Vanderbilt University
Medical Center

Med-Peds Residency Program

Goals and Objectives
Specific to Med-Peds
2015-16

Sandra A. Moutsios, MD
Program Director
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Overall program goal and objectives of the
Vanderbilt Combined Med-Peds Residency Training Program

Goal of the Med-Peds Residency Program:

The goal of the Med-Peds residency training program at the Vanderbilt University Medical Center is to produce physicians who have developed the competencies to function as independent internists and pediatricians who care for adults and children of all ages.

Objectives of the Med-Peds Residency Program

The Med-Peds residency training program at Vanderbilt University Medical Center and School of Medicine has been designed to enable residents upon completion of the program to be able to:

1. Apply established and evolving knowledge in the biomedical, clinical, and epidemiological sciences related to medicine and pediatrics as well as related knowledge in the social-behavioral sciences to their care of child, adolescent, and adult patients. (ACGME Competency Medical Knowledge)

2. Provide compassionate, appropriate, and effective patient care by
   a. using data about a patient (history, physical examination, laboratory and imaging studies) along with medical knowledge to create a differential diagnosis, plan for further evaluation, and comprehensively manage patients with a variety of disorders; (ACGME Competency Patient Care)
   b. developing a relationship with patients and their families in which health care needs are identified and addressed collaboratively in the context of the patient as a whole person. (ACGME Competency Interpersonal and Communication Skills)

3. Improve the patient care that they provide by continuously assessing their performance, incorporating feedback and pursuing learning related to improvement opportunities. (ACGME Competency Practice-based Learning and Improvement)

4. Function effectively with the system of health care beyond the clinical encounter to call effectively on additional resources to provide optimal health care for patients with a variety of disorders. (ACGME Competency Systems-based Practice)

5. Conduct their professional life in accordance with the expectations of the profession of medicine and society, manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds. (ACGME Competency Professionalism)

6. Pursue a career in medicine caring for children and adults as a generalist or as a sub-specialist, and seeking to make an impact as a leader in the medical field improving the delivery of health care in a variety of venues including general medicine, subspecialty medicine, population medicine, health policy, biomedical research, or international health medicine.
General Description of the Med-Peds Residency Training Program at Vanderbilt University Medical Center

The combined med-peds residency training program is a unique training experience that combines 24 months of categorical pediatrics experiences and 24 months categorical internal medicine training to produce exemplary generalist physicians who will excel in a broad array of medical venues. The med-peds physician in training brings pediatric experiences to enrich the adult medicine world-including but not limited to exposure to patients with Down’s syndrome, congenital heart disease, developmental delay issues, and comfort with dosing medicines for small body weights. In the same vein, they bring unique experiences from the adult medicine world to pediatrics -- including management of hypertension, diabetes and obesity to mention a few. With these unique experiences, our graduates have equally unique career choices including academic general med-peds, global health tracks, academic hospitalists, subspecialists who see adults and children (including endocrine, allergy, rheumatology and cardiology), CDC EIS officers, emergency department physicians, community leaders and bench researchers.

Our rotations are constructed so that each resident rotates between medicine and pediatric every 3-6 months. Residents are completely integrated into each parent program in every rotation. The intern year emphasizes ward medicine and ward pediatric experiences so that residents may have exposure to all the experiences in a supervised capacity in which they will be asked to perform as a supervisor in the future. The second year introduces the resident to the roles of junior resident supervisor on the wards and subspecialty consultant. The 3rd and 4th years continue with the supervisory roles in a ward resident capacity. These years also include many electives and outpatient clinic months as well as continued subspecialty consultant experiences. Six months of an individualized curriculum are woven into the 3rd and 4th year experiences.

Residents are evaluated by the people that they work and learn with, including the attending physicians, co-residents and interns, and students. In addition, they are given feedback from clinic nurses, ward services nurses, clinic clerical staff, and outpatient continuity clinic attending faculty, and patients and their families. Residents are also asked to do self-evaluations throughout their residency.

In addition to rotations that are within the categorical programs, there are educational experiences that are unique to combined med-peds training. These include our weekly med-peds Thursday lunch conference series that includes several separate conference series including: the clinical masters conference, the clinically appraised topics (CAT) conference, the Scholarship and Teaching as Residents (STAR) conference, the clinical skills conference and the quality improvement (QI) conference. In addition to the med-peds conference series, our residents meet weekly in a combined med-peds continuity clinic. This is staffed by physicians who are all double boarded in med-peds. Within the continuity clinic is our Vanderbilt med-peds outpatient clinic curriculum case based educational series. Lastly, we require a med-peds scholarly project from each resident prior to completion of the program. This could include a case presentation at regional or national meetings, original bench research work, clinical research work, community educational projects, presenting a medicine or pediatric grand rounds or other scholarly projects identified by residents and approved by faculty.

