

Competency-Based Overview of CHA's Residency Training

PATIENT CARE

During every clinical rotation the focus will be on providing excellent patient care to our diverse patient population. This will entail:

- Gathering accurate, essential information from all sources, including medical interviews, physical examination, medical records and diagnostic/therapeutic studies.
- Making informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference.
- Developing, negotiating and implementing effective patient management plans and integration of patient care.
- Performing and interpreting competently diagnostic and therapeutic procedures considered essential to the practice of internal medicine.

Every clinical rotation over three years offers you an opportunity to refine your patient care skills. A few learning opportunities are specially designed to help you learn from and reflect on your patient care experiences.

During **inpatient rotations**, you will participate in bedside teaching and case-based discussions with the hospitalists and intensivists on **work rounds**. Ward attendings, guided by a specific topic-based curriculum, facilitate additional reflection on patient cases during afternoon **attending rounds** and make time to supervise interns taking patient histories and performing physical exams in the form of a **Mini-CEX**. Also in the inpatient environment, all ward and ICU residents participate in a daily **inpatient morning report** in which residents and chief residents facilitate learning from patient cases.

In your **continuity clinic**, interns and residents benefit from **directly observed interviews** and **wrap-up rounds** facilitated by general internist preceptors.

During **core ambulatory rotations**, a wide variety of subspecialists, including endocrinologists, gastroenterologists, rheumatologists, occupational and environmental specialists, psychiatrists, oncologists and geriatricians, teach your didactics. Interns participate in a **video review** of a patient care session and second- and third-year residents participate monthly in a formal **chart review** exercise.

On a monthly basis, faculty and residents join together in a **Grand Rounds Morbidity and Mortality** conference and a case-based oncology conference entitled **Tumor Board**.

MEDICAL KNOWLEDGE

Every rotation during your training provides you with opportunities to acquire the medical knowledge you need to manage the wide range of patients cared for by general internists. We seek to create a culture in which faculty and trainees commit themselves to learning from every patient. Specifically on every rotation you will:

- Acquire a basic fund of knowledge relevant to the evaluation and management of common and cannot miss diagnoses in inpatient and outpatient internal medicine.
- Develop knowledge of the basic and clinical sciences that underlie the practice of internal medicine.
- Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking.
- Use an open-minded, analytical approach to acquiring new knowledge.

- Access and critically evaluate current medical information and scientific evidence.

To equip you with the skills to practice medicine in an ever-changing environment and to help you keep up with the tremendous advances in Internal Medicine that will occur both during your residency as well as after your graduation, we emphasize the principle of lifelong learning. We aim not only to teach you state-of-the-art current practice but also to emphasize effective use of learning tools. We teach critical interpretation of clinical literature as part of the **Journal Club** series at noon conference. In both didactic sessions and in supervisory or precepting relationships in the hospital and in the clinic we encourage you to generate good clinical questions and ask you to research your own answers. We emphasize effective use of electronically available medical information.

In every clinical rotation, you will learn current recommendations for evaluation and management of common and cannot-miss diagnoses and the evidence that supports these guidelines. The clinical teaching is reinforced through a **core didactic series** that includes the **intern report**, the **noon conference**, **radiology rounds**, topic-based lectures from the inpatient ward attending during **visit rounds** and the intensivist during ICU rotations, the **ambulatory core didactics** and **Grand Rounds**.

Although the content of the didactic series is dynamic and changes from year to year, a list of core topics organized by organ system is included as an appendix. Special effort has been invested to ensure that the didactic series include specific curricula on topics such as **end-of-life care**, **pain management**, and **preventive medicine**. The didactic series is complemented by discipline specific didactic instruction in required rotations in the following specialties:

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| ○ hematology/oncology | ○ neurology |
| ○ cardiology | ○ mental health |
| ○ rheumatology/orthopaedics | ○ addictions medicine |
| ○ gastroenterology, endocrinology | ○ HIV medicine |
| ○ geriatrics | ○ dermatology. |

Residents benefit from **Board Review** sessions during the noon conference hour throughout the junior and senior year; residents with particular interest in preparing for the Boards are encouraged to enroll in the **Board Review Elective**. Your medical knowledge will be further enhanced as you prepare presentations based on your clinical experiences for local, regional and national meetings.

