University of Arizona College of Medicine-Phoenix Internal Medicine Residency Programs Curriculum Manual 2024-2025

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Table of Contents

GENERAL DESCRIPTION OF THE CURRICULUM: 5

Required Rotations 7

Inpatient Ward 7

BUMCP General Info: 7

Phoenix VA General Info: 9

Goals and Objectives 11

Inpatient Ward/Hepatology Co-Management 13

General Info: 13

Goals and Objectives 13

VA Night Float 15

General Info: 15

Goals and Objectives 16

Critical Care 18

BUMCP ICU 18

VA ICU 20

Goals and Objectives 23

Emergency Medicine 26

General Info: 26

Goals and Objectives 26

Geriatrics 28

General Info: 28

Goals and Objectives 29

VA Consultative Medicine 31

General Info: 31

Goals and Objectives 32

Cardiology 33

General Info: 33

Goals and Objectives 34

Neurology 37

General Info: 37

Goals and Objectives 37

Ambulatory Months 39

General Info: 39
Continuity Clinic Expectations 40
Ambulatory IMC/VA PGY1 Additional Goals and Objectives 44
Ambulatory IMC/VA PGY2 Additional Goals and Objectives 45
Ambulatory Selective PGY3 45
BETTER – Longitudinal PSQI Curriculum 49
Internal Medicine Subspecialty Electives 51
Endocrinology 51
General Info: 51
Goals and Objectives 52
Gastroenterology 53
General Info: 53
Goals and Objectives 54
Hematology/Oncology 55
General Info: 55
MD Anderson: 55
VA: Attending 55
Goals and Objectives 55
Hospital Medicine 57
General Info: 57
Goals and Objectives 57
Infectious Disease 59
General Info: 59
Goals and Objectives 60
Nephrology 62
General Info: 62
Goals and Objectives 62
Palliative Care 64
General Info: 64
Goals and Objectives 64
Pulmonary 66
General Info: 66
Goals and Objectives 66
Rheumatology 67
General Info: 67
Goals and Objectives 68

Sports Medicine/Concussion 69
General Info: 69
Goals and Objectives........ 70
Women's Health 73
General Info: 73
Goals and Objectives........ 73
Non-IM subspecialty 76
Allergy/Immunology 76
General Info: 76
Goals and Objectives........ 76
Anesthesia........ 78
General Info: 78
Goals and Objectives........ 79
Away Rotation........ 80
Dermatology 80
General Info: 80
Goals and Objectives........ 81
Radiology 83
General Info: 83
Goals and Objectives........ 84
Research Level 1 85
General Info: 85
Goals and Objectives........ 86
Toxicology 88
General Info: 88
Goals and Objectives........ 88

GENERAL DESCRIPTION OF THE CURRICULUM:

The Internal Medicine program curriculum has been carefully planned to provide the structured educational and clinical experiences necessary for residents to develop clinical competency in inpatient, outpatient and subspecialty areas of internal medicine over the course of 36 months. This manual is designed to compile key information about each resident rotation. **If you note that anything is out of date, please notify Emily.mallin@bannerhealth.com or the chief residents ASAP so that we can update it here.** Additional key information about expectations and the program policies are listed in the UA COM-P IM Residency Housestaff Manual available on the http://www.uaphxim.com website.

Our program is committed to providing you with a clinical learning environment that optimizes your education and patient care opportunities, with additional focus on patient safety and your wellness. For each rotation, residents will be provided access to the goals and objectives via New Innovations at the start of the month. Residents are expected to review the general information and goals and objectives at the start of the rotation and raise questions and clarifications with the appropriate program leader or rotation supervisor.

All residents must complete the required rotations during the course of their training. For the ambulatory requirements, at least 10 months must be completed in the outpatient setting. Three dedicated ambulatory rotations are assigned over the 3-year curriculum with two being at the site of continuity clinic and one ambulatory selective. Continuity clinic time also counts toward this outpatient requirement, so that each year of continuity clinic counts as one month of the outpatient requirement. This means that at least 3 of your elective rotations must be primarily outpatient to meet this requirement. (Geriatrics is required and is 50% outpatient which counts in the total).

The program leadership approves elective selections based on availability, current information about the quality of the rotation, review of resident specific performance on the ITE and career goals. Non-internal medicine Subspecialty rotations are limited (i.e. research, radiology, dermatology, ophthalmology, etc).

The listed electives and respective general information, goals and objectives and assessments are reviewed on a continuous basis and updated as needed.

In addition to that information that is specific to individual rotations, this document will provide you with the general expectations of you as a participant in all rotations on non- call months throughout your residency.

Continuity Clinic: You are expected to attend continuity clinic throughout all non-call rotations as assigned and as an intern, on up to one month of wards as designated. For some rotations, there will be schedule modifications, in which clinic days/times may be different than the regular schedule. Please be sure to check your clinic schedule on amion prior to the start of your rotation to verify:

- 2 week experience in Emergency Medicine
- 2 week experience on Procedure Team

- MD Anderson
- Tox

Didactic Education:

- Residents are expected to participate in Academic Half Day, which occurs weekly on Tuesday mornings from 9:15am – 12:30pm at BUMCP. Attending physicians should provide residents the time and space to attend this conference for the full duration. Please contact your Faculty Education Scholar if you are experiencing difficulty fulfilling this program requirement.
- Residents are NOT expected to attend Resident Report while on non-ward rotations.
- Residents are expected to attend the Department of Medicine Grand Rounds, which occurs weekly on Friday mornings from 8am – 9am at BUMCP, and at Phoenix VA Health Center via teleconference, **including** residents with clinic at BUMCP or Phoenix VA. Exceptions include post-call days, Med-Peds residents going to pediatric continuity clinic, Banner MD Anderson (Gateway), and Boswell Geriatrics.

Individual Studying:

- Residents are expected to complete at least 100 MKSAP questions (or the entire section if there are less than 100) in the specialty of the elective rotation they are rotating on prior to completion of the rotation.
- Residents are expected to complete assigned PEAC modules during non-call continuity clinic months
- There may be additional requirements for residents whose ITE scores fall below the PGY specific 35th percentile. Please review these requirements with your advisor, PD or refer to the housestaff manual.

Professionalism:

- Residents are expected to uphold the highest ethical values in all aspects of medical care, including honesty, integrity, patient safety and trust, and professional conduct and to be a collaborative member of the resident team.

Absences:

- **Any absence within a rotation must be preapproved as a sick day, flex day, or approved vacation day. Notification of the chief resident using the sick call pager must be done regardless of rotation assignment.** Unexcused absences are considered a violation of professional conduct. Please see the housestaff manual for more details.

Required Rotations:

Inpatient Ward

BUMCP General Info:

One day prior to the rotation:

Check amion.com to see what resident you will be taking over for. You should contact them either by phone or pager. Phone numbers can be found on the uaphxim website and pager numbers are available on amion. You should get a thorough sign out on your team the night before you start.

General Expectations and Rotation Structure:

There are 5 teams total on the teach service. There are 4 teams made up of 2 interns and 2 seniors (on months other than March-June). These teams will rotate through the call schedule and through 1 week of nights. The fifth team is a hepatology co-management team (see details under that section).

Sign out occurs at 6AM in the predetermined team room. Sign out should include details including cross cover events and new admissions.

Interns on Banner wards should start the day by triaging patients, prioritizing sick patients first. Pre-rounding and starting notes early are efficiencies to stay on top of patient management. Whenever possible notes should be done before rounds. Seniors can help with notes if the censuses are high or on Tuesdays before AHD.

Seniors on Banner wards are expected to know both A and B side patients. You should see all patients and discuss with your intern before rounds. You are expected to review interns' orders and notes frequently, providing feedback regularly throughout the month. You should offer to help your interns to write notes when the censuses are high or on Tuesdays before AHD.

Admissions are distributed by team census. Each intern can take a maximum of 5 admissions and 2 ICU transfers in a 24 hours period. Each senior resident can take a maximum of 10 admissions and 4 ICU transfers in a 24 hours period. Be sure to communicate with your attending when you receive a new admission. Admission come through the centralized answering service known as the wheel. The number is 839-6260. The system is designed to evenly distribute patients among all admitting services. During the day, between 6AM and 8PM both the call resident and night float attending receive all pages. The resident holding the admit pager should return all pages from Banner Health Transfer Services (BHTS or "Outreach") 839-4444 and other areas where pages are received. Starting at 5pm, the night float senior should begin returning all pages – including those from Banner Health Transfer Services. If a patient is called to Med-teach directly, the resident will call the wheel to inform them OR you can inform the service that paged you to call the Wheel to distribute the patient. If the volume/acuity is very high, wheel can be notified that need to skip one admission. Attendings both during the day and at night are always available to help.

Teams not on long call should be available to take admissions until 3:30PM. The long call team will take admissions until 5:30PM. **The long call team should not sign out to the NF team before 5:30 and early sign out is only appropriate when there are no admissions waiting and urgent patient care**

needs have been taken care of.

On weekends, all admissions go to the call team except ICU transfers or admissions arriving before 11AM. Sign out for non-call teams during the week can start as early as 5PM. The call team may sign out as early as 5:30PM. On the weekends, non-call teams can sign out as early as noon if the patient care issues have been taken care of and all staffing & updating with the attending has taken place. It is expected that all residents working on weekends and weekdays will respond promptly to pages until 5PM and provide equivalent patient care even if allowed to leave the campus and sign out early on the weekend. This is important to prevent delays in patient care.

Night Float:

The night float teams arrives at 5PM and signs out to the teams at 6AM. Night float team will round with the attending each day Monday-Friday at 615AM with the NF attending. The NF team should be out of the hospital each day no later than 8AM. Every member of the team should have 1 day off during their night float week. On Saturday night there will be 1 senior and 2 interns present. All admissions on Saturday night will stay with the night float team up to a team census of at least 14 and 2 more than the highest team census. On Sunday morning, the day senior will come in at 6AM. The entire team will round with the attending and then day senior and the attending will finish the day's work. The night team should leave the hospital no later than 10AM.

All residents will have 1 day off every 7 days, averaged over the course of the rotation, one of which will occur during night float week. Calendars are provided at the start of the month for days off to be picked together as a team. The duty hour cap is 80 hours per week averaged over a 4-week period. Duty hours should be logged on New Innovations. Conference attendance is mandatory.

Conferences during this month include Academic Half Day, Resident Report, Grand Rounds, Journal Club, and Patient Safety and Quality Improvement Conference. These are all mandatory and in person, (unless otherwise specified). Make every effort to be on time.

Documentation:

Progress notes should use the template Progress Note_Resident2019 found in cerner under catalog→Progress Note→ BH_Progress Note (authored by Leigh Anne Goodman) and History and Physical/Initial Consult*_Resident 2019 (authored by Leigh Anne Goodman). Please do not change the template. We do welcome your feedback if you have enhancements that are suggested to incorporate in the next version.

If you have a medical student, they can write the daily progress note **so long as you were present with them during their patient encounter.** Your addendum needs to say,

"I, the resident was present with the medical student during the visit. I personally performed an exam, made the assessment and developed the care plan (e.g. medical decision making), as documented above. I have verified students' documentation and agree with the student's findings.

Hospitalist Procedure Team Summary:

The BUMCP Hospitalist Procedure Team is staffed by select IM Hospitalists and this is noted in AMION.

They are available for consults – in house daily from 8am to 4pm. In order to contact them, place order to consult "Hospitalist " comments - Procedure Team, procedure name, site (L or R or bilateral). The ward residents consulting the Procedure Team will have first right of refusal to perform procedure under supervision of Procedure Team Hospitalist

Rounds

- See patients and attempt to develop a plan on your own prior to rounds
- During “work rounds” Identify questions to be presented to both sides later in the day on teaching rounds
- “Work rounds” in the am are to be limited to no more than 2 hours and end in time for 12:15 conference

- Participate in a flexible blend of bedside and table rounds
- All residents should be fully engaged during afternoon "teaching rounds". This means not doing other patient care unless urgent and actively presenting clinical questions and discussion.
- Be prepared to provide relevant updates to your "side" during afternoon check in
- Provide useful and timely feedback with goal of promoting continuous improvement

Night Float:

When you are on night float, the expectations are that all notes will be complete prior to rounds at 6:30 am. All H&Ps and cross cover notes should be forwarded to your NF attending so that they can review and provide feedback. All patients who you are assigned to check on or who you are called to see need a brief cross cover note.

All residents will need to be present for rounds in the room of the NF teams color. An attending will be with you for the week. To make rounds most productive, read about and reflect on what happened to the patients you admitted the prior few nights. What changes were made in dx, treatment, etc? What did you miss or would have done differently?

One of the senior residents who holds the admit pager will take outreach calls from 8pm-7am. Call long call attending (prior to 8pm) or direct care nocturnist (after 8pm) is the contact for outreach questions and patient care questions.

If a patient is readmitted or on a service that generally comes to med-teach, see them regardless of obs or inpatient status.

Phoenix VA General Info:

One day prior to the rotation:

Check amion.com to see which resident you will be taking over for. You should contact them either by phone or by pager. Phone numbers can be found on the UAPHXIM website and pager numbers are available on Amion. You should get a thorough sign-out on the night before you start.

General Expectations and Rotation Structure:

There are 5 teams on the teach service, each consisting of 1 senior resident and 2 interns. These 5 teams as well as a 6th Team (Hospitalist Team) will rotate through the call schedule of Short Call, Long Call, and Golden days (Post-Long Call). New patients and service transfers are distributed to teams based on the call cycle and team census. Overnight admissions are distributed to the day teams and count as service transfers if an H&P has been completed. Additional service transfers can count as admissions for the team.

On weekdays, there are 3 Short Call teams, 1 Long Call teams, and 1 Golden teams. The Short Call teams take up to 4 new patients and 1 service transfer until 3 pm and the Golden team takes up to 4 service transfers until noon. One Long Call team takes up to 4 new patients and 1 service transfer until 5 pm.

On weekends and Federal Holidays, there are 1 Golden teams, 3 Short Call teams, and 1 Long Call teams. The Golden teams take 4 service transfers until noon and the Short Call teams take 4 admissions and 1 service transfer until noon. As with weekdays, the Long Call team takes 4 admissions and 1 service transfer

until 5 pm. The Golden and Short Call teams may sign out to the Long Call team after noon if they are done with their work.

Attendings have the final say on distribution and we appreciate resident flexibility on admission caps and cutoff so we can best serve our patients, however any admissions that seem to markedly differ from the above guidelines should be communicated to the Chiefs for clarification. Additionally, per ACGME requirements, interns cannot have more than 10 patient encounters in a 24-hour period, and seniors cannot have more than 20 patient encounters in a 24-hour period.

The Long Call team is responsible for attending all rapid responses and Code Blues during the day from 6AM until the night team arrives at 5PM. On Academic Half Day (AHD), the VA ICU team will handle responses to Rapids and Code Blues.

Daily Flow:

Sign-out occurs at 6am in D441 (Night Float Room). Sign-out is to include information about cross-cover events as well as new admissions.

On weekdays, Residents are expected to pre-round on their patients in preparation for rounds, which usually start at 9am except for Tuesdays due to Academic Half Day. Check with your attending to see when they would like to round. Multidisciplinary rounds are from 11 to noon every day except AHD, each team is scheduled for a 10-minute slot. Educational conferences occur daily, you will receive this information during orientation. Day Teams may sign out to the Night Float team as early as 5pm in D441.

On weekends, residents are expected to pre-round, and discuss timing of rounds with your attending. Most teams will round in-person with their attendings; however, some may round over the phone with their attending on old patients and teams may have to staff any new patients with an attending who is physically present. If all work has been completed and there are no active patient issues then the Golden and Short call teams may sign out to the Long Call team as early as noon, however the primary team must keep their pagers on until 5 pm. The Long Call team will do cross-cover for all teach teams until they sign out to the Night float team at 5PM.

Days Off:

Residents will have 1 day off every 7 days averaged through the rotation, i.e. 4 days off on a 4-week month and 5 days off on a 5-week month. The VA Chief will provide each team with a calendar to be filled out with days off at the beginning of the rotation. Keep in mind some team members may have clinic during a Call month. No one is allowed Days off on AHD, Long Call or Switch days without special approval. The full team will be present on Long Call days. The duty hour cap is 80 hours per week averaged over the course of the rotation.
Duty hours should be logged in New-Innovations.

Educational Conferences:

Conference attendance is mandatory. Conferences during this month include Academic Half Day, Resident Report, Grand Rounds, Journal Club, and Patient Safety and Quality Improvement. Please try to be on time to all conferences.

Tips for Rounds:

- See patients and attempt to develop a plan on your own prior to attending rounds.
- During rounds with the attending make a list of teaching topics to go over later.
- The goal for morning rounds is to be done within 2 hours for teams to be present for Multidisciplinary Rounds at 11 am.
- All residents should be fully engaged during afternoon "teaching rounds". This means not doing other patient care unless urgent and actively presenting clinical questions and discussion.
- Be prepared to provide relevant updates during afternoon check-in.
  - Provide useful and timely feedback with goal of promoting continuous improvement

Goals and Objectives:

Inpatient Wards Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of hospitalized patients that is appropriate for and at the level expected of a general internist.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam that are appropriately thorough including a detailed description of cardiac murmurs, assessment of volume status, lung examination, neurological exam, etc.
- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.