In summary, our combined program is more than the sum of 24 months experiences in two parent programs. Our graduates are well integrated into each categorical program, but yet have a distinct identity as med-peds and an educational curriculum that is tailored to the med-peds combined resident physician in training.
Overall goals for rotations

Residents will have the opportunity to assess and follow patients longitudinally in the outpatient continuity clinic setting including health maintenance visits, acute care visits, and chronic diseases management visits. They will also assess and manage patients acutely on the inpatient ward services including adult and pediatric, general, subspecialty and ICU ward rotations. Rapport with the patient and family when appropriate will be established with the resident having graded responsibility for planning the course of care and communicating with the patient, and family. The attributes of patient care competency will be prominently displayed in this setting, where the resident will apply medical knowledge thus far obtained, learn about patient problems through practiced-based learning and optimize care venues through systems-based learning and problem solving. The success of patient care will entail effective interpersonal and communication skills between the resident and patient as well as with the outpatient physicians. How one attends to these diverse demands is one example of professionalism. The objectives for each rotation are listed in later sections of this document.

Guided supervision in patient care and clinical education

Because the goal of the med-peds residency program is to create physicians capable of serving as an independent internist and pediatrician, each resident upon completion of the program must have demonstrated the ability to care for adult and children with general medicine and general pediatric issues without the need for oversight and modification of their work by faculty. During the residency program, faculty will encourage assumption of independence as expeditiously as the resident's increasing knowledge and experience and professional maturity permit, in keeping with both safe patient care and sound educational principles.

The responsibility of the attending physician for the patient is never relinquished but the amount of freedom to make decisions and implement them and the amount and timing of faculty supervision will change depending on an individual resident's demonstrated performance as judged by on-going faculty review of performance as the resident progresses through the program.

Attending physicians serve as a resource for residents and are available (by phone, paging device or in person) to residents for guidance or assumption of care as needed. Teaching rounds occur daily on both adult and pediatric services.

A typical care team consists of a supervising attending, one or two upper level resident (PGY2-4), one or four interns, and often medical student(s). In this team, there is a hierarchy of increasing authority and responsibility as experience is gained. For example, the upper level resident has more authority and responsibility than the interns, and they more than the medical students. Judgments on delegation of responsibility are made by the attending; based on his or her direct observation and knowledge of each team member's skills and ability. The degree of supervision may vary with the clinical circumstances and the developmental stage of the med-peds resident. Attending rounds provide a format for in-depth discussion of clinical presentation, pathophysiology, and management. All major clinical decisions are discussed and all plans are reviewed with an attending.
Residents would be expected to develop independent practice in three stages:

**Stage 1 (PGY-1 Interns)**

1. The intern functions as an integral member of care team.
2. The intern sees patient initially.
   a. Performs complete history and physical examinations on all new in-patients and/or outpatients for whom he or she has primary responsibility.
   b. Examines all data related to the management of patients he or she has evaluated.
   c. Synthesizes all available information to generate differential diagnoses and subsequent diagnostic and therapeutic plans.
   d. Communicates the synthesis of the above information in both an oral and written format to his or her supervising faculty member.
   e. Follow-up on all tests and procedures ordered for patients under his or her care.
3. In continuity clinic, **all patients are presented in detail to the clinic faculty member**, the faculty member then interviews and examines the patient with the intern, followed by an extensive discussion of differential diagnosis proposed approaches, etc. This occurs for at least the first 6 months of their internship. In the latter part of the internship year, the attending sees most but not all of the patients the intern sees in clinic.
4. All records in a clinic session are reviewed by the attending faculty member, and a faculty addendum note is written by the attending assigned to supervise the clinic.

**Stage 2 (PGY 2 & 3 Junior Residents)**

1. The resident functions as an integral member of the care team.
2. The resident sees patients usually after an intern, but at times concurrently in the inpatient setting. The resident sees his or her own patients initially independently in the continuity clinic.
   a. Performs complete history and physical examinations on all new in-patients and outpatients for whom he or she has primary responsibility.
   b. Examines all data related to the management of patients he or she has evaluated.
   c. Synthesizes all available information to generate differential diagnoses and subsequent diagnostic and therapeutic plans.
   d. Communicates the synthesis of the above information in both an oral and written format to their supervising faculty member.
   e. Provides direct care of patients including all order writing, test ordering, and documentation
   f. Follow-up on all tests and procedures ordered for patients under his or her care.
3. In continuity clinic, a resident sees each of his or her patients independently and after a **synthesis of data (history, physical exam, and lab or x-ray data) for each patient he or she presents to the clinic faculty attending**. The faculty member will see patients when either he or she OR the residents feel it is necessary. Otherwise, an **attending note is placed in the chart after extensive discussion of each patient issue.**
4. All records in a clinic session are reviewed, a resident note is written, and a faculty addendum note is written by the attending assigned to supervise the clinic.
**Stage 3 (PGY-4 Senior Residents)**

1. The resident functions as an integral member of the care team.

2. The resident sees patients after the intern, or occasionally concurrently, in the inpatient setting. The resident sees his or her patients independently in the continuity clinic setting. He or she sees most patients independently in the clinic setting, and checks out with the attending either before or after the patient has left the clinic.
   a. Performs complete history and physical examinations on all new in-patients and outpatients for whom he or she has primary responsibility.
   b. Examines all data related to the management of patients he or she has evaluated.
   c. Synthesizes all available information to generate differential diagnoses and subsequent diagnostic and therapeutic plans.
   d. Communicates the synthesis of the above information in written format in the medical record.
   e. Provides direct care of patients including all order writing, test ordering, relevant procedures and documentation.
   f. Follows-up on all tests and procedures ordered for patients under his or her care.

