



**THE UNIVERSITY of TEXAS**  

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**HEALTH SCIENCE CENTER AT HOUSTON**  

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**MEDICAL SCHOOL**

## **DEPARTMENT OF INTERNAL MEDICINE**

### **Residency Program Curriculum**

#### **Rotation Educational Goals and Objectives Categorized by ACGME Competencies**

# **The University of Texas – Houston**

## **Health Science Center**

### **Medical School**

Department of Internal Medicine  
Residency Program Curriculum

Rotation Educational Goals and Objectives  
Categorized by ACGME Competencies

This document reflects the educational goals and objectives of the 32 rotations available for resident physicians in the University of Texas-Houston Department of Internal Medicine training program. The goals and objectives indicated for each rotation are categorized by relevant competencies of the Accreditation Council for Graduate Medical Education (ACGME). The six newly defined areas of competency which residents must obtain over the course of their training were introduced in July, 2001. The ACGME Core Competencies are defined as: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice.

Teaching hospitals for resident physicians at the University of Texas Medical School-Houston are Memorial Hermann Hospital, Lyndon B. Johnson General Hospital, The M.D. Anderson Cancer Center and St. Luke's Episcopal Hospital. Residents receive ambulatory training at a variety of outpatient clinics. Educational goals and objectives for interns and upper level house staff officers are indicated in the descriptions of the individual rotations. Also indicated next to each goal are appropriate learning activities and evaluation methods categorized by the core competencies. A detailed description of the on-going learning activities at each teaching hospital is included in the front of the document for further information.

This document was prepared in a collaborative effort by the faculty, residents and staff of the Department of Internal Medicine of the University of Texas Medical School-Houston. Teaching physicians in each Division of the Department of Internal Medicine, faculty of the Office of Educational Programs at the University of Texas Medical School-Houston, physicians at the M.D. Anderson Cancer Center, and physicians at St. Luke's Episcopal Hospital assisted in the preparation of this document. This edition (2010) is an updated version of the document which was originally introduced in December of 2002.

This document is organized by rotations as they are located at the various teaching hospitals, with a separate category for outpatient rotations and descriptions of the learning activities at each teaching hospital. A list of the rotations is attached, as well as a list of the definitions of the ACGME competencies.

**University of Texas-Houston Internal Medicine Residency Program  
Educational Goals and Objectives – Residency Curriculum**

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## **I. MISSION STATEMENT**

The mission of Internal Medicine Residency Program is to provide the highest quality of education and training for physicians in the state of Texas, and to enable all physicians the opportunity to excel in the field of Internal Medicine in harmony with the state's diverse population.

## **II. OVERVIEW**

### **A. LIST OF ACGME CORE COMPETENCIES**

#### **1. PATIENT CARE**

Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life.

Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures.

Make informed recommendations about preventive, diagnostic and therapeutic options and interventions based on clinical judgment, scientific evidence, and patient preference.

Develop, negotiate and implement effective patient management plans and integration of patient care.

Perform competently the diagnostic and therapeutic procedures considered essential to the practice of internal medicine.

#### **2. MEDICAL KNOWLEDGE**

Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

Apply an open-minded, analytical approach to acquiring new knowledge.

Access and critically evaluate current medical information and scientific evidence.

Develop clinically applicable 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.

#### **3. INTERPERSONAL AND COMMUNICATION SKILLS**

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.

Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families.

Interact with consultants in a respectful, appropriate manner.

Maintain comprehensive, timely, and legible medical records.

#### **4. PROFESSIONALISM**

Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional developmental, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.

Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues.

Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behavior and disabilities of patients and professional colleagues.

Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.

Recognize and identify deficiencies in peer performance.

#### **5. PRACTICE-BASED LEARNING AND IMPROVEMENT**

Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care.

Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice.

Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.

Use information of technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education.

## **6. SYSTEMS-BASED PRACTICE**

Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

Understand, access and utilize the resources, providers and systems necessary to provide optimal care.

Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.

Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.

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.

## **B. PRINCIPAL LEARNING ACTIVITIES FOR MEMORIAL HERMANN HOSPITAL ROTATIONS**

**Case Conference (CC)** – These sessions are held three days each week (M, W, F, from 1 -2 pm on Mondays and 1-1:30 pm on Wednesdays and Fridays). These sessions include Resident Intake Report on Mondays, Intern Conference on Wednesdays and Consultant Conference on Fridays. All PGY1, PGY2 and PGY3s on inpatient floor teams and all interns and residents on consult services meet with the Assistant Chiefs of Service (CMRs) and one or more faculty members to discuss patients. The patients are presented by the interns on the floor team or the PGY2 or PGY3 if presented by a consult service, and then discussed by entire group of residents and faculty members attending Morning Report. The focus of the discussion is selected by the presenting resident. For example, some cases may be presented to discuss a differential diagnosis, while others are presented to discuss specific management issues.

**Noon Conference (NC)** – The noon conferences focus on monthly themes of the various specialty medicine topics for eleven months of the year, i.e., Cardiology, Gastroenterology, Hematology, etc. Exceptions to this are Grand Rounds, held every Tuesday at noon throughout the year, and Senior Seminar, where the topic is selected by the presenting resident. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives, are expected to attend. During the 12<sup>th</sup> month of the year, the noon conferences are the Introductory Lecture Series.

**Attending Rounds (AR)** – Daily, including weekends, usually from 9:00am to noon, patients are presented to the attending physician. Post call rounds usually start at 6:00 am. Bedside teaching is regularly included in the rounds. Occasionally specialty cases are presented for discussion depending upon the interests of the attending physician. Learning activities include the physical exam, a discussion of particular medical diseases, psychosocial and ethical themes, and management issues.

**Faculty Supervision (FS)** – This learning activity occurs when a faculty member is directly responsible for teaching and supervising a resident, often on a one-to-one basis and typically in a team setting. The resident is responsible for direct patient care, but the faculty member serves as a resource. The faculty member meets with the resident often to supervise patient care and to provide feedback.

**Directly Supervised Procedures - (DSP)** – Residents learn procedures under the direct supervision of an attending or fellow during some rotations. For example, in the Medical Intensive Care Unit the Pulmonary /Critical Care attending or fellow, or the MICU attending, observe the placement of central venous and arterial lines. Specific procedures used in patient care varies by rotation.

**Direct Patient Care (DPC)** – In this teaching activity, residents admit their own patients and are responsible for the ongoing care including management and discharge. Patient management is supervised by the attending physician.

*Noon Conferences are comprised of the following:*

**Core Faculty Lectures (CFL)** – The core faculty lecture's focus on monthly themes of the various specialty medicine topics for eleven months of the year, i.e., Cardiology, Gastroenterology, Hematology, etc. These conferences are held every 1<sup>st</sup> Monday of the month from 12-1 PM and each consecutive Wednesday of the month from 12-1 pm. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives, are expected to attend. During the June and July of each academic year, the Core Faculty Lectures are the Introductory Lecture Series.

**Introductory Lecture Series (ILS)** – These lectures are held during the month of July in place of standard core faculty lectures. Various introductory topics are presented by subspecialty and general medicine faculty to introduce interns to basic and essential topics in internal medicine.

**Chiefs Conference (ChC)** – (EBM, Journal Club, Research) These lectures are conducted by the Assistant Chiefs of Service and include Intern lunch, Journal Club, and Research issues.

**Grand Rounds (GR)** – The Department of Medicine hosts Grand Rounds every Tuesday from noon to 1:00pm . Speakers from local, regional and national medicine training programs, are invited to present topics from the broad spectrum of internal medicine. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.

**Senior Seminar (SS)** - Senior Seminar is held in a noon conference format. Upper level residents present an in-depth review of a medical topic as well as their own research. Residents are formally critiqued by both the associate program director and their resident colleagues.

**Medical Jeopardy (MJ)** – Medical Jeopardy is held once a month at noon. Residents form teams and compete against each other for various prizes using a computerized medical game format.

**Professionalism Curriculum (PC)** - This is an organized series of recurring large and small group discussions focusing upon current issues and dilemmas in medical professionalism and ethics presented primarily by an associate program director. Lectures are usually presented in a noon conference format.

**Evidence Based Medicine (EBM)** – This is conducted during the Chiefs conference in combination with Journal Club. Residents are presented a series of noon monthly lectures presented to allow residents to learn how to critically appraise journal articles, stay current on statistics, etc. The lectures are presented by an associate program director.

**Morbidity and Mortality Conference (MM)** – The M&M Conference is held occasionally at noon throughout the year. A case, with an adverse outcome, through not necessarily resulting in death, is discussed and thoroughly reviewed. Faculty members from various disciplines are invited to attend, especially if they were involved in the care of the patient. The discussion focuses on how care could have been improved.

**Autopsy Review (Au)** – An Autopsy Review is held once a month in a noon conference format, though there is no formal autopsy review. All autopsy reports are sent to the program director each month who then forwards them to the residents and attending involved with the case. When an autopsy is conducted, the involved residents are invited.

**Journal Club (JC)** - Journal Club is held during Chiefs Conference on the second Friday of each Month. Residents and faculty critically appraise a selected article; the article is discussed in an evidence based medicine format. Dinner is provided for this optional resident learning activity.

**Legend for Learning Activities**

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	NC – Noon Conferences
CPC–Clinicopathologic	FS – Faculty Supervision	PathCl- Path for Clinicians

Conf.	GR – Grand Rounds	PC–Professionalism Curriculum
CC-Case Conference	IL-Introductory Lecture Series	SS – Senior Seminar
CFL- Core Faculty Lecture	JC – Journal Club	
DPC – Direct Patient Care	MJ – Medical Jeopardy	
ChC – Chiefs Conference		

**Legend for Evaluation Methods for Residents**

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

## C. PRINCIPAL LEARNING ACTIVITIES FOR LBJ GENERAL HOSPITAL ROTATIONS

**Case Conference (CC)** – These sessions are held three days each week (M, W, F, from 1 -2 pm on Mondays and 1-1:30 pm on Wednesdays and Fridays). These sessions include Resident Intake Report on Mondays, Intern Conference on Wednesdays and Consultant Conference on Fridays. All PGY1, PGY2 and PGY3s on inpatient floor teams and all interns and residents on consult services meet with the Assistant Chiefs of Service (CMRs) and one or more faculty members to discuss patients. The patients are presented by the interns on the floor team or the PGY2 or PGY3 if presented by a consult service, and then discussed by entire group of residents and faculty members attending Morning Report. The focus of the discussion is selected by the presenting resident. For example, some cases may be presented to discuss a differential diagnosis, while others are presented to discuss specific management issues.

