

## 2009 / 2010 Resident Scope of Practice Manual

Any verification of a resident performing a procedure not listed in this manual should be brought to the attention of the nursing supervisor who can verify competencies by contacting the Attending Physician.

For questions concerning this manual, contact Jo-Ellyn Pilarski in the Graduate Medical Education Office at 651-254-3725 or [joellyn.l.pilarski@healthpartners.com](mailto:joellyn.l.pilarski@healthpartners.com)

## 2009 / 2010 RESIDENT SCOPE OF PRACTICE INDEX

---

### **IME SPONSORED RESIDENCY PROGRAMS @ REGIONS HOSPITAL**

(click on links below for more information)

[Emergency Medicine Residency Program](#)

[Foot and Ankle Surgery Residency Program](#)

[Medical Toxicology Fellowship Program](#)

[Occupational Medicine Residency Program](#)

### **REGIONS / HENNEPIN COUNTY MEDICAL CENTER PROGRAM**

(click on link below for more information)

[Psychiatry Residency Program](#)

### **UNIVERSITY OF MINNESOTA AFFILIATED PROGRAMS**

(click on links below for more information)

[Anesthesiology Residency Program](#)

[Internal Medicine Residency Program](#)

[Neurology Residency Program](#)

[Obstetrics and Gynecology Residency Program](#)

[Ophthalmology Residency Program](#)

[Orthopedic Surgery Residency Program](#)

[Otolaryngology Residency Program](#)

[Plastic Surgery Residency Program](#)

[Surgery Residency Program](#)

# EMERGENCY MEDICINE ROTATION - PGY1

**Educational objectives:** Develop competency to practice in any emergency department environment. This is accomplished by graduated responsibility and is done under the supervision of attending staff.

**Description of clinical experiences:** All patients in the ED are triaged into a resuscitation area, acute area, or intermediate acute area. The ultimate patient care responsibility is the staff physician's. Residents have the opportunity to see all types of patients. They are supervised by attending staff and have graduated responsibility. Critically ill patients are assigned two codes depending on severity. A code blue needs a team physician response to a critical patient such as during a cardiac arrest. A code red needs an immediate individual physician response. Examples would include acute pain syndromes, acute dyspnea, and acute CVA.

## PGY-1:

The resident sees acute, stable patients with non-life threatening problems under supervision by faculty or Senior (PGY-3) resident. The resident's primary responsibility in the department is to gain facility with patient care and procedures under senior resident and faculty supervision. During the first few months in the Emergency Center, the resident is designated to evaluate both patients with acute stable or quasi-stable medical problems with potential life threats (Code Reds). The residents are supervised by the faculty or senior residents. When the resident has achieved a level of procedural competency with these cases, then during the last 1-2 months in the department the resident may assume the role of the PGY-2 resident. The PGY-1 resident has no assigned supervisory responsibility.

Description of unsupervised clinical activities/procedures *per PGY level* resident can perform while on this service, for residents training in this specialty and residents training in another specialty currently rotating on this service:

	Emergency Medicine Residents	Non Emergency Medicine Residents
PGY1	All ED procedures are with supervision	All ED procedures are with supervision
PGY2	All ED procedures are with supervision	All ED procedures are with supervision
PGY3	All ED procedures are with supervision	All ED procedures are with supervision
PGY4	All ED procedures are with supervision	All ED procedures are with supervision

**Evaluation process:** Residents receive written evaluations after completing rotations to the ED. They are evaluated on their knowledge base, facility to perform procedural skills as appropriate for their level of training and professional attitudes. Residents are responsible for keeping track of all procedures performed.

These logbooks are reviewed at least twice a year by the Program Director. Annual oral examinations, the national in-service examination, and case presentations at conference are also used to evaluate residents.

**Feedback mechanisms:** Immediate feedback is provided by the faculty on duty in the Emergency department. Such feedback is considered most important in the resident's education. Several times during the year residents meet with their preceptors. In addition, the Program Director meets with each resident twice each year to review the department's evaluation of the resident.

## EMERGENCY MEDICINE ROTATION - PGY2

**Educational objectives:** Develop competency to practice in any emergency department environment. This is accomplished by graduated responsibility and is done under the supervision of attending staff.

**Description of clinical experiences:** All patients in the ED are triaged into a resuscitation area, acute area, or intermediate acute area. The ultimate patient care responsibility is the staff physician's. Residents have the opportunity to see all types of patients. They are supervised by attending staff and have graduated responsibility. Critically ill patients are assigned two codes depending on severity. A code blue needs a team physician response to a critical patient such as during a cardiac arrest. A code red needs an immediate individual physician response. Examples would include acute pain syndromes, acute dyspnea, and acute CVA.

### PGY-2:

The resident is responsible for acute, non-arrested patients with borderline hemodynamic or airway stability cases under the supervision of the faculty and senior resident. When both PGY-2 and PGY-3 residents are on duty, the decision on whether the PGY-2 or PGY-3 resident takes the Code Blue (acute unstable or arrested patients with life threatening problems) is one that is made by the PGY-3 resident and faculty. If the problem is one that the PGY-3 has had sufficient experience, then the PGY-2 resident should be assigned as the resuscitation leader under supervision by faculty. During the last month in the Emergency Center, the PGY-2 resident may assume the role of the PGY-3 resident.

Description of unsupervised clinical activities/procedures *per PGY level* resident can perform while on this service, for residents training in this specialty and residents training in another specialty currently rotating on this service:

	Emergency Medicine Residents	Non Emergency Medicine Residents
PGY1	All ED procedures are with supervision	All ED procedures are with supervision
PGY2	All ED procedures are with supervision	All ED procedures are with supervision
PGY3	All ED procedures are with supervision	All ED procedures are with supervision
PGY4	All ED procedures are with supervision	All ED procedures are with supervision

**Evaluation process:** Residents receive written evaluations after completing rotations to the ED. They are evaluated on their knowledge base, facility to perform procedural skills as appropriate for their level of training and professional attitudes. Residents are responsible for keeping track of all procedures performed. These logbooks are reviewed at least twice a year by the Program Director. Annual oral examinations, the national in-service examination, and case presentations at conference are also used to evaluate residents.

**Feedback mechanisms:** Immediate feedback is provided by the faculty on duty in the Emergency department. Such feedback is considered most important in the resident's education. Several times during the year residents meet with their preceptors. In addition, the Program Director meets with each resident twice each year to review the department's evaluation of the resident.

## EMERGENCY MEDICINE ROTATION - PGY3

**Educational objectives:** Develop competency to practice in any emergency department environment. This is accomplished by graduated responsibility and is done under the supervision of attending staff.

**Description of clinical experiences:** All patients in the ED are triaged into a resuscitation area, acute area, or intermediate acute area. The ultimate patient care responsibility is the staff physician's. Residents have the opportunity to see all types of patients. They are supervised by attending staff and have graduated responsibility. Critically ill patients are assigned two codes depending on severity. A code blue needs a team physician response to a critical patient such as during a cardiac arrest. A code red needs an immediate individual physician response. Examples would include acute pain syndromes, acute dyspnea, and acute CVA.

**PGY-3:**

The resident is in charge of the clinical, supervisory, EMS and administrative activities in the Emergency Center. Some of these responsibilities may be delegated, but the accountability remains with the PGY-3 resident. The PGY-3 resident has the option of taking critical cases that they have had insufficient experience to manage. The PGY-3 resident will have patient care responsibilities but these will be a second priority to patient flow, supervision of students and housestaff, administrative problems, patient transfer calls and EMS base station demands.

Description of unsupervised clinical activities/procedures *per PGY level* resident can perform while on this service, for residents training in this specialty and residents training in another specialty currently rotating on this service:

	Emergency Medicine Residents	Non Emergency Medicine Residents
PGY1	All ED procedures are with supervision	All ED procedures are with supervision
PGY2	All ED procedures are with supervision	All ED procedures are with supervision
PGY3	All ED procedures are with supervision	All ED procedures are with supervision
PGY4	All ED procedures are with supervision	All ED procedures are with supervision

**Evaluation process:** Residents receive written evaluations after completing rotations to the ED. They are evaluated on their knowledge base, facility to perform procedural skills as appropriate for their level of training and professional attitudes. Residents are responsible for keeping track of all procedures performed. These logbooks are reviewed at least twice a year by the Program Director. Annual oral examinations, the national in-service examination, and case presentations at conference are also used to evaluate residents.

**Feedback mechanisms:** Immediate feedback is provided by the faculty on duty in the Emergency department. Such feedback is considered most important in the resident's education. Several times during the year residents meet with their preceptors. In addition, the Program Director meets with each resident twice each year to review the department's evaluation of the resident.

## Foot and Ankle Surgery/Podiatric Residency Program

Educational objectives: Develop competency to practice a full scope of Foot & Ankel Surgery medicine and surgery. This is accomplished by graduated responsibility. It is done under the supervision of attending staff.

**Description of clinical experiences:** Foot & Ankel Surgery residents do not have unsupervised patient exposure. Patient clinical activity and operating room procedures are supervised by the Foot & Ankel Surgery or attending staff from outside services. Consultations in hospital ward procedures are overseen by Foot & Ankel Surgery staff. Minor bedside procedures might be completed unsupervised by residents in all PGY levels. Procedures include nail debridement, nail removal, incision and drainage of abscess, debridement of callus, debridement of foot and lower leg wounds, debridement of bone and necrotic tissue, reduction of fracture or dislocation and repair of laceration. Foot & Ankel Surgery staff will supervise all billed procedures.

**Evaluation process of residents:** Residents will receive a written evaluation on a quarterly basis. Residents are evaluated on their knowledge base, ability in performing procedures, procedural skills and their ability in communication with patients, family and other medical personnel. Residents are required to keep a log of all procedures performed. Residents will be asked to evaluate their rotation, training staff and give appropriate feedback.

**Feedback mechanisms:** Evaluations are signed by the resident upon completion of their rotation and quarterly for ongoing Foot & Ankel Surgery rotations. In addition, the program director meets with residents individually and as a group to obtain input and provide feedback. Residents evaluate training staff and curriculum.