- Obtains a relevant history (including medication list) using secondary sources if necessary, such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately utilizes and interprets the results of CXR, EKG, basic abdominal imaging, ABGs, and body fluid (ascites, CSF, urine and synovial).
- Applies updated medical knowledge to manage inpatient disorders (acute coronary syndrome, pyelonephritis, soft tissue infections, GI bleed, pancreatitis, decompensated ESLD, heart failure, AKI, VTE, pneumonia, COPD exacerbations, diverticulitis, SBO, anemia, transfusions, neutropenia, alcohol withdrawal, delirium, pain, MRSA related infections, cholangitis/cholelithiasis, hyperglycemia, electrolyte disturbances, nutrition, and meningitis).
- Recognizes and appropriately manages situations that require urgent or emergent care.
- Demonstrates understanding of the rationale and risks associated with common procedures and is able to effectively obtain informed consent when appropriate.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.
- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or subspecialty consultation as appropriate
- Appropriately weighs and discusses recommendations from consultants in order to effectively manage patient care.
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

1. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions that may be managed without a referral.
2. Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, CM, SW, PT, etc.).
3. Appropriately coordinates care, ensuring safe transitions within and across delivery systems including proactive communication with past and future caregivers (family, other physicians, consultants, case managers, etc).

4. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including minimizing unnecessary daily labs.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.
- Employs strategies to manage and mitigate fatigue, including handing off care when maximally fatigued.

Inpatient Ward/Hepatology Co-Management

General Info:

This team is part of the BUMCP ward service as described above but is focused on the care and management of liver patients in the peri-transplant period.

This team rotates through the call schedule with the other teams but does not participate in night float. Team keeps any patients that they admit when long call that aren't co-managed up to 12 patients. If the team has 12 patients and a new hepatology patient needs admission to orange, the team will then transfer a non co-managed patient to another team.

See Inpatient Ward info for all other details.

Goals and Objectives:

IM/Hepatology Goals and Objectives

Location: BUMCP
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of liver patients in the peri-transplant period that is appropriate for and at the level expected of a general internist in a co-management model.

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis in evaluating:
    - Acute hepatitis: viral, drug, toxic, drug-induced

- Acute hepatic failure
- Chronic liver disease
    - Viral causes
    - Nonviral causes, such as alcohol, nonalcoholic fatty liver disease (including nonalcoholic steatohepatitis), Wilson's disease, primary biliary cirrhosis, autoimmune hepatitis hemochromatosis, α1-antitrypsin deficiency
- Complications of chronic liver disease, including complications of portal hypertension
    - Ascites
    - Spontaneous bacterial peritonitis
    - Prevention and treatment of bleeding esophageal varices and gastropathy
    - Hepatic encephalopathy
    - Hepatorenal syndrome
- Liver tumors
- Complications of transplantation
    - Acute and chronic transplant rejection
    - Common infections and expected time course for each
    - Biliary and vascular complications

- Diagnoses and manages a variety of general internal medicine conditions that may be present in patients with liver disease including:
    - Diabetes mellitus
    - Malnutrition
    - Vitamin D deficiency
    - Debility/frailty
    - Hypertension/hypotension
    - Metabolic derangements
    - Pain management
    - Depression
- Performs and documents accurate physical exam with emphasis on assessment of illness acuity, extra-hepatobiliary manifestations of liver disease (in particular, the neurologic, skin, and CV exams)
- Obtains a relevant history (including medication list) using secondary sources if necessary, such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately orders and interprets the results of hematologic testing including CBC, CMP, viral serologies and PCR testing; and results of peritoneal fluid analysis.
- Appropriately orders and interprets liver imaging tests, including computed tomography, magnetic resonance-based techniques (magnetic resonance imaging, magnetic resonance angiography, magnetic resonance cholangiography), hepatic angiography, and ultrasound (including Doppler

evaluation of hepatic vasculature). The indications and limitations of each modality should be understood.
- Identifies patients who need transfusion of blood products and determine what product is most appropriate based on patient specific factors.
- Identifies the complications from common post-transplant immunosuppressants and plans for monitoring appropriately.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, including during discussions around transplantation, prognosis, natural history and the complexity of liver disease, along with staff and other physicians.

Systems-Based Practice

5. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Employs strategies to manage and mitigate fatigue, including handing off care when maximally fatigued.

VA Night Float

General Info:

Prior to the rotation:

Prior to the rotation, you should receive notification regarding your schedule. On your first day of service, you will report to D441 (Chief's office/Night Float room) at 5 pm to begin your shift. Try and arrive a little early so that you can be oriented prior to sign-out.

General Expectations and Rotation Structure:

There are 2 seniors and 3 interns assigned to the Night Float service during each rotation, and each night 1 senior and 2 interns will cover the service. The team will arrive at D441 (Night Float

Room) at 5pm to receive sign-out from the day teams. During the shift, the team will admit patients and crosscover.

On most nights, there will be 2 nocturnists. The Nocturnist is responsible for distributing admissions. Each intern can admit no more than 5 patients, and each senior may admit no more than 10 patients in a 24-hour period. Usually, the senior resident will see all admissions with the medical interns and will help with this admission, counting towards their 10 admissions. On occasion, the attending may ask the Senior resident to see a patient independently, instead of seeing all intern patients. Please clarify with your attendings which patients you are to see. The team will take admissions until 4 am, after which the nocturnist will continue to take admissions independently. The team should focus on completing their patient care including notes from 4-6am in preparation for the morning sign-out.

In addition to admissions, the team will provide crosscover care for the inpatient medical service. Each intern will be assigned to the A or B side patients and will evaluate, treat, and **document** any overnight events that occur. A crosscover note is expected to be written about any crosscover events that happen overnight. It is expected that interns will confer with their senior regarding treatment issues. Any acutely sick patients (e.g. hypotension, altered mentation, respiratory distress) must be immediately communicated to the senior resident for assistance. The entire team will also respond to all Rapid Responses and Codes that occur overnight. The ICU resident will also be present for Code Blue events. Distribution of overnight admissions to the oncoming day teams is the responsibility of the senior resident and the nocturnist. Guidelines are posted in D441 with instructions on to how to distribute according to call cycle, census, and available spots.

The day teams will arrive at 6am to receive sign-out from the Night Float team. Once sign-out is given to all teams regarding all admissions and crosscover events, the Night Float team may leave.

Days Off:

Interns, you will typically be assigned days off in advance of the rotation. Seniors will be contacted by the Chief Resident to discuss the schedule; you will be expected to do a certain number of night float shifts and a certain number of back-up call days. Typically, the Seniors will be first call on their back-up call days since this month is split between two seniors allowing for more days off than in a typical call month.

Goals and Objectives:

VA Night Float Goals and Objectives

Location: Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of hospitalized patients that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam that are appropriately thorough including a detailed description of cardiac murmurs, assessment of volume status, lung examination, neurological exam, etc.
- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately utilizes and interprets the results of CXR, EKG, basic abdominal imaging, ABGs, and body fluid (ascites, CSF, urine and synovial).
- Applies updated medical knowledge to manage acute situations encountered in hospitalized patients such as acute coronary syndrome, GI bleed, heart failure, AKI, VTE, pneumonia, COPD exacerbations, alcohol withdrawal, delirium, pain, hypo- and hyperglycemia, electrolyte disturbances.
- Recognizes and appropriately manages situations that require urgent or emergent care.
- Demonstrates understanding of the rationale and risks associated with common procedures and is able to effectively obtain informed consent when appropriate.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.

- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate fluctuating clinical status and acute interventions.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or subspecialty consultation as appropriate
- Appropriately weighs and discusses recommendations from consultants in order to effectively manage patient care.
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

6. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions that may be managed without a referral.
7. Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, RN, etc.).
8. Appropriately coordinates care, ensuring safe transitions to other providers.
9. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including minimizing unnecessary daily labs.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.
- Employs strategies to manage and mitigate fatigue, including handing off care when maximally fatigued.

Critical Care

BUMCP ICU:

Before you start: On the day prior to the rotation you should look on amion to see what resident you will be taking over for. You should contact them either by phone or pager. Phone numbers can be found on the uaphxim website and pager numbers are available on amion. You should get a thorough sign out on your team the night before you start.

General: The ICU can be an overwhelming, intimidating, exhilarating, and sometimes sad place that can

change minute to minute. There is a steep learning curve during this often challenging rotation. It is also very rewarding and you will be provided with excellent opportunities to enhance your learning and skills in delivering high quality patient care. You are expected to stay engaged, follow-up on your patients, and communicate changes with your fellow and/or attending. You are part of a team working together to care for some of the sickest patients in the state. The faculty, fellows, chiefs and program leadership are here to support you in your learning.

Schedule: The service is made up of two day teams (Team 1 & Team 2) and 1 senior resident who rotates onto the night float schedule. Each color team has its own attending and fellow. Day team hours are from 6a-5p and take admissions until 3p. Long call hours are 6a-7p and take admission until 6p. Night float hours are 5p-6:30a. Night float is expected to take admissions until 5a. Admission from 5a-6a will be done by the daytime team, but the night float team should put in holding orders and potentially lay eyes on the patient (discuss this with the nighttime attending.) There are 2 call rooms designated for our ICU residents on the 5th floor of the new tower. Medical students can utilize Tower 2 12th floor call rooms and flex call rooms when they are available. The door codes for these rooms are on the www.uaphxim.com website on the slides on the homepage. The senior resident rotating off NF week will be post-call every 5th day - on that day, the resident and two interns from the team will help write notes to facilitate the post-call senior leaving as soon as possible. You will have an average of 1 day off for every 7 days. These are predetermined before the month starts based on the schedule but there is some flexibility in trading with each other in advance. No resident can be off on their long call day, a debrief day, or on nights. Duty hours will be monitored by logging them on the New Innovations site. Maximum of 80 hours per week averaged over 4 weeks. You can submit "program issues of concern" on www.uaphxim.com if you have concerns about excessive fatigue, schedule or work hours.

Patient Distribution: Patient caps are as follows. The 24 hour intern cap is 5 admissions + 2 transfers (from the floor, not from an outside hospital) and the intern cannot be responsible for > 10 patients. The 24 hour senior cap is 10 admissions + 4 transfers and the senior may not be responsible for the ongoing care of > 14 patients. In general, each team side (ex: Team 1) carries no more than 2 ECMO patients, but exceptions may occur. Long call and night float teams should accept and distribute new admission with the help of the ICU fellow or nocturnist. Night residents are expected to redistribute patients to the day teams prior to 6am. This should be done with the assistance of your nighttime attending. Night team should indicate patients who had an H&P after midnight or already has a daily progress note so that the day teams can review and addend but NOT write a full new note.
During check out rounds follow the I-PASS format. Sign-out should utilize the Cerner handoff tool. Senior residents are expected to see all the patients on their side before rounds. Senior residents are expected to assist with notes if above the capacity of 4-6.
Rounds: Rounds will start at 8AM on post-call days and about 930AM on all other days based on discussion with your attending. Have your mobile computers up and ready to go. During rounds, any new orders should be placed by the co-intern or co-resident. If you have a pharmacist on your team, have them place the medication orders. The checklist should be reviewed at the completion of each patient presentation. Long call team may have to break away from rounds to attend codes/ OB rapid responses. Seniors should knowledgeable about the patients from both sides of their team and actively engaged in rounds on all patients. The post-call team will present their new patients first, followed by updates on their other patients.

Other: Long call teams (and no other teams) must attend all codes and OB rapid responses. The intern is expected to bring the gray ultrasound machine and glidescope to codes and the senior holds the pager and the elevator keys (code is 4848*). The intern/resident MUST return the ultrasound machine and glidescope to the 5th floor at the end. All procedures should be supervised by a BUI attending or fellow regardless of the resident's level of experience. All procedures should be logged in New

Innovations within 2 weeks of completing the rotation. All transfers to the floor must be cleared by the BUI attending and seen by the BUI attending before they leave the ICU. Do not physically transfer a patient unless you have spoken to an accepting doctor. Patients who have been in the ICU > 3 days should have a typed hospital summary. It should include date of admission, date of transfer, current diagnoses, consultants, procedures, ICU course, any further relevant information for the floor team.

Curriculum: During the month you will have multiple educational sessions. You are excused from AHD and AHD objectives during your ICU month. On the Tuesday before the rotation starts you will have an ICU Sim day in the Sim lab. You will receive an email prior to your rotation about the details for this day. You will have an ICU debrief the Tuesday morning (prior to AHD) following completion of the ICU rotation. Attendance of these sessions are mandatory for all residents to attend. You will also have a nursing day. You will receive an email prior to the start of the month with details.

VA ICU:

General Expectations:

- Show up on time and be prepared to work hard.
- See all your patients and have notes written prior to rounds.
- Talk to all families/surrogates as soon as possible and maintain daily contact with them. This is a time-consuming process but will save a lot of anguish later.. Document any contact with families and surrogates with a brief note.
- You are not expected to handle difficult ethical issues on your own. The ICU fellow and/or attending are there to do this with you.

Structure, Call, and Days Off:

- The ICU team is responsible for admitting, evaluating, and treating all medical patients in the MICU (ICU team is not responsible for admitting SICU patients).
- The VA ICU team is 4 residents per month. Residents should arrive early enough to have seen all their patients and have written their notes by the time rounds start at 8 or 9 am. Arrival time is 6 am. The schedule for the VA ICU rotation will be distributed by the Chief Resident prior to the rotation to be filled out with your team.
- Day time ICU residents take admissions until 5 pm when the night ICU resident arrives.

- During rounds, write orders as plans are made. Don’t wait until after rounds to write orders as this as things change quickly in the ICU.
- The Pulmonary/Critical ICU attending is responsible for medical patients in the MICU. Surgical patients in the SICU have a surgery attending.
- While the rotation schedule is decided upon by the residents assigned to the VAICU for the month, there is a maximum of seven consecutive night shifts for and individual resident. While the ACGME recommendation to allow no more than six nights consecutive has been removed from the program requirements, there is overall consensus from national GME groups as well as Intensive Care physicians that overall well-being is a concern working consecutive nights in the ICU environment.

Admissions:

- During the day, attendings and fellows accept patients. Residents accept patients at night and on weekends.
- Residents MAY NOT refuse patients. If you believe the patient should not be admitted to the ICU, call the attending on call and he/she will make the final call and will communicate the final disposition to the ED. Do not argue with the ED or your fellow Wards teams.
- If there is a disagreement about patient care, contact the ICU fellow/attending or the Hospitalist attending.
- When a patient is being transferred to the ICU and out of the ICU, the ACCEPTING TEAM should write the transfer orders. The transferring team may write the orders only at the request of the accepting team if they are busy with other tasks, but should notify the accepting team once the orders are written.

Codes/Rapid Responses/Procedures

- The ICU resident on-call is responsible for responding to all codes. During the day, the fellow will be present for support. The surgical resident/intern or floor resident can place your lines during a code if you need them to.
- The rapid response team consists of the Wards resident and interns. The ICU resident should be cognizant that rapid responses may turn into a code blue, and they will need to be available for these situations. The ICU resident should also go to ALL rapid responses at night and on the weekends to offer support.
- The ICU resident and the pulmonary fellow are responsible for going to ALL CODES AND RAPID RESPONSES during ACADEMIC HALF DAY. The ward resident will resume responsibility for the rapid responses once they return from Academic Half Day. The ICU and Wards residents are expected to communicate to know when the Wards team leaves and returns from academic half day to resume responsibility for rapid responses.
- Whoever runs the code (usually the ICU resident) is responsible for writing the code note. Use the note/template titled “Code Arrest Summary.”
- Per VA protocol, Nurses are NOT allowed to push anesthetic agents (Propofol, etomidate, etc.) or paralytics. If you are using these, a physician must push the medications themselves. Managing Airways
- During the day the ICU fellow and attending will be your back-up for intubations.
- At night, call the RTs for emergency intubations. You can ask them to let you try to do the

intubation yourself, but it is at their discretion – they have seniority for intubations. In other

words, at night the RT has the final call on who performs the intubation. The physician (resident, fellow, attending) has the final say about whether to intubate the patient and what drugs to use for sedation.

- If a RT or RN is disagreeing with you, don't waste time arguing with them. Call the fellow or attending right away to describe the situation & get their opinion (99.9% of the time they will agree with you). This is per Dr. Singarajah's instruction!
- The RT has the final say on who performs the intubation, but they have been instructed by Dr. Singarajah to always let you try if it's not going to be an exceedingly difficult airway. If it is, then you should probably be calling the fellow and/or attending anyway.
- For any patient deemed to be a difficult airway, call the fellow and attending ASAP. You will be taught how to anticipate a difficult airway early in the rotation.
- New ACLS guidelines state that use of bag-valve ventilation and/or LMA is acceptable if an ETT cannot be placed. So, don't feel that you must place an ETT in all situations. It is better to do bag-valve ventilation than to have an adverse outcome due to a failed intubation.
- You will not become airway competent – that takes years of experience and hundreds of intubations.
- ALL procedures performed by a resident in the ICU must be supervised by the Fellow or an Attending (ICU or VA NF attending). While the level of supervision may vary based upon the resident's prior experience and proficiency, there must be oversight for all procedures in the ICU.