3. In continuity clinic, a senior resident evaluates each of his or her patients independently, immediately after the visit or clinic session, presents the essential information for each new and follow up patients to the clinic faculty attending and a discussion of each patient issues ensues. The faculty member will see the rare patient where a senior resident has a question or is uncertain of a physical finding, or whenever the judgment of the resident or the attending calls for their additional evaluation in clinic.

4. All records in a clinic session are reviewed by the clinic faculty attending, and a faculty addendum note is written by the attending assigned to supervise the clinic.

At the completion of stage 3, a senior resident is competent to evaluate, treat and manage adults and children for general medicine and general pediatric issues independently and without supervision.
### Typical Rotation Schedule over 4 years of combined Med-Peds Training – 2015-16

<table>
<thead>
<tr>
<th>Pediatrics</th>
<th>Medicine</th>
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<tbody>
<tr>
<td><strong>PGY-1</strong></td>
<td></td>
</tr>
<tr>
<td>Peds Gen Wards- A or B</td>
<td>Morgan (gen medicine wards) x2-4wks</td>
</tr>
<tr>
<td>Peds Gen Wards- A or B</td>
<td>Rogers (sub-specialty med wards) x2-4wks</td>
</tr>
<tr>
<td>PACC</td>
<td>VA Wards (gen med) x2-4 wks</td>
</tr>
<tr>
<td>NICU</td>
<td>Harrison (cardiology wards) x1</td>
</tr>
<tr>
<td>Required Subspecialty</td>
<td>MICU (VU) x1</td>
</tr>
<tr>
<td>Peds ED</td>
<td>Clinic month - (to include geriatrics and rheum)</td>
</tr>
<tr>
<td>(if 7th – elective / vacation)</td>
<td>Nights – 2 wks</td>
</tr>
<tr>
<td></td>
<td>(if 7th- clinic block)</td>
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<tr>
<td><strong>PGY-2</strong></td>
<td></td>
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<tr>
<td>Required Sub-specialty (supervisory)</td>
<td>Adult ED</td>
</tr>
<tr>
<td>Hem-Onc - wards</td>
<td>VA Wards</td>
</tr>
<tr>
<td>PICU</td>
<td>Harrison- inpt cards</td>
</tr>
<tr>
<td>Newborn Nursery</td>
<td>Inpt Onc / Vac</td>
</tr>
<tr>
<td>Advocacy/Community Peds</td>
<td>Outpatient Clinic</td>
</tr>
<tr>
<td>Elective</td>
<td>Outpatient Clinic</td>
</tr>
<tr>
<td>(if 7th nights/vacation)</td>
<td>(if 7th - nights/vacation)</td>
</tr>
<tr>
<td><strong>PGY-3</strong></td>
<td></td>
</tr>
<tr>
<td>Gen Wards – A or B (supervisory)</td>
<td>Wards (VA or Morgan or Rogers)</td>
</tr>
<tr>
<td>Child Development</td>
<td>Wards (VA/Morgan/Rogers)</td>
</tr>
<tr>
<td>Adolescent Clinic</td>
<td>MICU</td>
</tr>
<tr>
<td>NICU</td>
<td>Outpatient Clinic</td>
</tr>
<tr>
<td>Elective (v)</td>
<td>Outpatient Clinic</td>
</tr>
<tr>
<td>Individualized Curriculum</td>
<td>Individualized Curriculum</td>
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<tr>
<td>(if 7th- core elective / vac)</td>
<td>(if 7th – nights/vacation)</td>
</tr>
<tr>
<td><strong>PGY-4</strong></td>
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<tr>
<td>Gen Peds Wards – A or B (supervisory)</td>
<td>Wards (VA or Morgan or Rogers) + NIGHTs 2+2</td>
</tr>
<tr>
<td>Cardiology-wards</td>
<td>Wards ( VA or Morgan or Rogers)</td>
</tr>
<tr>
<td>Peds acute care clinic chief</td>
<td>Heme Consults/Neuro</td>
</tr>
<tr>
<td>(supervisory)</td>
<td></td>
</tr>
<tr>
<td>Peds ED</td>
<td>Clinic / Vac</td>
</tr>
<tr>
<td>Individualized Curriculum</td>
<td>Individualized Curriculum</td>
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<tr>
<td>Individualized Curriculum</td>
<td>Individualized Curriculum</td>
</tr>
<tr>
<td>(if 7th – nights/elective)</td>
<td>(if 7th - nights/vacation)</td>
</tr>
<tr>
<td><strong>Vacation</strong></td>
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<tr>
<td>intern year, 3 weeks, 2 on one service, 1 on the other</td>
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</tr>
<tr>
<td>years 2-4, 2 separate weeks on pediatrics, 2 weeks together on medicine</td>
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**Switch** between services every 3 months.
Second years do not switch departments in July to allow for a shift in their rotation order to enhance their exposure to seasonal curricula. The results in a one-time 6 month stretch in one department.
The Six ACGME Core Competencies
as defined by the ACGME

(adapted from Introduction to Competency-based Education Facilitator’s Guide;
ACGME; April 2006; B. Joyce, Ph.D.)
(http://www.acgme.org/outcome/e-learn/21M1_FacManual.pdf)

1. **Medical Knowledge (MK):**
   Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

   **Residents are expected to:**
   a. Demonstrate an investigatory and analytic thinking approach to clinical situations.
   b. Know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

2. **Patient Care (PC):**
   residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

   **Residents are expected to:**
   a. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
   b. Gather essential and accurate information about their patients.
   c. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
   d. Develop and carry out patient management plans.
   e. Counsel and educate patients and their families.
   f. Use information technology to support patient care decisions and patient education.
   g. Perform competently all medical and invasive procedures considered essential for the area of practice.
   h. Provide health care services aimed at preventing health problems or maintaining health.
   i. Work with health care professionals, including those from other disciplines, to provide patient-focused care.