TJB/ljd

# Medical Toxicology Fellowship

January 22, 2009

Attn: Carl Patow M.D., MPH

Institute for Medical Education  
Regions Hospital  
640 Jackson Street  
St. Paul, MN 55101

## **Re: Fellows Scope of Practice – Toxicology Department**

Medical Toxicology is a medical subspecialty focusing on the diagnosis, management and prevention of poisoning and other adverse health effects due to medications, occupational and environmental toxins, and biological agents. Medical Toxicology is officially recognized as a medical subspecialty by the American Board of Medical Specialties. Several examples of medical problems evaluated by Medical Toxicologists include:

- Unintentional and Intentional Drug Overdose: including therapeutic drugs (e.g. tricyclic antidepressants, calcium antagonists); drugs of abuse (e.g. cocaine, amphetamines, opioids); over-the-counter medicines (e.g. aspirin, acetaminophen); and vitamins (e.g. iron supplements; vitamin A).
- Hazardous Exposure to Chemical Products: such as pesticides; heavy metals (e.g. lead, arsenic, mercury); household products (e.g. cleaning agents); toxic gases (e.g. carbon monoxide, hydrogen sulfide, hydrogen cyanide); toxic alcohols (e.g. methanol, ethylene glycol); and other industrial and environmental agents.
- Drug abuse management, including in-patient care for acute withdrawal from addictive drugs, and outpatient Medical Review Officer services for industry and organization.
- Envenomations, such as snake bites, spider bites, scorpion stings.
- Ingestion of Food-Borne Toxins: such as botulism; marine toxins (e.g. paralytic shellfish toxin; ciguatoxin).
- Ingestion of Toxic Plants and Mushrooms.
- Independent Medical Examinations, assessing injury or disability resulting from toxic exposures.

Fellows may enter Toxicology Fellowship by having completed a variety of ACGME approved residencies. These residencies may include; Internal Medicine, Pediatrics, Family Medicine and Emergency Medicine among others. Although the fellow's training in this fellowship may have a very different background and experience but the standard of care is that an attending is present for the initiation and key portion of all procedures.

Such procedures encountered during their training may include; Arterial puncture and line insertion, EKG interpretation, Lumbar puncture, Central venous line insertion, Endotracheal intubation,

Chest Tube Insertion, Ventilator Management, Swan Ganz insertion. Other skills may be needed and will be addressed emergently at the discretion of the supervising attending doctor. Their participation in these skills is based on previous experience, the supervising attending's assessment of the skill level of the fellows and their progress during the two-year fellowship. No fellow is allowed to perform a procedure unless they are competent to do so.

Each fellow receives written evaluation after completing each rotation. Fellows are specifically evaluated on their knowledge base and communication skills with patients and their families and other medical personnel.

Andrew Topliff, M.D.  
Fellowship Director, Medical Toxicology Fellowship  
Regions Hospital/ HealthPartners

## Occupational and Environmental Medicine

January 22, 2009

Institute for Medical Education  
Regions Hospital  
640 Jackson Street  
St. Paul, MN 55101

**Re: Resident Scope of Practice – Department of Occupational and Environmental Medicine (OEM)**

A detailed description of resident activities is contained in the HealthPartners OEM Residency Manual. OEM residents perform a small number of procedures during their rotations in the outpatient clinics such as laceration repair, joint injection, casting, splinting, and incision or drainage. The OEM residency consists of two years of training, integrating an academic experience culminating in the completion of an MPH and industrial and outpatient clinical experience throughout this two year period. Our goal during each postgraduate year is to develop resident competence to perform procedures consistent with their level of training. This does not mean that residents are performing major procedures independently. The standard of care in the OEM training program at HealthPartners is for attending physician presence during the key portion and at the initiation of all procedures involving residents.

OEM residents do not spend any appreciable time doing surgery or inpatient procedures unless they elect to complete an elective in a field such as Orthopedics, ENT, Dermatology, Emergency Medicine or Hand Surgery. If an OEM chooses such an elective involving surgery or inpatient procedures, they would be supervised by senior residents or staff physicians as appropriate.

OEM residents could potentially perform multiple procedures during these elective clinical rotations such as central line placement, drawing arterial blood gases, lumbar punctures, paracentesis and thoracentesis. Residents and interns are allowed to perform procedures unsupervised only if competent to do so. Competency is not based on level or year of training but rather experience in a physician. No resident is allowed to perform a procedure unless he or she is competent to do so. Residents must ask for assistance and supervision from an attending physician 24 hours a day.

Each resident receives a written evaluation after completing a rotation on the OEM rotations at HealthPartners. Residents are specifically evaluated on their knowledge base and skill in communication with patients, family and other medical personnel.

Fozia Abrar, MD, MPH  
Interim Program Director  
Occupational Medicine Residency Program  
Regions Hospital/HealthPartners

**Approved by: Dr. Fozia Abrar**  
**Updated: 01/22/09**

## Rotation: Anesthesiology

1. **Educational Objectives:** To gain experience and knowledge of the pathophysiology of traumatic injuries. To learn the basic principles of resuscitation and anesthetic management of the trauma patient. To gain experience in the pathophysiology and anesthetic care of the burned patient.
2. **Description of clinical experiences:** Anesthesia residents work under the direct supervision of a TCAA Attending Anesthesiologist or Regions Hospital SICU Attending Physician. They will gain experience in the evaluation and management of trauma and burn patients. They will also further their practice in the placement of invasive monitors and advanced airway management. TCAA Anesthesiology or SICU Attendings will provide tutelage in the general and specific nuances related to the care of trauma and burn patients at Regions Hospital.
3. **Description of unsupervised clinical activities/procedures *per PGY level* resident can perform while on this service:** None. Anesthesiology residents are always under the supervision of an Attending Anesthesiologist or Surgical Intensivist.
4. **Evaluation process:** Residents will receive a written evaluation after completing the Anesthesiology rotation. Residents are evaluated on their knowledge base, facility in performing procedures, procedural skills, and their facility in communication with patients, family, and other medical personnel.
5. **Feedback mechanisms:** Feedback is provided via the University of Minnesota Anesthesiology Department.

## Internal Medicine Inpatient Rotations

<u>Contacts</u>	<u>Phone</u>	<u>E-mail address</u>
Kelly Frisch, MD, (rotation director)	(651)-254-3486	Kelly.K.Frisch@HealthPartners.com
Chief Residents	(651)-254-1886	
Karen Lee	(651) 254-1886	Karen.O.Lee@HealthPartners.com
Fax#	(651) 254-3662	

### General Internal Medicine Wards

Rotation Director: Kelly Frisch, M.D.

#### **Educational Objectives:**

The goals of the general medicine inpatient rotations include learning how to manage adult patients with a variety of medical illnesses, learning how to work as part of a care delivery team and learning common medical procedures, all under the supervision of an attending physician.

#### **Description of Clinical Experiences:**

The inpatient medicine services at Regions expose residents to a wide variety of medical problems on general ward services. Particular strengths include our diverse patient population and our status as a major referral center for eastern Minnesota and western Wisconsin. The inpatient care on the wards is supervised by a general medicine attending. Patients are admitted through the Emergency Department, clinics, transfers from outside hospitals and from nursing homes.

Daily formal work rounds and teaching rounds are conducted to discuss detailed management of the patients.

The Faculty physician is responsible for overseeing care of all patients on this rotation.

#### **Procedures**

Procedures including central line placement, arterial blood gases, lumbar punctures, paracentesis, and thoracentesis may be performed during the month. The residents and interns are allowed to perform procedures unsupervised **only** if they are competent to do so. Competency is not based on level/year of training, but rather previous experience in that specific procedure. Competency is determined by the resident and his/her attending physician. No resident is ever allowed to perform a procedure unless he/she is competent to do so. Residents can ask for assistance and supervision from an attending physician 24 hours a day. These guidelines apply to all internal medicine housestaff and other residents rotating on the general medicine services. All internal medicine residents are required to log procedures using a web-based program called E\*Value.

#### **Evaluation/Feedback Mechanisms**

All attending physicians are required to provide face to face feedback with the residents at the end of each rotation, as well as provide evaluations on a web-based program called E\*value. Residents provide feedback regarding the quality of teaching, teaching site, and rotation. All evaluations are reviewed by the program directors every 6 months. Any evaluation that is unsatisfactory is immediately reviewed by the program directors. Evaluations are sent to each resident's advisor who meets with the resident every 6 months.

## **Critical Care Service**

Rotation Director: Avi Nahum, MD (651-254-3135)

### **Educational Objectives:**

1. Develop analytical skills necessary to identify and treat patients with life-threatening conditions.
2. Organize work activities so as to maximize outcome benefit and expedite care delivery.
3. Work closely with Nursing and ancillary personnel to fluidly manage all aspects of the care of critically ill patients in a timely fashion.
4. Cost-effectively apply imaging, laboratory data, and pathological information
5. Develop skills and competence in such key critical care procedures as central line placement, ventilator management, and cardiopulmonary monitoring.

### **Description of Clinical Experiences:**

Adult patients with life-threatening non-surgical illnesses and those in need of close observation at Regions Hospital are admitted to the Medical Intensive Care Unit for management by dedicated critical care teams. Each of two teams consisting of Senior Resident and/or Intern, and an advanced medical student are coordinated by an Intensivist Staff Attending and a Clinical Fellow from the integrated program of the Division of Pulmonary and Critical Care Medicine at the University of Minnesota. The trainees serving as the Housestaff on these rotations are exposed to a wide variety of critical illnesses. Advanced techniques of hemodynamic monitoring and management, mechanical ventilation, sedations and pharmacologic thoracostomy are learned. The Housestaff participate in all procedures under the direct guidance of the Attending Physician and Fellow.

All patients admitted to the Medical Intensive Care Unit are critically ill and are either directly admitted from an outpatient or referring hospital setting, admitted to the MICU after Emergency Department evaluation, or transferred to the MICU from the general wards of the hospital as life-threatening illnesses develop. The spectrum of diseases encountered ranges from life-threatening overdoses of medication and illicit drugs to gastrointestinal bleeding, acute respiratory distress, ventilatory failure and shock.

- Daily formal work rounds with Attending and Fellow are conducted at the bedside for approximately 1-1/2 hours per team concerning the detailed management of their patients.
- A critical care mini-lecture series has been developed (see Education Resources below) which underpins the educational experience by addressing procedure and skills-related competencies, as well as the management of the most common problems encountered in medical critical care.
- Residents receive direct supervision from the Attending Physician and Fellow who remain within or in immediate proximity to the Medical Intensive Care Unit during the daytime hours. In the evenings and at night, the Attending Physician is available by pager and will come in to assist the residents if necessary. During the evenings and nights, an in-house hospitalist is available to assist the residents. Each patient on the service is the direct responsibility of the Attending Physician and as such, all care is reviewed by the Attending Physician several times a day.