Documentation

- A transfer summary/note must be written for each transfer into and out of the ICU (separate from the daily progress note) for any patient who has been in the ICU or on the floor for >72 hours. The accepting resident may waive this requirement if they feel they do not need the summary, and they may also request a summary for patients who have stayed <72 hours but had a very complicated course. The accepting resident has the final say regarding the necessity of a transfer summary.
- Death summaries must be written on any patient who dies while in the ICU.
- Discharge summaries must be written if a patient is discharged from the ICU or transferred to another hospital (and is to be done by whoever saw the patient that day). Document pending discharge summaries in the team room whiteboard. A discharge summary is expected to be complete within 48 hours of discharge. All discharge summaries for the month must be complete before the ICU team goes off service.

Who to Call for Help:

First call is to the ICU Fellow. Different fellows take home call at night during the rest of the month. The fellow by day will tell you which fellow is on-call on any given night (or look it up in the telephone directory).

The GI and Cardiology fellows are next-line for matters pertaining to their fields; they DO take call overnight and on weekends.

The ICU attending can be contacted at any time. Most weekday nights, the ICU attending is Dr. Singarajah (home phone, call phone, and pager are listed in the ICU).

- The ICU attending does not have to be called for every admission, and neither does the ICU fellow who is on call at night. If the resident has any concerns, call for help ASAP and escalate

as needed. This is based on your comfort and experience level.

- The E-ICU (tele ICU) is available overnight, the phone number is located in the ICU work team room. A sign-out is provided the the tele ICU doctors in the evening by the ICU fellow.

- The ICU nurses are an excellent source of information, so do not be afraid to ask their opinion on patient care. If there is a disagreement, call the ICU fellow or attending. The ICU clinical pharmacist is available during most rounds and during regular work hours for all questions relating to medications.

Conferences:

- Formal didactic sessions will take place each day as time permits. Residents, students, fellows, and attendings will be involved in presentations and teaching.

Goals and Objectives:

Critical Care Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of critical conditions at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. Complete details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual.

General Goals:
At the end of the month, residents will be able to address common medical emergencies.

- Start to handle the issue of limited time and too much to do, by prioritizing, delegating, and becoming efficient.
- Deal with inevitable uncertainty, lack of information, and differences in opinion amongst staff, services, and the team.
- Learn how to act safely and not become paralyzed by indecision.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following critical care specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesize all data to generate a prioritized differential diagnosis in evaluating:
  - Respiratory failure
  - Hypotension
  - Sepsis
  - Toxidromes
  - Acute hemorrhage
  - Hypoxemia
  - Altered mental status
  - Multi-system organ failure
- Perform an organized, timely, accurate and thorough H&P that conveys clinical reasoning
- Develop and achieve comprehensive management plans for each patient.
- Obtain a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately interpret the results of CXR, EKG, basic imaging, ABGs, and body fluid analysis (ascites, CSF, urine, and synovial).
- Appropriately modify care plans based on patient's clinical course and additional data.
- Demonstrate practical knowledge of the diagnosis and management of the following conditions, either through discussion or clinical encounters:
  - Massive pulmonary embolism.
  - Transfusion-related acute lung injury.
  - Hyperosmolar hyperglycemic syndrome and DKA
  - Community, hospital and ventilator associated pneumonia.
  - Delirium
  - Hyperthermia – malignant and heat-related illness
  - Hypertensive emergency
  - Anaphylaxis, ethylene glycol poisoning, cocaine toxicity, seratonin syndrome
  - Shock
- Seek attending and specialist input and supervision when appropriate.
- Participate actively in a code and recognize pulseless rhythms accurately.
- Recognize a patient who needs to be intubated
- Recommend invasive line placement at appropriate times, understand the risks to certain patients, and are familiar with the steps of the procedure.
- Manage basic ventilator settings (invasive and non-invasive) in hypercapnic respiratory failure, COPD, intrinsic PEEP, ARDS, and restrictive lung disease

Practice-Based Learning and Improvement

- Use literature and guidelines to guide patient care

- Proactively reinforce medical knowledge by teaching when applicable and reading independently.
- Acknowledge/Learn from mistakes and use feedback to improve

Interprofessional Communication Skills

- Prepare notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Deliver concise, accurate, and appropriately thorough verbal presentations.
- Communicate effectively with patients, staff, and other physicians.
- Establish a therapeutic relationship with patients and caregivers even in challenging situations
- Utilize verbal and non-verbal communication to facilitate collaboration with the team to enhance patient care
- Teach effectively to medical student and/or intern

Systems-Based Practice

- Identify clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.
- Ensure safe and effective patient care within and across delivery systems including proactive communication with past and future care givers (family, other physicians, consultants, etc) to ensure continuity of care.
- Actively work to minimize patient harm by removing catheters when possible, performing time-outs, preventing ventilator-associated pneumonia, using order sets, checklists and cooperating with relevant QI projects.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Identify and incorporate patient preference in shared decision-making across a wide variety of patient care conversations including leading end-of-life planning meetings.
- Prioritize multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
- Employ strategies to manage and mitigate fatigue, including handing off care when maximally fatigued.

Emergency Medicine

General Info:

Attending: Dr. Jessica Donlan zahnjes@gmail.com

Successful completion of the ED rotation is a requirement to graduate from the Internal Medicine program. The rotation is a two-week experience that is combined with Procedure Team. ED schedules will be created by the ED attending and posted on AMION. The goal is to complete these schedules four weeks in advance of the rotation.

All approved days off must be sent to the Internal Medicine program using the special request form. In general, you should not plan any specific days off during the two week block of your ED schedule until your specific shift schedule has been created. Attendance at AHD will be expected each Tuesday. You will not have any assigned clinical responsibilities during this two week block, so that you can complete your required 10 shifts in the Emergency Department. Any missed shifts will have to be made up to receive credit for the rotation.

You will receive an email with expectations of the rotation (see below) and a welcome letter where it states where to meet the attending on the first day.

- Read all attachments and emails sent with details and the schedule to help you understand the different overviews for common complaints in the ED
- Review the curriculum at http://saem.org/cdem/education/online-education/m4-curriculum
- A mandatory ED orientation power point presentation will be sent out with the expectation that this is viewed prior to the start of the rotation (see email for details). If you don't receive an email contact Kerryann Gillooly immediately for guidance.
- Separate First Net (the ED's EMR) training is MANDATORY (remote) prior to starting the ED rotation. You WILL be pulled from the rotation if not taken. Look in your confirmation email for instructions to access this training online. If you are post call this day, you still must take the training. To prevent delays with class start time, please call into the class minimum 15 minutes before to receive assistance setting up your remote access to a training computer.
- Your assigned shift rotations can be found on AMION (Amion.com) Pwsd; uacompim all, under shift icon Shift), in the 1st dropdown select (set 4-ED schedule). You have a varied number of shifts, 1 computer training and 1 orientation.

Goals and Objectives:

Emergency Medicine Goals and Objectives

Location: BUMCP Emergency Department
PGY Level: 1
Duration: 2 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of emergent conditions at the level expected of a general

internist.

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all relevant data to generate a prioritized differential diagnosisfor the initial evaluation of acute symptoms such as; Chest pain, Dyspnea, Abdominal pain, Pelvic pain or discharge in a woman, Headache, Weakness, Syncope, and Seizures.
- Performs and documents an accurate physical exam that is appropriately thorough.
- Seeks and obtains relevant information (including medication list) from secondary sources such as family, EMS, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately orders and interprets imaging and laboratory evaluation to evaluate common conditions seen in the emergency department.
- Appropriately interprets the results of diagnostic studies.
- Develops patient-centered care plans and appropriate disposition. Recognizes situations that require urgent or emergent care.
- Performs procedures using proper position, identification of landmarks, and sterile technique when applicable. (Note: all procedures listed below should also be logged separately in new innovations by the resident and signed off by the supervising provider or their designee).
    - Peripheral IV placement* (required to have completed at least 5)
    - Drawing venous blood *(required to have completed at least 5)
    - Drawing arterial blood *(required to have completed at least 5)
    - Pelvic exams with endocervical culture *(required to have completed at least 5)
    - Incision and Drainage of abcess
    - Basic suturing /laceration repair
    - Orthopedic procedures – splinting and arthrocentesis
    - Slit lamp eye exams
    - Lumbar puncture

Practice-Based Learning and Improvement

- Proactively reinforces their medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Notes are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Effectively Communicates with ED attendings, private physicians and consultants.

Systems-Based Practice

- Identifies clinical situations in which a higher level of care is appropriate.
- Incorporates high value care into standard clinical judgments and decision-making.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.
- Quickly establishes a therapeutic relationship with patients and caregivers.

Procedure Team

Please check in with the procedure team doctor of the week by text 1-2 days before starting your week.

- Firas Abbas: 205.240.5205
- Jordan Merz: 219.477.0307
- Kendall Novoa-Takara: 602.377.7740
- Daise Viera: 646.376.8544

We usually meet around 9 am at the hospitalist office. This is on the second floor between the Tower 1 staff elevators and the PACU / walkway to Tower 2.

We will do sim training the first Wednesday of your rotation. We can meet in the hospitalist office and head up to the sim center on the 12th floor of Tower 2 together.

You will be expected to complete the ACP POCUS modules 1-6 by the end of your time on procedure team. Please send the certificates to your attending for the week.

- https://www.acponline.org/meetings-courses/focused-topics/point-of-care-ultrasound-pocus-for-internal-medicine/pocus-online-learning-activities
- If you do not have ACP access, please contact Dr. Abbas for substitute Sonosim modules.
- Consider using the time in the morning before AHD to work on these modules (Tuesday morning from 7-9 am)

Our workdays usually go until 3-4 pm.
Procedure goals:

- 5 paracenteses
- 1-2 thoracenteses
- 1 lumbar puncture
- 1-2 US-guided vascular access procedures (PIV, arterial line, etc.)
- (Please remind us if you have not had a chance at any of these procedures some time before the end of your rotation)

Resources:

- www.coreultrasound.com
  - Great videos and tutorials
  - Ultrasound PIV tutorial: https://www.coreultrasound.com/ultrasound-guided-peripheral-iv-access/
- https://www.thepocusatlas.com/
- www.nephropocus.com
  - Excellent infographics and article summaries
- Point of Care Ultrasound – Nilam soni, et al.
  - There should be a copy in the chief office.

	Platelet count	**INR**	**Anticoagulation**
Paracentesis	No requirements, but consider transfusion if ≤10	No requirements	No strict requirements, but consider holding anticoagulation
Thoracentesis	>50	<2	Hold anticoagulation*
Lumbar puncture	>100	<1.5	Hold anticoagulation*

*Hold apixaban for 24h, rivaroxaban for 48h, warfarin until INR normalizes, heparin drip for 2-3h, and most recent dose of heparin/enoxaparin prophylaxis

Advanced POCUS Elective

Please take a moment to review your schedule prior to starting the rotation and notify us of any issues.
Coordinate with the chiefs and/or the previous advanced POCUS resident to checkout a Butterfly and iPad.

Butterfly Login info:
Generic.bumcpintmedchief@bannerhealth.com
IMbumcp2021*

Please check in with the procedure team doctor of the week by text 1-2 days before starting your week.

- Firas Abbas: 205.240.5205
- Jordan Merz: 219.477.0307
- Kendall Novoa-Takara: 602.377.7740
- Daise Viera: 646.376.8544

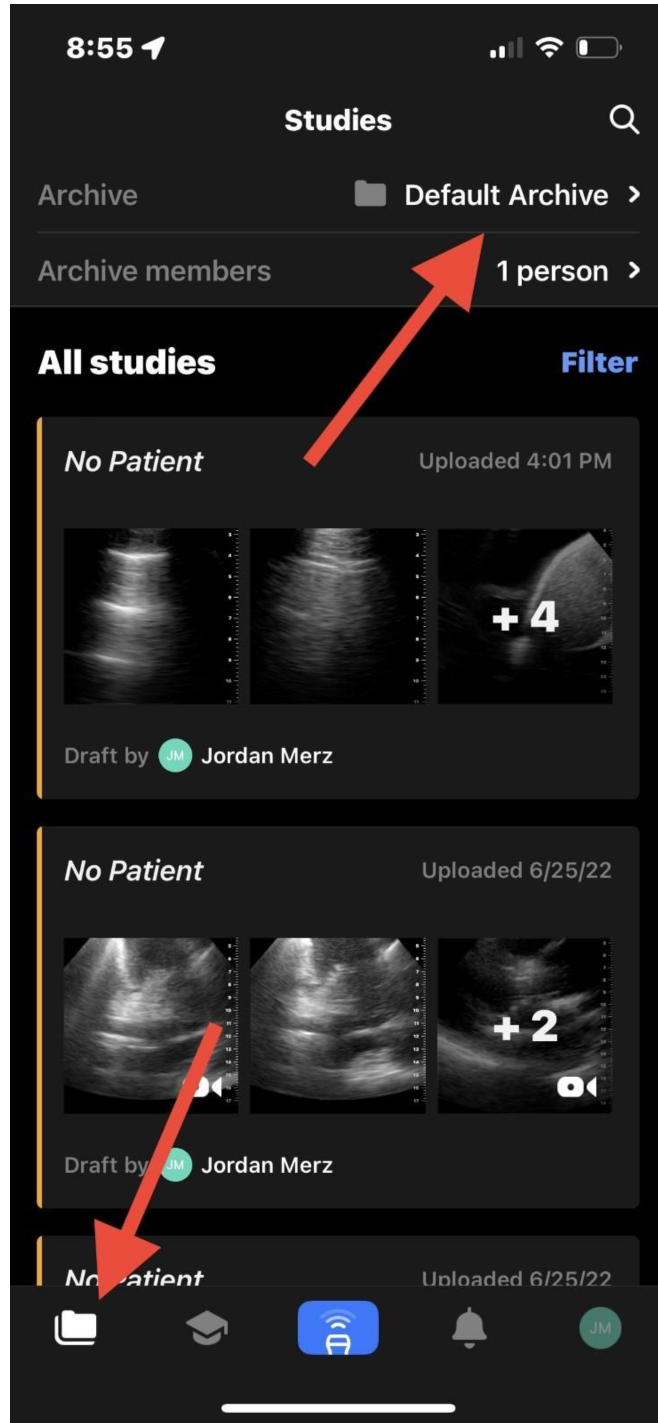
We usually meet around 9 am at the hospitalist office. This is on the second floor between the Tower 1 staff elevators and the PACU / walkway to Tower 2.

You will be expected to complete the ACP POCUS modules 1-13 by the end of your time on procedure team. Please send the certificates to your attending for the week.

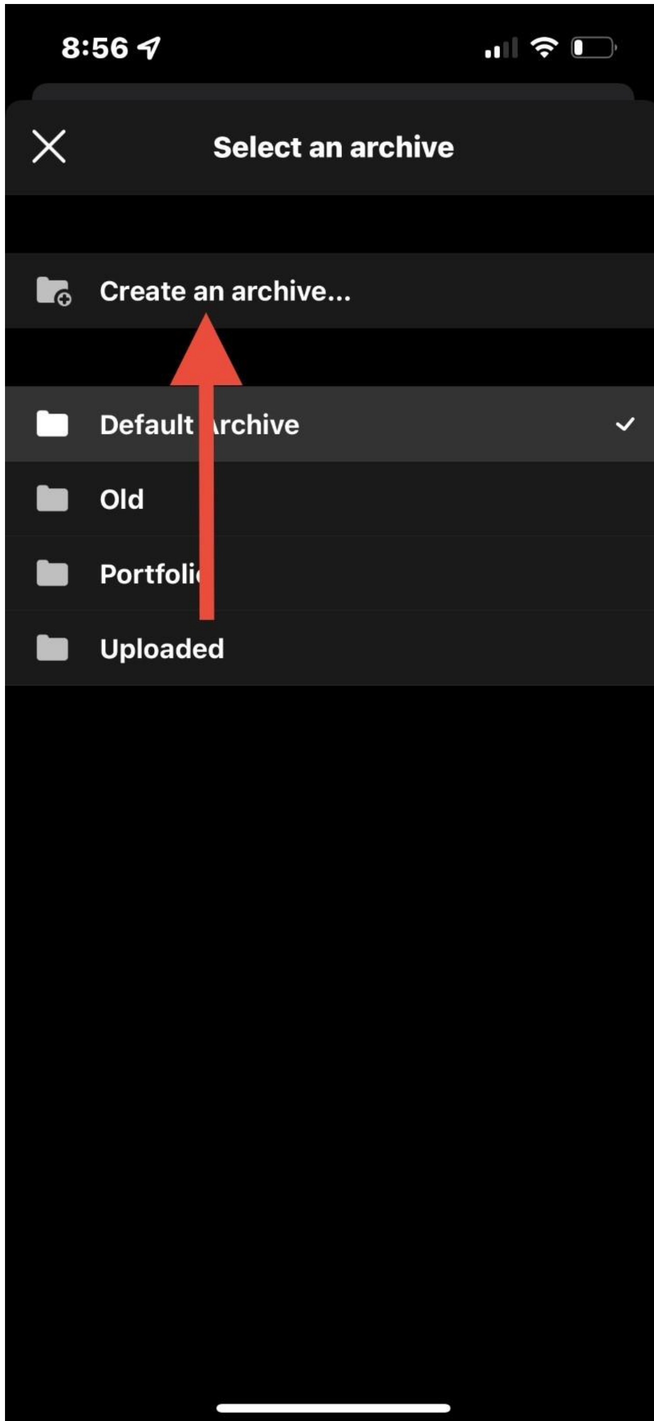
- https://www.acponline.org/meetings-courses/focused-topics/point-of-care-ultrasound-pocus-for-internal-medicine/pocus-online-learning-activities
- Consider using the time in the morning before AHD to work on these modules

Portfolio

- You will have designated time throughout the month for independent scanning.
- Make a folder on the residency Butterfly cloud account to save your scans:

○ 

8:55
Studies
Archive
Default Archive
Archive members
1 person
All studies
Filter
No Patient
Uploaded 4:01 PM
+ 4
Draft by
Jordan Merz
No Patient
Uploaded 6/25/22
+ 2
Draft by
Jordan Merz
Uploaded 6/25/22


8:56
Select an archive
Create an archive...
Default Archive
Old
Portfolio
Uploaded

8:57

Select an archive

Create an archive...