3. **Practice Based Learning and Improvement (PBLI):**
   residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

   **Residents are expected to:**
   a. Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
   b. Obtain and use information about their own population of patients and the larger population from which their patients are drawn.
   c. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems.
   d. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
e. Use information technology to manage information, access on-line medical information; and support their own education.

f. Facilitate the learning of students and other health care professionals.

4. Systems Based Practice (SBP):
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Residents are expected to:
- a. Describe and discuss how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- b. Practice cost effective health care and resource allocation that do not compromise quality of care.
- c. Advocate for quality patient care and assist patients in dealing with system complexities.
- d. Partner with health care managers and health care providers to assess, coordinate.

5. Professionalism (P):
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Residents are expected to:
- a. Demonstrate respect, compassion and integrity.
- b. Demonstrate a commitment to ethical principles and responsiveness to patients’ culture, age, gender and disabilities.

6 Interpersonal and Communication Skills (ICS):
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

Residents are expected to:
- a. Create and sustain a therapeutic and ethically sound relationship with patients.
- b. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
- c. Work effectively with others as a member or leader of a health care team or other professional group.

What does the ACGME expect?
Programs should be able to document and demonstrate:
- Learning opportunities in each competency domain.
- Evidence of multiple methods to assess competencies.
- Use of aggregate data to improve the educational program.

Throughout the rest of this document, where learning objectives are described, the core competency they relate to will be identified with the above abbreviations in parentheses.
On-line locations for Goals and Objectives
Pediatrics, Internal Medicine and Combined Med-Peds

The program goals and objectives for both categorical programs are located in two places. They are on the categorical web sites:

Vanderbilt Department of Pediatrics:
http://pediatrics.mc.vanderbilt.edu/

Vanderbilt Department of Internal Medicine:
https://medicine.mc.vanderbilt.edu/home

And they are also posted on the med-peds web site, in addition to the goals and objectives for the combined program.

Vanderbilt Med-Peds Residency Training Program
https://medicine.mc.vanderbilt.edu/medped/
1) Med-Peds Conference Series

a) Clinical Masters Conference

**Goal:** Expose first year residents to the clinical problem solving practices of clinical masters. The senior residents will choose 10 teachers they feel to be the best in the institution. Interns will be able to watch how clinical masters solve clinical problems and learn improved clinical problem solving by example.

**Expectations:** Attendance is required. Interns will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Anonymous feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning objectives**
As a result of participating in the Clinical Masters Conference, interns should be able to:
- Describe and discuss clinical problem-solving strategies demonstrated by clinical masters. (MK, PC)
- Critically assess clinical problem-solving strategies demonstrated by clinical masters. (MK, PC)
- Incorporate demonstrated strategies into personal approaches to clinical problem solving (PC, P)

**Supervision and assessment:**
- Attendance will be taken at each conference by the program coordinator.
- Clinical problem-solving will be assessed by attending physicians.

b) Critically Appraised Topics (CAT) Conference

**Goal:** Introduce the concept of CATs by observing how more senior residents access, evaluate and use the medical literature to succinctly answer focused, specific clinical questions.

**Expectations:** Attendance is required. Interns will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning objectives**
As a result of participating in the Critically Appraised Topics Conference, interns should be able to:
- Describe and discuss the purpose of a CAT (ICS, MK, PBLI)
- Explain the intent and rationale for brevity of a CAT (ICS, MK, PBLI)
- Access and evaluate the medical literature as the first step in developing a CAT that will answer a clinical question. (ICS, MK, PBLI)

**Supervision and assessment:**
- Attendance will be taken at each conference by the program coordinator.
- Critically appraised topics (CATs) will be assessed by attending physicians.
c) Scholarship and Teaching as Residents (STAR) Conference

**Goal:** Introduce interns to concepts required for effective teaching and poster design. This includes how to create goals and objectives, how to create and present a poster, and how to teach effectively in a small group setting.