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**Autopsy Review (Au)** – An Autopsy Review is held once a month in a noon conference format, though there is no formal autopsy review. All autopsy reports are sent to the program director each month who then forwards them to the residents and attending involved with the case. When an autopsy is conducted, the involved residents are invited.

**Journal Club (JC)** - Journal Club is held during Chiefs Conference on the second Friday of each Month. Residents and faculty critically appraise a selected article; the article is discussed in an evidence based medicine format. Dinner is provided for this optional resident learning activity.

**Legend for Learning Activities**

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CC-Case Conference	GR – Grand Rounds	PC–Professionalism Curriculum
CFL- Core Faculty Lecture	IL-Introductory Lecture Series	SS – Senior Seminar
DPC – Direct Patient Care	JC – Journal Club	
ChC – Chiefs Conference	MJ – Medical Jeopardy	

**Legend for Learning Activities**

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic	FS – Faculty Supervision	NC – Noon Conferences
Conf.	GR – Grand Rounds	PathCl- Path for Clinicians
CC-Case Conference	IL-Introductory Lecture Series	PC–Professionalism Curriculum
DPC – Direct Patient Care	JC – Journal Club	SS – Senior Seminar
ChC – Chiefs Conference	MJ – Medical Jeopardy	CFL – Core Faculty Lecture

**Legend for Evaluation Methods for Residents**

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

## **D. PRINCIPAL LEARNING ACTIVITIES FOR M.D. ANDERSON CANCER CENTER ROTATIONS**

**Morning Conference (MC)** – This conference is held on Monday and Friday mornings at 8:00 am. The conference consists of didactic teaching and lectures regarding general medicine topics and oncology issues, and is administered by the Oncology fellows.

**Tuesday and Thursday Teaching Conferences (TTC)** – Every Tuesday and Thursday at 12:00 noon a teaching conference occurs. The Oncology Grand Rounds are conducted every Tuesday at 8:00am which is comprised of didactic lectures about oncology issues.

**Wednesday Afternoon Conference (WC)** – This conference is held on Wednesday afternoons with Dr. Daniel Karp. It is an informal discussion of general medicine and oncology topics relating to the resident's patients.

**Attending Rounds (AR)** – Patients are presented to the attending on a daily basis during Attending Rounds. Bedside teaching is regularly included in the rounds. Learning activities include the physical exam, a discussion of oncology and management issues, and psychosocial and ethical themes.

**Directly Supervised Procedures - (DSP)** – Residents learn procedures under the direct supervision of an attending or fellow during some rotations. For example, in the Medical Intensive Care Unit the Pulmonary /Critical Care attending or fellow, or the MICU attending, observe the placement of central venous and arterial lines. Specific procedures used in patient care varies by rotation.

**Direct Patient Care (DPC)** – In this teaching activity, residents admit their own patients and are responsible for the ongoing care including management and discharge. Patient management is supervised by the attending physician

**Core Curriculum Conference (CC)** – This conference is held at Hermann on various days at noon. The conference is structured in a board review context where faculty members discuss a topic for an hour. Faculty members then go over board review questions related to that topic with residents for an additional one-half hour. If a conference is not being held at noon at M.D. Anderson, residents on rotation at MD Anderson are required to attend Core Curriculum if the conference is being held that day at Memorial Hermann Hospital.

### **Legend for Learning Activities**

MC – Morning Conference

TTC – Tuesday/Thursday Conferences

WC – Wednesday Conference

DPC – Direct Patient Care

DSP – Directly Supervised Procedures

CC – Core Curriculum (Hermann)

AR – Attending Rounds

### **Legend for Evaluation Methods for Residents**

AE - Attending Evaluations

IE – In-service Exam

PDR–Program Director's Review (twice annually)

PR – Peer Review

## E. PRINCIPAL LEARNING ACTIVITIES FOR ST. LUKE'S EPISCOPAL HOSPITAL ROTATIONS

**Morning Report (MR)** – These sessions are held every weekday from 9:00 to 10:00am. The Chief Resident at St. Luke's conducts and directs the sessions. The resident and intern on call present a prepared case. Seven or eight faculty members attend the reports, and the patient is discussed in terms of diagnosis and management issues.

**Saturday Morning Report (SMR)** - These sessions are held on Saturday morning at 8:00am, and are conducted by Dr. Barry Zeluff, Associate Chief and Program Director, Education, Internal Medicine Service, St. Luke's Episcopal Hospital, or the Chief Medical Resident at St. Luke's. The sessions are held in Dr. Zeluff's office, and are informal. Residents and interns review their patients which were admitted overnight. Dr. Zeluff asks if there are any issues, and if so these problems are addressed.

**Noon Conferences (NC)** – These conferences are held daily from 12:00noon to 1:00pm and the topics are not specifically scheduled but vary. The exception to this is on Thursdays, when Baylor College of Medicine Grand Rounds serves as the noon conference.

**Teaching Rounds (TR)** – Teaching Rounds are held daily at St. Luke's. They are similar to Attending Rounds at Hermann Hospital, where patients are presented to the attending physician. Bedside teaching is regularly included in the rounds. Occasionally specialty cases are presented for discussion depending upon the interests of the attending physician. Learning activities include the physical exam, a discussion of particular medical diseases, psychosocial and ethical themes, and management issues.

**Direct Patient Care (DPC)** – In this teaching activity, residents learn by caring for the patients they are treating. Patient management is supervised by the attending physician.

**Directly Supervised Procedures - (DSP)** – Residents learn procedures under the direct supervision of an attending or fellow during some rotations. Specific procedures used in patient care vary by rotation.

**Core Curriculum Conference (CC)** – This conference is held at Memorial Hermann Hospital on various days at noon. The conference is structured in a board review context where faculty members discuss a topic for an hour. Faculty members then go over board review questions related to that topic with residents for an additional one-half hour. Residents at St. Luke's are required to attend these conferences at Memorial Hermann while on rotation at St. Luke's, even if a noon conference is offered at St. Luke's at the same time.

### Legend for Learning Activities

DPC – Direct Patient Care	NC – Noon Conferences
DSP – Directly Supervised Procedures	SMR – Saturday Morning Report
MR – Morning Report	TR – Teaching Rounds
CC - Core Curriculum Conf at MHH	

### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director's Review (twice annually)
IE – In-service Exam	PR – Peer Review

### III. OUTPATIENT ROTATIONS

#### A. CONTINUITY CLINIC

The Continuity Clinic rotation occurs one-half day each week throughout residency at the University of Texas. On the clinic morning or afternoon residents treat and follow their same patients while at UT. They routinely care for five or six new or follow-up patients during a clinic session, where they are individually supervised by an attending faculty supervisor. However, residents do not participate in clinic during the ER, MICU and CCU rotations, or when they are post-call.

Patients seen in the Continuity Clinic rotation include patients referred to the resident’s Panel Clinic after discharge from Memorial Hermann Hospital, patients referred to the panel clinic at LBJ Hospital, from the Emergency Department, or after discharge from an inpatient service, or patients receiving primary care at Harris County’s Thomas Street Clinic. The majority of patients are seen through the Memorial Hermann or LBJ panel clinics.

<b>Legend for Learning Activities</b>		
ACS – Ambulatory Care Series	FS – Faculty Supervision	NC – Noon Conferences
CC-Case Conferences	GR – Grand Rounds	PC–Professionalism Curriculum
DPC – Direct Patient Care	ILS-Introductory Lecture Series	SS – Senior Seminar
	MJ – Medical Jeopardy	

<b>Legend for Evaluation Methods for Residents</b>	
FE - Faculty Evaluations	PR – Peer Review
IE – In-service Exam	
PDR–Program Director’s Review (twice annually)	

\*Evaluations of residents on the Continuity Clinic rotation occur once every three months rather than usual monthly evaluations.

#### **Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann and LBJ Hospitals is included in the front of the report for further information.

**PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)**

#### **A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination.	DPC	FE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC	FE
3.	Define and prioritize patients’ medical problems and generate appropriate differential diagnoses.	DPC, ACS	FE

4.	Develop rational, evidence-based management strategies.	DPC, SS	FE
5.	<i>PG-1</i> - Ability to make basic interpretation of chest and abdominal x-rays and electrocardiograms. <i>PG-2/3/4</i> – Develop and demonstrate proficiency in above.	DPC, ILS, CC DPC	FE, IE FE, IE
6.	<i>PG-1</i> - Ability to perform pelvic examination under supervision. <i>PG – 2/3/4</i> – Ability to perform pelvic examination.	DPC, ACS DPC, ACS	FE FE
7.	Ability to recognize the physical findings of important medical illnesses.	DPC	FE
8.	Willingness and ability to help patients engage in strategies of disease prevention.	DPC	FE

## B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical patients.	DPC, IL, NC, CC	FE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to patient care.	DPC, NC, CC, SS	FE, IE
3.	<i>PG-1</i> -Understand basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses seen by a general internist in the ambulatory setting. <i>PG- 2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, NC, CC DPC, NC, CC	FE, IE FE, IE
4.	<i>PG-1</i> - Recognize the indications for and basic interpretation of chest and abdominal X-rays, electrocardiograms, and pulmonary function tests. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, NC, CC DPC, NC, CC	FE, IE FE, IE
5.	<i>PG-1</i> -Learn indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC,NC, CC DPC, NC, CC	FE FE
6.	<i>PG-1</i> - Familiarity with basic principles of disease prevention, including adult immunizations, cardiovascular risk assessment, prevention of cardiovascular disease, screening for cancer, prevention of osteoporosis and cessation of use of tobacco. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, ACS DPC, ACS	FE FE
7.	Appreciation of the evolution of chronic conditions over	DPC, ACS, NC,	FE

	time.	CC	
8.	<i>PG-1</i> Basic familiarity with pathophysiology, clinical manifestations and non-operative management of common musculoskeletal conditions, including occupational and sports-related injuries. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, ACS, NC, CC  DPC, ACS	FE  FE
9.	<i>PG-1</i> - Basic familiarity with pathophysiology, clinical manifestations and medical management of common gynecological conditions, including acute salpingitis, vaginitis, dysmenorrhea, irregular menses and menopausal symptoms. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, ACS  DPC, ACS	FE  FE
10.	<i>PG-1</i> - Basic familiarity with pathophysiology, clinical manifestations and medical management of common otolaryngological conditions, including acute and chronic sinusitis and allergic rhinitis. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, ACS  DPC, ACS	FE  FE
11.	<i>PG-1</i> - Basic familiarity with pathophysiology, clinical manifestations and management of common ophthalmologic conditions, including minor ocular injuries and conjunctivitis. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, ACS  DPC, ACS	FE  FE
12.	Familiarity with special features of diagnosis, interpretation of tests and management of illnesses in a geriatric population.	DPC, SL	FE, IE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, PC	FE
2.	Communicate effectively with physician colleagues at all levels.	DPC, PC	FE, PR
3.	Present information on patients concisely and clearly, both verbally and in writing.	DPC	FE, PR

