

TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS INTERNAL MEDICINE RESIDENCY
Upper level resident mid-year meeting graduation requirements form

REQUIRED ROTATIONS

Categorical resident **must complete all** – mark as completed/scheduled for this year/planned for next year

- 1 month of Ambulatory Medicine _____
- 1 month of Infectious Diseases _____
- 1 month of Cardiology _____
- 1 month of Nephrology _____
- 1 month of Endocrinology _____
- 1 month of Neurology _____
- 1 month of Gastroenterology _____
- 1 month of Pulmonary Medicine _____
- 1 month of Geriatrics _____
- 1 month of Rheumatology _____
- 1 month of Hematology-Oncology _____
- 1 month palliative, pain, addiction _____
- 1 month of ER as PGY2(with procedure week/scholarly requirement) _____

PROCEDURES

Categorical resident **must complete all**- mark as completed or tally of done/pending

- 5 Pap Smears and/or Pelvic Exams _____
- 5 Code Blues _____
- 5 Peripheral IV Insertions _____

RESEARCH/SCHOLARLY ACTIVITY REQUIREMENTS

Categorical resident **must complete at least one**: check if completed

- Acceptance of abstract or Poster presentation at a ACP or national conference **as Primary author AND submitting it as a case report.** _____
- Published research/case presentation article as **primary** author _____
- Qualifying Quality Improvement Project _____

QUALITY IMPROVEMENT AND PATIENT SAFETY

During the three years of residency, categorical residents **must** Participate in the following committees for 3 months and attend at least two monthly meetings:

- IPAC(inpatient Physician advisory committee)
- Plus 2 of these 3 committees**
- Peer review _____
- Sepsis _____
- QIPSC(Quality improvement and patient safety) _____
- CODE BLUE/RRT _____

AND Participate in at least one Root cause analysis project _____

AND Present a safety story prior to starting residents conference during noon conference _____

AND Present two Mortality and morbidity conferences _____

STEP 3 REQUIREMENT

- Step three must be taken during PGY1 year as a requirement for graduation to PGY3 year.** _____

Optional

- Ethics _____
- CAUTI/CLABSI meetings _____

Name of resident _____ signature _____ date _____