**Expectations:** Attendance is required. Interns will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning Objectives**
As a result of participating in the STAR Conference, interns should be able to:

- Create learning goals and objectives for medical teaching and educational materials. (ICS, P)
- Create posters based on accepted educational principles (ICS, P)
- Teach effectively in small groups. (ICS, P)

**Supervision and assessment**
- Attendance will be taken at each conference by the program coordinator.
- Teaching and posters will be assessed by attending physicians.

d) Quality Improvement (QI) Conference

**Goal:** Introduce interns to the tools used for process improvement in a clinical health care setting.

**Expectations:** Interns will have the opportunity to create quality improvement projects within their own resident practice, within the med-peds practice cohort and with a sentinel event within the hospital or clinic setting of their choice. Attendance is required. Interns will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning Objectives:**
At the end of the first year of the QI conference series, interns should be able to:

- Describe and discuss how to implement a PDSA cycle (PBLI, SBP)
- Use the star tracker tool to query their own panels for QI questions (PBLI, SBP)
- Use the health care matrix at least twice to analyze a sentinel event and create ways to improve based on their own analysis (PBLI, SBP)

**Supervision and assessment:**
- Attendance will be taken at each conference by the program coordinator.
- Dr. Green and the clinic team assembled to direct clinic QI projects will facilitate these discussions and establish the project content with resident input that is needs based

e) Clinical Skills (CS) Conference

**Goal:** Introduce interns to clinical skills they will need in the inpatient and outpatient setting, and give them a chance to practice these skills and ask questions to an expert
Expectations: Interns will attend and participate with each of the clinical skills sessions. They will actively ask questions on those topics that are unclear.

Learning Objectives:
At the end of the first year of the clinical skills series, interns should be able to:

- Demonstrate improved skills in global physical exam skills
- Demonstrate improved accuracy in reading EKGs, CXR, and other tools for direct patient care (PC, MK, PBLI)

Supervision and assessment:

- Attendance will be taken at each conference by the program coordinator.
- Their clinic preceptor will review the clinical skills acquisition with them in real time in the outpatient clinic setting. They will also review inpatient attending feedback on these skills as well. (PC, MK, PBLI)

2) Med-Peds Combined Continuity Clinic

Goal: Expose interns in the continuity clinic to a wide array of patients of all ages presenting for health maintenance, acute care problem based visits, and chronic disease management such as diabetes, hypertension and high cholesterol, and to provide an opportunity for interns to begin to develop a sound approach for managing these patients during these visits.

Expectations: Interns will be expected to see a minimum of 54 adult and 54 pediatric patients over a one year period. They will have at minimum of 36 clinic weeks each year. Clinics are in the afternoon, and all post call clinics will be re-scheduled. The clinic secretary will alert them ahead of time when these clinics are rescheduled. A pre-clinic med-peds case based outpatient curriculum will occur at the first 20 minutes of each clinic session.

Learning objectives:
At the end of the intern year, the PGY-1 resident should be able to:

- Conduct a complete health maintenance visits for persons of all ages (PC, MK, ICS, P)
- Describe and discuss all resources for routine screening, health maintenance and vaccines for all ages (PC, MK, ICS, P)
- Create initial plans for patients with routine acute presenting problems and routine chronic disease management (PC, MK, ICS, P)
- Know their limits in diagnosing complex cases and knowing when to ask for help. (PC, MK, ICS, P)
- Summarize and use when appropriate information presented in the case based pre-clinic curriculum. (PC, MK, ICS, P)

Supervision and assessment:

- A faculty member who is double boarded in internal medicine and pediatrics will precept each clinic. This preceptor will see all patients with the intern for the first 6 months of the year. After that initial time period, depending on the comfort level of both the intern and the attending, they are permitted to check patients out to the attending verbally without direct confirmation by the attending seeing each patient.
• Assessments will be in the form of at least semi-annual mini-CEX’s performed by the attending. Direct feedback is given by the attending is given in real time with every patient.

3) Med-Peds Scholarly Project

Goal: Provide interns exposure to the community of scholars in med-peds at regional or national medical society meeting and an opportunity to participate in this community by making scholarly presentations.

Expectations: Resident will create scholarly materials that will be shared with learners at a local, regional or national level. The exact requirements are intentionally left vague to encourage creativity and to allow for very different learners with very different ultimate career goals. Examples could include, but are not limited to: posters of case presentations presented at regional, or national meetings; original basic research; original health services research; creation of clinical teaching materials reaching an audience beyond Vanderbilt; service projects and teaching projects that impact a significant number of learners locally or regionally, etc. This project may be completed at any level within the 4 years of residency.

Learning Objectives:
At the completion of the scholarly project, the learner should be able to:
• Make an effective formal presentation at a regional or national level. (ICS, P, MK)
• Create learning materials in a generally accepted scholarly format that can be shared with the med-peds community (ICS, P, MK)

Supervision and assessment:
• The entire med-peds faculty will serve as resource faculty for these projects. Residents are also allowed to find faculty support outside the combined med-peds faculty.
• The program director and associate program director with confirm with each resident that their proposed project meets the above intentions.
• The PD and ADP will confirm with the resident that their final project is acceptable.
Vanderbilt Combined Med-Peds Goals and Objectives (PGY-2-3s)

1) Med-Peds Conference Series

a) Clinical Masters Conference

**Goal:** Expose second and third year residents to the clinical problem solving practices of clinical masters. The senior residents will choose 10 teachers they feel to be the best in the institution. They will be able to watch how clinical masters and senior residents solve clinical problems and learn improved clinical problem solving by example.