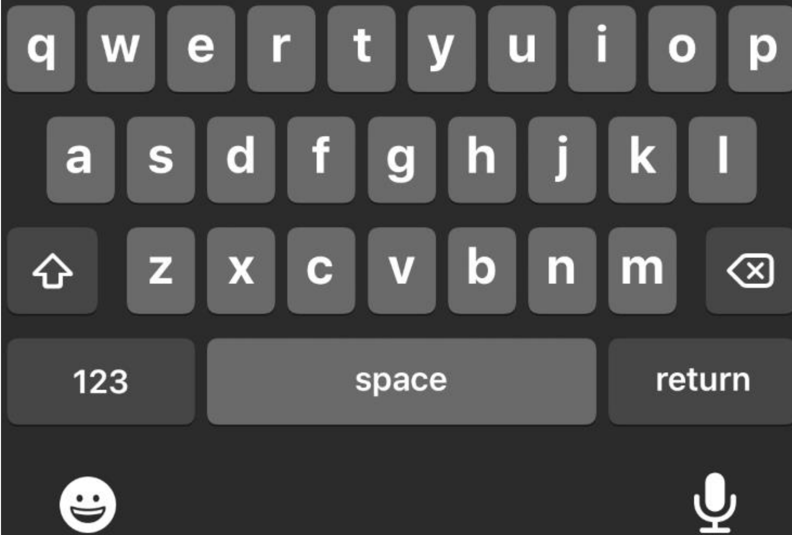
Create an archive

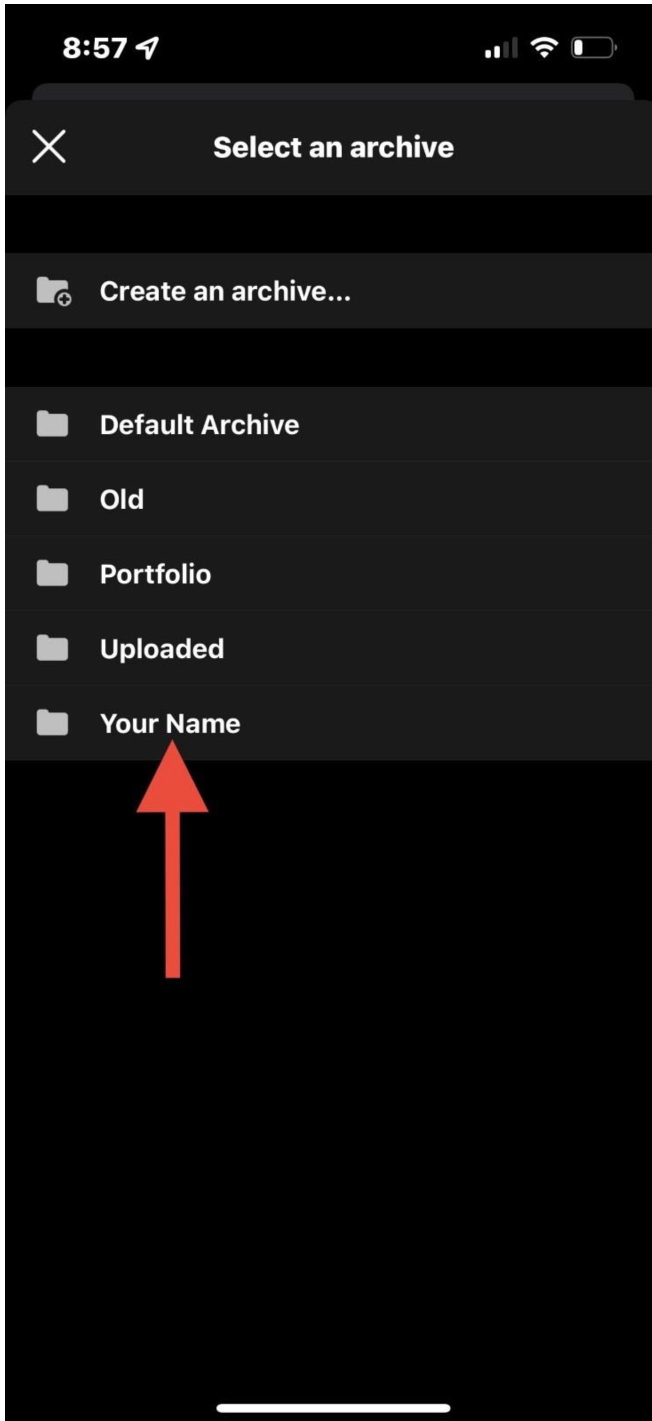
Archives organize your studies.

Your Name

Cancel | Create

Uploaded





Collect scans throughout the week. Print your checklist and review your scans with either Dr. Abbas or Dr. Merz at the end of each week. One of them will sign off your checklist.
If you are unable to collect all of the images, please try to collect them by the following week.
You can scan your fellow residents, friends, family, procedure team patients, or AMS patients (by coordinating with the teams).

DO NOT save any PHI to images stored on the Butterfly cloud. You can include things like age, sex, diagnoses, and any notes you would like so long as they do not identify the patient in any way.

Please refer to your scheduled time with the echo techs, US techs, and lines team

- The echo department located on the second floor on the east side of the building, just above the east entrance.
- The US department is located on the first floor on the east side of the building near the radiology department.
- The lines team room is on the second floor of tower 2. They can be reached by calling the BUMCP vocera line (602.839.4350) and saying "PICC 1."

You will have a short, online test at the end of your rotation.
We try to have a POCUS journal club the last week of each month. Please let us know if you would like to present, and we can help you find an article. You are expected to attend.

Resources:

- www.coreultrasound.com
  - Great videos and tutorials
  - Ultrasound PIV tutorial: https://www.coreultrasound.com/ultrasound-guided-peripheral-iv-access/
- https://www.thepocusatlas.com/
- www.nephropocus.com
  - Excellent infographics and article summaries
- Point of Care Ultrasound – Nilam soni, et al.
  - There should be a copy in the chief office.

	Platelet count	**INR**	**Anticoagulation**
Paracentesis	No requirements, but consider transfusion if ≤10	No requirements	No strict requirements, but consider holding anticoagulation
Thoracentesis	>50	<2	Hold anticoagulation*
Lumbar puncture	>100	<1.5	Hold anticoagulation*

*Hold apixaban for 24h, rivaroxaban for 48h, warfarin until INR normalizes, heparin drip for 2-3h, and most recent dose of heparin/enoxaparin prophylaxis

Geriatrics

General Info:

Geriatrics – Boswell

Attending: Dr. Walter Neiri

Coordinator: Cathy Richmond Cathy.Richmond@bannerhealth.com

Office: 623-832-7661

Address: 13180 N. 103rd Drive, Sun City, AZ 85351

This rotation is outpatient-based and located in the far west side of town for a meaningful experience with geriatrics medicine in the community. Faculty are geriatricians mostly trained in Family Medicine with experience teaching fellows. This rotation is strongly recommended for those interested in pursuing outpatient IM.

Prior to the rotation:

You will receive an email from the coordinator with a detailed schedule before the start of the rotation.

Lectures on Tues PM and Thurs PM - if your clinic falls during one of these time, you can expect that they will be moved to accommodate lecture times and will typically move to all day Mon, Wed or Fri.

Geriatrics – BU/VA

VA Attending and Geriatrics Program Director: Paul Stander paul.stander@va.gov

Coordinator: Steve Levesque steve.levesque@va.gov

BUMCP Attending: Nimit Agarwal nimit.agarwal@bannerhealth.com

This rotation has strong inpatient component as well as outpatient opportunities. The rotation is split between the Phoenix VA and BUMCP for a varied experience with faculty in our Geriatrics fellowship program. This rotation is strongly recommended for those interested in pursuing inpatient IM or one-year fellowship in Geriatrics to advance knowledge and skills for future practice.

Prior to the rotation:

You will receive an email from the coordinator with a detailed schedule before the start of the rotation.

The rotation will include a pre- and post-test to serve as a useful guide for clinical topics on which to focus and an assessment of clinical knowledge during the rotation.

The first day:

The first day begins at 8am unless you are scheduled for clinic, in which case it begins at 1pm. Please meet the Program Coordinator at his office, room L108. You will complete a Geriatrics pre-test and article review assignment on your first day.

Goals and Objectives:

Geriatric Medicine Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of geriatric conditions at the level expected of a general internist.

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis in evaluation of patients with the following disorders:
    - Altered Mental Status
    - Weight loss
    - Decreased vision
    - Hearing impairment
    - Dizziness
- Performs and documents accurate physical exam with emphasis on thorough cognitive and functional assessments, neurologic exam, depression screening and fall risk assessment to help guide further evaluation and treatment of the geriatric patient.
- Develops patient specific care plans for osteoporosis, including pharmacologic agents, initial and follow up testing (lab and imaging).
- Diagnoses and manages:
    - Osteoarthritis and joint pain
    - Insomnia
    - Hypogonadism
    - Depression
- Distinguishes delirium and dementia from other causes of cognitive impairment, confusion or psychosis through history, appropriate testing and physical exam.
- Determines effective symptom management strategies for patients requiring palliative care.
- Explains the role of palliative care throughout the course of illness and how it can be provided alongside all other appropriate medical treatments.

- Formulates specific patient centered palliative care plans that include pain management; integration of psychiatric, social, spiritual and other support services.
- Formulates specific patient centered care plans for age-appropriate health screening, hypertension, diabetes, cardiovascular disease.
- Assesses and responds to patient symptoms which may include pain, dyspnea, nausea, constipation, fatigue, anorexia, anxiety, depression and delirium.
- Distinguishes the types and employs appropriate comprehensive management of various causes of dementia (Alzheimer's, multi-infarct, Lewy-body, etc.) including palliative care.
- Identifies high-risk medications and use the information to select age appropriate medications and dosing regimens in the elderly. Recognize signs of elder abuse and the process for reporting
- Synthesizes the results of history and physical exam to determine the etiology of and appropriate treatment for urinary incontinence in the elderly patient.
- Uses active measure to prevent, identify, evaluate and treat pressure ulcers.
- Uses active measure to prevent, identify, evaluate and treat gait abnormalities and falls.
- Distinguishes the types and comprehensive management of various causes of diabetes.
- Selects appropriate initial doses and daily adjustment to achieve glycemic control goals for inpatients with hyperglycemia including the perioperative period.
- Selects appropriate, patient centered pharmacologic therapies for achieving glycemic targets for ambulatory patients with diabetes mellitus including insulin pumps, insulin, novel injectable therapies and oral agents.
- Screens for and recommends treatments to reduce the risks of micro- and macrovascular complications of diabetes mellitus including nephropathy, cardiovascular disease, retinopathy and neuropathy.
- Estimates the level of outpatient glycemic control, adherence to medication regimen, and social influences that may impact glycemic control.
- Assesses caloric and nutritional needs in patients with diabetes, obesity, hyperlipidemia and protein calorie malnutrition.

Practice-Based Learning and Improvement

- Proactively reinforces their medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

10. Efficiently coordinates activities of all team members to optimize care (peers, primary team, other consultants, student, pharmacist, CM, SW, PT, etc.).
11. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

- Is present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

VA Consultative Medicine

General Info:

Welcome to VA Consults. Prior to the rotation, please ask the Chiefs which attending will be on during your first day, so you can report to them at 7am.

Structure and Daily Flow:

There are between 1-3 senior residents assigned to the service. Your time will be split between seeing Internal Medicine Consult patients and leading an investigation into a patient safety event as part of the Patient Safety Consult Service. You will arrive by 7 am and may leave after 4 pm if there are no pending consults. On days with morning continuity clinic or Academic Half Day, you should see your patients prior to going to clinic unless another resident is on service who can cover your patients that day.

Medicine Consults

You will evaluate all new consults unless instructed otherwise by the attending, and staff them with the attending during rounds in the morning and in the afternoon. The attending will decide how many follow-ups to continue to follow. You will also complete the assigned Society of Hospital medicine online learning modules at www.shmlearningportal.org and read the required articles in the Consult Medicine Documents folder under "Required Reading." Based upon the monthly schedule, residents should read articles and/or complete associated modules the day prior to discuss the topic of the day – a calendar of topics will be provided at the start of the rotation.

Patient Safety Consult Service:

You will meet with the CRQS sometime during your first day of the rotation to receive orientation about the Patient Safety Consult Service and to pick a patient safety event to investigate. With the CRQS' guidance, you will perform a Gemba walk and a causal analysis of the event and design an intervention to address the root cause of the event. Every Friday afternoon you will meet with the CRQS and CRQS mentors as well as the Patient Safety Manager to discuss your progress and get ideas for how to continue your investigation. The expectation for the Patient Safety Consult Service is to complete an investigation and recommend and intervention, but the intervention is not expected to be completed prior to the end of the rotation.

Days Off:

You will have weekends off during this rotation.

Goals and Objectives:

VA Consult (Patient Safety and Perioperative Medicine)
Goals and Objectives

Location: Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: Upon completion of the rotation, resident will provide appropriate, cost-effective, evidence-based consultative medicine care to the non-medicine services at the Phoenix VA Medical Center at the level of independent practitioner of Internal Medicine; and demonstrate the ability to analyze a patient safety event.

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Obtains a thorough history, perform accurate examination, and complete consultation note in a timely, organized, and effective manner that communicates clinical reasoning and answers the specific questions asked.
- Provides consultation services for the patients with basic and complex clinical problems requiring detailed risk assessment.
- Appropriately evaluates and provides recommendations for the treatment of following inpatient medical conditions and post-operative complications, but not limited to:
  - Hyperglycemia
  - Post-op pain
  - Post-op nausea and emesis
  - Post op anemia
  - Post-op ileus
  - Post-op fever
  - DVT prophylaxis
  - VTE
  - Hyponatremia
  - Soft tissue and wound infections
  - Cardiac dysrhythmias
  - Abdominal pain
  - Constipation
- Performs consultative perioperative cardiac risk stratification, incorporating evidence-based resources.
- Performs consultative pulmonary risk stratification, incorporating evidence-based resources.
- Effectively manages medications in the perioperative period, including but not limited to those related to: hypertension, diabetes mellitus, anticoagulation and antiplatelet agents and pain medication including opioids.

- Completes assigned Society of Hospital Medicine Learning modules at www.shmlearningportal.org.
- Summarizes a patient safety consult each week using a patient safety tool.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.
- Without prompting, routinely investigate clinical questions utilizing evidence-based medicine resources and incorporate the results into patient care.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

12. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.
13. Demonstrates activation of ePER (electronic patient event reporting) as well as utilizing core patient safety tools (e.g. stake-holder interviews, root cause analysis, process mapping, and cause-effect diagram).
14. With indirect supervision, hypothesizes a specific, system-level intervention for each patient safety consult.
15. Incorporates cost-awareness principles into standard clinical judgments and decision-making; refer to Choosing Wisely campaign and High Value Care at http://www.choosingwisely.org/ and https://hvc.acponline.org/index.html

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Cardiology

General Info:

Welcome to your cardiology rotation. A few weeks prior to the start of your rotation you will receive an email from the Banner internal medicine chiefs asking you to rank your choice for which service you would like to be on for cardiology. We will make every effort to place you in your top choice, but ask that you rank the rotations based on your preference. There are 4 options currently and you can find their descriptions below.

