

Internal Medicine Policy for Competencies to be Achieved by the PGY 1 Prior to Promotion

- PURPOSE:** To provide the PGY 1 with competencies to be achieved prior to promotion.
- SCOPE:** Applies to all interns and residents (hereafter all will be referred to as trainees) in the Internal Medicine training program on the Texas Health Presbyterian Hospital Dallas campus.
- PROVISIONS:** The internship is designed to provide the PGY 1 resident with many patients primary to care for. The patients through their own illness will give the intern the experience needed to begin his/her development into a skilled physician.

Patient Care Duties:

- Inpatient
 - Assume primary care for each assigned patient within 30 minutes of receiving the patient.
 - Assess patient's clinical status, recognizing a patient in critical or unstable condition and call for the upper level resident.
 - Begin work-up and treatment as deemed necessary by clinical status.
 - Obtain a complete history, including review of all available old records and record the history in a well-organized and legible format.
 - Perform a complete physical exam and record the exam in a well-organized and legible format.
 - Develop a comprehensive, organized differential diagnoses.
 - Order appropriate laboratory and radiological evaluation, with the help of the resident and attending, to further diagnose the patient's illness.
 - Interpret the laboratory and radiological data with the help of the resident and attending and record it in the History and Physical.

- Develop and implement, with the help of the resident and attending, a treatment plan.
 - Work with nursing, social work and other members of the health care team, implement the patient's care and prepare for a timely discharge.
 - Interview and examine the patient daily in a problem-focused manner. Record daily progress notes ideally using SOAP format.
 - Write daily orders as needed. Notes should reflect: change in patient status by history as well as by physical exam, new lab or radiological information, an assessment of each active problem the patient has in order of priority, a plan for each problem. This should be discussed with the resident and attending daily.
 - Dictate a comprehensive discharge summary within 24 hours of discharge, with the help of the resident if necessary, sending a copy to the attending, all consultants and the primary care physician.
- Outpatient (Categorical PGY 1's only)
 - Assume primary responsibility for all outpatients assigned to you.
 - Obtain a complete history on new patients, including reviewing all available old records, and record the history in a well-organized and legible format.
 - Perform a complete physical exam on all new patients and record the exam in a well-organized, comprehensive format.
 - Form a differential diagnosis and after discussion with the attending, order laboratory tests and/or radiological tests to best determine the diagnosis.
 - Interpret the results of the tests with the help of the attending and formulate a treatment plan.
 - Working with the attending, develop an appropriate scheduled follow-up for each patient.
 - Develop and implement a preventive health plan for each patient and record it in a well-organized form in the medical record.
 - Develop a process for following up on tests that you order for your patients.
 - Return patients phone calls in a timely manner, and if there is any question regarding management, discuss with the attending.

Medical Knowledge:

- Inpatient
 - Initial management of the following emergencies: Coma, seizure, stroke, stable and unstable angina, myocardial infarction, dyspnea, severe asthma, pulmonary edema, hypotension, hypertension, gastrointestinal bleeding, arrhythmias, cardiac or pulmonary arrest, DKA, hyperkalemia, hyponatremia, hypernatremia, delirium, sepsis syndrome.
 - Use of evidence-based medicine available on-line, in textbooks and journals, to understand the pathophysiology, clinical presentation, and medical management of diseases presenting in the assigned patients. As an intern, one is expected to build a knowledge foundation by seeing many patients and reading about their problems. The medical knowledge will be wide ranged but rather shallow.

Outpatient

- The Intern should gain knowledge in the pathophysiology, clinical presentation, and management of common medical conditions seen in the clinic; hypertension, diabetes mellitus, obesity, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, hyperlipidemia, osteoporosis, arthritis, depression, gastroesophageal reflux disease, chronic renal failure.
- The Intern should know the primary and secondary preventive guidelines and practice them.

Interpersonal and Communication Skills: The intern is expected to treat peers, members of the allied health care team, attending physicians, and above all patients with respect, interacting in a cooperative manor to work toward excellence in patient care. Anything less will not be tolerated. The intern should develop skills of communicating effectively with fellow residents, attendings, and consultants regarding patient's disease states.

Practice Based Learning: The intern is expected to use each patient as an opportunity to learn. He/she should identify the areas of knowledge deficit and using the textbooks, on-line resources or journals, correct the knowledge deficit. The Intern should develop the skill of identifying his/her strengths and weaknesses and work to improve the areas of weakness. The resident and attending will work with the Intern on this area.

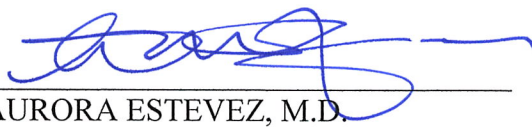
Professionalism: The intern is expected to know and to practice medical professionalism as outlined in The Physician Charter published by ACP and ABIM.

System-based Practice: The intern is expected to develop an understanding of the patient care systems at work in the Presbyterian environment and the method by which he/she can access the needed services for his/her patients. For example: when to consult social work, when to consult home health care, when to consult pharmacy for teaching, when to consult risk management, when to consult sub-specialty physicians, when to consult rehabilitation services, etc. The intern should become familiar with the resources available to his/her patient in the community.

Duties and Responsibilities of the PGY 1: Please refer to Policies 7 and 9 on Duties and Responsibilities. These policies outline in detail the clinical and didactic experiences provided for the PGY 1. They define lines of authority. It defines work hours.



MARK FELDMAN, M.D.
Chairman, Internal Medicine
Program Director, Internal Medicine



AURORA ESTEVEZ, M.D.
Chief Medical Officer
Designated Institutional Official