstrate understanding of how depression and other mental illness can occur and affect residency performance.
3. Discuss the hospital's due process for physicians with substance abuse problems.
4. List support groups, counseling sessions and other opportunities for rehabilitation,

Employee Assistance Program, Baltimore Med-Chi and others.

Check all principle teaching methods used during this training:

- | | |
|--|--|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input type="checkbox"/> Conferences specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input checked="" type="checkbox"/> Other: <u>Seminar sessions</u> | <input type="checkbox"/> Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Not applicable.

Check the principal ancillary educational materials used:

- | | |
|--|---|
| <input type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input type="checkbox"/> Articles from the literature |
| <input checked="" type="checkbox"/> Other: <u>Resource materials</u> | <input type="checkbox"/> Case studies |

Conferences or attending/Patient Care Rounds:
Resident Orientation Session
Bimonthly Support Groups

Other Topics in Violence, Substance Abuse Disorders, Sports Medicine and School Health

General description of the training including educational purpose, rationale or value:

These varied topics are covered through a series of conferences and seminars, as well as clinical rotations. Most are covered during the 2-year curriculum in the Ambulatory Care Seminars and include domestic violence, substance abuse, personality disorders, orthopedic problems in primary care, sports medicine and college/school health. Residents are required to attend Psychiatry sessions during their Ambulatory Blocks where these topics are addressed in a small group under the guidance of a psychiatrist with a specialty in consultation liaison. Residents may opt for clinical rotations in Adolescent Medicine or Sports Medicine – either as a one-month rotation or as a series of components during their Ambulatory Block Rotations. For additional training in adolescent medicine, residents with a particular interest in primary care may elect a second half-day of continuity clinic in a college health center, e.g., the undergraduate campus of the University of Maryland (College Park) or Dowell Health Center at Towson University.

Resident responsibilities:

Residents are expected to attend all required conferences. Residents may choose clinical components, such as an elective in Sports Medicine or additional continuity time at a college health center.

Educational Objectives: During this training, the resident will:

1. Discuss presenting signs and symptoms of domestic violence and be able to identify and evaluate victims.
2. List triggers for violent behavior and what resources are available for its management.
3. Discuss principles for evaluating and managing patients with substance abuse problems and associated psychiatric problems.
4. List the prevention, evaluation and management (including immobilization, joint injection) of common sports injuries, including sprains, strains, tendonitis, arthritis and ligamentous injury among others. (See curriculum in Sports Medicine).
5. Demonstrate understanding of the developmental, psychological and medical issues in adolescents and young adults in the school/university setting.

Check all principle teaching methods used during this training:

- | | |
|--|---|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to the rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input type="checkbox"/> Review of diagnostic studies |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Review of diagnostic studies,
including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

This cluster of topics is presented in both the conference and clinical setting – each relevant to the specific patient population. These topics allow residents to evaluate and understand a broad diversity of patients from an urban setting to the suburbs, with diverse developmental and psychiatric/psychological needs.

Check the principal ancillary educational materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The strengths include the opportunity for residents to learn the subject material in a wide variety of clinical and didactic venues. The model used here is similar to other aspects of the curriculum – all residents are exposed to the curriculum through a didactic format or a series of required clinical sessions (e.g., psychiatry) and then those residents with a strong interest in the topic can pursue the areas in further depth through additional clinical rotations.

Conferences or Attending/Patient Care Rounds:

Ambulatory Care Seminars – weekly
Clinics as scheduled at the particular sites