## **Procedures**

Procedures including central line placement, drawing arterial blood gases, lumbar punctures, paracentesis, and thoracentesis may be performed during the month. The residents and interns are allowed to perform procedures unsupervised **only** if they are competent to do so. Competency is not based on level/year of training, but rather previous experience in that specific procedure. Competency is determined by the resident and his/her attending physician. No resident is ever allowed to perform a procedure unless he/she is competent to do so. Residents can ask for assistance and supervision from an attending physician 24 hours a day. These guidelines apply to all internal medicine housestaff and other residents rotation on the general medicine wards.

Residents may also have the opportunity to perform the following procedures with supervision:  
elective cardioversion, endotracheal intubation, chest tube placement, and Swan-Ganz catheter placement

## **Evaluation/Feedback Mechanisms**

All attending physicians are required to provide face to face feedback with the residents at the end of each rotation, as well as provide evaluations on a web-based program called E\*value. . Residents provide feedback regarding the quality of teaching, teaching site, and rotation. All evaluations are reviewed by the program directors every 6 months. Any evaluation that is unsatisfactory is immediately reviewed by the program directors. Evaluations are sent the each resident's advisor who meets with the resident every 6 months.

## ROTATION: NEUROLOGY TRANSITIONAL G1

1. **Educational Objectives:**

Demonstrate appropriate knowledge and skills in history-taking and physical examination of patient with common neurologic problems. Demonstrate appropriate knowledge and skills in interactions with patients and family members.

2. **Description of clinical experiences:**

The resident is assigned to work with a staff neurologist doing in-hospital consultation.

3. **Description of unsupervised clinical activities/procedures resident can perform while on this service:**

**Transitional G1:**

Obtain History

Do Physical Exam

Formulate a preliminary assessment and plan

3. **Evaluation process:**

Residents will receive a written evaluation after completing the neurology rotation. Residents are evaluated on their knowledge base, procedural skills, and their facility in communication with patients, family and other medical personnel.

4. **Feedback mechanisms:**

The neurology staff person provides immediate feedback in real-time.

# Ob/Gyn Resident Supervision in Patient Care at Regions Hospital

The goal of Ob/Gyn resident supervision at Regions Hospital is to integrate resident education and experience into the care of our patients. We would also like to maintain the exceptional level of care and patient satisfaction we are committed to at HealthPartners. At all times in all situations the resident is under direct supervision of the attending staff. Specific guidelines for supervision include:

## 1. **Regions OB Service**

The resident is a valued member of the Obstetrics team and evaluates and treats all pregnant patients who present to Labor and Delivery, follows patients in labor, cares for patients who are admitted for antenatal problems, does vaginal and caesarean deliveries, and follows patients post-partum and post-operatively. The level of responsibility for patient care increases with increasing level of experience and is under the direct supervision of a faculty member assigned to Labor and Delivery 24/7.

The residents are under the direct supervision of an in-house attending faculty member at all times. At each level, the only unsupervised procedures they might perform are as follows:

- Placement of fetal scalp electrode
- Placement of Intrauterine pressure catheter
- Cervical examination
- Examination for cervical cultures and possible rupture of membranes
- Routine wound care

## 2. **Regions Gynecology Service**

The resident is a part of the Gynecologic team and participates in surgical cases with staff physicians, follows patients post-operatively, sees inpatient and Emergency Department consultations, and cares for patients admitted with acute non-operative gynecologic problems under the supervision of the faculty physician.

## 3. **Regions Gynecology Special Services**

The resident is assigned to the GSS Clinic and works directly with the faculty physician in that clinic on a daily basis. The resident evaluates patients who present to the clinic for elective and indicated pregnancy termination and treatment of failed pregnancy, and does follow up examinations as well. Ultrasound examinations and birth control counseling for their patients are a part of the resident's responsibilities in the clinic.

Other surgical procedures performed at this clinic such as IUD insertions, and Essures, will be done by the resident under the guidance of the attending physician.

#### **4. Regions Emergency Medicine**

The resident is assigned to work in the Emergency Medicine Department under the direct supervision of the Emergency Medicine faculty who determine their clinical responsibilities and schedule.

#### **5. In-house Consultation**

Consultations, transfers of care, and supervisory interactions are the responsibility of the staff and senior resident.

Phone consultations from providers outside our hospital are handled by the staff.

External consults seen in the clinic or Labor and Delivery require an immediate phone call and direct communication with the consulting physician. If continued hospitalization occurs, daily phone progress reports are called back to the consulting provider. A Final summation in the form of a discharge summary and letter will then be sent to the consultant at discharge.

Consultations in Labor and Delivery require an immediate evaluation (history, physical, and chart review as a minimum). The senior resident should be involved in the evaluation and decision making process but will be under the direct supervision of the L&D staff. An assessment is made and a plan developed. This is then communicated through the in-house consultation form, as well as a phone call to the consulting physician.

#### **6. Preceptor Clinics**

Residents attending preceptor clinics should have completed at least six months of an approved Obstetrics and Gynecology residency program.

The supervising staff assumes management responsibility for the patients seen by residents, must not supervise more than 4 residents at any given time, and must be close enough in proximity to be immediately available.

The supervisory staff will review the patient's medical history, physical examination, diagnosis, and record of tests and treatments with each resident during or immediately after each visit, assume management responsibilities for the patients seen by residents, and ensure that the services provided by residents are appropriate.

## 7. Procedure Clinics, e.g., Colposcopy

The gynecology residents will be assigned to colposcopy clinics at Regions. The level of responsibility for these procedures increases with the level of experience of the resident, and is under direct supervision of the staff in clinic.

Second year residents rotate through Same Day Surgery at Westgate HealthPartners outpatient surgery center. Here they are expected to do/assist in outpatient surgical procedures under direct supervision of the attending gynecologist. On one afternoon that does not clash with their continuity clinic, probably Tuesday or Friday afternoon, residents will attend the ultrasound clinic at St. Paul HealthPartners Clinic and learn to do Gynecological examinations, including sonohysterograms, under the direct supervision of the ultrasound technicians and the attending physicians.

# OBSTETRICS AND GYNECOLOGY ROTATION

**Educational Objectives:** Demonstrate appropriate knowledge and skills to understand the criteria for patient admission to labor and delivery for observation and delivery. Demonstrate appropriate knowledge and skills in history-taking and physical examination of patient with common acute obstetrical problems including, but not limited to; first, second and third trimester bleeding, all stages of labor, normal and complicated delivery, routine postpartum care, postpartum hemorrhage, ectopic pregnancy, trauma in pregnancy, preeclampsia and eclampsia, acute vaginal bleeding in the non-pregnant patient. Demonstrate appropriate knowledge and skills in the development of differential diagnoses, workup and management plans for the patient with problems including, but not limited to, those listed above. Demonstrate appropriate knowledge and skills in the performance of diagnostic and therapeutic procedures used in obstetrics including, but not limited to; normal spontaneous vaginal delivery, abnormal delivery presentation and management, episiotomy and repair, sterile speculum examination for spontaneous abortion, fetal monitoring, and pitocin induction of labor on the OB floor. Demonstrate appropriate knowledge and skills in interactions with patients and family members.

**Description of clinical experiences:** Emergency Medicine residents are assigned to work as a member of the Obstetric and Gynecology team for one month during their PGY-1 year. The resident's responsibility in the labor and delivery area will be to manage patients from observation through delivery to post partum. While in the clinics, residents will evaluate patients with obstetric and some gynecologic problems. Supervision of all aspects of patient care in clinics, labor and delivery, and in-patient wards will be provided by attending OB/Gyn faculty and senior house staff. Medical students rotating through also need supervision by the Gynecology Intern and Chief Resident. Uncomplicated labor and delivery management may be directly supervised by certified nurse midwives with supervision by faculty or senior house staff. OB/Gyn faculty will be available in house at all times.

The responsibility given to the residents is based on their level of training. Increasing responsibility is given from 1st to 4th year. A faculty member directly supervises all billable procedures. Ob/Gyn faculty are in house and readily available 24/7/365. Description of unsupervised clinical activities/procedures *per PGY level* resident can perform while on this service, for residents training in this specialty and residents training in another specialty currently rotating on this service:

History and Physical Exam, including cervical check in L & D  
Cervical exams and cultures  
Application of fetal scalp electrode  
Insertion of Intrauterine pressure catheter  
Amniotomy (artificial rupture of membranes)  
Wound care

**Evaluation process:** Residents will receive a written evaluation after completing the OB/GYN rotation. Residents are evaluated on their knowledge base, ability in performing procedures, procedural skills, and their ability in communication with patients, family, and other medical personnel. Residents are required to keep a logbook of all procedures performed. Residents will be asked to evaluate their rotation and give feedback.

**Feedback mechanisms:** Several times during the year the preceptor meets with the resident. In addition, the Program Director will meet with each resident two times per year to review the department evaluation of the residents. Faculty on duty in the OB/Gyn Department will provide more immediate feedback.

# Ophthalmic Education: Guidelines and Standards for Education of an Ophthalmologist

The learning objectives are designed to emphasize recall of information (fund of knowledge), understanding and application of basic sciences (e.g., anatomy, physiology, biochemistry, embryology, pharmacology), application of pathogenetic mechanisms to clinical problems, ordering and interpreting clinical, laboratory, and imaging information, development of a differential diagnosis, implementation of a reasonable and appropriate therapeutic medical and/or surgical plan, and anticipation, recognition, and treatment of

## BASIC LEVEL GOALS: PGY-2

A. To describe the basic principles of optics and refraction.

B. To list the indications for and to prescribe the most common low vision aids.

C. To perform the basic anterior segment (e.g., basic refraction, basic retinoscopy, slit lamp biomicroscopy) and posterior segment examination skills (e.g., dilated fundus examination, use of magnification and lenses, Hruby lens, 90 Diopter lens, three mirror Goldmann contact lens) and to understand and use basic ophthalmic instruments (e.g., tonometer, lensometer).

D. To triage and manage ocular emergencies (e.g., central retinal artery occlusion, giant cell arteritis, chemical burn, acute angle closure glaucoma, endophthalmitis, traumatically open globe).

E. To perform minor external and adnexal surgical procedures (e.g., chalazion excision, corneal foreign body removal, use of foreign body corneal drill for removal of a rust ring, conjunctival biopsy, corneal scraping, isolated entropion).