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally with patients, families, colleagues, and all members of the health care team.	DPC, PC	FE
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care.	DPC, PC	FE

3.	Appreciation of the social context of illness.	DPC, PC	FE
4.	Understand ethical concepts of confidentiality, consent, autonomy and justice in the outpatient setting.	DPC, PC	FE
5.	Understand professionalism concepts of integrity, altruism and conflict of interest in the outpatient setting.	DPC, PC	FE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of ambulatory patients.	DPC	FE
2.	Develop and implement strategies for filling gaps in knowledge and skills.	DPC	FE, IE, PDR
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine related to the outpatient world.	DPC, SS	FE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for clinic patients.	DPC	FE
2.	Collaborate with other members of the health care team to assure comprehensive patient care.	DPC	FE
3.	Use evidence-based, cost-conscious strategies in the care of outpatients.	DPC, SS	FE
4.	Effective collaboration with other members of the health care team, including nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, and providers of home health services.	DPC	FE
5.	Knowing when and how to request medical consultation, and how best to utilize the advice provided.	DPC	FE
6.	Consideration of the cost-effectiveness of outpatient diagnostic and treatment strategies.	DPC, SS	FE
7.	Knowing when to refer patients to specialists in orthopedics, gynecology, otolaryngology and ophthalmology.	DPC, ACS	FE
8.	Knowing when to consult or refer a patient to a medical subspecialist.	DPC, ACS	FE
9.	<i>PG-2/3/4</i> – Willingness and ability to teach medical students and PG-1 residents.	DPC, PC	FE, PR

## B. MEMORIAL HERMANN/LBJ AMBULATORY BLOCK ROTATION

Residents participate in the Memorial Hermann Hospital ambulatory rotation for one month. They see general medicine outpatients in the general Internal Medicine clinics at Hermann Hospital each weekday from approximately 9:00am to 4:00pm. Faculty members supervise the residents in the clinics and provide ongoing teaching during the rotation. The ambulatory rotation for residents at LBJ is also for one month, but here the resident primarily rotates through several subspecialty units, usually one per day, in addition to seeing some general medicine clinic patients. The resident works with an attending, most of whom are subspecialty faculty members. The hours are from 8:00 am to 11:50 am, and 1:00 pm to 5:00 pm. The LBJ patients are typically non-resource patients, or patients who lack funds for private physician's care.

### Legend for Learning Activities

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman's Rounds	EBM - Evidence Based Med	NC – Noon Conferences
CPC–Clinicopathologic	FS – Faculty Supervision	PathCI- Path for Clinicians
Conf.	GR – Grand Rounds	PC–Professionalism Curriculum
CC-Case Conference	IL-Introductory Lecture Series	SS – Senior Seminar
CFL- Core Faculty Lecture	JC – Journal Club	
DPC – Direct Patient Care	MJ – Medical Jeopardy	
ChC – Chiefs Conference		

### Legend for Evaluation Methods for Residents

FE - Faculty Evaluations	PR – Peer Review
DSP – Directly Supervised Procedures	
IE – In-service Exam	
PDR–Program Director's Review (twice annually)	

## Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann and LBJ Hospitals is included in the front of the report for further information.

### PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)

#### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Ability to take a good medical history and perform a careful and accurate physical examination.	DPC	FE

2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC	FE
3.	Maintain focus and timeliness in the evaluation and management of ambulatory problems.	DPC	FE
4.	Understand and implement appropriate strategies for disease prevention and health promotion.	DPC, ACS	FE
5.	Develop strategies to efficiently evaluate and manage common ambulatory medical problems.	DPC, ACS	FE
6.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC	FE
7.	<i>PG-1</i> - Ability to make basic interpretation of chest and abdominal x-rays. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, NC, CC DPC, NC, CC	FE, IE FE, IE
8.	<i>PG-1</i> - Ability to make basic interpretation of electrocardiograms. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, NC, CC, IL DPC, NC, CC, IL	FE, IE FE, IE
9.	<i>PG-1</i> - Ability to perform pelvic examination under supervision. <i>PG-2/3/4</i> - Ability to perform pelvic examination.	DPC, ACS DPC, ACS	FE FE
10.	Willingness and ability to help patients engage in strategies of disease prevention.	DPC	FE, IE

## **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities*</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of ambulatory patients.	DPC,IL, NC, CC	FE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to ambulatory patient care.	DPC, SS	FE, IE
3.	<i>PG-1</i> - Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses commonly seen by a general internist in the ambulatory setting. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, NC, CC DPC, NC, CC	FE, IE FE, IE
4.	Understanding the clinical manifestations, diagnosis and management of problems commonly seen in adolescents.	DPC, SL	FE
5.	Familiarity with indications for and interpretation of chest and abdominal X-ray, electrocardiograms, and pulmonary function tests.	DPC, NC, CC	FE, IE
6.	Familiarity with indications for and interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis,	DPC, NC, CC	FE, IE

	body fluid analyses, and microbiologic tests.		
7.	<i>PG-1-</i> Familiarity with basic principles of disease prevention, including adult immunizations, cardiovascular risk assessment, prevention of cardiovascular disease, screening for cancer, prevention of osteoporosis and cessation of use of tobacco. <i>PG-2/3/4 -</i> Develop and demonstrate proficiency in above.	DPC, NC, CC, ACS  DPC, ACS, NC, CC	FE  FE, IE
8.	<i>PG-1-</i> Basic familiarity with pathophysiology, clinical manifestations and non-operative management of common musculoskeletal conditions, including occupational and sports-related injuries. <i>PG-2/3/4 -</i> Develop and demonstrate proficiency in above.	DPC, ACS, GR  DPC, ACS, GR	FE  FE
9.	<i>PG-1-</i> Basic familiarity with pathophysiology, clinical manifestations and medical management of common gynecological conditions, including acute salpingitis, vaginitis, dysmenorrhea, irregular menses and menopausal symptoms. <i>PG-2/3/4 -</i> Develop and demonstrate proficiency in above.	DPC, ACS, GR  DPC, ACS, GR	FE  FE
10.	<i>PG-1 -</i> Basic familiarity with pathophysiology, clinical manifestations and medical management of common otolaryngological conditions, including acute and chronic sinusitis and allergic rhinitis. <i>PG-2/3/4 -</i> Develop and demonstrate proficiency in above.	DPC, ACS, GR  DPC, ACS, GR	FE  FE
11.	<i>PG-1 -</i> Basic familiarity with pathophysiology, clinical manifestations and management of common ophthalmologic conditions, including minor ocular injuries and conjunctivitis. <i>PG-2/3/4 -</i> Develop and demonstrate proficiency in above.	DPC  DPC	FE  FE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities*</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families across a broad range of socioeconomic and ethnic backgrounds.	DPC, PC	FE
2.	Communicate effectively with physician colleagues and members of other health care professions to assure comprehensive patient care.	DPC, PC	FE

#### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities*</b>	<b>Evaluation Methods</b>
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team.	DPC, PC	FE
2.	Appreciation of the social context of illness.	DPC, PC	FE

#### E. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of ambulatory patients.	DPC	FE
2.	Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting.	DPC	FE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, NC, CC, SS	FE, IE

#### F. Systems-Based Practice

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for ambulatory patients.	DPC	FE
2.	Collaborate with other members of the health care team to assure comprehensive ambulatory patient care.	DPC	FE
3.	Use evidence-based, cost-conscious strategies in the care of ambulatory patients.	DPC, SS	FE
4.	Begin to understand the business aspects of practice management in a variety of settings.	GR, NC	FE
5.	Knowing when to consult or refer a patient to a medical subspecialist.	DPC	FE
6.	Knowing when to refer patients to specialists in orthopedics, gynecology, otolaryngology and ophthalmology.	DPC	FE
7.	Effective utilization of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC	FE

8.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	SS, GR	FE
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### C. ALLERGY AND IMMUNOLOGY ROTATION

The Allergy and Immunology Rotation is a month long ambulatory rotation for one upper level resident. Residents work under the supervision of a private practice allergist and immunologist. The rotation is a Monday through Friday rotation, with no call. Residents are not expected to attend noon conferences on this rotation as they are assigned to an off campus location for the duration of the rotation.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	NC – Noon Conferences
CPC–Clinicopathologic Conf.	FS – Faculty Supervision	PathCl- Path for Clinicians
CC-Case Conference	GR – Grand Rounds	PC–Professionalism Curriculum
CFL- Core Faculty Lecture	IL-Introductory Lecture Series	SS – Senior Seminar
DPC – Direct Patient Care	JC – Journal Club	
ChC – Chiefs Conference	MJ – Medical Jeopardy	
<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	NC – Noon Conferences
CPC–Clinicopathologic Conf.	FS – Faculty Supervision	PathCl- Path for Clinicians
CC-Case Conference	GR – Grand Rounds	PC–Professionalism Curriculum
CFL- Core Faculty Lecture	IL-Introductory Lecture Series	SS – Senior Seminar
DPC – Direct Patient Care	JC – Journal Club	
ChC – Chiefs Conference	MJ – Medical Jeopardy	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

#### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

#### PG-2/3/4 (Goals are for upper level residents only)

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with a focus on allergy and immunology.	DPC	AE
2.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and recommendations for further investigation and management with a focus on allergy and immunology.	DPC	AE, IE
3.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC	AE

**B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical patients relating to allergy issues.	DPC	AE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to patient care of allergy and immunology patients.	DPC	AE, IE
3.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of allergic, asthmatic and immunologic disorders, including asthma, immunosuppression and HIV disease, with emphasis on those commonly seen by a specialist in the ambulatory setting.	DPC	AE, IE
4.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including allergy skin tests, delayed hypersensitivity patch tests and immunology-specific laboratory tests.	DPC	AE, IE

**C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC	AE
3.	Present information on patients concisely and clearly both verbally and in writing.	DPC	AE

**D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally with patients, families, colleagues, and all members of the health care team.	DPC	AE
2.	Develop an appreciation of the social context of illness related to allergy and immunology issues.	DPC	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients with allergy and immunology issues.	DPC	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills in the care of patients with allergy and immunology issues.	DPC	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC	AE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Collaborate with other members of the health care team to assure comprehensive patient care.	DPC	AE
2.	Use evidence-based, cost-conscious strategies in the care of hospitalized patients.	DPC	AE
3.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC	AE
4.	Willingness and ability to teach medical students.	DPC	AE
5.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation	DPC	AE
6.	Know when to consult an allergist.	DPC	AE

#### IV. MEMORIAL HERMANN HOSPITAL ROTATIONS

##### A. MEMORIAL HERMANN GENERAL WARD SERVICES A – D

Residents assigned to the Memorial Hermann Hospital General Ward Services rotation work in four teams of one senior resident (either PGY2 or PGY3) and two interns (PGY1) during the month long rotation. All ward teams care for patients with both general medical and subspecialty problems across the full age range from adolescence to the elderly. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record through daily evaluation and discussion. Call is every fourth night, the team on call takes up to 10 admissions. The post-call team leaves the hospital at 1:00 pm, at which point the post-call cover resident assumes all aspects of patient care. There is one day off during the week.