PRACTICE-BASED LEARNING AND IMPROVEMENT

All clinical rotations will provide you the opportunity to:

- Identify areas for personal improvement and implement strategies to enhance your own knowledge, skills, attitudes, and processes of care.
- Develop and maintain a willingness to learn from errors, seeking assistance when necessary.
- Learn to give and receive feedback effectively.
- Understand and use appropriate tools to analyze and evaluate the quality of your own practice.
- Develop skills to design and implement strategies to improve the quality of patient care.
- Use information technology or other available methodologies effectively to access and manage information, support patient care decisions and enhance both patient and physician education.

Weekly experiences during both inpatient and outpatient rotations will specifically help you reflect on your current clinical practice and consider how you can improve the future delivery of care. Specifically, **hospitalist and intensivist rounds** on the wards and in the ICU, **inpatient morning report**, **ward attending rounds** and continuity clinic "**wrap-up rounds**" will focus your attention on practice-based learning and improvement.

Many additional required experiences throughout your three years will allow you to build on your skills. You will learn from **leading inpatient ward and ICU teams** as junior and senior residents and completing the **chart review**. In the internship year, you will spend one month working on a supervised **quality improvement project** and presenting your results to the appropriate institutional quality improvement committee.

The ambulatory core didactic series includes a **patient safety and risk management curriculum** which is augmented by dedicated sessions in other venues such as inpatient morning report, Grand Rounds, and the ward attending visit rounds. Your reflections on your practice will be further enhanced by work preparing presentations based on your clinical and research experiences for local, regional and national meetings.

Your ability to learn from your experience is enhanced by formal feedback and evaluation. Your performance in each rotation is formally evaluated by a faculty supervisor. Residency program leadership meets quarterly to review your progress as documented in your evaluation folder; you are expected to meet quarterly with your faculty advisor to review results of the evaluation committee. Additional evaluation exercises outlined in the evaluation section of the training manual – a biannual OSCE, a 360 review for juniors, Mini CEX exercises, learning portfolios -- contribute to your ability to develop competence in this arena.

INTERPERSONAL AND COMMUNICATION SKILLS

Every clinic rotation will afford you the opportunity to:

- Develop and sustain effective therapeutic alliances with patients and their families.
- Use effective verbal and non-verbal listening and speaking skills to communicate with patients and families.
- Develop effective oral case presentation skills appropriately adapted to the clinical setting.
- Develop teaching skills in small group facilitation, one-on-one mentoring, and large group presentation.
- Maintain comprehensive, timely, and legible medical records.
- Develop and maintain respectful and collaborative relationships with physician colleagues and with other members of the health care team.
- Provide effective and professional consultation to other physicians and health care professionals.

In addition to the opportunities to receive feedback during all clinic rotations from inpatient and outpatient faculty teachers during directly observed clinical interactions, communication skills are formally taught. The **communication curriculum** begins during your intern year with a **video review** of a patient interview from your continuity clinic. This exercise is followed by eight 1.5-hour **workshops** over your three years of training. Some of the topics covered in the communications course include giving bad news, negotiating and contracting, motivational interviewing, discussing spirituality, and taking a sexual history. To complement the communication course, our **cross-cultural competency training** includes readings, workshops, and reflection pieces designed to enhance your skills when communicating across cultural barriers. The **patient safety curriculum** focuses attention on clear and effective communication with patients and the healthcare team especially in the setting of medical errors.

Our training in communications skills also emphasizes your teaching and leadership skills. Formal training in teaching methodology is introduced in the **resident-as-teacher series**. Practice is provided through opportunities to lead ward teams, to teach in a variety of small group settings in both the inpatient and outpatient environment. A dedicated block rotation as the **ambulatory teaching resident** in the senior year allows you to consolidate those skills under the supervision of a teaching mentor. A **service**

learning requirement for trainees in all three years provides you with opportunities to develop your ability to teach health topics to a diverse group of individuals in community groups.

PROFESSIONALISM

Our fiduciary responsibility to our patients and our community is the foundation of the privilege of practicing medicine. We see professionalism as the cornerstone of training as it requires us not only to develop competency in clinical care but also to practice with integrity, altruism, and compassion. We identify four cardinal relationships as fundamental to understanding professionalism: your relationship to your self; your relationship to patients and families; your relationship to your colleagues and the profession of medicine; and your relationship to the wider society.