F. To identify the key examination techniques and management of basic and most common medical problems in the subspecialty areas of glaucoma (e.g., primary open angle glaucoma), cornea (e.g., dry eye, microbial keratitis), orbit and oculoplastics (e.g., common lid lesions, ptosis), retina (e.g., macular disorders, retinal detachment, diabetic retinopathy), and neuro-ophthalmology (e.g., optic neuropathy, ocular motor neuropathy, pupillary abnormalities, visual field defects).

G. To describe indications for, performance of, and complications of common anterior segment surgery, (e.g., cataract extraction, trabeculectomy, peripheral iridectomy) and to assist at surgery.

H. To describe the common but serious genetic ocular disorders (e.g., retinal and macular dystrophies).

I. To recognize the most common ophthalmic histopathology findings and to recognize basic histopathology of common ocular lesions (e.g., retinal detachment, pterygium, corneal button removed at keratoplasty).

## STANDARD LEVEL GOALS: PGY-3 (In addition to Basic Level goals)

A. To describe the more advanced principles of optics and refraction.

B. To list the indications for and uses of more advanced low vision aids.

C. To perform more advanced anterior segment (e.g., more complex refractions, including contact lens and post-operative refractions, intermediate retinoscopy, including moderate astigmatism, examination of young children, intermediate techniques of slit lamp biomicroscopy) and posterior segment examination skills (e.g., more advanced techniques of dilated fundus examination, including scleral depression, use of magnification and lenses to diagram and describe retinal lesions).

D. To recognize and treat ocular emergencies (e.g., central retinal artery occlusion, giant cell arteritis, chemical burn, acute angle closure glaucoma, endophthalmitis, traumatically open globe), as well as the short and long term complications of these disorders.

E. To perform more advanced external and adnexal surgical procedures (e.g., isolated ectropion and isolated entropion repair, removal of small, localized, and benign lid lesions, pterygium excision).

F. To identify the key examination techniques and management of the less common surgical problems in the subspecialty areas of glaucoma (e.g., secondary open angle and closed angle glaucoma), cornea (e.g., fungal and other less common microbial keratitis, corneal transplantation), ophthalmic plastic surgery (e.g., extensive benign and common lid lesions, ptosis), retina (e.g., primary retinal detachment, mild to moderate proliferative and non-proliferative diabetic retinopathy and laser treatments), and neuro-ophthalmology (e.g., less common optic neuropathy, supranuclear palsies, myasthenia gravis, more complex visual field defects).

G. To perform common anterior segment surgery (e.g., cataract extraction, trabeculectomy, peripheral iridectomy).

H. To recognize, and refer if indicated, some major genetic ocular disorders (e.g., neurofibromatosis I and II, tuberous sclerosis, von Hippel-Lindau syndrome, retinoblastoma, retinitis pigmentosa, macular dystrophy).

I. To recognize more complex and difficult ophthalmic histopathology findings.

#### ADVANCED LEVEL GOALS: PGY-4 (In addition to Standard Level goals)

A. To describe the advanced principles of optics and refraction (e.g., pre- and post-refractive surgery, higher order aberrations).

B. To list the indications for and uses of advanced low vision aids.

C. To perform the most advanced anterior segment (e.g., complex refractions, advanced retinoscopy, advanced slit lamp biomicroscopy) and posterior segment examination skills (e.g., drawings of retinal detachments and scleral depressions; interpretation of macular disorders with slit lamp biomicroscopy).

D. To manage or supervise the more junior trainees (e.g., medical students or medical residents) in the management of ocular emergencies (e.g., central retinal artery occlusion, giant cell arteritis, chemical burn, angle closure glaucoma, endophthalmitis).

E. To perform more advanced external and adnexal surgical procedures (e.g., lacrimal gland procedures, complex lid laceration repair, e.g., canalicular and lacrimal apparatus involvement).

F. To identify the key examination techniques and management of complex but common medical and surgical problems in the subspecialty areas of glaucoma (e.g., complicated or post-operative primary and secondary open and closed angle glaucoma), cornea (e.g., unusual or rare types of microbial keratitis), ophthalmic plastic surgery (e.g., less common and more complex lid lesions, re-operation or complex or recurrent ptosis), retina (e.g., complex retinal detachment, tractional retinal detachments and severe proliferative diabetic retinopathy, proliferative vitreoretinopathy), and neuro-ophthalmology (e.g., unusual optic neuropathy, neuroimaging, supranuclear palsies, uncommon visual field defects).

G. To perform and treat complications of common anterior segment surgery, (e.g., cataract extraction, trabeculectomy, peripheral iridectomy).

H. To recognize, evaluate, and treat, if possible, the major genetic ocular disorders (e.g., neurofibromatosis I and II, tuberous sclerosis, von Hippel-Lindau syndrome, retinoblastoma, retinitis pigmentosa, macular degenerations).

I. To recognize uncommon or rare but classic ophthalmic histopathology findings.

#### Evidence-based medicine

Trainees at all levels of training should be able to describe the key features and apply in clinical practice the results of evidence-based medicine in ophthalmology, including, but not limited to, the results of the following clinical trials: (see [Appendix 1](#) for full references)

- [The Herpetic Eye Disease Study \(HEDS\)](#)
- [The Fluorouracil Filtering Surgery Study \(FFSS\)](#)
- [The Normal Tension Glaucoma Study](#)
- [The Ocular Hypertension Study \(OHTS\)](#)
- [The Glaucoma Laser Trial \(GLT\)](#)
- [The Optic Neuritis Treatment Trial \(ONTT\)](#)
- [The Ischemic Optic Neuropathy Decompression Trial \(IONDT\)](#)
- [Studies of the Ocular Complications of AIDS \(SOCA\)](#)
- [Branch Vein Occlusion Studies \(BVOS\)](#)
- [Macular Photocoagulation Study \(MPS\)](#)
- [Age-Related Eye Disease Study \(AREDS\)](#)
- [Verteporfin in Photodynamic Therapy \(VIP\) Study](#)
- [Treatment of Age-Related Macular Degeneration with Photodynamic Therapy \(TAP\)](#)

- [Silicone \(oil\) Study](#)
- [The Submacular Surgery Trials \(SST\)](#)
- [The Multicenter Trial of Cryotherapy for Retinopathy of Prematurity \(CRYO-ROP\)](#)
- [Central Vein Occlusion Studies \(CVOS\)](#)
- [Diabetes Control and Complications Trial \(DCCT\)](#)
- [Diabetic Retinopathy Study \(DRS\)](#)
- [Early Treatment Diabetic Retinopathy Study \(ETDRS\)](#)
- [Randomized Trial of Acetazolamide for Uveitis-Associated Cystoid Macular Edema](#)
- [Collaborative Ocular Melanoma Study \(COMS\)](#)

07-08 Ortho MD-Team Assignments

Jan-09

GREEN	Monday	Tuesday	Wednesday	Thursday	Friday
Cole Ly Anderson	(AM) Adm.- (PM) CLC	(AM) Adm.- (PM)OR	(AM) CLC	OR	(PM) OR
	(AM) CLC	OR	OR	CLC	OR
	OR (1 & 3 )	CLC	OR	OR	CLC

YELLOW	Monday	Tuesday	Wednesday	Thursday	Friday
Marston Li	OR	CLC	OR	CLC	OR
	OR	(AM) Adm-(PM) OR	CLC	OR	CLC

BLUE	Monday	Tuesday	Wednesday	Thursday	Friday
Switzer Morgan	CLC	OR	OR	(PM) CLC	Adm.
	CLC	(AM) Adm	(AM) Adm- (PM) CLC	OR	OR

# Orthopaedic Resident Core Curriculum: Regions Hospital

Orthopaedic Resident Core Curriculum: Regions Hospital					
		<a href="http://www.OTA.org">www.OTA.org</a>			
Week	Faculty	Topic			
2008					
1	Ly (1/3/08)	Radiographic Description, Pathway to Being Primary Surgeon <b>OTVN Dr. Ly to download</b>			
2	Ly (1/10)	Close Reduction, Traction, Casting Techniques <b>OTA G9</b>			
3	Morgan (1/17)	Acute management of polytrauma patients <b>OTA G1, G2</b>			
4	Buck (1/24) <b>(LY)</b>	Compartment syndrome <b>OTA G4 (Dr. Ly will do it)</b>			
5	Ly (1/31) <b>(Buck)</b>	Basic management of Pelvis and acetabular fractures (radiographic, anatomy and acute treatment)	<b>OTA-pelvic/act. Session</b>		
6	Li (2/7)	Ankle fractures <b>OTA L12</b>			
7	Buck (2/14)	Basic principles and techniques of internal fixation of fractures <b>OTA G10</b>			
8	Morgan (2/21)	Spine injuries: Cervical <b>OTA - see spine session</b>			
9	Morgan (2/28)	Spine injuries: Thoracolumbar <b>OTA - see spine session</b>			
10	Cole (3/13)	Shoulder injuries: (AC and SC joints, clavicle, scapula) <b>OTA U1, U2</b>			
11	Switzer (3/20)	Shoulder injuries: (Dislocation, prox. Humerus) <b>OTA U3</b>			
12	Marston (3/27)	Humerus and distal humerus fracture <b>OTA U4, U5</b>			
13	Marston (4/3)	Elbow dislocation and fractures (olecranon, radial head) <b>OTA U6, U7</b>			
14	Li (4/10) <b>(LY)</b>	Forearm and distal radius fractures (BBFA, distal radius) <b>OTA U8, U9</b>			
15	Switzer (4/17)	Hip fractures (femoral neck, IT fx) <b>OTA L2, L3</b>			
16	Buck (4/24)	Femur and supracondylar femur fractures <b>OTA L4, L5</b>			
17	Switzer <b>(5/1) (LY)</b>	Knee dislocation and patella fractures <b>OTA L6, L7 (Switzer gone)</b>			
18	Ly (5/8)	Tibial plateau and Pilon fractures <b>OTA L8, L11</b>			
19	Marston (5/15) <b>(LY)</b>	Tibial shaft fractures <b>OTA L9, L10</b>			

20	Cole (5/22)	Hindfoot and midfoot fractures (talus, calcaneus, lisfranc) <b>OTA-see pediatric sections</b>			
21	Li (5/29)	Pediatric: Basic principles and assessment of fractures <b>OTA - see pediatric section</b>			
22	Li (6/5)	Pediatric: Common fractures seen <b>LTA G18</b>			
23	Ly or Marston (6/12) TBD	Nonunions: Basic principles and management <b>OTA G18</b>			
24	Switzer (6/19)	Geriatric Trauma <b>OTA G16, G24</b>			
25	Marston (6/26)	Arthritis of Hip and Knee <b>NO OTA, Dr. Marston to do</b>			
		<b>Names in bold indicate they substituted for that lecture.</b>			

# Otolaryngology Residency Program at Regions Hospital

The residency program in Otolaryngology is an integrated one organized by the Department of Otolaryngology at the University of Minnesota. In general, the residency curriculum requires mastery of basic sciences relevant to Otolaryngology completion of a major research project and significant responsibility in patient care, which includes outpatient evaluation, and management and a wide variety of specialty surgery. Four major rotations in the program provide broad clinical exposure. During the four-year training program (PGY-2-5), each resident spends 9-12 months at Regions Hospital in e month rotations. Here they encounter the common clinical problems seen in our specialty. Additionally, this rotation has always been noted for training in emergency ENT problems, maxillofacial trauma care, and facial plastic and reconstructive surgery.