**Expectations:** Attendance is required. Residents will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Anonymous feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning objectives**
As a result of participating in the Clinical Masters Conference, residents should be able to:
- Describe and discuss clinical problem-solving strategies demonstrated by clinical masters. (MK, PC)
- Critically assess clinical problem-solving strategies demonstrated by clinical masters. (MK, PC)
- Incorporate demonstrated strategies into personal approaches to clinical problem solving (PC, P)

**Supervision and assessment:**
- Attendance will be taken at each conference by the program coordinator.
- Clinical problem-solving will be assessed by attending physicians.

b) Critically Appraised Topics (CAT) Conference

**Goal:** Provide opportunities for PGY 2 and 3 residents to develop CATs with senior resident and faculty guidance by accessing, evaluating and using the medical literature to succinctly answer focused, specific clinical questions.

**Expectations:** Attendance is required. Residents will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning objectives**
As a result of participating in the CAT Conference, residents should be able to:
- Use the CAT maker tool. (ICS, MK, PBLI)
- Explain the purpose, intent and rationale for brevity of a CAT (ICS, MK, PBLI)
- Create personal CATs by accessing, evaluating and using the medical literature to succinctly answer focused, specific clinical questions. (ICS, MK, PBLI)
- Present a CAT that they have developed to other residents with faculty support.

**Supervision and assessment:**
- Attendance will be taken at each conference by the program coordinator.
- Critically appraised topics (CATs) will be assessed by attending physicians.
c) **Scholarship and Teaching as Residents (STAR) Conference**

**Goal:** Provide second and third year residents with opportunities to continue to learn to be a better teacher. This will be accomplished by creating goals and objectives for each session that they teach and by beginning to evaluate what they are teaching. Residents will be provided an opportunity to present posters or other scholarly projects that they plan to present in professional settings.

**Expectations:** Attendance is required. Residents will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning Objectives**

As a result of participating in the STAR Conference, residents should be able to:

- Create learning goals and objectives for medical teaching and educational materials. (ICS, P)
- Create posters based on accepted educational principles (ICS, P)
- Teach effectively in small and large groups. (ICS, P)

**Supervision and assessment**

- Attendance will be taken at each conference by the program coordinator.
- Teaching and posters will be assessed by attending physicians.

d) **Quality Improvement (QI) Conference**

**Goal:** Provide second and third year residents with an opportunity to further develop skills to use tools for process improvement in a clinical health care setting.

**Expectations:** Residents will have the opportunity to create quality improvement projects within their own resident practice, within the med-peds practice cohort and with a sentinel event within the hospital or clinic setting of their choice. Attendance is required. Residents will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning Objectives:**

After participating in the QI conference, residents should be able to:

- Describe and discuss how to implement a PDSA cycle (PBLI, SBP)
- Use the star tracker tool to query their own panels for QI questions (PBLI, SBP)
- Show continued improvement in their use of the Health Care Matrix and use it at least twice a year to analyze a sentinel event and create ways to improve based on their own analysis. (PBLI, SBP)

**Supervision and assessment:**

- Attendance will be taken at each conference by the program coordinator.
- Dr. Green and the clinic team assembled to direct clinic QI projects will facilitate these discussions and establish the project content with resident input that is needs based.

e) **Clinical Skills (CS) Conference**

**Goal:** To create excellence in basic clinical skills resident will need in the inpatient and outpatient setting, and give them a chance to practice these skills and ask questions to an expert
Expectations: PGY2s and 3s will attend and participate with each of the clinical skills sessions. They will actively ask questions on those topics that are unclear.

Learning Objectives:
At the end of the first year of the clinical skills series, interns should be able to:
- Demonstrate improved skills in global physical exam skills
- Demonstrate improved accuracy in reading EKGs, CXR, and other tools for direct patient care (PC, MK, PBLI)

Supervision and assessment:
- Attendance will be taken at each conference by the program coordinator.
- Their clinic preceptor will review the clinical skills acquisition with them in real time in the outpatient clinic setting. They will also review inpatient attending feedback on these skills as well. (PC, MK, PBLI)

2) Med-Peds Combined Continuity Clinic

Goal: Expose second and third year residents in the continuity clinic to a wide array of patients of all ages presenting for health maintenance, acute care problem based visits, and chronic disease management such as diabetes, hypertension and high cholesterol, and provide an opportunity for them to refine their approaches for managing these patients during these visits. As a resident grows in clinical skills and professional maturity, the attending and senior resident will allow the resident to practice with increasing independence.

Expectations: Residents at PGY-2 will be expected to see a minimum of 72 adult and 72 pediatric patients over a one year period. Residents at the PGY3-level will be expected to see a minimum of 90 adults and 90 children over a one year period. They will have at minimum of 36 clinic weeks each year. Clinics are in the afternoon, and all post call clinics will be re-scheduled. Our clinic secretary will alert them ahead of time when these clinics are rescheduled. A pre-clinic med-peds case based outpatient curriculum will occur at the first 20 minutes of each clinic session.