Patients seen on the Memorial Hermann General Medicine Services A - D rotation are in Memorial Hermann Hospital on the general medicine services. They include patients without a previously documented faculty physician from clinics or the ER, patients referred to faculty physicians, private patients of faculty physicians, patients of community practitioners (mostly former UTHMS residents), and managed care patients. Patients can be transferred to the Skilled Nursing Facility and are still followed by the team, requiring notes twice weekly.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	NC – Noon Conferences
CPC–Clinicopathologic Conf.	FS – Faculty Supervision	PathCl- Path for Clinicians
CC-Case Conference	GR – Grand Rounds	PC–Professionalism Curriculum
CFL- Core Faculty Lecture	IL-Introductory Lecture Series	SS – Senior Seminar
DPC – Direct Patient Care	JC – Journal Club	
ChC – Chiefs Conference	MJ – Medical Jeopardy	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

##### **Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included in the front of the report for further information.

**PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
2.	Ability to take a complete medical history and perform a careful and accurate physical examination.	DPC, AR, MR	AE, MR
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, AR	AE
3.	Define and prioritize patients' medical problems and generate appropriate differential diagnoses.	DPC, AR, CR, CC	AE, CC, IE
4.	Develop rational, evidence-based management strategies.	DPC, AR, CC, JC, EBM	AE, CC, IE
5.	<i>PG-1</i> – Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, nasogastric intubation, and endotracheal intubation. <i>PG-2/3/4</i> – Develop proficiency in performance of procedures listed above.	DPC, AR, DSP  DPC, AR, DSP	AE, DSP  AE, DSP
6.	<i>PG-2/3/4</i> - Ability to perform endotracheal intubation.	DPC, AR, DSP	AE, DSP
7.	Participation and later leadership of discussions of end-of-life issues with families.	DPC, AR, PC	AE

**B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical patients.	AR, CR, DPC, EBM, NC, CC	AE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to patient care.	AR, CR, DPC, EBM, NC, CC	AE, IE
3.	<i>PG-1</i> Understand basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses seen on a general medicine inpatient service.	AR, CR, DPC, EBM, NC, CC	AE, IE
	<i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	AR, CR, DPC, EBM, NC, CC	AE, IE
4.	<i>PG-1</i> - Recognize the indications for and basic interpretation of chest and abdominal X-rays, electrocardiograms, and pulmonary function tests.	AR, CR, DPC, EBM, NC, CC	AE, IE
	<i>PG-2/3/4</i> -Develop and demonstrate proficiency in above.	AR, CR, DPC, EBM, NC, CC	AE, IE
5.	<i>PG-1</i> - Learn indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests.	AR, CR, DPC, EBM, NC, CC	AE, IE
	<i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	AR, CR, DPC, EBM, NC, CC	AE, IE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, AR, PC, FS	AE, PDR
2.	Communicate effectively with physician colleagues at all levels.	DPC, AR, CC, PC, CR, FS	AE, PDR, PR
3.	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC, AR, PC, FS	AE, PDR
4.	Present information concisely and clearly both verbally and in writing on patients.	AR, CC, CR, NC	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team.	DPC, AR, PC, CC	AE, PR, PDR
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care	DPC, AR, PC	AE, PR, PDR
3.	Appreciation of the social context of illness.	DPC, AR, PC	AE
4.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, AR, PC	AE
5.	Understand ethical concepts of confidentiality, consent, autonomy and justice.	DPC, AR, PC	AE, PDR
6.	Understand professionalism concepts of integrity, altruism and conflict of interest.	DPC, AR, PC	AE, PDR
7.	Increase self-awareness to identify methods to manage personal and professional sources of stress and burnout.	DPC, PC	PDR
8.	Increase knowledge and awareness of personal risks concerning drug/alcohol abuse for self and colleagues, including referral, treatment and follow-up.	DPC, PC	AE

### E. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge/skills in the care of hospitalized patients.	DPC, AR, CR, NC	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills.	DPC, AR, JC, NC	AE, PDR
3.	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of principles of evidence-based	DPC, AR, EBM, JC, CR	AE, IE

	medicine.		
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**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, CC	AE
2.	Use evidence-based, cost-conscious strategies in the care of hospitalized patients.	DPC, AR, CR, CC, NC, EBM	AE
3.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, AR, CR	AE
4.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, AR, PC	AE
5.	Knowing when and how to request medical subspecialist, and how best to utilize the advice provided.	DPC, AR, CR, NC	AE
6.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, AR, CR, NC, PC	AE
7.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, CR, NC, PC	AE
8.	PG-2/3/4 – Willingness and ability to teach medical students and PG-1 residents.	DPC, AR, PC	AE
9.	PG-2/3/4 - Leadership of team, including PG-1 residents, medical students, nurses, clinical pharmacists, case manager, and social worker.	AR, DPC, PC	AE

**B. MEMORIAL HERMANN CORONARY CARE UNIT (CCU) AND CARDIOLOGY WARD SERVICE**

The Memorial Hermann Hospital Coronary Care Unit (CCU) and Cardiology Ward Service rotation lasts for one month, and consists of a team of four residents and four interns. Residents and interns take call every fourth night, and have one day a week off. During the rotation, team members have an opportunity to learn procedures under the direct supervision of the CCU attending or fellow.

Patients seen on the Memorial Hermann Hospital CCU and the Cardiology Ward Service include patients of faculty physicians, unassigned patients admitted to from the clinics or ER, and a select group of patients of community physicians who are authorized to admit patients to these services. During this rotation, residents attend the scheduled cardiology conferences which are offered while they are on the service. Residents are excused from Morning Report, but are required to attend the Department of Medicine Core Curriculum lectures which are held during their rotation.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	NC – Noon Conferences
CPC–Clinicopathologic	FS – Faculty Supervision	PathCI- Path for Clinicians
Conf.	GR – Grand Rounds	PC–Professionalism Curriculum
CC-Case Conference	IL-Introductory Lecture Series	SS – Senior Seminar
CFL – Core Faculty Lecture	JC – Journal Club	
DPC – Direct Patient Care	MJ – Medical Jeopardy	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PR – Peer Review
IE – In-service Exam	
PDR–Program Director’s Review (twice annually)	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included in the front of the report for further information.

**PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Take a complete medical history and perform a careful and accurate physical examination with a cardiology focus.	DPC, AR	AE
2.	Ability to recognize the physical findings of chronic congestive heart failure, acute pulmonary edema, mitral	DPC, AR	

	regurgitation, mitral stenosis, aortic stenosis, aortic regurgitation and tricuspid regurgitation.		AE
3.	Write concise, accurate and informative histories, physical examinations and progress notes with a cardiology focus.	DPC, AR	AE
4.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for patients with acute cardiac illness.	DPC, AR, CC	AE
5.	Effectively evaluate and manage patients with acute cardiac illness; particularly acute coronary syndromes, acute myocardial infarction, congestive heart failure, pulmonary edema and acute valvular heart disease.	DPC, AR, CC	AE, IE
6.	Effectively manage patients with undiagnosed chest pain, including the appropriate use of diagnostic testing.	DPC, AR, CC	AE, IE
7.	<i>PG-2/3/4</i> - Ability to recognize major abnormalities of cardiac stress tests, cardiac ECHO and coronary angiograms.	DPC, DSP, AR	AE, IE
8.	<i>PG-1</i> - Ability to interpret electrocardiograms and rhythm strips. <i>PG-2/3/4</i> - Ability to interpret complex electrocardiograms and rhythm strips.	DPC, AR, CC DPC, AR, CC	AE, IE AE, IE
9.	Effectively evaluate and manage patients who have undergone interventional procedures.	DPC, AR, DSP	AE
10.	Ability to perform basic ventilator management.	DPC, AR, DSP	AE, IE
11.	<i>PG-2/3/4</i> - Ability to manage pulmonary artery (Swan-Ganz) catheters and temporary pacemakers, under supervision.	DPC, DSP, AR	AE, IE
12.	<i>PG-2/3/4</i> - Ability to administer emergency thrombolytic treatment, under supervision.	DPC, DSP, AR	AE, IE
13.	Ability to perform CPR and advanced cardiac life support.	DPC, DSP, PC	AE, IE
14.	Willingness and ability to help patients undertake basic strategies for prevention of cardiovascular disease, including modifications of diet and physical activity, and cessation of use of tobacco.	DPC, AR	AE
15.	Participation in and later leading of discussion of end-of-life issues with families.	DPC, AR, PC	AE
16.	Insert central venous lines and arterial lines with proper technique.	DPC, DSP, AR	AE

## B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with chest pain and acute cardiac disease.	DPC, AR	AE
2.	Access and critically evaluate current medical information and scientific evidence relevant to acute cardiac care.	DPC, AR	AE, IE

3.	Understand indications for aggressive anticoagulant and antiplatelet therapy as well as the mechanisms of action of the various agents.	DPC, AR	AE, IE
4.	Understand the physiologic and pathophysiologic principles of invasive hemodynamic monitoring including indications.	DPC, AR	AE, IE
5.	<i>PG-1</i> - Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of cardiac diseases, as seen on a coronary care unit. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR	AE, IE
6.	<i>PG-1</i> - Familiarity with the basic principles of diagnosis and management of essential hypertension; ischemic heart disease, including unstable angina pectoris and myocardial infarction; congestive heart failure; common cardiac arrhythmias, especially atrial fibrillation, supraventricular tachycardia, and ventricular arrhythmias; common rheumatic heart diseases; common congenital heart diseases. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR	AE, IE
7.	<i>PG-1</i> - Basic familiarity with the indications for, principles, complications, and elementary interpretation of ECG, inpatient rhythm monitoring, exercise and chemical stress tests, electrophysiologic studies, transthoracic and transesophageal cardiac ECHO, nuclear cardiac imaging, right and left ventricular catheterization, coronary angiography, and percutaneous angioplasty. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR	AE, IE
8.	<i>PG-1</i> - Familiarity with basic principles of assessment of lifetime cardiovascular risk & cardiovascular risk prevention. <i>PG-2/3/4</i> - Fully understand principles of assessment listed above.	DPC, AR	AE, IE
9.	<i>PG-1</i> - Familiarity with basic strategies for cessation of use of tobacco. <i>PG-2/3/4</i> - Develop in-depth knowledge of above.	DPC, AR	AE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families in a stressful critical care environment.	DPC, AR	AE
2.	Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care.	DPC, AR	AE, PR
3.	Communicate effectively with colleagues when signing out DPC or turning over care to another service.	DPC, AR	AE, PR

#### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, AR	AE, PR
2.	Interacting with patients and families in a professionally appropriate manner.	DPC, AR	AE
3.	Acceptance of professional responsibility as the primary care physician for patients under his/her care.	DPC, AR	AE, PR
4.	Appreciation of the social context of illness.	DPC, AR	AE
5.	Effective utilization of ethics knowledge and consultants. This includes guidelines for CPR and DNR and end of life cardiac care.	DPC, AR, PC	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of acute cardiac patients.	DPC, AR	AE, IE
2.	Develop real-time strategies for filling knowledge gaps that will benefit patients in the coronary care unit.	DPC, AR	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR	AE, IE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for acutely ill cardiac patients.	DPC, AR	AE
2.	Collaborate with other members of the health care team to assure comprehensive coronary care.	DPC, AR	AE, PR
3.	Use evidence-based, cost-conscious strategies in the care of patients with chest pain and other acute cardiac disease.	DPC, AR	AE, IE
4.	Knowing when to ask for help and advice from senior residents and attending physicians.	DPC, AR	AE, PR
5.	Effective professional collaboration with residents, fellows and faculty consultants from other disciplines such as Radiology and Surgery.	DPC, AR, GR	AE
6.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR	AE

7.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators ech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, AR	AE, PR
8.	Effective utilization of ethics consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC, AR, PC	AE
9.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR	AE
10.	<i>PG-2/3/4</i> - Ability to lead team, including PG-1 residents, medical students, nurses, clinical pharmacist, case manager, and social worker.	DPC, AR	AE
11.	<i>PG-2/3/4</i> - Willingness and ability to teach medical students and PG-1 residents.	DPC, AR	AE, PR

**C. MEMORIAL HERMANN MEDICAL INTENSIVE CARE UNIT**

The Memorial Hermann Hospital Intensive Care Unit (MICU) is a 16-bed unit specializing in the care of medically critically ill patients from a wide spectrum of medical and neurologic etiologies. Conditions cared for in the MICU include but are not limited to: acute hypoxia, acute respiratory distress syndrome, acid-base imbalances, liver and renal failure, acute stroke, intracranial hemorrhage, status epilepticus, and coma. Rotations in the MICU are one month in length, and the unit is staffed with three residents and three interns. Call on the rotation is every third night, and there is one day off during the week. Those residents assigned to the MICU are exempt from Morning Report, but are required to attend Noon Conferences.

The residents work closely with the Pulmonary/Critical Care Attending and Fellow during this month, and have the opportunity to learn procedures under the direct supervision of the MICU Attending and Fellow such as placement of central venous and arterial lines. Residents may have the opportunity to participate in the placement of Swan-Ganz catheters; in all cases the MICU Attending or another Pulmonary/Critical Care Attending is present for the entire procedure.

Patients seen on the Memorial Herman Medical Intensive Care Unit rotation include patients admitted to the MICU, patients transferred from an internal medicine service, patients admitted directly to the MICU from ER, and patients transferred to Memorial Hermann MICU from outside hospitals.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	PathCI- Path for Clinicians
CPC–Clinicopathologic Conf.	FS – Faculty Supervision	PC–Professionalism Curriculum
CC-Case Conference	GR – Grand Rounds	SS – Senior Seminar
CFL – Core Faculty Lecture	IL-Introductory Lecture Series	
DPC – Direct Patient Care	JC – Journal Club	
	MJ – Medical Jeopardy	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included near the front of the report for further information.

**PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)**

## A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination	DPC, AR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, AR	AE
3.	Effectively evaluate and manage patients with critical medical illness, including those on mechanical ventilation and vasopressors.	DPC, CC, GR, NC	AE
4.	Effectively evaluate and manage patients with critical neurological illness.	DPC	AE
5.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for a critically ill patient	DPC, AR, CC, GR	AE, IE
6.	Insert central venous lines and arterial lines with proper technique.	DSP	AE, DSP
7.	<i>PG-1</i> - Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, AR, DSP DPC, AR, DSP	AE, DSP AE, DSP
8.	<i>PG -1</i> Ability to perform endotracheal intubation under close supervision. <i>PG -2/3/4</i> – Ability to perform endotracheal intubation independently.	DSP, DPC DSP, DPC	AE, DSP AE
9.	<i>PG-1</i> - Ability to perform basic ventilator management. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DSP, AR DSP, AR	AE AE
10.	<i>PG-1</i> - Insertion and basic management of pulmonary arterial catheters under close supervision. <i>PG-2/3/4</i> - Proficiency in insertion and management of pulmonary arterial catheters under supervision.	DPC, DSP, AR DPC, DSP, AR	AE, DSP AE, DSP
11.	<i>PG -1</i> - Ability to make basic interpretation of chest and abdominal x-rays and electrocardiograms. <i>PG -2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, AR DPC, AR	AE AE
12.	<i>PG-1</i> - Ability to perform cardiopulmonary resuscitation and advanced cardiac life support. <i>PG-2/3/4</i> - Ability to lead a team during cardiopulmonary resuscitation and advanced cardiac life support.	DSP, DPC, AR DPC	AE AE
13.	Participation in and later leadership of discussion of end-of-life issues with families.	DPC, AR, PC	AE

## **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with critical medical and neurological illness	DPC, AR, CC, NC, GR	AE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to medical and neurological critical care	DPC, SS	AE
3.	Understand the physiologic and pathophysiologic principles of invasive hemodynamic monitoring including indications	DPC, DSP	AE
4.	<i>PG-1</i> - Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of severe and life-threatening medical illnesses. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC DPC, AR	AE, IE AE, IE
5.	<i>PG-1</i> - Familiarity with the basic principles of ventilator management. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC DPC, AR	AE AE
6.	<i>PG-1</i> - Familiarity with the basic principles of pathophysiology, diagnosis and management of respiratory failure. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC DPC, AR	AE AE
7.	<i>PG-1</i> - Familiarity with the basic principles of pathophysiology, diagnosis and management of sepsis and the syndrome of multiple organ failure. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC DPC, AR	AE, IE AE, IE
8.	Familiarity with indications for performance and basic interpretation of blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, microbiologic tests, spirometry and arterial blood gases.	DPC, AR, CC	AE, IE
9.	<i>PG-1</i> - Basic familiarity with indications for and interpretation of chest and abdominal X-ray, electrocardiograms, and pulmonary function tests. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR DPC, AR	AE AE

## **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families in a stressful critical care environment, including discussion of end-of-life issues and limits of care.	DPC, AR, PC	AE

2.	Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care	DPC, AR, PC	AE, PR
3.	Communicate effectively with colleagues when signing out DPC, TR patients or turning over care to another service	DPC	AE, PR

#### D. Professionalism

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE, PR
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care.	DPC, AR, PC	AE, PR
3.	Appreciation of the social context of illness.	DPC, AR, PC	AE, PR

#### E. Practice-Based Learning and Improvement

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients with critical medical and neurological illness	DPC, AR	AE
2.	Develop real-time strategies for filling knowledge gaps that will benefit patients in the medical intensive care unit	DPC, AR	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine	AR, JC, SS, EBM	AE,IE

#### F. Systems-Based Practice

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for critically ill medical and neurological patients.	DPC, AR	AE
2.	Collaborate with other members of the health care team to assure comprehensive care for patients with critical medical and neurological illness.	DPC, AR, PC	AE, PR
3.	Use evidence-based, cost-conscious strategies in the care of patients with critical medical and neurological illness.	DPC, JC, SS, EBM	AE
4.	Knowing when to consult a medical subspecialist.	DPC, AR	AE
5.	Knowing when to ask for help and advice from senior residents and attending physicians	DPC, AR	AE, PR

6.	Effective professional collaboration with residents, fellows and faculty consultants from other disciplines such as Radiology and Surgery.	DPC, PC	AE, PR
7.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC	AE
8.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, PC	AE, PR
9.	Effective utilization of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC	AE, PR
10.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC	AE
11.	<i>PG-2/3/4</i> - Ability to lead team, including PG-1 residents, medical students, nurses, clinical pharmacist, case manager, and social worker.	DPC, PC	AE
12.	<i>PG-2/3/4</i> - Willingness and ability to teach medical students and PG-1 residents.	DPC, PC	AE

## D. MEMORIAL HERMANN HOSPITAL NIGHT FLOAT

The Memorial Hermann Hospital Night Float rotation is a month long rotation for two residents and two interns each month. The residents work every other day from 4:00pm to 7:00 or 8:00am. Patients seen on the Memorial Hermann Night Float rotation are patients on all medical services except the ICU. Responsibilities of the float resident are nephrology ward admissions, emergent medicine consults and subspecialty consults, as well as admitting general medicine patients when the general medicine team on call that night is at capacity. The float interns care for the medicine ward patients of all medical and nephrology teams except the patients of the team on call that night.

### Legend for Learning Activities

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	PathCI- Path for Clinicians
CPC–Clinicopathologic	FS – Faculty Supervision	PC–Professionalism Curriculum
Conf.	GR – Grand Rounds	SS – Senior Seminar
CC-Case Conference	IL-Introductory Lecture Series	
CFL – Core Faculty Lecture	JC – Journal Club	
DPC – Direct Patient Care	MJ – Medical Jeopardy	

### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PR – Peer Review
IE – In-service Exam	
PDR–Program Director’s Review (twice annually)	

## Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included near the front of the report for further information.