**The Resident Manual** a publication of the Department of Otolaryngology at the University provides coverage of the following:

1. Benchmarks for the maturation of the otolaryngology resident
2. Expected progression through the surgical experience

The guidelines are generally adhered to at Regions Hospital.

## **Unsupervised Clinical Activities/Procedures by our Residents:**

As a matter of policy, staff physicians supervise the vast majority of residents' clinical activities. Because most of our surgical procedures are now done on an outpatient basis, we have relatively little inpatient activity. In instances where we have an inpatient(s) the residents may do the following:

1. H & P's
2. Write orders
3. Request consultations
4. Discharge planning and writing orders for such
5. Repair complicated lacerations
6. Perform nasal and/or laryngeal endoscopy
7. Control nose bleeds
8. Change tracheotomy tubes
9. Remove ear foreign bodies
10. Perform emergency tracheotomies or intubations (rare)

## **Evaluation Process:**

Informal and via computerized evaluation system.

## **Feedback:**

Informal and through meetings with U of M Chairman (Dr. Yueh) twice a year.

## PLASTIC SURGERY ROTATION

1. **Educational Objectives:** The educational objectives for residents' rotation on the Regions service for Plastic & Hand Surgery is to have the residents learn all aspects of plastic, reconstructive and hand surgery. This includes a working knowledge of hand and wrist surgery and reconstruction, maxillofacial trauma and reconstruction, an introduction to craniofacial and cleft surgery, microsurgery, reconstruction of trauma of the lower extremities, breast surgery including breast reconstruction, breast reduction, breast augmentation, and mastopexy, burn reconstruction, as well as several aspects of cosmetic surgery.
2. **Clinical experiences:** Residents rotate on the service for 4-month rotations during their 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> year of the plastic surgery residency. The residents' responsibilities include rounding on all ward patients in the mornings, seeing patients in clinics preoperatively and postoperatively, assisting and performing surgery in the operating room, and assisting with the evaluation and management of patients seen in the emergency room. The service includes 6 attendings in plastic and reconstructive surgery as well as a team consisting of 3 physician assistants, a surgery intern, and an oral maxillofacial surgery resident who also participates on the service for a period of 4-6 months over the summer. The service also includes a first year emergency medicine resident for 9 months of the year. We also have some coverage by the Hand Fellow.

The plastics resident is expected to be able to initially evaluate patients in the emergency room. For any cases that go to the operating room, the attendings are present. For any complex patients in the emergency room for which the resident has concerns or questions, the attendings are available.

3. The "unsupervised" clinical activities are the same for the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> year. Some rounds are made without the attending or physician assistants present. Other rounds are made with the attendings.

The residents initially see patients in the emergency room, however, the attendings are available for a review of all patients of concern. A review of the increased levels of expectation for the residents for each year is enclosed. It should be noted that this includes a description of their clinical experiences and not specifically unsupervised activity.

4. **Evaluation process:** Each attending fills out an evaluation of our plastic surgery residents via the online Residency Management Suite (RMS) system which is managed through the department of Plastic & Reconstructive Surgery at the University of Minnesota. Plastic surgery residents are required to keep a log book and all procedures are entered into a computer software provided by our residency program.
5. **Feedback mechanisms:** The residents perform an evaluation of each attending at Regions Hospital via the online Residency Management Suite (RMS) system which is managed through the department of Plastic & Reconstructive Surgery at the University of Minnesota.

Warren Schubert, MD  
Chairman, Department of Plastic & Hand Surgery  
Regions Hospital

Description of "unsupervised" clinical activities/procedures for PGY level resident can perform while on this service for residents training in this specialty and residents training in another specialty currently rotating on this service:

	Plastic Surgery Residents	Non Plastic Surgery Residents
PGY 1	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward</p> <p>Consultations in the Emergency Room including reduction of minor fractures and suturing</p> <p>Coverage of phone calls from the Ward</p> <p>Minor debridements and dressing changes in the Clinics and Wards</p> <p>A faculty member supervises all billable procedures</p> <p>Residents take call from home</p> <p>Plastic surgery faculty take call from home and are available 24/7/365</p>	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward</p> <p>Consultations in the Emergency Room including reduction of minor fractures and suturing</p> <p>Coverage of phone calls from the Ward</p> <p>Minor debridements and dressing changes in the Clinics and Wards</p> <p>A faculty member supervises all billable procedures</p> <p>Residents take call from home</p> <p>Plastic surgery faculty take call from home and are available 24/7/365</p>
PGY 2	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward</p> <p>Consultations in the Emergency Room including reduction of minor fractures and suturing</p> <p>Coverage of phone calls from the Ward</p> <p>Minor debridements and dressing changes in the Clinics and Wards</p> <p>A faculty member supervises all billable procedures</p> <p>Residents take call from home</p> <p>Plastic surgery faculty take call from home and are available 24/7/365</p>	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward</p> <p>Consultations in the Emergency Room including reduction of minor fractures and suturing</p> <p>Coverage of phone calls from the Ward</p> <p>Minor debridements and dressing changes in the Clinics and Wards</p> <p>A faculty member supervises all billable procedures</p> <p>Residents take call from home</p> <p>Plastic surgery faculty take call from home and are available 24/7/365</p>
PGY 3	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward</p> <p>Consultations in the Emergency Room including reduction of minor fractures and suturing</p> <p>Coverage of phone calls from the Ward</p> <p>Minor debridements and dressing changes in the Clinics and Wards</p> <p>A faculty member supervises all billable procedures</p> <p>Residents take call from home</p> <p>Plastic surgery faculty take call from home and are available 24/7/365</p>	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward</p> <p>Consultations in the Emergency Room including reduction of minor fractures and suturing</p> <p>Coverage of phone calls from the Ward</p> <p>Minor debridements and dressing changes in the Clinics and Wards</p> <p>A faculty member supervises all billable procedures</p> <p>Residents take call from home</p> <p>Plastic surgery faculty take call from home and are available 24/7/365</p>

PGY 4	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward          Consultations in the Emergency Room including reduction of minor fractures and suturing          Coverage of phone calls from the Ward          Minor debridements and dressing changes in the Clinics and Wards          A faculty member supervises all billable procedures          Residents take call from home          Plastic surgery faculty take call from home and are available 24/7/365</p>	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward          Consultations in the Emergency Room including reduction of minor fractures and suturing          Coverage of phone calls from the Ward          Minor debridements and dressing changes in the Clinics and Wards          A faculty member supervises all billable procedures          Residents take call from home          Plastic surgery faculty take call from home and are available 24/7/365</p>
PGY 5	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward          Consultations in the Emergency Room including reduction of minor fractures and suturing          Coverage of phone calls from the Ward          Minor debridements and dressing changes in the Clinics and Wards          A faculty member supervises all billable procedures          Residents take call from home          Plastic surgery faculty take call from home and are available 24/7/365</p>	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward          Consultations in the Emergency Room including reduction of minor fractures and suturing          Coverage of phone calls from the Ward          Minor debridements and dressing changes in the Clinics and Wards          A faculty member supervises all billable procedures          Residents take call from home          Plastic surgery faculty take call from home and are available 24/7/365</p>
PGY 6	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward          Consultations in the Emergency Room including reduction of minor fractures and suturing          Coverage of phone calls from the Ward          Minor debridements and dressing changes in the Clinics and Wards          A faculty member supervises all billable procedures          Residents take call from home          Plastic surgery faculty take call from home and are available 24/7/365</p>	<p>History and Physical Exams in the Emergency Room, Clinic, and Ward          Consultations in the Emergency Room including reduction of minor fractures and suturing          Coverage of phone calls from the Ward          Minor debridements and dressing changes in the Clinics and Wards          A faculty member supervises all billable procedures          Residents take call from home          Plastic surgery faculty take call from home and are available 24/7/365</p>

## Department of Surgery Residency Program

February 2, 2009

Carl A. Patow, MD, MPH  
Executive Director  
HealthPartners Institute for Medical Education  
Regions Hospital  
640 Jackson Street  
St. Paul, MN 55101

Re: Resident Scope of Practice – Department of Surgery

A detailed description of resident activities by level of training is supplied by the University of Minnesota (*excerpt attached, pages 29 through 48*)\*, parent organization for surgical residents in training at Regions Hospital. Surgical residents perform a significant number of procedures during their time at Regions Hospital. Our goal during each academic year is to develop competence in the residents to perform procedures consistent with their level of training. This does not mean that residents are performing major procedures independently. The standard of care in the Department of Surgery at Regions Hospital is for attending presence during the key portion, and at the initiation of all operative procedures.

Surgical residents also perform multiple procedures outside the operating room. Procedures including central line placement, drawing arterial blood gases, lumbar punctures, paracentesis and thoracentesis may be performed during a clinical rotation. Interns and residents are allowed to perform procedures unsupervised only if competent to do so. Competency is not based on level or year of training but rather an experience in a particular procedure. Competency is determined by the resident and his or her attending physician. No resident is allowed to perform a procedure unless he or she is competent to do so. Residents must ask for assistance and supervision from an attending physician 24 hours a day. The Surgical Service maintains attending physician coverage at Regions Hospital on a 24 hour basis. Surgery residents also record procedures performed using a web-based program called "Residency Management Suite (RMS)".

Each resident receives a written evaluation after completing a rotation on the Surgical Service at Regions Hospital. Residents are specifically evaluated on their knowledge base, facility in performing procedures, and skill in communication with patients, family and other medical personnel. As noted above, residents also maintain a logbook of procedures performed.

Regions Hospital also provides feedback to Program Directors at the University of Minnesota who meet with residents serving at this site. Specific quality assurance concerns are addressed directly with residents involved and adjudicated through the Department of Surgery at the University of Minnesota.