Learning objectives:
At the end of the PGY 2 and 3 year, the PGY 2 and 3 resident should be able to:
- Conduct a comprehensive health maintenance visits for persons of all ages (PC, MK, ICS, P)
- Access as indicated resources for routine screening, health maintenance and vaccines for all ages (PC, MK, ICS, P)
- Provide anticipatory guidance and health maintenance counseling as indicated. (PC, MK, ICS, P)
- Create substantial plans for patients with routine acute presenting problems and routine chronic disease management which will be subject to review and amendment by the attending physician. (PC, MK, ICS, P)
- Know their limits in diagnosing complex cases and knowing when to ask for help. (PC, MK, ICS, P)
- Summarize and use when appropriate information presented in the case based pre-clinic curriculum. (PC, MK, ICS, P)

Supervision and assessment:
• A faculty member who is double boarded in internal medicine and pediatrics will precept each clinic. The preceptor is available at all times during clinic for question or consultation, and will see any patient that a resident has questions about or feel unsure about their assessment or plan. As the resident progresses through the PGY-2 and PGY-3 year, they will need attending consultation less and less and begin to function some independently.

• Assessments will be in the form of at least semi-annual mini-CEX’s performed by the attending. Direct feedback is given by the attending in real time with every patient.

3) **Med-Peds Scholarly Project**

**Goal:** Provide PGY 2 and 3 residents with exposure to the community of scholars in med ped at regional or national medical society meeting and an opportunity to participate in this community by making scholarly presentations.

**Expectations:** Residents will continue to work with a mentor in their area of academic interest. They will work with this mentor, or one of the med-peds faculty whom they choose, who will help them identify and create their scholarly project. Residents will create scholarly materials that will be shared with learners at a local, regional or national level. The exact requirements are intentionally left vague to encourage creativity and to allow for very different learners with very different ultimate career goals. Examples could include, but are not limited to: posters of case presentations presented at regional, or national meetings; original basic research; original health services research; creation of clinical teaching materials reaching an audience beyond Vanderbilt; service projects and teaching projects that impact a significant number of learners locally or regionally, etc. This project may be completed at any level within the 4 years of residency.

**Learning Objectives:**

At the completion of the scholarly project, the learner should be able to:

• Make a formal presentation at a regional or national level (ICS, P, MK)
• Create learning materials in a generally acceptable scholarly format that can be shared with the med peds community (ICS, P, MK)

**Supervision and assessment:**

• The entire med-peds faculty will serve as resource faculty for these projects. Residents are also allowed to find faculty support outside the combined med-peds faculty.
• The program director and associate program director with confirm with each resident that their proposed project meets the above intentions.
• The PD and ADP will confirm with the resident that their final project is acceptable.
1) Med-Peds Conference Series

a) Clinical Masters Conference

**Goal:** Provide PGY4 residents with an opportunity to serve as a role model for junior residents and residents based on the clinical problem solving practices of clinical masters. The senior residents will choose 10 teachers they feel to be the best in the institution. Residents and junior residents will be able to watch how clinical masters and senior residents solve clinical problems and learn improved clinical problem solving by example.

**Expectations:** Attendance is required. Residents will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Anonymous feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning objectives**
As a result of participating in the Clinical Masters Conference, resident should be able to:

- Describe and discuss clinical problem-solving strategies demonstrated by clinical masters. (MK, PC)
- Critically assess clinical problem-solving strategies demonstrated by clinical masters. (MK, PC)
- Incorporate demonstrated strategies into personal approaches to clinical problem solving (PC, P)
- Serve as role model for junior residents and residents. (MK, PC, P)

**Supervision and assessment:**
- Attendance will be taken at each conference by the program coordinator.
- Clinical problem-solving will be assessed by attending physicians.

b) Critically Appraised Topics (CAT) Conference

**Goal:** Provide an opportunity for senior residents to develop a CAT presentation independently, continuing to use the CAT maker tool and using the literature to answer focused, specific clinical questions, and then presenting the results to their resident colleagues. After a year of participation by observation, and two years participating in creating these conferences with faculty and senior resident guidance, senior residents should serve as a role model for the more junior residents.

**Expectations:** Attendance is required. Residents will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning objectives:**
As a result of participating in the CAT Conference, residents should be able to:

- Use the CAT maker tool effectively. (ICS, MK, PBLI)
- Explain the purpose, intent and rationale for brevity of a CAT. (ICS, MK, PBLI)
- Deliver an effective, concise informative CAT conference with minimal faculty support. (ICS, MK, PBLI)
- Serve as a role model for more junior learners.
Supervision and assessment:
- Attendance will be taken at each conference by the program coordinator.
- Critically appraised topics (CATs) will be assessed by attending physicians.

c) Scholarship and Teaching as Residents (STAR) Conference

**Goal:** Provide an opportunity for senior resident to demonstrate their successful development as teachers. This will be accomplished by referring to the goals and objectives for each session that they teach and by showing how they evaluate what they are teaching. Residents will be provided an opportunity to present posters or other scholarly projects that they plan to present in professional settings. Senior residents and attendings will critique the presentations.

**Expectations:** Attendance is required. Residents will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning Objectives**
As a result of participating in the STAR Conference, residents should be able to:
- Create learning goals and objectives for medical teaching and educational materials. (ICS, P)
- Create posters based on accepted educational principles (ICS, P)
- Teach effectively in small and large groups. (ICS, P)
- Model successful approaches to teaching and assessment to more junior residents.

Supervision and assessment
- Attendance will be taken at each conference by the program coordinator.
- Teaching and posters will be assessed by attending physicians.

d) Quality Improvement (QI) Conference

**Goal:** Provide PGY 4 residents with an opportunity to further refine their skills using tools for process improvement in a clinical health care setting.