Prior to the start of the rotation you should receive an email confirming who your rotation will be with. You should contact that person directly prior to the start of the rotation. If you are on the inpatient academic service you should consult the cardiology fellow on consults. During your cardiology month you are expected to continue to attend Academic Half Day, Grand Rounds, and Journal Club conferences. You are also expected to have continuity clinic which will be listed on amion. You are also expected to complete 100 MKSAP questions in the cardiology section during this month as well.

Inpatient Academic Cardiology Service

A newly developed general cardiology consult service on wards and in CCU, consisting of attending (staffed weekly), fellow, and resident. There is the possibility of having students as well as rotation develops. There are generally 16-20 patients on the service per day.

Individual assignment with private attending cardiologist

Based on a preceptor model, this inpatient/outpatient rotation includes seeing consults for private practice patients. Residents work directly with an attending to care for 10-14 patients per day in general with individualized teaching.

VA cardiology practice

Inpatient general cardiology consult service on wards (30% of all admissions) and in ICU at the VA, consisting of attending, fellow, and resident. There are generally 16-20 patients on the service per day.

Outpatient BUMCP Heart Institute

Resident will be assigned to work at various cardiology clinics within the BUMCP Heart Institute including, but not limited to:

a. Advanced Heart Failure
b. TAVR
c. Women's Cardiology
d. Electrophysiology
e. Preventive Cardiology
f. Heart Transplant
g. Stress Testing
h. Cardiac Rehab

Goals and Objectives:

Cardiology Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of cardiovascular conditions at the level expected of a general internist.

By the end of the month, residents will demonstrate competence in the following cardiology specific learning objectives (organized by ACGME core competency):

Patient Care and Medical Knowledge

- Synthesize all data to generate a prioritized differential diagnosis in evaluation of patients with the following disorders:
  - Tachyarrhythmias
  - Bradycardia
  - Chest pain
  - Heart Failure
  - ST/T wave changes
- Perform and document accurate physical exam with emphasis on thorough cardiac examination including; recognition of murmurs, peripheral vascular exam, assessment of tissue perfusion, hemodynamic stability, pulsus paradoxus and volume status to help guide further evaluation and treatment.
- Appropriately order and interpret the results of echocardiograms with specific attention to timing of initial and follow up testing for the evaluation of:
  - Pulmonary hypertension
  - Valvular disease
  - PFO/ASD/VSD
  - Heart Failure
  - Peripheral edema
  - ACS
  - Bacteremia
  - Pericardial Effusion
  - High risk medications
- Recognize and appropriately interpret EKGs for the following conditions; hyperkalemia, hypokalemia, inferior wall MI, LVH, a fib/flutter, VT, SVT, WPW, paced rhythm, bradycardia (including nodal blocks), q waves and pericarditis
- Develop patient specific care plans for arrhythmias, including pharmacologic agents, rate controlling interventions (valsalva and EP interventions), cardioversion, defibrillation or implantable medical devices (pacemaker, AICD, and event recorder).
- Synthesize the results of history, physical exam, EKG and echocardiogram to determine the severity of and evidence based treatment plan (including valve replacement, TAVR and pharmacologic agents) for aortic stenosis and hypertrophic cardiomyopathy:
- Identify medications known to prolong the QT interval and establishes a plan for monitoring and treating acquired prolonged QT syndrome.

- Identify patients who require selective preoperative testing and treatment (beta blockade, antibiotics, revascularization, etc) based on patient specific factors, type of surgery and urgency of surgical procedure.
- Develop an evidence based evaluation and treatment plan for ischemic heart disease by synthesizing the results of history, physical exam, EKG, risk stratification tools, laboratory and imaging (when appropriate), for the following conditions:
  - Chest pain
  - ACS
  - Risk factors without symptoms
  - Asymptomatic stable coronary artery disease
- Initiate indicated acute and long-term therapies to improve the prognosis of coronary artery disease. Including assessment of risk, tobacco cessation, optimal lipid and blood pressure control, antiplatelet therapies, beta-blocker and ACE inhibitors/ARB.
- Describe the benefits and risks and indications for coronary vascularization with stents, thrombolytics and bypass vs. medical therapy for coronary artery disease.
- Describe the evidence-based testing and therapies for screening and management of aortic aneurysms and peripheral vascular disease.
- Initiate indicated acute and long term therapies to improve the prognosis of heart failure. Including classification of type/functional status, beta blocker, diuretics, digoxin, ACE inhibitors/ARB, re-syncronization/AICD, cardiac rehab and advanced therapies (inotropes, LVAD and heart transplant).

Practice-Based Learning and Improvement

- Proactively reinforce their medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Complete timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Deliver concise, accurate, and appropriately thorough verbal presentations.
- Communicate effectively with patients, staff, and other physicians.

Systems-Based Practice

- Identify clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

- Be present when expected; demonstrate a strong work ethic, is helpful, demonstrate a positive attitude and assumes active responsibility for patient care.

Neurology

General Info:

BUMCP Neuro:

- You will receive an email from Donna Navaro-Chappy (donna.navaro-chappy@bannerhealth.com) with details on the rotation prior to starting. It will include a complete explanation of the rotation, including details of the daily activities and contact information for all participants.
- Residents are responsible for informing any supervising attending if, for any reason, you will be unable to attend any session.
- You will have an individualized schedule with weekly assignments. If there is a conflict on the schedule, you must contact Ms. Castro as soon as you note the conflict.
- Specifics:
  - General Neurology: Contact the senior resident and attending you are working with the weekend before your start date via email. Please include your cell phone number in the email.
  - Stroke: Contact the senior resident, attending and Emily Ray the weekend before your start date via email. Please include your cell phone number in the email.
- Since you are working with different attendings weekly, you are expected to request assessments on New Innovations for each neurology attending at the end of their week. These will be used for your final assessment and also allow you to receive weekly feedback.

Goals and Objectives:

Neurology Goals and Objectives

Location: BUMCP
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of neurologic conditions at the level expected of a general internist.

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis in evaluation of: Headaches, Movement disorders, Altered Mental Status, Dizziness, and Weakness
- Performs and documents accurate physical exam with emphasis on thorough neurological examination including fundoscopic exam to help guide further

evaluation and treatment. Describe the relationship between the anatomic location of a neurologic lesion and clinical presentation.

- Employs appropriate imaging (CT vs MRI, with or without contrast, and appropriate region) and laboratory evaluation (including CSF) to evaluate common neurologic conditions, guide therapy, and help determine etiology.
- Diagnose and manage:
  - Migraine and analgesic overuse headache
  - Essential tremor, Parkinson's disease and drug related movement disorders
  - Benign positional vertigo, vestibular neuritis, Meniere's disease, and orthostasis
  - Peripheral nerve diseases such as acute demyelinating polyneuropathy and diabetic neuropathy
  - Transverse myelitis, myelopathy related to infections, and acute spinal cord injury
  - Multiple sclerosis
  - Myasthenia Gravis
  - Amyotrophic Lateral Sclerosis
  - Trigeminal neuralgia
  - New and recurrent seizures
  - Normal pressure hydrocephalus
  - Encephalitis and meningitis
- Distinguish delirium and dementia from other causes of cognitive impairment, confusion or psychosis through history, appropriate testing and physical exam.
- Distinguishes the types and employs appropriate comprehensive management of various causes of dementia (Alzheimer's, multi-infarct, Lewy-body, etc.)
- Identify medications known to precipitate delirium and prescribe appropriate medications and dosing regimens for patients with delirium or dementia. Diagnose the etiology of stroke through interpretation of initial testing including history, physical examination, electrocardiogram, neurological imaging, and laboratory results. (PC1, MK2)
- Initiate indicated acute and long term therapies to improve the prognosis of stroke and secondary prevention. Including optimal blood pressure control for individual patients presenting with different types of stroke.
- Performs lumbar puncture using proper position, identification of landmarks, and sterile technique.

Practice-Based Learning and Improvement

- Proactively reinforces their medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.

- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

- Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Ambulatory Months:

- Continuity Clinic
- Ambulatory IMC/VA PGY1
- Ambulatory IMC/VA PGY 2
- Ambulatory Selective PGY 3

General Info:

The ambulatory curriculum consists of longitudinal experiences in an outpatient clinic in addition to one rotation each year dedicated to the advancement of knowledge and skills in outpatient medicine. The goals and objectives at each level and within each unique experience reflect the progressive and comprehensive nature of the curriculum.

If you are sick or unable to make it to an assigned half day it is important that you call both the sick pager and the clinical site at which you are scheduled.

IMC Clinic logistics:

Prior to the start of your rotation you should receive an email from the Ambulatory Coordinator with your ambulatory schedule. This is typically an excel document where you can find your individual schedule by finding your name at the tab on the bottom. You are expected to arrive by 8 am each day unless otherwise noted for the specialty clinics. You should check in with your LPN and attending on arrival. You may leave at 5PM if your work is complete. Please check out with LPN and attending as well. During this month you will also assigned to be the Clinic Practice Management Lead (CPML), where you will be assigned tasks including laboratory review, coumadin management, answering patient phone calls, medication refills, general problem solving for patient needs and concerns that cannot wait for their resident PCP to handle. During this month you are expected to manage your own personal and your practice partner's inbox and tasks which are assigned to you. Tasks should be completed in a timely manner. If you are unsure how to complete a task your attendings and the Ambulatory Chief are available to help.

Continuity Clinic Expectations:

I. Patient Care

- **Most Important! Remember that You are the patient's primary care physician.** Your panel of patients considers you to be their primary care physician (not the attending). Make sure they have follow up with you or your practice partner
- **Gather HPI & PE Data in a timely fashion**: One of the hardest transitions for new interns is seeing your patients efficiently and getting the appropriate documentation completed. We will start you out slowly with 2 new patients and 1 follow up for the first couple of months but by the end of the year we want you to be able to see 4 follow-up patients/session, as a 2nd year 5 – 6 patients/session, and by 3rd year 6 - 7 patients/session.
- **Develop your own assessment and plan:** Figure out what you think the main problems are and then come up with your plan. Then ask specific questions of the attending regarding your patient after having thought through your own plan. The clinic is very busy so we want to help you develop a precise, succinct and pertinent presentation of your patient's problems. Remember that you must include a discussion of their acute and chronic problems as well as updating healthcare maintenance issues in the care guidelines section. You can schedule a patient to come back to address preventative measures.
- **Seek assistance:** Your attendings are here to help you learn outpatient medicine so please use their expertise. Don't let the patient leave before you have discussed the case with your attending. Your attending must see all your patients for the first 6 months of your residency. They must watch you perform your first two – three pelvic exams as well.
- **Each patient must leave with a Patient Plan:** Develop a patient plan of written instructions for your patient that are complete, and understandable. Include treatment recommendations such as changes in medication prescriptions, further testing, and follow up appointments. Patient education materials are available through Cerner or via UpToDate. Provide enough medication with refills until their next appointment. (exception being high risk medications like Warfarin – for most patients only one month supply)
- **Educate your patients:** Start working on your short patient education talks. i.e. "Hypertension is the silent killer so you must take your medications!" Explain your instructions to your patient and their family and educate them about their disease processes. Remember that Health Literacy may be an issue for your patient. Use "Ask Me 3" (What do we call the main problem we discussed today? Why is treating it important? What are you supposed to do to improve it?)
- **Notify your patients of their test results:** Please notify your patients of all their test results by either having them return to discuss them; scheduling a telephone visit, calling them at home; or sending them a lab result letter or communication in the patient portal. You may use your LPN to help you get in touch with your patient if they are not available during clinic time. You can task them via Cerner communicate to contact by phone or send your letter.
- **Be sensitive to your patient's right to not take your advice.** Remember to be sensitive to your patient's cultural, ethnic, and religious beliefs in your discussions with them. Identify and negotiate conflicts with patients and their families as they occur. The patients must ultimately decide on whether they will accept your recommendations and we must respect their right to comply or refuse treatment.
- **Help coordinate your patient's care:** You can task your referral person for help in authorizing referral to specialists, front desk for straightforward appointments. Billing issues may be tasked to Theresa Sheppard. Social worker, Tracie Crater to help with psychiatric care referrals, advanced directives or other needs. Clinical Pharmacists Melissa Smith and Beth Kerr to assist

with medication management, Nutritionist Robin Prosser, Behavioral health navigator Deborah Kasiel, RN to help if you are managing Depression/Anxiety.

- **No shows need follow up:** If your patient does not show up for their appointment, review the chart and determine appropriate follow up (with the assistance of your attending) and document your recommendations via a communicate tab and tasking your LPN to reschedule the appointment.
- **Follow up on your patients in the hospital:** If your patient requires hospitalization, coordinate a smooth transition with the inpatient residents and see your patient whenever possible while they are in the hospital.
- **Check out with Your LPN:** Before you leave the clinic – please check out with your team LPN if they haven't already checked out with you. This is to make sure no important med refills or questions need to be addressed before you leave for the day. Check your folder for paperwork that needs your signature.

II. Documentation

- **Learn to utilize the electronic medical record to its fullest capacity**: Accurate and up to date charting is as important as the care given because medical legally, if you don't document what you do then you didn't do it.
- **Follow up Needs Documentation too!** Documentation includes follow-up of lab results, consults, X-rays. Utilize the communication tab to document your discussion and task it to your precepting attending for review. Please review consultations for the need to update the medication module, Healthcare maintenance.
- **The Electronic Health Record can be your friend or your enemy:** If you update the patient's problem list including family & social history; Healthcare Maintenance & diabetes (if indicated); and medication list it will make your next encounter with the patient more efficient. (remember to stop medications that no longer are in current use) We will be teaching you how to enter in your own phrases to help efficiency.

III. Paperwork

- **Completing paperwork/forms can be time consuming but it is an important part of your patient's care.** The goal at the clinic is to teach you about the insurance regulations and requirements so that you will be able to understand how things work. Radiology requests with appropriate clinical information; DME (durable medical equipment) requests; Home Health orders; Insurance prior authorization forms; & Chronic O2 requests. Your attending must always review these forms before you give them back to the LPN to scan. Your LPN has a folder with these forms – you need to check it at the beginning and end of each clinic.
- **Billing:** You will be asked to learn how to correctly complete billing information in Cerner including ICD.10 & CPT codes. Our goal is to help you appreciate the financial side of healthcare. You must review it with your attending before submitting the encounter for billing.
- **Your Patient's forms/letters:** Your patients may also request your assistance in completing a wide variety of forms including loan deferments; low cost housing & telephone forms; disability license plate forms; and FMLA/disability income paperwork. Please review them with your attending before completing. Our social worker, Tracie, is an excellent resource if you have questions.

IV. Professional Behavior

- Be courteous to your peers, clinic staff, and attendings. Your willingness to help out each other will make your time in clinic more enjoyable.
- Dress appropriately – closed-toed shoes. Wear something your 80 year old patient would think their doctor would wear.
- Your clinic evaluation will include assessments by the clinic staff and patients surveys.
- Be on time. If you are running late (it happens) please call 839-6060 (doctors back line number) & let us know.
- If you are ill, notify the chief resident sick pager but also let our office know and your clinic attending asap so that we can try and get a hold of your patients or redistribute them to other residents.
- Deal with problems constructively. Voice frustrations in an appropriate time and place. Not in front of staff or patients. If you have ideas for improvement – share them with the appropriate person such as your attending. Don't put the clinic staff in the middle.
- Learn clinic policies and comply with them.
- Practice self-evaluation with attention to remedying areas of weakness and improving where you are doing well.
- Have initiative. Don't wait for someone to ask…pitch in. Ask for help. That's why we are here.
- Most importantly, have fun learning about your patients over time. It is such an awarding experience!

General Goals and Objectives:

Overall Goal: By the end of each ambulatory month, residents will demonstrate progressive competence in the ambulatory medicine-specific learning objectives for each rotation (organized by ACGME core competency).

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general, by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam that are appropriately thorough for the clinical picture, including cardiac, lung and abdominal examination, thyroid, skin and joint examination, etc.

- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) using secondary sources, if necessary, such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately utilizes and interprets the results of:
  - Basic hematology, and chemistry/metabolic, and endocrine labs
  - Gram stain, culture and sensitivity data of various body fluids
  - Advanced diagnostic lab testing including serologies, PCR, ELISA, etc.
  - EKG
  - CXR, CT, and advanced imaging
- Applies updated knowledge of appropriate antibiotic use to treat:
  - Community acquired pneumonia in various types of hosts
  - Diabetic soft tissue infections
  - Simple and complicated urinary tract infections
- Applies updated medical knowledge to diagnose and manage common outpatient disorders, within the scope of: skin disorders, diseases of ear, nose and throat, eye, gastrointestinal diseases, neurologic diseases, endocrine and musculoskeletal disorders, geriatrics, women’s health.
  - Additionally, demonstrates advanced knowledge and skills in management of diabetes mellitus type 2, CAD, HTN, hyperlipidemia, obesity, taking into account social determinants of health.
- Recognizes and appropriately manages situations that require urgent or emergent care.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.
- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate recommendations as a consultant.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or other consultants as appropriate

- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

- Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, SW, dietician, etc.).
- Appropriately coordinates care, ensuring safe transitions to other providers.
- Incorporates cost-awareness principles into standard clinical judgments and decision-making that does not compromise quality of care.
- Recognizes the role of the physician in the health care community and in society.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Ambulatory IMC/VA PGY1 Additional Goals and Objectives

As an intern, during this month you will have additional continuity clinics (avg 4 per week) and will focus on learning more about your clinic practice site's work flows, staff, ambulatory documentation and common referral sites. You are expected to complete the assigned Ambulatory PEAC Modules, the IHI QI 102, and participate and write up a group QI project (PDSA) by the end of the month. You will attend outside clinical experiences with ophthalmology/optometry, Adolescent Medicine via Crews'n'Health mobile van, physical therapy, some Maricopa County clinics, and many other relevant clinical experiences including sick clinics at VA or BUMCP so you can get exposure to both continuity sites.