### PG-1 and PG-2/3/4 (goal is for all levels unless indicated)

#### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Method
1.	Evaluate and prioritize problems and complications occurring in hospitalized patients.	DPC	PDR
2.	Efficiently evaluate and stabilize patients newly received from the Emergency Department.	DPC	PDR
3.	Ability to take a complete medical history and perform a careful and accurate physical examination.	DPC	PDR
4.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC	PDR

5.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC	PDR
6.	<i>PG-1-</i> Ability to make basic interpretation of chest and abdominal x-rays and electrocardiograms.	DPC	PDR
	<i>PG-2/3/4</i> – Develop and demonstrate proficiency in above.	DPC	PDR
7.	<i>PG-1</i> - Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation.	DPC	PDR
	<i>PG-2/3/4</i> – Develop and demonstrate proficiency in above.	DPC	PDR

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Learn appropriate management strategies for problems commonly occurring in hospitalized patients, such as: fever, shortness of breath, chest pain, altered consciousness.	DPC	PDR
2.	<i>PG-1</i> - Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses, as seen on a general medicine inpatient service. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC	PDR
		DPC	PDR
3.	<i>PG-1</i> - Basic familiarity with indications for and interpretation of chest and abdominal X-rays and electrocardiograms. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC	PDR
		DPC	PDR
4.	Familiarity with indications for performance and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests.	DPC	PDR

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively, verbally and through appropriate written sign-out, with colleagues whose patients are being covered.	DPC	PDR
2.	Communicate effectively with nursing staff regarding acute patient problems.	DPC	PDR
3.	Communicate effectively and concisely with attending physicians whose patients are admitted and evaluated during the night.	DPC	PDR

**D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC	PDR

**E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify, acknowledge, and fill gaps in personal knowledge and skills in the care of hospitalized patients.	DPC	PDR
2.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC	PDR

**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Effectively utilize the relatively limited resources available during the night to assure high quality patient care and patient safety.	DPC	PDR
2.	Knowing when to ask for help and advice from senior residents and attending physicians.	DPC	PDR
3.	Effective utilization of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC	PDR

## E. MEMORIAL HERMANN RENAL INPATIENT SERVICE

The Memorial Hermann Renal Inpatient Service is a month long rotation for one upper level resident and two or three interns. The rotation is run by a Nephrology attending and a fellow. Patients seen include inpatients with renal insufficiency, nephrotic syndrome, nephritis, and end-stage renal disease. Though this is a ward service, the residents do not take call, they have one day off a week, and they do not participate in the nephrology clinic. Admissions are taken daily until 5 PM during weekdays and noon on weekends. After hour admissions are taken by the float resident.

### Legend for Learning Activities

ACS – Ambulatory Care Series	DPC – Direct Patient Care	M&M-Morbidity & Mortality
AR – Attending Rounds	DSP – Directly Supervised Procedures	PC–Professionalism Curriculum
Au – Autopsy Report	FS – Faculty Supervision	RC – Research Conference
CR – Chairman’s Rounds	GR – Grand Rounds	SS – Senior Seminar
CPC–Clinicopathologic Conf.	IL-Introductory Lecture Series	SL – Subspecialty Lectures
CC-Case Conference	JC – Journal Club	
CFL – Core Faculty Lecture	MJ – Medical Jeopardy	

### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	

## Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included near the front of the report for further information.

### PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)

#### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Methods
3.	Ability to take a complete medical history and perform a careful and accurate physical examination with a nephrology focus.	DPC, AR, MR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a nephrology focus.	DPC, AR	AE, IE
3.	Define and prioritize patients’ medical problems and generate appropriate differential diagnoses.	DPC, AR, CC	AE, IE

4.	Develop rational, evidence-based management strategies.	DPC, AR, CC, PC	AE, IE
5.	Ability to make an appropriate differential diagnosis and plan of management for patients with acute renal insufficiency and oliguria.	DPC, AR, SL	AE, IE
6.	<i>PG-1</i> - Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, AR DPC, AR	AE, IE AE, IE
7.	Participation and later leadership of discussions of end-of-life issues with families.	DPC, AR, PC	AE, IE

## B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical patients.	DPC, AR, CR, CC, NC, GR, SL	AE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to patient care.	DPC, AR, JC, CC, GR, SL	AE, IE
3.	<i>PG-1</i> - Understanding the basic elements of pathophysiology, diagnosis and management of important renal diseases, including those caused by hypertension, immune mechanisms, diabetes, infection, drug toxicity, nephrotic syndrome, disorders of tubular function and urinary obstruction. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC, NC, GR, SL DPC, AR, CC, NC, GR, SS	AE, IE AE, IE
4.	<i>PG-1</i> - Familiarity with evaluation and basic management of patients with chronic and acute renal failure. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR DPC, AR	AE, IE AR, IE
5.	Familiarity with the cardiovascular, metabolic, infectious, skeletal, endocrine, immunologic, hematologic and gastrointestinal complications of chronic renal failure.	DPC, AR, SL	AE, IE
6.	<i>PG-1</i> - Familiarity with indications for performance and basic interpretation of specialized tests of renal function. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, GR, SL DPC, AR	AE, IE AE, IE
7.	<i>PG-1</i> - Basic familiarity with the indications, principles and important medical complications of hemodialysis, peritoneal dialysis and renal transplantation. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, AR, SL DPC, AR	AE, IE AE, IE

8.	<i>PG-1</i> - Recognize the indications of basic interpretation of chest and abdominal X-rays, electrocardiograms, and pulmonary function tests. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, CC DPC, CC	AE, IE AE, IE
9.	<i>PG-1</i> Learn indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, AR, CC, GR DPC, AR, CC, GR	AE, IE AE, IE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, AR, CR, PC	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, AR, CR, CC, PC	AE, PR
3.	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC, AR, PC	AE
4.	Present information on patients concisely and clearly both verbally and in writing.	DPC, AR, CR, CC	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally with patients, families, colleagues, and all members of the health care team.	DPC, AR, CC	AE, PR
2.	Appreciation of the social context of illness.	DPC, AR, CC, PC	AE

### E. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients.	DPC, AR, CC	AE, IE
2.	Develop and implement strategies for filling gaps in knowledge and skills.	JC, SS, NC	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, CC, JC, NC, SS	AE, IE

## F. Systems-Based Practice

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, CC, AR	AE
2.	Collaborate with other members of the health care team to assure comprehensive patient care.	DPC, CC, AR	AE
3.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, AR	AE, PR
4.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, AR, CC	AE, PR
5.	Knowing when and how to request medical consultation, and how best to utilize the advice provided.	DPC, AR	AE
6.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, AR, PC	AE
7.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, CC	AE
8.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, CC, NC	AE
9.	<i>PG-2/3/4</i> - Leadership of team, including PG-1 residents, medical students, nurses, clinical pharmacist, case manager, and social worker.	DPC, AR, PC	AE, PR
10.	<i>PG-2/3/4</i> - Willingness and ability to teach medical students and PG-1 residents.	DPC, PC	AE, PR

## V. COUSULTATION SERVICES

### A. MEMORIAL HERMANN AND LBJ CARDIOLOGY CONSULTATION SERVICE

The Memorial Hermann Hospital and the LBJ Cardiology Consultation Service rotations are two separate rotations, both lasting for one month. LBJ has two upper level residents assigned to the rotation, and Memorial Hermann has at least two upper level residents assigned to the rotation. There is no call during this rotation, which is for residents only; there are no interns assigned to the service. Patients seen on the Memorial Hermann Hospital and LBJ Cardiology Consultation Service rotation include inpatients on medical and other services at Memorial Herman Hospital and LBJ Hospital for whom a cardiology consultation is requested, and subspecialty clinic patients (ages 16 and over) at LBJ Hospital. At LBJ, the cardiac consultation resident sees any cardiac patient in the ICU during the day, while at night the ICU patients needing cardiac care are cared for by the MICU resident with the help of the cardiology fellow by phone.

Residents are required to attend Morning Report while on this rotation. Residents assigned to this rotation should attend the many Cardiology conferences which are offered through the Cardiology Division. If they are not attending a noon Cardiology educational conference, the residents are required to attend the regularly scheduled Internal Medicine noon conferences.

#### Legend for Learning Activities

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic Conf.	FS – Faculty Supervision	NC – Noon Conferences
CC-Core Curriculum	GR – Grand Rounds	PathCl- Path for Clinicians
DPC – Direct Patient Care	IL-Introductory Lecture Series	PC–Professionalism Curriculum
	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

#### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

#### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed

description of the on-going learning activities at both Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

**PG-2/3/4 (Goals are for upper level residents only)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Take a complete medical history and perform a careful and accurate physical examination with a cardiology focus.	DPC, AR, NC, FS, IL, M&M	AE
2.	Write concise, accurate and informative histories, physical examinations and progress notes with a cardiology focus.	DPC, AR, NC, FS, IL	AE, IE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for patients with cardiac illness.	DPC, AR, NC, MR, EBM, JC, CC, FS, M&M	AE, IE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR, NC, MR, EBM, CC, FS	AE, IE
5.	Ability to interpret electrocardiograms and rhythm strips, chest and abdominal x-rays.	DPC, AR, NC, IL, M&M, FS, CC	AE
6.	Ability to recognize major abnormalities of cardiac stress tests, cardiac ECHO and coronary angiograms.	DPC, AR, NC, CC, IL, M&M, DSP	AE, IE
7.	Ability to counsel patient and surgeon regarding medical risks of surgery.	DPC, AR, NC, EBM	AE
8.	Ability to diagnose and treat important cardiovascular complications of surgery.	DPC, AR, NC, Au, CC	AE, IE
9.	Ability to recognize the physical findings of chronic congestive heart failure, mitral regurgitation, mitral stenosis, aortic stenosis, aortic regurgitation and tricuspid regurgitation.	DPC, AR, NC, CC, ILS, M&M, MR	AE, IE
10.	Willingness and ability to help patients undertake basic strategies for prevention of cardiovascular disease, including modifications of diet and physical activity, and cessation of use of tobacco.	DPC, AR, NC, CC, JC	AE

**B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Familiarity with the indications for, principles, complications, and interpretation of ECG, inpatient	DPC, AR, NC, CC, ILS, MR,	AE, IE

	and ambulatory rhythm monitoring, exercise and chemical stress tests, electrophysiologic studies, transthoracic and transesophageal cardiac ECHO, nuclear cardiac imaging, right and left ventricular catheterization, coronary angiography, and percutaneous angioplasty.	M&M, GR, JC, EBM	
2.	Familiarity with principles of assessment of lifetime cardiovascular risk, and cardiovascular risk prevention.	DPC, AR, NC, JC, EBM, CC, ILS	AE, IE
3.	Familiarity with strategies for cessation of use of tobacco.	DPC, AR, NC, EBM, FS	AE
4.	Familiarity with principles of assessment of surgical risk.	DPC, AR, NC, ILS, CC, M&M	AE, IE
5.	Familiarity with pathophysiology, clinical manifestations, diagnosis and management of important cardiovascular complications of surgery.	DPC, AR, NC, EBM, M&M, JC	AE, IE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care.	DPC, AR, FS, M&M	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, AR, PC, FS	AE
2.	Appreciation of the social context of illness.	DPC, AR, PC, M&M, JC	AE

### E. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, NC, EBM, JC, M&M, CC	AE, IE

**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR, NC	AE
2.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, NC, JC, M&M	AE
3.	Willingness and ability to teach medical students and PG-1 residents.	DPC, NC, PC, FS	AE
4.	Knowing when to consult or refer a patient to a cardiologist.	DPC, AR, NC, FS, ILS, CC	AE
5.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, NC, PC	AE

**B. MEMORIAL HERMANN AND LBJ ENDOCRINOLOGY CONSULTATION SERVICE**

The Memorial Hermann and LBJ Endocrinology Consultation Service is one rotation, serving both Memorial Hermann and LBJ Hospital for Endocrinology consultations. This rotation is for an upper level resident, there is no call, and the resident has one day off during the seven-day week. Consults in these hospitals may be requested on inpatients with diabetes, endocrine and metabolic diseases, inpatients on medical and other services at Memorial Hermann Hospital and LBJ Hospital, and patients, ages 16 and over, seen in the ambulatory and specialty clinics Memorial Hermann or LBJ. This rotation is primarily an ambulatory experience. Supervision is on an individual basis by Endocrine attending faculty and fellows assigned to the consult service. The residents attend Endocrine clinic at the University of Texas Professional Building clinic.