Respectfully,

Seth I. Wolpert, M.D., F.A.C.S.  
Site Director  
University of Minnesota Surgery Training Program  
Regions Hospital

Section Chief, Division of General Surgery  
Regions Hospital

Assistant Professor of Surgery  
University of Minnesota

---

* All Services	p. 29-33	
Vascular Surgery	p. 34-35	
Trauma and Burn Surgery	p. 36-38	
Transplantation Surgery	p. 39	
Cardiovascular and Thoracic Surgery		p. 40-41
Plastic Surgery	p. 42	
Endoscopy	p. 43	
Pediatric Surgery	p. 44-45	
Surgical Intensive Care Unit	p. 46-48	

# Hennepin-Regions Psychiatry Training Program

## **Mission and Goals:**

The mission of the psychiatry residency program is to graduate psychiatrists who demonstrate clinical expertise, ethical behavior, leadership skills, cultural awareness, professionalism and an ongoing commitment to learning.

The overriding goal of the psychiatry training program is to provide the necessary education to assure that our residents will make continuous progress and ,by graduation, exhibit competency in the following six areas: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice.

## PGY I

### Goals and Objectives:

#### Patient care:

- Begins to complete comprehensive psychiatric diagnostic interviews under adequate supervision
- Begins to establish sensible differential diagnosis
- Learns to provide orderly succession of therapeutic recommendations
- Begins to learn how to be a patient advocate and educator
- Uses resources effectively

#### Medical Knowledge:

- Regularly integrates medical facts and clinical data, weighs alternatives, understands knowledge limitations
- Begins to consider costs, risks, and benefits
- Learns wise use of diagnostic and therapeutic procedures
- Learns to recognize and seek guidance in ambiguous situations
- Learns to spend time appropriate to problem's complexity
- Demonstrates level-appropriate knowledge which is up-to-date, extensive, well-integrated and applied
- Displays knowledge of pathophysiology
- Displays knowledge of diagnosis and therapy
- Develops habit of reading and applying current literature
- Completes an accurate mental status exam
- Begins to learn fundamental medical-legal issues such as civil commitment and decision-making capacity
- Completes organized, accurate, sufficient case presentations, presenting all pertinent data
- Completes patient write-ups in a timely and legible manner
- Accesses labs, tests, old medical records
- Attends required didactic lectures

#### Practice-Based Learning and Improvement

- Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and effectiveness
- Uses information and technology to manage information, to access on-line medical information and to support personal education
- Teaches students

#### Interpersonal and Communication Skills

- Creates and sustains a therapeutic and ethically sound relationship with patients
- Uses effective listening skills; elicits and provides information using effective non-verbal communication, explanatory questioning, and writing skills
- Works effectively with others as a member of a health care team
- Begins to develop public speaking skills and presentation techniques
- Accepts recommendations for change
- Manages own anxiety well

### Professionalism

- Demonstrates respect, compassion and integrity
- Responds to patient needs
- Is accountable to patients
- Begins to demonstrate a commitment to provision or withholding of clinical care
- Demonstrates principles pertaining to confidentiality of patient information, and informed consent
- Demonstrates sensitivity and responsiveness to patient's culture, age, gender and disabilities
- Displays self-motivation

### Systems-Based Practice

- Begins to understand how the system works
- Begins to learn how to partner with health care managers and health care providers to assess, coordinate, and provide health care to patients.

*If the above goals and objectives are met and the resident is in good standing in the program, the resident will advance to the next year of training.*

## PGY II

### Goals and Objectives:

#### Patient Care:

- Continues to refine diagnostic skills
- Establishes sensible differential diagnosis
- Provides orderly succession of therapeutic recommendations
- Refines skills in patient education and advocacy
- Begins to provide comprehensive, high-quality, appropriate cost- effective, acute and chronic care
- Continues to use resources effectively

#### Medical Knowledge:

- Skillfully integrates medical facts and clinical data, weighs alternatives, understands knowledge limitations
- Demonstrates better understanding of costs, risks, and benefits of medications and therapies provided
- Demonstrates basic understanding of fundamental medical-legal issues such a civil commitment and decision making capacity
- Begins to understand various types of psychotherapies
- Wisely uses diagnostic and therapeutic procedures
- Demonstrates better understanding of the nature of ambiguous situations and the decision-making involved
- Spends time appropriate to problem's complexity
- Habituates to keeping knowledge up-to-date, expands breadth of knowledge, integrates and applies that knowledge
- Demonstrates better understanding of psychiatric illnesses and pathophysiology including chemical dependency, child and adolescent psychiatry, geriatrics, and consultation liaison psychiatry and other subspecialties
- Understands and applies current literature
- Completes an accurate mental status exam
- Completes organized, accurate, sufficient case presentations, presenting all pertinent data
- Completes patient write-ups in a timely and legible manner
- Accesses labs, tests, old medical records
- Attends required didactic lectures

#### Practice-Based Learning and Improvement

- Locates, appraises and assimilates evidence from scientific studies related to patient care
- Learns to more effectively apply knowledge of study designs and statistical methods to the appraisal of clinical studies and effectiveness
- Uses information and technology to manage information, access on-line medical information and support personal education
- Begins to serve as a resource to others
- Teaches students and junior residents

### Interpersonal and Communication Skills

- Creates and sustains a therapeutic and ethically sound relationship with patients
- Uses effective listening skills; elicits and provides information using effective non-verbal communication, explanatory questioning, and writing skills
- Works effectively with others as a member, leader of a health care team or other professional group
- Continues to improve public speaking skills and presentation techniques
- Accepts recommendations for change
- Manages own anxiety well
- Handles complex patient meetings

### Professionalism

- Demonstrates respect, compassion and integrity
- Responds to needs of patients and society
- Accountable to patients, society and the profession
- Demonstrates a commitment to excellence and on-going professional development
- Demonstrates a commitment to ethical principles pertaining to confidentiality of patient information, provision or withholding of clinical care, informed consent and business practices
- Demonstrates sensitivity and responsiveness to patient's culture, age, gender and disabilities
- Displays self-motivation

### Systems-Based Practice

- Understands how the system works
- Identifies areas to improve system functions
- Improves skills of partnering with health care managers and health care providers to assess, coordinate, and improve health care and knows how these activities can affect system performance and patient care

*If the above goals and objectives are met and the resident is in good standing in the program, the resident will advance to the next year of training.*

### PGY III

#### Goals and Objectives:

##### Patient care:

- Increases skill in diagnosing various psychiatric illness with expanded clinical knowledge
- Establishes thorough differential diagnosis
- Provides orderly succession of therapeutic recommendations
- Demonstrates excellence in patient advocacy and education
- Provides comprehensive, high-quality, appropriate, cost-effective, acute and chronic care
- Demonstrates skillful integration of psychotherapy and medication management
- Uses resources efficiently

##### Medical Knowledge:

- Demonstrates excellence in integrating medical facts and clinical data, weighing alternatives, understanding knowledge limitations
- Adeptly considers costs, risks, and benefits in treatment planning
- Wisely uses diagnostic and therapeutic procedures
- Reasons well in ambiguous situations, making decisions wisely
- Spends time appropriate to problem's complexity
- Demonstrates that knowledge is up to date and extensive, well-integrated and applied
- Demonstrates better understanding of psychiatric illnesses and pathophysiology
- Demonstrates better understanding of various psychotherapies and working towards competencies in each
- Demonstrates knowledge of fundamental medical-legal issues such as a civil commitment and decision making capacity
- Adequately understands the various subspecialties in psychiatry
- Understands and applies current literature
- Completes organized, accurate, sufficient case presentations, presenting all pertinent data
- Completes patient write-ups in a timely and legible manner
- Accesses labs, tests, old medical records
- Attends required didactic lectures

##### Practice-Based Learning and Improvement

- Locates, appraises and assimilates evidence from scientific studies related to patient care
- Effectively applies knowledge of study designs and statistical methods to the appraisal of clinical studies
- Uses information and technology to manage information, access on-line medical information and support continuing personal education
- Serves as a resource to others
- Teaches students and junior residents

### Interpersonal and Communication Skills

- Creates and sustains a therapeutic and ethically sound relationship with patients
- Uses effective listening skills; elicits and provides information using effective non-verbal communication, explanatory questioning, and writing skills
- Works effectively with others as a member or leader of a health care team or other professional group
- Interacts with medical students and junior residents providing lectures
- Skillfully demonstrates public speaking skills and presentation techniques during student lectures
- Accepts recommendations for change
- Manages own anxiety well
- Handles complex patient meetings

### Professionalism

- Demonstrates respect, compassion and integrity
- Responds to needs of patients and society that supersede self-interest
- Is accountable to patients, society and the profession as a whole
- Demonstrates a commitment to excellence and on-going professional development
- Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
- Demonstrates sensitivity and responsiveness to patient's culture, age, gender and disabilities
- Displays self-motivation

### Systems-Based Practice

- Understands how the system works
- Skillfully identifies areas to improve system functions
- Practices cost-effective health care and resource allocation that does not compromise quality of care
- Advocates for quality patient care and assists patients in dealing with systems complexities
- Partners with health care managers and health care providers to assess, coordinate, and improve health care. Understands how these activities can affect system performance and patient care.