Location: BUMCP and Phoenix VA Medical Center

PGY Level: 1

Duration: 4 weeks

Additional Objectives:

1. Manage a patient population that fills 4 half days per week
2. Demonstrate facility in EMR use and communication that fosters high performance of the interprofessional clinic team
3. Understand the primary role of patient population management and how to review their own patient panel
4. Demonstrate initial understanding of Quality Improvement processes through a continuity clinic quality improvement project.

Ambulatory IMC/VA PGY2 Additional Goals and Objectives

As a senior, there are a variety of additional unique experiences to look forward to:

- Shared Medical Visit (Diabetes or VA CHF)
- Outside clinical experiences at the St. Vincent de Paul Free Clinic, Medical Bariatrics office and many other relevant clinical experiences.
- Within the program there is the opportunity to work at the VA Pain clinic, HIV clinic, some sub-speciality clinics based on your career goals.
- Review your own patient panel and work to improve their care
- Design and complete a population management project where you will choose one area to improve your patient population care
- Complete a home visit on one or two of your complicated patients. Please schedule with Dr. Peterson (and possibly social worker if available), complete the appropriate forms, and send to Dr. Peterson for review. You will also learn how to document and bill for those services.
- Choose a community resource site to visit and learn more about the services available to our practice and write up a short summary to be shared on the UACOMP IM internal website and/or present a topic at the Primary Care Educational Conference on the 3rd Weds of each month at noon.

You will be contacted by the Ambulatory Coordinator prior to the start of your rotation with your ambulatory schedule. See section on Ambulatory for PGY1 for more information.

Location: BUMCP and Phoenix VA Medical Center

PGY Level: 2

Duration: 4 weeks

Additional Objectives:

1. Demonstrate advanced outpatient clinical skills including, but not limited to: working with Occupational/FMLA patients, Advanced Directives, Home Visit, Obesity management, Multidisciplinary clinics
2. Describe how the use of free clinics and home visits can uniquely address social determinants of health.
3. Measure and improve your patient population outcomes
4. Present educational information to a patient group through a shared medical visit.

Ambulatory Selective PGY3

Prior to the start of your rotation you should receive an email from the Kerryann Gillooly with your ambulatory schedule which will include 3 half days at your primary continuity clinic practice and academic half day.

Each rotation has specific goals and objectives based on their clinical site.

Overall Goals: To provide experience at an outside practice site with different patient population to expand knowledge regarding system-based practice along with enhanced clinical skills.

Clinical sites include:

1. Adelante:

   St. Joseph's Hospital Campus 500 W. Thomas Rd., Suite 870, Phoenix, AZ 85013

   Site Director:

   Site Coordinator: Diana Adams, dadams@adelantehealthcare.com, (623) 544-5150
2. St. Vincent de Paul

   420 W. Watkins Phoenix, AZ 85003 602-261-6868

   Site Director: Dr. Maurice D Lee Mlee@svdpaz.org

   Site Coordinator: Zaira Morales ZMorales@svdpaz.org
3. Wesley Center

   1300 S 10th St Phoenix, AZ 85034

   Site Director: Dr. Jesselyn Gaona jgaona@wccphx.net

   Site Coordinator: Wendy Romero wromero@wccphx.net
4. Cigna Urgent Care
5. VA Community Outpatient Center
6. Private Practice – needs to be arranged 4 months ahead
7. Business of Medicine – BUMCP IMC with Dr. Hsu
8. Cigna Urgent Care (approved for PGY2 and PGY3)

   3003 N 3rd St Phoenix, AZ 85012 602-261-6868 Office

   Site Director: Dr. May Mohty may.mohty@cigna.com

   Manager Credentialing: Jackie Wolf-Metzler jacqueline.wolf-metzler@cigna.com

Location: Adelante

PGY Level: 2, 3

Duration: 4 weeks

1. Residents will develop general understanding of serving uninsured patient populations in an outpatient clinic setting
2. Residents will learn to care for patients in a Primary Care Medical Home environment using a team approach to care
3. Residents will understand the challenges of migrant and seasonal agricultural workers to access health care and the challenges of delivering care to this population

Course objectives:

1. Work one-on-one with a member of the PCMH team to assist patients in the health center to identify and overcome barriers to chronic disease management, at least one half-day per week.
2. Participate in one quality improvement team to improve a preventive or chronic care metric
3. Participate in migrant outreach activities at least twice during their month rotation.
4. Manage care for at least four patients per half day, at least 2 half days per week, to include completion of history and physical, development of a differential diagnosis and ordering of all labs, imaging and referrals. They will present patient care plan to attending physician

Location: St. Vincent de Paul Free Medical Clinic

PGY Level: 2, 3

Duration: 4 weeks

Under the supervision of the rotation preceptor, provide residents first-hand experience with providing medical care to an underserved/disadvantaged population.

1. Promote and heighten the resident's awareness of and sensitivity toward:
    a. challenges and barriers underserved, and disadvantaged patients face when accessing care;
    b. challenges and barriers health care providers face when caring for underserved and disadvantaged patients; and
    c. Cultural, environmental and socio-economic factors that impact health status, access to needed services, and the delivery of care.
2. Orient the resident to practicing in a primary care medical home (PCMH) environment, collaborating with other PCMH team members to deliver and improve care
3. Deepen resident awareness and knowledge of the various strategies and approaches used to improve health outcomes for patients and defined population groups, increase patient satisfaction, and reduce the cost of care.
4. Create an understanding of caring for special populations such as migrant and seasonal agricultural workers, and the challenges of delivering primary care to these populations.

LEARNING OBJECTIVES:

1. List and describe specific challenges in providing care to underserved populations

2. List and describe the barriers underserved populations may face in accessing the various resources

3. Understand and describe how a primary care PCMH team provides care as a team with a common goal to improve clinical outcomes

4. Understand and describe how a QI team addresses improving a clinical metric and the principles of the Plan-Do-Study-Act (PDSA) cycle.

5. Understand and describe the special challenges of providing care to migrant and seasonal agricultural workers and the needs of this population.

Urgent Care Goals and Objectives

Location: Banner Urgent Care Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of urgent conditions at the level expected of a general internist.

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all relevant data to generate a prioritized differential diagnosis for the initial evaluation of acute symptoms such as; dyspnea, febrile illness, abdominal pain, pelvic pain or discharge in a woman, headache, weakness, upper respiratory symptoms, low back pain, minor injuries, hyperglycemia, acute gastroenteritis/dehydration, renal colic, biliary colic, urinary tract infection/pyelonephritis /urosepsis, allergic reactions, and abscesses/carbuncles/cellulitis.
- Performs and documents an accurate physical exam that is appropriately thorough.
- Seeks and obtains relevant information (including medication list) from secondary sources such as family, EMS, electronic chart, pharmacies, PCP and other referring facilities.
- Employs appropriate imaging and laboratory evaluation to evaluate common conditions seen in the urgent care setting.
- Appropriately interprets the results of diagnostic studies.
- Develops patient-centered care plans and appropriate disposition. Recognizes situations that require urgent or emergent care.
- Performs procedures using proper position, identification of landmarks, and sterile technique when applicable. (Note: all procedures listed below should also

be logged separately in new innovations by the resident and signed off by the supervising provider or their designee).

- Peripheral IV placement* (required to have completed at least 5)
- Drawing venous blood *(required to have completed at least 5)
- Pelvic exams with endocervical culture *(required to have completed at least 5)
- Incision and Drainage of abscess
- Basic suturing/laceration repair
- Orthopedic procedures – splinting and arthrocentesis
- Slit lamp eye exams

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

- Identifies clinical situations in which a higher level of care is appropriate.
- Incorporates high value care into standard clinical judgments and decision-making.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.
- Quickly establishes a therapeutic relationship with patients and caregivers.

BETTER – Longitudinal PSQI Curriculum

General Info:

The longitudinal Patient Safety and Quality Improvement curriculum is a total of four weeks, divided up in PGY2 and PGY3 years. Designed to maximize opportunity to complete meaningful work in PSQI, this curriculum incorporates principles and tools of PSQI, experiential learning, mentorship by trained faculty, and interaction/alignment with institutional goals and initiatives.

Director: Dr. Ruth Franks Snedecor ruth.frankssnedecor@bannerhealth.com

Dr. Dick Gerkin richard.gerkin@bannerhealth.com

You will receive an email with the weekly schedule, necessary prework, and resources prior to the start of the rotation.

Goals and Objectives:

BETTER (PSQI curriculum) Goals and Objectives

Location: BUMCP

PGY Level: 2, 3

Duration: 4 weeks divided over PGY2 and PGY3

Overall Goal: For residents to:

- Demonstrate competence in the foundations and methodologies of health care quality improvement and patient safety
- Perform a thorough audit of a faulty process or patient safety event
- Design, implement, and present and disseminate a project

Objectives: By the end of the experience, residents will demonstrate progressive competence in the following specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Uses evidence-based principles to identify best practices and identify implementation gaps.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.
- Applies the value equation (quality/cost) and high value education (ie. Choosing Wisely[Symbol] campaign) to daily clinical practice and in quality improvement projects.

Practice-Based Learning and Improvement

- Appropriately applies quality improvement principles and tools (PDSA cycles, fishbone diagram, process flow map, etc.) to analyze systemic causes of suboptimal care.
- Demonstrates ability to identify and apply structural, process, outcome, and balancing measures and graphically displays results from a QI project with control chart/tables/figures/statistical analysis.
- Implements and studies interventions to inform further PDSA cycles

- Utilizes information technology with sophistication as evidenced by a thorough description of the project background and complete references.
- Uses feedback to improve.

Interprofessional Communication Skills

- Demonstrates the ability to communicate effectively with all members of a multidisciplinary team to build consensus for system improvement.
- Able to maintain a professional relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

- Understands the causes of errors and importance of investigation using standardized patient safety tools and processes (human factors, root cause analysis, fishbone and process flow maps).
- Identifies types of medical error and demonstrates how to report those errors at our clinical institutions.
- Describes the impact that accurately billing and coding has on patient care, reimbursement, and sustainability of health care.

Professionalism:

- Demonstrates integrity, honesty and accountability including being present for all assignments and is prepared for faculty mentor meetings
- Completes assigned activities without the need for reminders (web-based modules, pre-reading, project worksheets, final poster, etc).

Internal Medicine Subspecialty Electives

Endocrinology

General Info:

Attending:

Coordinator: Lauri Galaviz lauri.galaviz@bannerhealth.com

Office: 602-839-2792 You will receive an email with specific scheduling details.

Endocrinology didactic lectures are on Thursday mornings 9 am-1 pm.

If you have Thursday AM clinic, you should expect that your clinic will be moved to another time during this rotation. See AMION for details.

Goals and Objectives:

Endocrinology Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of endocrinologic conditions at the level expected of a general internist.

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis in evaluating:
  - Obesity
  - Hyperglycemia
  - Hypoglycemia
  - Fatigue
  - Secondary amenorrhea
  - Hypercalcemia
  - Goiter
- Performs and documents accurate physical exam with emphasis on thorough examination including thyroid, diabetic neuropathy and diabetic eye exam.
- Develops patient specific care plans for the following conditions, including pharmacologic agents, initial and follow up testing (lab and Imaging):
  - Osteoporosis
  - Hyperlipidemia
  - Hypothyroidism
  - Hyperthyroidism
- Employs appropriate imaging and laboratory testing including stimulation/suppression testing to evaluate adrenal and pituitary masses.
- Diagnoses and manages:
  - DKA/HHS
  - Diagnose Cushing syndrome
  - Diagnose hyperprolactinemia
  - Paget disease of bone
  - Secondary hypogonadism
  - Hyperparathyroidism
  - Thyroid nodules and cancer
  - Pheochromocytoma

- Multiple endocrine neoplasia

- Distinguishes the types and comprehensive management of various causes of diabetes.
- Selects appropriate initial doses and daily adjustment to achieve glycemic control goals for inpatients with hyperglycemia including the perioperative period.
- Selects appropriate, patient centered pharmacologic therapies for achieving glycemic targets for ambulatory patients with diabetes mellitus including insulin pumps, insulin, novel injectable therapies and oral agents.
- Screens for and recommends treatments to reduce the risks of micro and macrovascular complications of diabetes mellitus including nephropathy, cardiovascular disease, retinopathy and neuropathy.
- Assesses caloric and nutritional needs in patients with diabetes, obesity, hyperlipidemia and protein calorie malnutrition.

Practice-Based Learning and Improvement

- Proactively reinforces their medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Notes are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

16. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.
17. Estimate the level of outpatient glycemic control, adherence to medication regimen, and social influences that may impact glycemic control

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Gastroenterology

General Info:

Attending: Dr. Yasmin Alishahi Yasmin.alishahi@va.gov

Danette Venegas danette.venegas@va.gov

Goals and Objectives:

Gastroenterology Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of Gastroenterology (GI) conditions at the level expected of a general internist.

Specific learning objectives are listed below under the related competencies.

Patient Care

- Synthesizes all data to generate a prioritized differential diagnosis in evaluation of patients with the following disorders: GI Bleeding, Abdominal Pain, Diarrhea, Constipation, Abnormal Liver Function Tests, Decompensated Liver Disease, Vomiting, Dysphagia and Nutritional Deficiencies.
- Performs and documents an accurate physical exam with the emphasis on a thorough gastroenterologic examination including the assessment of: hemodynamic stability, palpation of the abdomen, detection of abnormal masses or fluid in the abdomen, rectal exam, and pertinent extra intestinal manifestations of gastroenterologic diseases to help guide further evaluation and treatment.

Medical Knowledge

- Appropriately orders and interprets the results of abdominal imaging tests.
- Identifies appropriate indications and contraindications for endoscopic procedures.
- Is able to demonstrate practical knowledge of the diagnosis and management of the following conditions either through discussion or clinical encounters: Inflammatory Bowel Disease, Chronic Constipation, Peptic Ulcer Disease, Celiac Disease, Malabsorption/Complications following obesity related surgery, Cholestasis/PBC/PSC, Colorectal Cancer, Pancreatic Cancer and Non-malignant Pancreatic Conditions, Motility Disorders.

Practice-Based Learning and Improvement

- Proactively reinforces their medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Notes are timely, organized, accurate, and effectively communicate the recommendations from the Gastroenterology team.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

- Identifies clinical situations in which a gastroenterologist should be consulted and differentiates from other clinical conditions which can be managed without a referral.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Hematology/Oncology

General Info:

MD Anderson:

Attending: Dr. Tomslav Dragovich Tomislav.Dragovich@bannerhealth.com

Coordinator: Sarah Mitchell sarah.mitchell@bannerhealth.com

Office: 480-256-4094

VA: Attending:

Dr. Rami Sarid rami.sarid@va.gov and Dr. Joseph Salvatore joseph.salvatore@va.gov

Office: 602-277-5551 x 7713

Goals and Objectives:

Hematology-Oncology Goals and Objectives

Location: Banner MD Anderson and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of conditions in Hematology/Oncology that are appropriate for and at the level expected of a general internist.

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis in evaluating: anemia, neutropenia, thrombocytopenia, polycythemia, leukocytosis, thrombocyt osis, abnormal bleeding, and thrombosis

- Performs and documents accurate physical exam with emphasis on assessment of illness acuity, pallor, lymphadenopathy, organomegaly and palpation of masses that may indicate hematologic or oncologic diseases and help guide further evaluation and treatment.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately orders and interprets the results of hematologic testing including; CBC, peripheral blood smear, SPEP/UPEP, bone marrow biopsy, flow cytometry, PT, PTT, fibrinogen, bleeding time.
- Identify patients who need transfusion of blood products and determine what product is most appropriate based on patient specific factors.
- Appeciates the scope and spectrum of palliative care in the comprehensive management of patients with cancer, including symptom management and discussions about progrnosis.
- Demonstrates practical knowledge of the diagnosis, staging, management & follow up of the following conditions, either through discussion or clinical encounters; breast cancer, prostate cancer, leukemias, lymphomas (non-Hodgkin & Hodgkin lymphoma), lung Cancer (small cell & NSCL cancer), colorectal cancer, ovarian cancer, testicular cancer, multiple myeloma.
- Identifies the complications from common chemotherapeutics and plans for monitoring appropriately.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, including during discussions around prognosis, natural history and the complexity of cancer, along with staff, and other physicians.