Additionally, weekly subspecialty conferences are held on the Endocrine elective. City-wide Endocrine Grand Rounds meet established basic science and medical knowledge requirements for the goals for the rotation. Multidisciplinary Case Presentations meet medical knowledge, interpersonal skills, professionalism, practice based learning, and systems-based practice goals. There is a series of introductory lectures on reproductive endocrinology which meet additional goals. Residents on this rotation are required to attend Morning Report, and Endocrine conferences. If the residents are not attending an Endocrine conference during the noon hour, they are required to attend Core Faculty Lecture.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic Conf.	FS – Faculty Supervision	NC – Noon Conferences
CC-Core Curriculum	GR – Grand Rounds	PathCI- Path for Clinicians
DPC – Direct Patient Care	IL-Introductory Lecture Series	PC–Professionalism Curriculum
	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included in the front of the report for further information.

**PG-2/3/4 – (Goals are for upper level residents only)**

### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination, focusing on the endocrine system.	DPC, AR, MR	AE, MR
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes	DPC, AR	AE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for endocrine problems.	DPC, AR	AE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR	AR

### B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of endocrine and metabolic problems, including diabetes mellitus, with emphasis on those commonly seen by a specialist in the ambulatory setting.	DPC, AR, MR	AE, MR
2.	Familiarity with the clinical manifestations and principles of treatment of major endocrine emergencies, including decompensated diabetes mellitus, severe hypoglycemia, Addisonian crisis, pituitary apoplexy, thyroid storm, and myxedema coma.	DPC, AR, CC, MR	AE, MR
3.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including thyroid function tests, dynamic testing of pituitary-adrenal function, immunoassays of various hormones, MRI of the pituitary, nuclear imaging of the thyroid, fine-needle aspiration of the thyroid, and bone mineral density studies.	DPC, AR, CC, JC, NC, MR, EBM	AE, MR

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients with endocrine problems and with their families.	DPC, AR	AE

#### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team	DPC, AR, PC	AE
2.	Appreciation of the social context of illness.	DPC, AR, PC	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, JC, SS, JC, EBM, NC, MR	AE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, AR	AE
2.	Knowing when to consult or refer a patient to an endocrinologist.	DPC, AR	AE
3.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR	AE
4.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR	AE
5.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, SS	AE

### **C. MEMORIAL HERMANN AND LBJ GASTROENTEROLOGY CONSULTATION SERVICE**

The Memorial Hermann and LBJ General Gastroenterology Consultation Service is one combined rotation for three upper level residents, one of whom is sent to LBJ. Consults may be requested on inpatients on medical and other services at Memorial Hermann and LBJ Hospital. Residents gain knowledge through consultation rounds with faculty specialists in gastroenterology, through one-on-one supervision by faculty physicians and fellows in gastroenterology clinic and through observing endoscopies. There is no call during these rotations, and residents, who are all upper levels, have one day a week off. Residents do not cover weekends at LBJ. Residents on this rotation are required to attend Morning Report, and Gastroenterology conferences. They are required to attend Noon Conference if there is not a Gastroenterology conference during the noon hour.

The Gastroenterology Consult Service provides the opportunity for residents to consult on hospitalized patients referred by their primary care physicians regarding specific issues related to gastrointestinal problems that often include complex cases. This responsibility includes response to consult requests in a timely fashion as required by the circumstances, knowledge of all patients on the service, supervision of senior medical students, participation in provides including patient preparation and disposition following hospital discharge.

Competency is expected in, but not limited to, the following disorders: complicated acid-peptic disease, motility disturbances, complicated inflammatory bowel disease, diverticulitis, mesenteric vascular events, gastrointestinal infections, and pancreaticobiliary disease including cholelithiasis.

Evaluation and management skills will be developed in patients presenting with abdominal pain including the acute abdomen, nausea and vomiting, gastrointestinal bleeding, malnutrition, and post-surgical care.

GI faculty and a Gastroenterology fellow will round daily with the residents. Rounds will include seeing new consultations, followup of active consultations and teaching, both at bedside and with informal lectures every day.

Learning Venue Competency: Medicine residents will participate in a variety of weekly conferences / educational events. These include:

- GI Grand Rounds. This conference is held on Thursdays from 8:00 – 9:00 a.m. (Baylor, 201A)
- GI Research Forum. This conference is held on Thursdays from 4:00 to 5:00 p.m. (Baylor, DeBakey Room M112)

Procedures: Residents will have the opportunity to observe and participate in a number of procedures. Residents should have basic knowledge of the appropriate use of the following procedures:

Direct Experience:  
Paracentesis

Observation Experience:

- Liver biopsy under ultrasound guidance and transjugular and basic knowledge of the interpretation of the biopsy

- Upper endoscopy, variceal bleeding control with sclerotherapy or band ligation
- Placement of Blakemore tube
- ERCP
- Endoscopic ultrasound
- Percutaneous transhepatic cholangiography (PTC)
- Liver and biliary nuclear medicine scans (HIDA, colloid scan)
- Fashioning of a transjugular intrahepatic porto-systemic shunt (TIPSS)
- Surgical porto-systemic shunts
- Hepatic venography and measurement of Wedged Hepatic Venous Gradient (WHVG)
- Liver imaging (ultrasound, CT, MRI)

**Legend for Learning Activities**

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic	FS – Faculty Supervision	NC – Noon Conferences
Conf.	GR – Grand Rounds	PathCl- Path for Clinicians
CC-Core Curriculum	IL-Introductory Lecture Series	PC–Professionalism Curriculum
DPC – Direct Patient Care	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

**Legend for Evaluation Methods for Residents**

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on the above rotations are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

**PG-2/3/4 – (Goals are for upper level residents only)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination, focusing on gastroenterologic problems.	DPC, AR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes	DPC, AR	AE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for gastroenterology problems.	DPC, AR	AE

4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR	AE
5.	Ability to interpret major abnormalities of upper GI series, barium enemas, and abdominal x-rays.	DPC, AR	AE
6.	Ability to perform flexible sigmoidoscopy under supervision.	DPC, AR, FS	AE
7.	Ability to assess and manage gastrointestinal emergencies, including gastrointestinal hemorrhage.	DPC, AR, FS	AE, IE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of esophageal reflux, peptic ulcer disease, Crohn's disease, ulcerative colitis, colon cancer, acute and chronic pancreatitis, viral hepatitis and cirrhosis	DPC, AR, CC, GR	AE, IE
2.	Understanding the various diagnostic and therapeutic approaches to gastrointestinal disease.	DPC, AR, CC, GR	AE, IE
3.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including EGD, colonoscopy, flexible sigmoidoscopy, ERCP, liver biopsy, upper GI series, barium enemas, and CT scans of the abdomen and pelvis.	DPC, AR, FS	AE, IE
4.	Understanding the rationale, benefits and shortcomings of various approaches to screening for colon cancer, <i>H. pylori</i> disease and hepatitis C.	DPC, AR, SS, CC	AE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients with gastroenterology problems and with their families.	DPC, AR	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE, PR
2.	Appreciation of the social context of illness.	DPC, AR, PC	AE

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine	DPC, AR, JC, SS	AE, IE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, AR	AE
2.	Knowing when to consult or refer a patient to a gastroenterologist.	DPC, AR	AE
3.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR	AE
4.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR	AE
5.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, SS	AE

## D. MEMORIAL HERMANN AND LBJ GENERAL MEDICINE CONSULTATION SERVICE

The Memorial Hermann and LBJ General Medicine Consultation Service rotations are two separate services, one serving Memorial Hermann and one serving LBJ for General Medicine consults on inpatients in these hospitals. There is one upper level resident for Memorial Hermann and one upper level resident for LBJ. Patients seen on these rotations include inpatients at Memorial Hermann who represent a mixture of community, managed care and private patients, and patients on inpatient services at LBJ. General medicine faculty members supervise the residents on this rotation. The LBJ Pulmonary consult resident also provides general medicine consultations at LBJ. There is no call, and the residents have one day off during the seven-day week. Residents on this rotation are required to attend Morning Report and noon conferences.