*If the above goals and objectives are met and the resident is in good standing in the program, the resident will advance to the next year of training.*

## PGY IV

### Goals and Objectives:

#### Patient care:

- Is a proficient diagnostician identifying all problems
- Establishes sensible differential diagnoses
- Provides orderly succession of therapeutic recommendations
- Is an excellent patient advocate and educator
- Provides comprehensive, high-quality, appropriate, cost effective, acute and chronic care
- Uses resources effectively

#### Medical Knowledge:

- Excellently integrates medical facts and clinical data, weighing alternatives, and understanding knowledge limitations
- Skillfully uses costs, risks, and benefits in providing treatment
- Skillfully uses diagnostic and therapeutic procedures
- Reasons well in ambiguous situations, recognizing self patterns of decision-making
- Spends time appropriate to problem's complexity
- Shows proficiency in knowledge of fundamental medical-legal issues such as civil commitment and decision-making capacity
- Knowledge is up to date and extensive, well-integrated and is routinely applied
- Fully understands psychiatric illnesses and pathophysiology
- Competent in providing various types of therapies
- Understands and applies current literature
- Completes an accurate mental status exam
- Completes organized, accurate, sufficient case presentations, presenting all pertinent data
- Completes patient write-ups in a timely and legible manner
- Accesses labs, tests, old medical records
- Attends required didactic lectures

#### Practice-Based Learning and Improvement

- Locates, appraises and assimilates evidence from scientific studies related to patient health program
- Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and effectiveness
- Uses information and technology to manage information, access on-line medical information and supports own education
- Regularly serves as a resource to others
- Regularly teaches students and junior residents

### Interpersonal and Communication Skills

- Creates and sustains a therapeutic and ethically sound relationship with patients
- Uses effective listening skills; elicits and provides information using effective non-verbal communication, explanatory questioning, and writing skills
- Works effectively with others as a member or leader of a health care team or other professional group
- Provides leadership to junior residents and is a good role model
- Skillfully demonstrates public speaking skills and presentation techniques during student, resident and community lectures
- Accepts recommendation for change
- Manages own anxiety well
- Handles complex patient meetings

### Professionalism

- Demonstrates respect, compassion and integrity
- Responds to needs of patients and society that supersedes self-interest
- Is accountable to patients, society and the profession as a whole
- Demonstrates a commitment to excellence and on-going professional development
- Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
- Demonstrates sensitivity and responsiveness to patient's culture, age, gender and disabilities
- Displays self-motivation
- Acts as a role model for junior residents

### Systems-Based Practice

- Understands how the system works and is able to navigate through it competently
- Identifies areas to improve system functions
- Practices cost-effective health care and resource allocation that does not compromise quality of care
- Advocates for quality patient care and assists patients in dealing with systems complexities
- Knows how to partner with health care managers and health care providers to assess, coordinate, and improve health care; and knows how these activities can affect system performance and patient care

*If the above goals and objectives are met and the resident is in good standing in the program, the resident will graduate.*

## ADDICTION PSYCHIATRY

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month, full-time rotation, including one week at inpatient chemical dependency treatment center.

#### Patient Care:

1. Learn to perform and document complete substance abuse history.
2. Develop comprehensive (biological, psychological, sociocultural) treatment plan for patients with addictions.

#### Medical Knowledge:

1. Learn the epidemiology, etiology, and phenomenology of chemical dependency.
2. Learn the actions of substances of abuse and psychotropic medications used to treat chemical dependency.
3. Actively participate in group therapy for the treatment of chemical dependency.

#### Practice-Based Learning and Improvement:

1. Obtain up-to-date information on the newest substances of abuse by using various resources.

#### Interpersonal and Communication Skills:

1. Develop therapeutic relationships using an underlying respect for others.
2. Communicate and educate patients effectively and appropriately.
3. Learn to lead and participate in group therapy sessions.

#### Professionalism:

1. Demonstrate respect for diverse patients.

#### Systems-Based Practice:

1. Learn the resources available in our community for patients with chemical dependency issues.
2. Learn legal aspects of chemical dependency issues.

#### Evaluation:

1. Residents will attend and participate in addictions groups on a regular basis.
2. Close supervision by clinical faculty occurs throughout this rotation with discussion of individual cases.
3. Written performance review by supervising faculty at conclusion of rotation.

## ACUTE PSYCHIATRIC SERVICES/EMERGENCY PSYCHIATRY

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One half day per week for one year in APS, plus didactic course for one year.

#### Patient Care:

1. Obtain comprehensive history in emergency setting.
2. Develop and document diagnosis and treatment plan in emergency setting.
3. Assess patients' risk for self harm in emergency setting.
4. Counsel and educate patients/families in crisis.

#### Medical Knowledge:

1. Learn major psychiatric disorders and their emergency presentation.
2. Learn psychotropic medications and their use in an emergency setting.
3. Show knowledge in emergency psychiatry as a field.
4. Utilize psychosocial therapies in emergency setting.

#### Practice-Based Learning and Improvement:

1. Accept limitations of one's knowledge base and clinical skills.
2. Maintenance of patient logs.

#### Interpersonal and Communication Skills:

1. Work collaboratively with other health professionals.
2. Share information with others.
3. Communicate effectively with patients and families during assessment and when making treatment decisions.
4. Elicit information in stressful clinical situations.
5. Obtain information from other professionals to formulate accurate history.
6. Maintain accurate medical records.
7. Lead a treatment team.

#### Professionalism:

1. Demonstrate ethical behavior.
2. Respect culturally diverse patients and colleagues.

#### Systems-Based Practice:

1. Attain working knowledge of treatment systems.
2. Interact with other health systems.
3. Assist patients to access appropriate care and resources.

#### Evaluation:

1. Direct faculty supervision on all cases in APS with documentation of performance.
2. Written exam at end of corresponding didactic course.
3. Written evaluation by faculty on a quarterly basis.
4. Written evaluation by resident on a quarterly basis.

## COMMUNITY MENTAL HEALTH

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Didactic course, as well as integration into other rotations.

#### Patient Care:

1. Learn to perform a comprehensive history in a culturally diverse patient population.
2. Learn to assess patients' potential for self-harm or harm to others.

#### Medical Knowledge:

1. Learn major psychiatric illnesses, taking sociocultural factors into account.
2. Gain knowledge of sociocultural psychiatry.

#### Practice-Based Learning and Improvement:

1. Accept one's limitations and understand the need for lifelong learning.

#### Interpersonal and Communication Skills:

2. Develop and maintain relationships with culturally diverse patients.
3. Respect patients' cultural differences.
4. Communicate effectively with patients and families.

#### Professionalism:

1. Learn responsibility for patient care.
2. Respond in a timely manner to patients' and colleagues' requests for communication.
3. Insure continuity of care when appropriate.

#### Systems-Based Practice:

1. Learn about community resources available for patients.

#### Evaluation:

1. Integrated into outpatient evaluations.
2. Written performance review by supervising faculty on a quarterly basis.
3. Written evaluation by resident on a quarterly basis.

## CONSULTATION LIAISON

### GOALS AND OBJECTIVES FOR THE ROTATION

Course length: Four months, hospital-based rotation.

#### Patient Care:

1. Learn to communicate effectively with patients and their families.
2. Learn to perform and document a comprehensive psychiatric history,
3. Learn to develop and document a comprehensive treatment plan.
4. Learn to assess patients' risk of harm to self and others.
5. Learn to conduct therapeutic interviews.

#### Medical Knowledge:

1. Learn features of major psychiatric illnesses.
2. Learn use of psychotropic medications.
3. Learn somatic treatment methods.
4. Learn patient evaluation methods.
5. Learn factors unique to C-L psychiatry (e.g., psychiatric aspects of non-psychiatric illnesses).

#### Practice-Based Learning and Improvement:

1. Be able to access up-to-date information regarding medical and psychiatric illnesses.
2. Maintain patient logs.

#### Interpersonal and Communication Skills:

1. Learn interpersonal skills to facilitate effective communication with patients, families and colleagues.
2. Be able to elicit information from patients and families.
3. Evaluate consultations from other specialties.
4. Communicate clear recommendations.

#### Professionalism:

1. Demonstrate ethical behavior.
2. Respect patients and colleagues.

#### Systems-Based Practice:

1. Have knowledge of public and private resources available to patients.

#### Evaluation:

1. Yearly assessment of knowledge base as evaluated by PRITE exam.
2. Close individual supervision for each patient seen.
3. Written performance review by supervising faculty at conclusion of rotation.
4. Written evaluation by resident at conclusion of the rotation.

*Resident demonstrates appropriate skills, knowledge, and expectations as outlined in the Goals and Objectives based on their level of training.*

## PSYCHOTHERAPY CLINIC

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One half day per week during second year. Residents build a caseload of 2-5 regular therapy patients (adults, children, couples, and families), who are seen by the resident independently and discussed in depth with supervisor.

#### Patient Care:

1. Perform comprehensive therapy intake and assessment.
2. Conduct wide range of therapies under supervision.
3. Counsel patients on methods and goals of therapy.

#### Medical Knowledge:

1. Learn various therapeutic processes and theories.

#### Practice-Based Learning and Improvement:

1. Evaluate caseload and practice experience in a systematic manner.
2. Review medical literature to improve quality of care.

#### Interpersonal and Communication Skills:

1. Maintain effective therapeutic relationship with diverse patient population.
2. Learn to communicate effectively with patients and their families.
3. Learn to manage own affect and countertransference effectively.

#### Professionalism:

1. Demonstrate responsibility for patient care.
2. Respond to patient communications in a timely manner.
3. Ensure continuity of care.

#### Systems-Based Practice:

1. Demonstrate knowledge of private and public community resources that may improve patients' quality of care.

#### Evaluation:

1. Sessions are taped/observed and reviewed with individual supervisor who provides feedback and performance review. Residents must demonstrate competency (as determined by faculty) in four subtypes of therapy to be eligible for graduation.
2. Written performance review by supervising faculty at conclusion of rotation.
3. Written evaluation by resident at conclusion of the rotation.

## ELECTIVES

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Full-time during fourth year. Residents may design curriculum to fit their specific areas of interest in both inpatient and outpatient settings.

#### Patient Care:

1. Learn to communicate effectively with patients/families.
2. Learn to perform comprehensive history.
3. Learn to perform therapeutic interviews.
4. Learn to counsel and educate families.

#### Medical Knowledge:

1. Learn criteria of major psychiatric disorders.
2. Learn effect of psychotropic medicals and substances of abuse.
3. Learn various non-pharmacologic treatments for psychiatric illnesses.

#### Practice-Based Learning and Improvement:

1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-o-date information to improve patient care.

#### Interpersonal and Communication Skills:

1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

#### Systems-Based Practice:

1. Gain an awareness of outside resources that may benefit patient care.

#### Evaluation:

1. Individual faculty supervisors provide supervision and regular performance evaluations.
2. Written evaluation by resident at conclusion of the rotation.

## GERIATRICS

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month, full time rotation. Includes training in hospice and end-of-life issues, inpatient geriatric work, nursing home consultations, and ethics committee involvement.

#### Patient Care:

1. Learn respectful behavior with patients and their families.
2. Learn to obtain and document history in geriatric patients.
3. Learn to develop comprehensive treatment plan.
4. Learn to assess patients' potential for self harm.
5. Learn skills to counsel and educate patients/families.

#### Medical Knowledge:

1. Learn features of major psychiatric diagnosis affecting the elderly.
2. Learn psychotropic medications and their use in the elderly.
3. Learn to utilize somatic treatment methods in the elderly.
4. Become knowledgeable about evaluations and treatment selection in the elderly.
5. Learn theories of ethical issues regarding the elderly and end of life care.