Systems-Based Practice

18. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Hospital Medicine

General Info:

Rotation director – Dr. Leigh Anne Goodman, leighanne.goodman@bannerhealth.com, 602-882-5228

You will receive an email from Dr. Goodman prior to the start of the rotation with your schedule and details about the rotation, including contact information for the attendings with whom you will work. Please contact her with questions.

This rotation provides exposure to hospital medicine practice in a large academic medical center. You will work directly with faculty in high yield areas including, but not limited to neuro ICU, orthopaedic comanagement, and Observation medicine. In addition, you will learn about concepts of billing/coding, status determination, and other relevant topics in hospital medicine.

Expect 15-17 shifts per month. During your clinical shifts, you should expect to participate in multidisciplinary rounds, committee and other meetings with your attending. In addition, you will continue to attend continuity clinic, AHD, and grand rounds.

Goals and Objectives:

Hospital Medicine Elective Goals and Objectives

Location: BUMCP
PGY Level: 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of hospitalized patients that is appropriate for and at the level expected of a general hospitalist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam that are appropriately thorough including a detailed description of cardiac murmurs, assessment of volume status, lung examination, neurological exam, etc.
- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately utilizes and interprets the results of CXR, EKG, basic abdominal imaging, ABGs, and body fluid (ascites, CSF, urine and synovial).
- Applies updated medical knowledge to manage inpatient disorders (acute coronary syndrome, stroke, pyelonephritis, perioperative management, GI bleed, pancreatitis, heart failure, AKI, VTE, pneumonia, COPD exacerbations, diverticulitis, SBO, anemia, transfusions, neutropenia, alcohol withdrawal, delirium, pain, MRSA-related infections, cholangitis/cholelithiasis, hyperglycemia, electrolyte disturbances, nutrition, and meningitis).
- Applies knowledge of CMS regulations to appropriately place patients in Observation or Inpatient status depending on clinical picture, medical necessity, and level of intervention.
- Recognizes and appropriately manages situations that require urgent or emergent care.
- Demonstrates understanding of the rationale and risks associated with common procedures and is able to effectively obtain informed consent when appropriate.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.
- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or subspecialty consultation as appropriate

- Appropriately weighs and discusses recommendations from consultants in order to effectively manage patient care.
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

19. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions that may be managed without a referral.
20. Efficiently coordinates activities of all team members to optimize care (attending, pharmacist, CM, SW, PT, etc.).
21. Appropriately coordinates care, ensuring safe transitions within and across delivery systems including proactive communication with past and future caregivers (family, other physicians, consultants, case managers, etc).
22. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including minimizing unnecessary daily labs.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Infectious Disease

General Info:

ID-BU

Attending: Dr. Nelson Nicolasora Nelson.Nicolasora@bannerhealth.com

On the day prior to the start of the rotation, please check the on call schedule and page the attending the day prior. Our schedule is on the intranet, lower left hand -> on call schedules -> ID schedule for the month.

ID-VA

Attending: Justin Seroy Justin.Seroy@va.gov

Address: 650 E Indian School Rd, Phoenix, AZ 85012

Please call the on-call provider the day before starting to find out where to meet. In order to do this the you will need access to EMR; if you don't have access, please reach out to the VA Chief for help.

Goals and Objectives:

Infectious Disease Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of hospitalized patients with infectious diseases that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

<u>Patient Care and Medical Knowledge</u>

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam that are appropriately thorough for the clinical picture, including cardiac, lung and abdominal examination, skin and joint examination, appropriate documentation of invasive lines or other potential sources of infection.
- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately utilizes and interprets the results of:

    - Gram stain, culture and sensitivity data of various body fluids
    - Serology studies
    - Advanced diagnostic lab testing including PCR, ELISA, etc.
- Applies updated knowledge of appropriate antibiotic use to treat:
    - Community acquired pneumonia in various types of hosts
    - Nosocomial infections
    - Bacterial endocarditis
    - Sepsis
    - Diabetic bone and soft tissue infections
    - Simple and complicated urinary tract infections
- Applies updated medical knowledge to diagnose and treat:
    - HIV and complications
    - Tuberculosis
    - Syphilis
    - Meningitis
    - Febrile illness in immunocompromised host
- Recognizes and appropriately manages situations that require urgent or emergent care.
- Demonstrates understanding of the rationale and risks associated with common procedures and is able to effectively obtain informed consent when appropriate.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.
- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate recommendations as a consultant.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or other consultants as appropriate
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

23. Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, micro lab, RN, etc.).
24. Appropriately coordinates care, ensuring safe transitions to other providers.
25. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including serving as a steward of appropriate use of antibiotics.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Nephrology

General Info:

Nephrology Dr. Dahl

Attending: Katharine Dhal kdahl@akdhc.com AZ Kidney Disease and Hypertension Center

Address: 3003 N Central Ave Ste 100, Phoenix, AZ 8512 Office: 602-263-5446

Email Dr. Dahl 2-3 days before the 1st day to get 1st day time and location.

Nephrology Dr. Khurana

Attending: Amandeep Khurana Akhurana@swkidney.com Southwest Kidney Institute Plc

Address: 2610 N 3rd St, Phoenix, AZ 85004 Office: 480-610-6100

Email Dr. Khurana 2-3 days before the 1st day to get 1st day time and location.

Nephrology VA

Attending: Dr. Penelope Baker Penelope.Baker@va.gov

Address: 650 E. Indian School Rd, Phoenix, AZ 85012 Office: 602-277-5551 x 7277

Dept is located on the 4th Fl of the main hospital, follow the signs to the Renal Clinic or the Hemodialysis Unit.

Goals and Objectives:

Nephrology Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of nephrology conditions at the level expected of a general internist

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis in evaluating proteinuria, hematuria, anasarca, hypertension, hypo/hypernatremia, hypo/hyperkalemia and acid base disorders.
- Performs and documents accurate physical exam with emphasis on fundoscopic exam, volume assessment to help guide further evaluation and treatment.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately orders and interprets the results of urinalysis, renal ultrasound, CT scan of the kidneys.
- Demonstrates knowledge of common diagnostic & therapeutic procedures used in nephrology including post void residual, renal biopsy and fistulogram.
- Demonstrates practical knowledge of the diagnosis and management of the following conditions, either through discussion or clinical encounters; interstitial nephritis, nephrogenic diabetes insipidis, resistant hypertension, glomerulonephritis, nephrotic syndrome, acute kidney injury, renal transplant.
- Distinguishes the stages of Chronic Kidney Disease and the appropriate targets and treatments for associated complications including acidosis, anemia, calcium/phosphorus disorders.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, including during discussions around prognosis, natural history and the complexity of cancer, along with staff, and other physicians.

Systems-Based Practice

26. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Palliative Care

General Info:

VA: Dr. Masood Kisana – masood.kisana@va.gov

BUMCP: Dr. Domingo Maynes – domingo.maynes@bannerhealth.com

You will receive an email from the coordinator prior to the start of the rotation with details.

Goals and Objectives:

Palliative Care Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of symptoms related to chronic and terminal illness that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents an accurate physical exam that is appropriately thorough for the clinical picture, focusing on heart, lung and abdominal examination, in order to help inform optimal treatment strategies.
- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.

- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Applies updated medical knowledge to diagnose and manage manifestations and complications of:
  - Neurodegenerative disorders including dementia
  - Cancer
  - Opioid use
  - Advanced heart failure
  - Advanced COPD
  -
- Applies appropriate pain management strategies based on type of pain.
- Demonstrates skill in opioid dosing conversions.
- Describes the difference between palliative care and hospice
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.
- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate recommendations as a consultant.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or other consultants as appropriate
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

27. Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, RN, etc.).
28. Describe federal and Arizona statutes pertaining to advance directive, including the withdrawal of food and fluids
29. Incorporates cost-awareness principles into standard clinical judgments and decision-making.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Pulmonary

General Info:

BUMCP inpatient:

Attending: Dr. Raed Alalawi raed.alalawi@bannerhealth.com

Coordinator: Angela Tat angela.tat@bannerhealth.com Office: 602-839-2792

Please contact her at least a week before start of the rotation to find out who the fellow is for that month. On the day prior to the start of the rotation, please contact the fellow covering the ACCD service.

VA:

Goals and Objectives:

Pulmonology Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of pulmonary conditions at the level expected of a general internist

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis in evaluating dyspnea, cough, hypoxemia, wheezing, excessive daytime sleepiness, respiratory failure.
- Performs and documents accurate physical exam with emphasis on auscultation of wheezing, crackles, breath sound intensity, dullness to percussion, and digital clubbing to help guide further evaluation and treatment.
- Obtains a relevant history including occupational and recreational exposures (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately orders and interprets the results of full pulmonary function tests, spirometry flow volume loops, arterial blood gas, sputum culture, pleural fluid

analysis, chest xray, chest CT (including high resolution), and echocardiogram for pulmonary artery pressures.

- Demonstrates knowledge of common diagnostic & therapeutic procedures used in pulmonology including bronchoscopy, thoracentesis, chest tubes, pleurex catheters.
- Demonstrates practical knowledge of the diagnosis and management of the following conditions, either through discussion or clinical encounters: acute asthma exacerbation, solitary pulmonary nodule, lung tumor, obstructive sleep apnea, diffuse parenchymal lung disease, pleural disease, pulmonary arterial hypertension, acute exacerbation of COPD, pneumothorax, sarcoidosis, pneumonia
- Performs thoracentesis using proper position, identification of landmarks, and sterile technique when applicable.
- Determines the appropriate stage of chronic asthma and COPD based on history, PFTs and identifies the appropriate corresponding therapy.
- Utilize the 5A's framework (ask, advise, assess, assist, arrange) to counsel patients regarding smoking cessation.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

30. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Rheumatology

General Info:

Site director:

BUMCP: Dr. Trent Smith

VA: Dr. Elizabeth Chang

Goals and Objectives:

Rheumatology Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of rheumatologic conditions at the level expected of a general internist

Specific learning objectives are listed below under the related competencies.

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis in evaluating:
  - Joint Pain
  - Joint Swelling
  - Issues affecting mobility
  - Muscle weakness, pain or dysfunction
  - Symptoms that may represent an autoimmune disorder
- Performs and documents accurate physical exam with emphasis on Rheumatologic examination including; assessment of nutrition, mobility, a thorough musculoskeletal exam, and examination looking for pertinent extra-articular manifestations of Rheumatologic diseases to help guide further evaluation and treatment.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately orders and interprets the results of rheumatologic tests.
- Identifies patients who require invasive testing (joint aspiration, wash out, biopsy of tissue) and treatment and determine timing of intervention based on patient specific factors, type of surgery and urgency of surgical procedure.
- Demonstrates practical knowledge of the diagnosis and management of the following conditions, either through discussion or clinical encounters:
  - Regional pain syndromes:
  - Bursitis (hip, shoulder, knee), Tendonitis (shoulder, elbow, wrist), Back Pain, Neck Pain
  - Rheumatoid Arthritis
  - Scleroderma
  - Septic Arthritis
  - Spondyloarthropathies
  - SLE
  - Vasculitis

- Giant Cell Arteritis
- Polyarteritis & hypersensitivity
- Crystal-induced synovitis
- Degenerative Joint Disease
- Fibromyalgia
- Myositis
- Occupational & Overuse Syndromes
- Achilles Tendonitis
- Iliotibial Band Tendonitis
- Epicondylitis
- Plantar Fasciitis
- Rotator Cuff Tendonitis
- Trochanteric Bursitis
- Osteomyelitis
- Osteoporosis
- Polymyalgia Rheumatica

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

31. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Sports Medicine/Concussion

General Info:

Site director:

Steven M Erickson MD, Steven.Erickson@bannerhealth.com, 6026638630

Rotation coordinator name and contact information: Regina Rivera, Regina.Rivera@bannerheatlh.com, 602-521-3269

First-day logistics: Please email or text Dr. Erickson or Regina one business day prior to the start of the rotation to determine meeting location and time

Reading list/pre-work (if any): Attached is a recommended article to read.

Didactic schedule (i.e. weekly Wed afternoon conference, weekly Friday morning team meeting at 9 am):

Goals and Objectives:

Sports Medicine/Physical Medicine and Rehabilitation
Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of patients in the outpatient setting that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam with specific attention to the musculoskeletal exam, including cervical spine, shoulder, elbow, hand/wrist, lumbar spine, hip, knee, foot and ankle.
- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, and PCP.
- Appropriately classifies and differentiates the indications and contraindications of orthopedic sports medicine surgical techniques including:
    - Arthroscopy of the Shoulder (including labral repairs)
    - Open and arthroscopic rotator cuff repairs
    - Ulnar Collateral Ligament Reconstruction of the Elbow
    - Arthroscopy of the Knee (including menisectomy and meniscal repair)
    - ACL reconstruction
    - Articular cartilage surgical interventions
    - Arthroscopy of the Ankle and Lateral ligament reconstruction of the ankle
    - Open Reduction and Internal Fixation of Sports Related Fractures
- Applies updated medical knowledge to diagnose and manage common sports medicine problems, including:
    - Costochondritis
    - Bursitis/tendinosis/tenosynovitis
    - Elbow: “tennis,” “nursemaid,” “little-league”
    - Entrapment syndrome
    - Baker’s cyst
    - Chondromalacia patellae
    - Osgood-Schlatters disease
    - Osteochondroses/aseptic necrosis
    - Osteoarthritis/crystalline-induced arthritis (e.g. gout/pseudo-gout)
    - Metabolic bone disease (osteoporosis, Paget’s disease)
    - Acute and chronic low back pain
    - Foot conditions
        - Halux Valgus (bunions)
        - Plantar Fasciitis
        - Morton’s Neuroma

        - Osteomyelitis
        - Overuse syndromes
        - Shoulder impingement
        - Patellofemoral syndrome
        - Rheumatologic Disorders
- Identifies the indications, contraindications and interpretation of laboratory data related to the care of musculoskeletal complaints (e.g. joint fluid, rheumatologic markers)
- Interprets common musculoskeletal radiographs and MRI
- Recognizes and appropriately manages situations that require urgent or emergent care:
    - Acute Compartment Syndrome
    - Hip Dislocation
    - Knee Dislocation
    - Pelvis Fracture
    - Cervical Spine Fracture
    - Cord Injury
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate recommendations as a consultant.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or other consultants as appropriate
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

- Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, physical therapist, etc.).
- Appropriately coordinates care, ensuring safe transitions to other providers.
- Incorporates cost-awareness principles into standard clinical judgments and decision-making that does not compromise quality of care.

- Recognizes the role of the physician in the health care community and in society.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Women's Health

General Info:

Site director name and contact information:

Contact Dr. Michelle Huddleston for coordination

of schedule

This rotation is by approval only

Goals and Objectives:

Women's Health Elective Goals and Objectives

Location: BUMCP

PGY Level: 1, 2, 3

Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of patients in the outpatient setting that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam that are appropriately thorough for the clinical picture, including thyroid, breast, pelvic examination, etc.
- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients with special appreciation for the highly personal and sensitive areas involving human sexuality. Resident quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately utilizes and interprets the results of:
  - Pregnancy tests
  - Vaginal secretions
  - Pelvic ultrasound
  - Wet mount
  - Pap tests
  - Mammogram
- Applies updated medical knowledge to diagnose and manage common outpatient gynecologic conditions including, but not limited to:
  - Menstrual abnormalities

- Pregnancy and its medical complications
  - Family planning
  - Sexual health
  - Menopause
  - Urinary incontinence
  - Gynecologic/breast cancer screening and diagnostic testing
  - Common gynecologic disorders
    - Sexually transmitted infections, other vaginal infections and inflammatory states, dyspareunia, ovarian cysts, endometritis,
  - Disorders of the breast
    - Breast mass evaluation, galactorrhea, mastitis,
- Recognizes and appropriately manages situations that require urgent or emergent care.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate recommendations as a consultant.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or other consultants as appropriate
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

- Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, SW, dietician, etc.).
- Appropriately coordinates care, ensuring safe transitions to other providers.
- Incorporates cost-awareness principles into standard clinical judgments and decision-making that does not compromise quality of care.
- Recognizes the role of the physician in the health care community and in society.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Non-IM subspecialty

Allergy/Immunology

General Info:

Attending: Dr. Duane Wong

Coordinator: Deb Telles deb_t@azallergy.com and Tricia Henry Patricia_h@azallergy.com

Address: 705 S. Dobson Rd #1, Chandler, AZ 85224 Office: 480-897-6992

Please contact the coordinators via email or telephone one week prior to the start of the rotation for details about location and start time.