**Expectations:** Residents will have the opportunity to create quality improvement projects within their own resident practice, within the med-peds practice cohort and with a sentinel event within the hospital or clinic setting of their choice. Attendance is required. Residents will be excused if they are in an ICU, post-call, caring for an emergent patient interaction or on vacation. Feedback forms for each speaker are required of all faculty and residents in attendance.

**Learning Objectives:**
At the end of the first year of the QI conference series, residents should be able to:
- Describe and discuss how to implement a PDSA cycle (PBLI, SBP)
- Use the star tracker tool to query their own panels for QI questions (PBLI, SBP)
- Show continued improvement in their use of the Health Care Matrix and use it at least twice a year to analyze a sentinel event and create ways to improve based on their own analysis. (PBLI, SBP)

Supervision and assessment:
- Attendance will be taken at each conference by the program coordinator.
- Dr. Green and the clinic team assembled to direct clinic QI projects will facilitate these discussions and establish the project content with resident input that is needs based
e) Clinical Skills (CS) Conference

Goal: To create excellence in basic clinical skills resident will need in the inpatient and outpatient setting, and give them a chance to practice these skills and ask questions to an expert.

Expectations: At the end of this year, senior resident will be prepared and competent to perform these skills independently, correctly and appropriately.

Learning Objectives:
Senior residents should be able to:
- Demonstrate proficiency with the skills in global physical exam skills
- Demonstrate competence for independent practice in reading EKGs, CXR, and other tools for direct patient care (PC, MK, PBLI)

Supervision and assessment:
- Attendance will be taken at each conference by the program coordinator.
- Their clinic preceptor will review the clinical skills acquisition with them in real time in the outpatient clinic setting. They will also review inpatient attending feedback on these skills as well. (PC, MK, PBLI)

2) Med-Peds Combined Continuity Clinic

Goal: Expose PGY-4 residents in the continuity clinic to a wide array of patients of all ages presenting for health maintenance, acute care problem based visits, and chronic disease management such as diabetes, hypertension and high cholesterol, and to begin to develop a sound approach for managing these patients during these visits. A PGY-4 resident should be practicing with considerable independence and minimal oversight by attending physicians. A PGY-4 resident will be supervising the practice of more junior residents.

Expectations: PGY-4 residents are expected to see a minimum of 90 adult and 90 pediatric patients over a one year period. They will have at minimum of 36 clinic weeks each year. Clinics are in the afternoon, and all post call clinics will be re-scheduled. The clinic secretary will alert them ahead of time when these clinics are rescheduled. A pre-clinic med-peds case based outpatient curriculum will occur at the first 20 minutes of each clinic session.

Learning objectives:
At the end of the intern year, the PGY-4 resident should be able to:
- Conduct a comprehensive health maintenance visits for persons of all ages (PC, MK, ICS, P)
- Access all indicated resources for routine screening, health maintenance and vaccines for all ages (PC, MK, ICS, P)
- Provide anticipatory guidance and health maintenance counseling to patients as indicated. (PC, MK, ICS, P)
- Create substantial plans for patients with routine acute presenting problems and routine chronic disease management. (PC, MK, ICS, P)
- Know their limits in diagnosing complex cases and knowing when to ask for help. (PC, MK, ICS, P)
• Summarize and use when appropriate information presented in the case based pre-clinic curriculum. (PC, MK, ICS, P)
• Supervise junior residents and interns.

**Supervision and assessment:**

• A faculty member who is double boarded in internal medicine and pediatrics will precept each clinic. The preceptor is available at all times during clinic for question or consultation, and will see any patient that a resident has questions about or feel unsure about their assessment or plan. As the resident progresses through the PGY-4 year, he or she will be functioning independently.

• Assessments will be in the form of at least semi-annual mini-CEX’s performed by the attending. Direct feedback is given by the attending when requested by a PGY-4 resident.

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### 3) Med-Peds Scholarly Project

**Goal:** Provide exposure to the residents to the community of scholars in med peds at regional or national medical society meeting and an opportunity to participate in this community by making scholarly presentations.

**Expectations:** Residents will continue to work with a mentor in their area of academic interest. They will work with this mentor, or one of the med-peds faculty whom they choose, who will provide guidance on their scholarly project. Residents will create scholarly materials that will be shared with learners at a local, regional or national level. The exact requirements are intentionally left vague to encourage creativity and to allow for very different learners with very different ultimate career goals. Examples could include, but are not limited to: posters of case presentations presented at regional, or national meetings; original basic research; original health services research; creation of clinical teaching materials reaching an audience beyond Vanderbilt; service projects and teaching projects that impact a significant number of learners locally or regionally, etc. This project may be completed at any level within the 4 years of residency.

**Learning Objectives:**

At the completion of the scholarly project, the learner should be able to:

• Make a formal presentation at a regional or national level (ICS, P, MK)
• Create learning materials in a typical format that can be shared with the med peds community (ICS, P, MK)

**Supervision and assessment:**

• The entire med-peds faculty will serve as resource faculty for these projects. Residents are also allowed to find faculty support outside the combined med-peds faculty.

• The program director and associate program director with confirm with each resident that their proposed project meets the above intentions.

• The PD and ADP will confirm with the resident that their final project is acceptable.