Throughout all aspects of your training you will:

- Practice effective self-care including attention to appropriate limitations in hours of work.
- Demonstrate capacity for self reflection and commitment to self improvement in professional development.
- Demonstrate respect, integrity, and altruism in interpersonal relationships.
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues.
- Identify ethical and legal dilemmas that arise in clinical practice and evaluate critical elements and core principles involved.
- Maintain obligations and due diligence related to matters such as follow-up in patient care, timeliness, accountability, attendance, and documentation.
- Identify and utilize appropriate venues for effective patient advocacy and the pursuit of health and social justice.

An indirect focus of all of your training, specific topics within the domain of professionalism will be the direct focus of several components of your training. The **ambulatory core didactic curriculum** includes sessions on managing doctor-patient boundaries, effective and respectful cross-cultural communication, conflicts of interest (including relationships with the pharmaceutical industry), and ethical controversies in clinical care and research (from physician assisted suicide to phase I oncology trials). Topics within the domain of professionalism are also formally addressed in the **patient safety curriculum** and in **Grand Rounds**. The importance of practicing good self-care and developing habits of self reflection is emphasized during **Intern Support Group** (monthly opportunity for interns to reflect on their experiences) and **Food-for-the-Soul** (an opportunity for housestaff to share recent experiences with death and dying).

One of the important dimensions of professionalism is your responsibility to attend to your evolving professional identity and nurture your developing career. As such, we consider relationships with advisors, mentors, and program directors fundamental. Interns are assigned **faculty advisors** when they begin the program and we encourage residents to choose mentors as they continue in the program. Interns and residents meet twice annually with the **program director** to review progress and plan the future, including optimal use of elective time.

We believe that fostering the growth of the resident involves not only supporting their progress in the core internal medicine competencies, but also nurturing their interests in special areas of medicine and population health. In parallel to the core medical program, we help residents identify **areas of special emphasis** and create **individualized educational plans** around those areas of special emphasis. In recent years, we have helped residents locate faculty and institutional resources within the CHA system, the wider Harvard community and the greater Boston medical community to find mentors, construct curriculum, and participate in research and advocacy in a variety of topic areas.

A contemporary list of resident special emphasis areas includes:

- women's health
- health care policy and advocacy
- occupational & environmental medicine
- international health
- psychiatry/addictions
- cultural competency
- geriatric medicine
- preventive cardiology
- medical education
- patient education
- pulmonary medicine
- humanities in medicine

SYSTEMS-BASED PRACTICE

Your rotations will also provide you with the opportunity to:

- Gather information about the community in which one works, including demographics, epidemiology of major health problems, socio-cultural history and values.
- Understand, access, and utilize the resources, providers and systems necessary to provide optimal care in this health care system.
- Understand the limitations and opportunities inherent in various practice types and delivery systems and develop a basic understanding of health care financing.
- Use fiscal and human resources efficiently and minimize redundant or unnecessary care.
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care.
- Understand and manage risk associated with transfers of care across venues and between providers.

Although these principles are part of all rotations, some clinical and didactic experiences draw particular attention to learning systems-based practice. Your **geriatric block rotation** provides you with the opportunity to learn about the delivery of care in alternative settings such as home visiting, residential facilities, and a community-based capitated care system. You have the opportunity to engage with the electronic medical record and your ambulatory practice managers in your **continuity clinic settings** to consider effective strategies for such things as optimal scheduling, test follow-up, and monitoring adherence to screening recommendations. Residents participate in daily **multidisciplinary rounds** in the inpatient environment and develop skills in discharge planning and practice using available institutional and community resources.

The **ambulatory core didactic series** includes four one-hour sessions on **health care systems** and addresses such topics as Medicare/Medicaid and healthcare utilization review. Other seminars teach principles of billing and coding, transition from inpatient to outpatient environment, risk management and managing a primary care clinic. **Grand Rounds** features presentations covering the national debate on providing universal health care as well as related topics. The **chart review series** for junior and senior residents and the **quality improvement project** in the intern year provide additional opportunities to develop competence in systems-based practice. Those residents with an interest in learning more about the delivery of healthcare and developing advocacy skills are strongly encouraged to take the **Healthcare Advocacy Elective**.