Goals and Objectives:

Allergy and Immunology Goals and Objectives

Location: Private Medical Practice
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of patients with disorders of the immune system in the outpatient setting that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2

year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam that are appropriately thorough for the clinical picture, including skin exam, lymph node exam, and spleen size and consistency, in addition to physical findings related to immune-based rheumatologic and endocrinologic disorders.
- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) using secondary sources if necessary such as family, electronic chart, pharmacies, PCP and other referring facilities.
- Appropriately utilizes and interprets the results of:
    - Allergy skin testing
    - Immunoglobulin testing
    - Tests for neutrophil and macrophage function
    - Complement testing
- Applies updated medical knowledge to diagnose and manage common allergic/immunologic disorders: AIDS, asthma, atopic eczema, HLH, hypersensitivity, contact dermatitis, pneumonitis, allergic drug reactions, good and gastrointestinal allergy, allergic and non-allergic rhinitis, immune complex disorders, urticaria and angioedema.
- Describes appropriate use of antihistamines, leukotriene antagonists, anti-inflammatory agents, immunotherapy, immunoglobulins, plasmapheresis, biologic therapies
- Recognizes and appropriately manages situations that require urgent or emergent care.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.

- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate recommendations as a consultant.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or other consultants as appropriate
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

32. Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, etc.).
33. Appropriately coordinates care, ensuring safe transitions to other providers.
34. Incorporates cost-awareness principles into standard clinical judgments and decision-making that does not compromise quality of care.
35. Recognizes the role of the physician in the health care community and in society.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Anesthesia

General Info:

Anesthesia

Goals and Objectives:

Anesthesia Goals and Objectives

Location: BUMCP
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of conditions in anesthesia that are appropriate for and at the level expected of a general internist.

By the end of the month, residents will demonstrate competence in the following anesthesia specific learning objectives (organized by ACGME core competency):

Patient Care and Medical Knowledge

- Is able to demonstrate practical knowledge of the characteristics, rationale and use of the following anesthetic agents, either through discussion or clinical encounters; Inhaled anesthetics, Intravenous anesthetics. Neuromuscular drugs, Neuromuscular Reversal drugs
- Obtains relevant information (including medication list) from the patient and secondary sources when necessary (family, electronic chart, referring physicians, pharmacies)
- Appropriately orders and interprets the results of arterial blood gas
- Employs appropriate planning of how to manage the airway of patients undergoing surgery
- Demonstrates the ability to use anesthetic monitoring equipment including: EKG, pulse oximetry, capnography (end-tidal CO_2), blood pressure, body temperature
- Understands the Difficult Airway Algorithm and how to implement it
- Performs procedures using proper position, identification of landmarks, and sterile technique when applicable. (Note: all procedures listed below should also be logged separately into the Anesthesiology Rotation Competency Check-list by the resident and signed off by the supervising provider or their designee).
    - Bag Mask Ventilation (5)
    - Oral Airway Insertion (5)
    - Perform Intubation (4 ETT & 4 LMA)
    - IV Catheter Placement (4)
- Demonstrates practical knowledge of opioid pain medications, including dosage, characteristics, onset and duration

Practice-Based Learning and Improvement

- Proactively reinforces their medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.

Interprofessional Communication Skills

- Notes are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

36. Efficiently coordinates activities of all team members in the peri-operative environment to optimize care (nurses, peers, other consultants as needed, etc).

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.

Away Rotation

General Info:

Please provide a minimum of 3 months' notice to set up a PLA.

1. The resident will fill out the Universal Rotation Application. H:\PLA\.Banner Universal Application.pdf
2. The coordinator will follow up with the site and make sure to have and approval for the rotation dates.
3. The coordinator will oversee the PLA process with the Academic Affairs Dept.
4. Residents are limited to one away rotation during the course of their three-year training program. These rotations should occur in the end of the PGY2 year or the PGY3 year and are subject to approval by GME and the AMC.

Dermatology

General Info:

Private Practice Offices:

Medical Dermatology Specialists

Dermatology Elective: Medical

General/Medical Dermatology

Mohs Surgery

Lindsay S. Ackerman, MD, FAAD

(602.481.7593)

Nathalie Zeitouni, MDCM

Margaret A. Kessler, MD, FAAD

(480.297.5531)

Christina Harview, MD

(804.869.7767)

Coordinator: Tracey Brown tdbrown@usdermpartners.com

Address: 1331 N 7th Ste #250, Phoenix, AZ 85006 Office: 602-354-5770 x 0

Arrive at 8 am to Medical Dermatology Specialists 1331 N 7th Street #250,Phx, AZ 85006

with your white Banner coat and badge.

Please check in at the front desk and ask for Tracey or Maria who will show your around the office to get acclimated before the physician's arrival (usually 8:15 am)

Welcome to our Dermatology Elective! We are eager to have you participate with us and want to make the rotation as effective as possible. Below you will find some basic guidance on logistics and expectations. We are located at 1331 N. 7th Street, Suite #250, Phoenix, 85006 We are in the Papago Medical Park (on the corner of 7th Street and Willetta), 2nd floor. Basic items of which to be aware: 1. Our rotation will begin at 8a.m., M-F 2. There will be a syllabus of helpful supplementary reading for you during your rotation. 3. We encourage you to access your MKSAP Dermatology section for both subject information and questions while on our rotation, so that we may answer questions that need further explanation. 4. Hospital consults will be done during the rotation, at BUMCP. For consultations, you will be able to assess the patient on your own, at whatever pace you see fit to do so. We will send you to the hospital upon learning of a consult request, and ask that you document your findings, and present to us (either back in the office, or after hours if we simply meet you at BUMCP after clinic). Please note that these consults will remain 'active', until we sign off. Therefore, we expect follow-up on our patients at least daily for general progress, tests results, communication with the primary team or consultants, etc. 5. We have a break room w/ refrigerator, microwave, toaster, etc. - so feel free to bring lunch if you'd prefer to do so. 6. Please feel free to wear scrubs with a visible name badge. 7. If lost, or if you need to reach our office, feel free to use our back-office line (not to be distributed to patients): 602-535-5693. Thank you. We look forward to having you.

Lindsay S. Ackerman, MD, FAAD

Office of Dr. Bernert

Attending: Dr. Richard Bernert

Coordinator: Jo Ellis Jellis@auroradx.com

Office: 480-275-2794 x 100

1255 W Washington St, Tempe, AZ 85281 Office: 480-275-2494

You will receive an email from the coordinator prior to the rotation via email with the all the details of the schedule. Please reach out to her if you have not received this information within 2 days of the start of the rotation.

Phoenix VA Healthcare Dermatology

Attending: Dr. Christopher Reardon christopher.reardon@va.gov

650 E. Indian School Rd, Phoenix, AZ 85012 Office: 602-277-5551 x 7482

Goals and Objectives:

Dermatology Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of patients with a variety of dermatologic disorders that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Synthesizes all data to generate a prioritized differential diagnosis and problem list.
- Performs and documents accurate physical exam that are appropriately thorough for the clinical picture, including skin and other findings suggestive of systemic disease.

- Consistently develops appropriate care plans and modifies them based on patient's clinical course, additional data, patient preferences, and patient-specific barriers.
- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Obtains a relevant history (including medication list) with particular attention to characteristics of skin findings, duration of symptoms, sensory symptoms, family and exposure history, and a full history of past therapeutic trials.
- Describes skin lesions utilizing systematic terminology that reflect understanding of the significant of the various principal types: macules, papules, plaques, nodules, bullae, wheals, cysts, atrophy, purpura, and petechiae.
- Appropriately utilizes and interprets the results of:
    - Woods lamp exam
    - KOH preparation
    - Fungal cultures
    - Punch and slice biopsy
    - Skin scrapings
    - ANA
- Applies updated knowledge of appropriate use of:
    - Topical steroids
    - Dressings
    - Antihistamines
    - Sunscreens
    - Retinoids
    - Moisturizers
    - Antimicrobials
    - Topical antifungals
    - Antipruritics
- Applies updated medical knowledge to diagnose and treat:
    - HIV and complications
    - Tuberculosis
    - Syphilis
    - Meningitis
    - Febrile illness in immunocompromised host
- Recognizes and appropriately manages situations that require urgent or emergent care.
- Demonstrates understanding of the rationale and risks associated with common procedures and is able to effectively obtain informed consent when appropriate.
- Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner.

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.

- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Prepares notes that are timely, organized, accurate, comprehensive, and effectively communicate recommendations as a consultant.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Seeks additional and timely guidance from senior team members and/or other consultants as appropriate
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

37. Efficiently coordinates activities of all team members to optimize care (attending, student, pharmacist, micro lab, RN, etc.).
38. Appropriately coordinates care, ensuring safe transitions to other providers.
39. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including serving as a steward of appropriate use of antibiotics.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Resources:

1. https://www.aad.org/education/basic-derm-curriculum
2. https://www.visualdx.com/learnderm/
3. https://www.skinsight.com/professionals/rash-rashes-and-the-art-of-skin-diagnosis

Radiology

General Info:

Attending: Dr. Elizabeth Westfall Elizabeth.westfall@bannerhealth.com Office: 602-839-4601

Coordinator: Lina Marin lina.marin@bannerhealth.com Office: 602-839-3729

Coordinator will email you with details of when and where to meet on the 1st day.

Goals and Objectives:

Radiology Goals and Objectives

Location: BUMCP
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the radiologic diagnosis and management of patients that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual. In general by the PGY2 year, residents are expected to be competent to complete the following with indirect supervision with direct available.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Patient Care and Medical Knowledge

- Demonstrates empathy, compassion, and respect to patients and caregivers from all disciplines in all situations and quickly establishes a therapeutic relationship with patients and caregivers.
- Analyzes and describes abnormalities of:
  - Bones, soft tissue densities, mediastinum, heart, pleura, and lungs on a chest radiograph
  - Fat and muscle planes, lung bases, extra abdominal soft tissues, skeletal structures, solid organs, and gas patterns on the plain film of the abdomen
  - Soft tissues, bone shape and size, and bone surfaces on skeletal radiographs
- Develops a differential diagnosis for the above abnormalities
- Understands the indications, risks and relative costs of the following radiographic studies:
  - Plain films/ultrasound/CT/MRI of head, chest, abdomen and pelvis
  - Invasive/neurologic procedures such as angiography

- Mammography and mammographic localization provedures

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by reading independently.
- Translates medical information needs into well-formed clinical questions independently and utilizes literature searches and point of care resources with sophistication to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Seeks additional and timely guidance from senior team members and/or other consultants as appropriate
- Able to maintain a therapeutic relationship during conflict and stressful situations including diffusing conflict or disagreements.

Systems-Based Practice

40. Efficiently coordinates activities of all team members to optimize care (attending, student, procedure RN, etc.).
41. Incorporates cost-awareness principles into standard clinical judgments and decision-making that does not compromise quality of care.

Professionalism:

- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for patient care.
- Provides the opportunity and support to junior team members to participate in patient care specific to their level of training and observed skills.

Research Level 1

General Info:

This rotation is by approval only

Contact: Dr. Melisa Celaya, Dr. Pooja Rangan

Email: melisac@arizona.edu

Pooja.randan@bannerhealth.com

office Phone #:602-839-0429

- Complete the application for the research rotation: IM Resident Research Rotation Application
- In order to do research as a UACOM P resident, you must have completed required CITI training on research ethics and protection of human subjects within the last 4 years.
    - The link to CITI is: https://about.citiprogram.org/en/homepage/
    - If you have prior CITI training and a login, you should choose the option to affiliate with another institution (UA, not UACOMP). If you are new to CITI, create an account and then affiliate with UA.
- In specific cases, you will be alerted to complete additional required modules.

- You need to provide an updated **CV**, please prepare yours in advance.
- You will be assigned a week of back-up/sick call during your research month.
- If you are planning to do research outside of the Valley (AZ) you will still need to fill this application, and have it approved by Dr. Randan before we can approve your research month.

Goals and Objectives:

Research Elective Goals and Objectives

Location: Various
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the foundations of research that is appropriate for and at the level expected of a general internist.

Supervision: Supervision in the setting of graduate medical education ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of research in medicine; and establishes a foundation for continued professional growth.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members via direct observation and the clinical competency committee. The details of the required level of supervision are listed in the UA COMP IM program supervision policy section of the housestaff manual.

Objectives: By the end of the month, residents will demonstrate progressive competence in the following inpatient medicine specific learning objectives (organized by ACGME core competency).

Medical Knowledge

- Appreciates the role of research in clinical medicine
- Demonstrates results of a literature review related to a research topic
- Creates a clear research question in PICO format, that is feasible and attainable
- Disseminates results of the study through poster, oral presentation, or written manuscript
- Research Ethics and Compliance
- Conceptualizes Research Idea & Question
- Completes Study Design and writes protocol
- Submits IRB application
- Applies research to clinical practice and interprets results

- Connects with Program Director in relevant subspecialty (if applicable)
- Plans for next year and Research II (if applicable)

Practice-Based Learning and Improvement

- Proactively reinforces medical knowledge by teaching when applicable (including rounds, morning report, and elsewhere) and reading independently.
- Creates well-formed research questions independently and utilizes literature searches and study design to attempt to answer it.
- Uses feedback to improve.

Interprofessional Communication Skills

- Seeks additional and timely guidance from senior team members as appropriate
- Effectively diffuses conflict or disagreements.

Systems-Based Practice

- Completes CITI training and IRB-related documents

Professionalism:

- Collects and analyzes data with integrity, upholding the highest ethical standards
- Demonstrates empathy, compassion, and respect to patients or other research subjects.
- Present when expected; demonstrates a strong work ethic, is helpful, demonstrates a positive attitude and assumes active responsibility for the research project.
-

Research II Clinical

This rotation is by approval only

Prerequisites:

o Fully completed protocol

o IRB application submitted and approved

Data Collection and Analysis

Writing of Results and Manuscript

Research III Clinical

This rotation is by approval only

Successful completion of Research II Clinical

Extension of Research II Clinical

Research II Basic

This rotation is by approval only

Prerequisites

o Completed Research I or Appropriate Substitute

o Meet with Lab Director

o Completes prework (prereading, familiarizing with lab)

Works in lab 5 days of week to complete experiment

Research III Basic

This rotation is by approval only

Successful completion of Research II Basic

Extension of Research II Basic

Toxicology

General Info:

Attending: Dr. Jerry Snow Jerry.Snow@bannerhealth.com Office: 602-839-6690

Coordinator: Teri Glidewell Teri.Glidewell@bannerhealth.com

You will receive an email from the coordinator with schedule details prior to the start of the rotation.

Goals and Objectives:

Toxicology Goals and Objectives

Location: BUMCP and Phoenix VA Medical Center
PGY Level: 1, 2, 3
Duration: 4 weeks

Overall Goal: For residents to demonstrate competence in the evaluation and management of a variety of toxicologic conditions at the level expected of a general internist.

Patient Care and Medical Knowledge

Objectives:

- Synthesize all data to generate a prioritized differential diagnosis in evaluating:
  - Potential poisoning or overdose
  - Altered Mental Status
  - Hyperthermia
  - Acidosis
- Perform and communicate an accurate physical exam with emphasis on findings that indicate etiology of a toxidrome (anticholinergic, stimulants, opioids, etc.) and envenomation to help guide further evaluation and treatment.
- Interpret laboratory data to evaluate the possible ingestion of salicylates and toxic alcohols.
- Demonstrate practical knowledge of the diagnosis and management of the following conditions, either through discussion or clinical encounters:
  - Salicylate toxicity
  - Tricyclic antidepressant overdose
  - Calcium Channel Blocker overdose

- Digitalis toxicity
- Beta Blocker overdose
- Envenomations with snakes, scorpions and spider bites

- Carbon monoxide toxicity
- Tylenol toxicity (including use of the Rumack-Matthew nomagram)

- Distinguish the various toxidromes Including anticholinergic, opioid, sedative/hypnotic, sympathomimetic, withdrawal syndromes and serotonin syndrome in their clinical presentation and treatment.
- Identify medications known to precipitate delirium and prescribe appropriate medications and dosing regimens for patients with delirium.

Practice-Based Learning and Improvement

Objectives:

- Proactively reinforces medical knowledge by teaching when applicable and reading independently.
- Uses feedback to improve.
- Demonstrate evidence of having completed assigned readings by responding to questions during lectures and rounds.
- Complete two outlines that reflects in depth knowledge of their chosen topic including the use of primary literature.

Interprofessional Communication Skills

Objectives:

- Notes are timely, organized, accurate, comprehensive, and effectively communicate the recommendations from the consulting service.
- Delivers concise, accurate, and appropriately thorough verbal presentations.
- Communicates effectively with patients, staff, and other physicians.

Systems-Based Practice

Objectives:

42. Identifies clinical situations in which a subspecialist should be consulted and differentiates from other clinical conditions which may be managed without a referral.

Professionalism:

Objectives:

- Demonstrates a positive attitude and assumes active responsibility for patient care.
- Demonstrate engagement and interest during lectures and rounds by not looking at their phone or texting during rounds or didactic sessions
- Demonstrate honesty and accountability including answering pages promptly, arriving on time for rounds, completing the assigned Poison Center Shadowing experience (including listening in on calls), completes the required number of calls and arriving within 30 minutes when called on call.