#### Practice-Based Learning and Improvement:

1. Recognize and accept one's limitations.
2. Obtain up-to-date information regarding care of the elderly.

#### Interpersonal and Communication Skills:

1. Develop therapeutic relationships with patients and their families.
2. Communicate effectively with patients and their families.
3. Have the ability to obtain consultations from other medical specialties.
4. Learn to work as a consultant to other professionals.
5. Maintain appropriate medical records.

#### Professionalism:

1. Demonstrate responsibility for patient care.
2. Communicate with patients and colleagues in a timely manner.
3. Demonstrate ethical behavior.

#### Systems-Based Practice:

1. Learn of various health care systems.
2. Learn of community resources available for patients.

#### Evaluation:

1. Individual case supervision by faculty supervisor.
2. Knowledge assessed in yearly PRITE exam.
3. Written performance review by supervising faculty at conclusion of rotation.
4. Written evaluation by resident at conclusion of the rotation.

## INPATIENT ADULT

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Total of 12 months, full time, spread over first three years of training. Residents are responsible for carrying their own caseload with supervision.

#### Patient Care:

1. Learn to communicate effectively with patients.
2. Learn to complete comprehensive history.
3. Learn to complete therapeutic interview.
4. Learn to educate patients effectively.

#### Medical Knowledge:

1. Learn criteria of major psychiatric illnesses.
2. Learn actions and effects of psychotropic medications.
3. Learn techniques of psychosocial therapies.
4. Learn appropriate patient evaluation and treatment selection.
5. Learn applied ethics as relevant to individual cases.

#### Practice-Based Learning and Improvement:

1. Learn techniques for lifelong learning.
2. Learn to obtain up-to-date information and evaluate how it may improve patient care.
3. Learn to evaluate caseload and practice experience in a systematic manner.

#### Interpersonal and Communication Skills:

1. Learn techniques to develop and maintain therapeutic relationships with patients.
2. Learn to elicit information.
3. Learn how to obtain consults from other medical specialties.
4. Learn to communicate effectively with patients.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn ethical behavior.

#### Systems-Based Practice:

1. Learn which community resources may help patients and how to access them effectively.

#### Evaluation:

1. Ongoing supervision by faculty for individual cases.
2. Written performance review by supervising faculty at conclusion of rotation.
3. Written evaluation by resident at conclusion of the rotation.
4. Knowledge assessment in yearly PRITE exam

*Resident demonstrates appropriate skills, knowledge, and expectations as outlined in the Goals and Objectives based on their level of training.*

## OUTPATIENT ADULT

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Full time during last six months of PGY-2 and first six months of PGY-3. At least one half day per week during remainder of PGY-2, PGY-3 and PGY-4.

#### Patient Care:

1. Learn to communicate effectively with patients.
2. Learn to complete comprehensive history.
3. Learn to complete therapeutic interview.
4. Learn to educate patients effectively.

#### Medical Knowledge:

1. Learn criteria of major psychiatric illnesses.
2. Learn actions and effects of psychotropic medications.
3. Learn techniques of psychosocial therapies.
4. Learn appropriate patient evaluation and treatment selection.
5. Learn applied ethics as relevant to individual cases.

#### Practice-Based Learning and Improvement:

1. Learn importance of and techniques for lifelong learning.
2. Learn to obtain up-to-date information and evaluate how it may improve patient care.
3. Learn to evaluate caseload and practice experience in a systematic manner.

#### Interpersonal and Communication Skills:

1. Learn techniques to develop and maintain therapeutic relationships with patients.
2. Learn to elicit information.
3. Learn how to obtain consults from other medical specialties.
4. Learn to communicate effectively with patients.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn ethical behavior.

#### Systems-Based Practice:

1. Learn which community resources may help patients and how to access them effectively.

#### Evaluation:

1. Ongoing supervision by faculty for individual cases.
2. Written performance review by supervising faculty at conclusion of rotation.
3. Written evaluation by resident at conclusion of the rotation.
4. Knowledge assessment in yearly PRITE exam.

*Resident demonstrates appropriate skills, knowledge, and expectations as outlined in the Goals and Objectives based on their level of training.*

## OUTPATIENT CHILD AND ADOLESCENT PSYCHIATRY

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One day per week for one year. Perform psychiatric intake evaluations and follow-up visits in a child/adolescent psychiatry clinic setting.

#### Patient Care:

1. Learn to communicate effectively with patients and their families.
2. Learn to complete comprehensive history.
3. Learn to complete therapeutic interview.
4. Learn to educate patients effectively.

#### Medical Knowledge:

1. Learn criteria of major psychiatric illnesses affecting children and adolescents.
2. Learn actions and effects of psychotropic medications specific to children and adolescents.
3. Learn developmental and social milestones for children and adolescents.
4. Learn appropriate techniques of psychosocial therapies.
5. Learn appropriate patient evaluation and treatment selection.
6. Learn applied ethics as relevant to individual cases.

#### Practice-Based Learning and Improvement:

1. Learn techniques for lifelong learning.
2. Learn to obtain up-to-date information and evaluate how it may improve patient care.
3. Learn to evaluate caseload and practice experience in a systematic manner.

#### Interpersonal and Communication Skills:

1. Learn techniques to develop and maintain therapeutic relationships with patients.
2. Learn to elicit information.
3. Learn how to obtain consults from other medical specialties.
4. Learn to communicate effectively with patients.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn ethical behavior.

#### Systems-Based Practice:

1. Learn what community resources may help patients and how to access them effectively.

#### Evaluation:

1. Ongoing supervision by faculty for individual cases.
2. Written performance review by supervising faculty at conclusion of rotation.
3. Written evaluation by resident at conclusion of the rotation.
4. Knowledge assessment in yearly PRITE exam.

## FAMILY MEDICINE

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY-1. In addition specific Goals and Objectives as per the Family Medicine Department need to be adhered to.

#### Patient Care:

1. Learn to communicate effectively with patients/families.
2. Perform and document a complete physical exam.
3. Order suitable medical diagnostic tests and understand the results, interpreting them appropriately for medical diagnosis.
4. Learn to perform comprehensive medical histories.
5. Learn to convey complex medical information.
6. Learn to counsel and educate families.

#### Medical Knowledge:

1. Learn onset and progression of symptoms of the common medical and surgical illnesses.
2. Learn the components of a multi-system physical exam
3. Learn pharmacology of common acute and chronic medical conditions.
4. Learn various non-pharmacologic treatments for medical illnesses.

#### Practice-Based Learning and Improvement:

1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice

#### Interpersonal and Communication Skills:

1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

#### Systems-Based Practice:

1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

#### Evaluation:

1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.

## INTERNAL MEDICINE

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY I. In addition specific Goals and Objectives as per the Internal Medicine Department need to be adhered to.

#### Patient Care:

1. Learn to communicate effectively with patients/families.
2. Perform and document a complete physical exam.
3. Learn to perform comprehensive medical histories.
4. Diagnose and document common medical disorders and formulate appropriate initial treatment plans.
5. Learn to convey complex medical information.
6. Learn to counsel and educate families.

#### Medical Knowledge:

1. Learn onset and progression of symptoms of the common medical illnesses.
2. Learn the components of a multi-system physical exam.
3. Know the indications for commonly used clinical and laboratory studies used in the diagnosis of a broad range of common medical conditions.
4. Learn pharmacology of common acute and chronic medical conditions.
5. Learn various non-pharmacologic treatments for medical illnesses.

#### Practice-Based Learning and Improvement:

1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice

#### Interpersonal and Communication Skills:

1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

#### Systems-Based Practice:

1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

#### Evaluation:

1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.

## NEUROLOGY

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY I. In addition specific Goals and Objectives as per the Neurology Department need to be adhered to.

#### Patient Care:

1. Learn to communicate effectively with patients/families.
2. Perform and document a complete and thorough neurological exam.
3. Diagnose and document common neurological disorders and formulate appropriate initial treatment plans.
4. Learn to convey complex medical information.
5. Learn to counsel and educate families.

#### Medical Knowledge:

1. Know the diagnostic criteria for the major neurological disorders.
2. Know the fundamentals of neurobiology, including neuroanatomy, neurochemistry and neuropathology.
3. Know the components of basic neurological exam.
4. Learn the basics of neuroimaging.
5. Know the nature of potential overlap between neurological treatments and psychiatric treatments.

#### Practice-Based Learning and Improvement:

1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice

#### Interpersonal and Communication Skills:

1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

#### Systems-Based Practice:

1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

#### Evaluation:

1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.

## EMERGENCY MEDICINE

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY I. In addition specific Goals and Objectives as per the Emergency Medicine Department need to be adhered to.

#### Patient Care:

1. Learn to communicate effectively with patients/families.
2. Perform and document a complete physical exam.
3. Order suitable medical diagnostic tests and understand the results, interpreting them appropriately for medical diagnosis.
4. Learn to perform comprehensive medical histories.
5. Learn to convey complex medical information.
6. Learn to counsel and educate families.

#### Medical Knowledge:

1. Learn onset and progression of symptoms of the common medical and surgical illnesses.
2. Learn the components of a multi-system physical exam.
3. Learn pharmacology of common acute and chronic medical conditions.
4. Learn common procedural skills routinely practiced in the emergency room.

#### Practice-Based Learning and Improvement:

1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice

#### Interpersonal and Communication Skills:

1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

#### Systems-Based Practice:

1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

#### Evaluation:

1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.

## PEDIATRICS

### GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY I. In addition specific Goals and Objectives as per the Pediatrics Department need to be adhered to.

#### Patient Care:

1. Learn to communicate effectively with children and families.
2. Perform and document a complete child physical exam.
3. Order suitable medical diagnostic tests and understand the results, interpreting them appropriately for medical diagnosis.
4. Learn to perform comprehensive medical histories.
5. Learn to convey complex medical information to patients and families.
6. Learn to counsel and educate families.

#### Medical Knowledge:

1. Learn onset and progression of symptoms of the common pediatric medical and surgical illnesses.
2. Learn the components of a multi-system physical exam.
3. Learn pharmacology of common acute and chronic pediatric medical conditions.
4. Learn developmental milestones for children.
5. Learn vaccination schedules.

#### Practice-Based Learning and Improvement:

1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice

#### Interpersonal and Communication Skills:

1. Learn to communicate effectively with patients, families and agencies.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

#### Professionalism:

1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

#### Systems-Based Practice:

1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

#### Evaluation:

1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.