In addition to their regular clinical duties, the consult resident at Memorial Hermann Hospital is responsible for preparing and leading the discussion of the monthly Journal Club article. He or she will be assisted by the supervising faculty member regarding this task.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic Conf.	FS – Faculty Supervision	NC – Noon Conferences
CC-Core Curriculum	GR – Grand Rounds	PathCl- Path for Clinicians
DPC – Direct Patient Care	IL-Introductory Lecture Series	PC–Professionalism Curriculum
	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principle educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at both Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

#### PG-2/3/4 – (Goals are for upper level residents only)

##### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination.	DPC, AR	AE

2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, AR	AE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC, AR, NC	AE, IE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR, NC, PC	AE, IE
5.	Ability to interpret chest and abdominal x-rays, and electrocardiograms.	DPC, AR	AE
6.	Ability to counsel patient and surgeon regarding medical risks of surgery.	DPC, AR	AE
7.	Ability to diagnose and treat important medical complications of surgery.	DPC, AR	AE, IE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand the pathophysiology, clinical manifestations, diagnosis and management of medical illnesses commonly seen by a consultant in general internal medicine.	DPC, AR, EBM	AE, IE
2.	Familiarity with principles of assessment of surgical risk.	DPC, AR	AE, IE
3.	Understand the pathophysiology, clinical manifestations, diagnosis and management of important medical complications of surgery.	DPC, AR	AE, IE
4.	Familiarity with indications for and interpretation of chest and abdominal X-ray, electrocardiograms, and pulmonary function tests.	DPC, AR	AE, IE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients with medical illness on non-medical services and patients being assessed for pre-operative medical risk and with their families.	DPC, AR, PC	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE
2.	Appreciation of the social context of illness.	DPC, AR, PC	AE

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients with medical illness on non-medical services and patients being assessed for pre-operative medical risk.	DPC, AR	AE, IE
2.	Develop evidence-based strategies for filling gaps in personal knowledge and skills in the care of patients with medical illness on non-medical services and patients being assessed for pre-operative medical risk.	DPC, AR	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, NC, SS, JC, EBM	AE, IE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to ensure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, AR, PC	AE
2.	Knowing when to consult or refer a patient to a medical subspecialist.	DPC, AR	AE
3.	Learning by participation in ward rounds, teaching conferences and other educational activities	DPC, AR, PC	AE
4.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, PC	AE
5.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, NC	AE

## E. MEMORIAL HERMANN AND LBJ GERIATRICS ROTATION

The Geriatrics Rotation is a month long rotation for one to three third year residents. For one month, Residents rotate through Memorial Hermann Hospital and LBJ under the supervision of the Geriatric's department faculty where they will gain knowledge on how to diagnose and treat moderate to acutely ill patients with medical/geriatric problems as well as training in the assessment and management of pain and other symptoms, arising from patients suffering from Cancer. This unique rotation offers the Residents a bio-psychosocial-spiritual patient and family centered model.

### Legend for Learning Activities

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman's Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic	FS – Faculty Supervision	NC – Noon Conferences
Conf.	GR – Grand Rounds	PathCl- Path for Clinicians
CC-Core Curriculum	IL-Introductory Lecture Series	PR – Professor Rounds
DS – Directed Study	JC – Journal Club	PC–Professionalism Curriculum
DPC – Direct Patient Care	MJ – Medical Jeopardy	SS – Senior Seminar
		WD – Weekly Didactic Sessions

### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director's Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included near the front of the report for further information.

#### PG- 3 (Goals are for third year residents only)

##### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Perform an efficient, focused inpatient visit with an older patient, including appropriate interview, taking of medical history, and physical examination.	DPC	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC	AE
3.	Recognize, evaluate and initiate appropriate treatment for geriatric syndromes.	DPC, MR, CC, PR, WD	AE, IE

4.	Promote wellness and maintenance of function in elderly patients, including direction of patients to community resources related to wellness.	DPC, PR	AE
6.	Appropriately prescribe medications in elderly patients.	DPC, MR, CC, PR	AE, IE
7.	Lead discussions of both general management and end-of-life issues with families.	DPC, PR	AE

## **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of elderly patients.	DPC, PR, CC, DS, WD	AE, IE
2.	Understand the concept of wellness and appreciate the important of maintenance of function in elderly patients.	DPC, PR, CC, MR, WD	AE, IE
3.	Understand the important alterations in pharmacokinetics and pharmacological effect of medications in commonly prescribed for elderly patients.	DPC, CC	AE, IE
4.	Familiarity with special features of diagnosis, interpretation of tests and management of illnesses in a geriatric population.	DPC, MR, PR, DS, WD	AE, IE

## **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with elderly patients and their families.	DPC, PR	AE
2.	Recognize and deal effectively with the communication challenges resulting from cognitive impairment in elderly patients.	DPC, PR	AE
3.	Communicate effectively with physician colleagues and other health care professionals to assure timely, comprehensive care for elderly patients at various levels of care.	DPC, MR, PR	AE
4.	Present information concisely and clearly both verbally and in writing on patients.	DPC, MR, PR	AE

## **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, PR	AE
2.	Develop an appreciation of the social context of illness in the geriatric population.	DPC, MR, PR	AE
3.	Know when and how to request ethics consultations, and how best to utilize the advice provided.	DPC, MR, PR	AE

4.	Understand ethical concepts of confidentiality, consent, autonomy and justice regarding the elderly patient.	DPC, MR, PR	AE
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**E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of elderly patients.	DPC, PR, MR, DS	AE
2.	Develop evidence-strategies for filling gaps in personal knowledge and skills in the care of elderly patients.	DPC, DS	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, DS	AE

**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for elderly patients.	DPC, PR	AE
2.	Collaborate with other members of the health care team to assure comprehensive care for elderly patients.	DPC	AE
3.	Use evidence-based, cost-conscious strategies in the care of elderly patients.	DPC, PR	AE
4.	Understand the full range of living options for elderly persons and the cognitive and functional abilities required for successful living in these various settings.	DPC, PR, MR	AE
5.	Know when and how to request medical subspecialists regarding care of the elderly patient, and how best to utilize the advice provided.	DPC, PR, MR	AE

**F. MEMORIAL HERMANN and LBJ HEMATOLOGY CONSULTATION SERVICE**

The Memorial Hermann and LBJ Hematology Consultation Service is one rotation, serving primarily Memorial Hermann Hospital. On occasion the resident will go to LBJ Hospital for a Hematology consult. There are at least two upper level residents on this rotation, working with a fellow and an attending. Consults may be requested on inpatients on medical and other services at Memorial Hermann Hospital and LBJ Hospital. There is no call during this rotation, and there is one day off during the seven-day week.

Hematology subspecialty conferences are held in the afternoons each week which provide learning opportunities to residents about Hematology issues. Residents on this rotation are required to attend Morning Report, and noon conference when they do not attend a Hematology subspecialty conference.

Legend for Learning Activities		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic	FS – Faculty Supervision	NC – Noon Conferences
Conf.	GR – Grand Rounds	PathCI- Path for Clinicians
CC-Core Curriculum	IL-Introductory Lecture Series	PC–Professionalism Curriculum
DPC – Direct Patient Care	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

Legend for Evaluation Methods for Residents	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital, LBJ Hospital and M.D.Andeson Cancer Center is included near the front of the report for further information.

**PG-2/3/4 – (Goals are for upper level residents only)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with a focus on hematology.	DPC, AR	AE
2.	Ability to write concise, accurate and informative	DPC, AR	AE

	histories, physical examinations and progress notes with a focus on hematology.		
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC, AR	AE, IE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR	AE
5.	Ability to interpret major abnormalities of bone marrow aspirates and biopsies and peripheral smears.	DPC, AR, NC, FS, Path CI	AE, IE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of disorders of blood cells and coagulation.	DPC, AR, IL	AE, IE
2.	Understanding the indications for, principles, complications, bleeding and coagulation disorders/hemoglobinopathies, and interpretation of specialized tests, including coagulation studies, bone marrow aspiration and biopsy, lymph node biopsy, lymphoid cell immunophenotypes and cytogenetic analysis of bone marrow samples and peripheral smears.	DPC, AR, DSP, IL, Path CI	AE, IE
3.	Understanding the indications for and complications of transfusion of red cells, platelets and clotting factors, and plasmapheresis.	DPC, AR, IL	AE, IE
4.	Understanding the pharmacology and clinical utility of common chemotherapeutic regimens for treatment of leukemias and lymphomas.	DPC, AR, IL	AE, IE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients with hematology problems and with their families.	DPC, AR, PC	AE
2.	Communicate effectively with colleagues, staff and other services regarding hematology patients.	DPC, AR, PC	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE
2.	Appreciation of the social context of illness.	DPC, AR, PC	AE

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, NC, SS, JC, EBM	AE, IE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, AR, PC	AE
2.	Knowing when to consult or refer a patient to a hematologist.	DPC, AR	AE
3.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, PC	AE
4.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR, PC	AE
5.	Willingness and ability to teach medical students.	DPC, AR, PC	AE
6.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR	AE

## **G. MEMORIAL HERMANN HEPATOLOGY INPATIENT SERVICE**

The Memorial Hermann Hepatology Inpatient Service rotation is for one month. Patients on this rotation include inpatients of attendings on the Hepatology service, patients with liver disease and patients who have had or are listed for a liver transplant. Knowledge is gained on this rotation by rounding with the attending Hepatology physician and a Hepatology fellow. The interns participate in the care of liver transplant patients by attending the medical review board meeting on a weekly basis and rounding on inpatients who have had or are waiting on a liver transplant. The interns on this rotation attend Morning Report and noon conferences.

The overall goal of the rotation through Hepatology is to become familiar with clinical problems in hepatology and liver transplant, by participating in the management of patients with liver and hepatobiliary disorders, and in the care of pre- and post-liver transplant patients.

Training: The intern, while on the Liver Service, is a member of the Liver Service team, which consists of an attending, GI fellow, and two or three Internal Medicine, Dermatology or Anesthesia medical residents or interns on electives. During training, the interns will receive training in the cognitive and practical aspects of consultative hepatology, as well as perform paracentesis. The interns will gain expertise in the management of liver disease in both the inpatient and outpatient setting.

Competency is expected in, but not limited to, the following disorders; portal hypertension, jaundice, abnormal liver function tests, cirrhosis, immune basis, ETOH liver, hepatitis, cholestasis, drug-induced, hepatobiliary CA, chronic liver disease, acute liver failure, and liver transplant.

Technical competency, including knowledge of appropriate use, is developed in diagnostic and therapeutic paracentesis.

Learning Venue Competency. Interns participate in a variety of weekly conferences/educational educational events. These include:

Liver Transplant Medical Review Board Conference & Liver Transplant Service Rounds: This conference is held on Friday from 10:00 am to 12:00 noon. Patients that are being evaluated for listing for liver transplantation are presented and discussed with the liver team. The interns will present and discuss eligibility of their patients for a liver transplant.

Liver Service Consult & Clinic: The Hepatology Team will meet every morning at 9:00 am at the Texas Liver Center in order to organize and coordinate the daily rounds and Hepatology Clinic support for the day. Rounds occur in the mornings following morning report. The attending faculty physician strictly supervises fellows and is always available for questions, commentaries and suggestions.

Hepatology Journal Club: The HJC is held every Wednesday at 8:00 am in the lobby of the Texas Liver Center, Suite 370 UTPB. The interns are expected to attend and present articles for discussion as assigned by the on call Hepatology attending.

**Procedures:** Interns will have the opportunity to observe and participate in a number of procedures and should have basic knowledge of the appropriate use of the following procedures:

**Direct Experience:**

- Paracentesis

**Observation Experience:**

- Liver biopsy under ultrasound guidance and transjugular and basic knowledge of the interpretation of the biopsy
- Upper endoscopy, variceal bleeding control with sclerotherapy or band ligation
- Placement of Blakemore tube
- ERCP
- Endoscopic ultrasound
- Percutaneous transhepatic cholangiography (PTC)
- Liver and biliary nuclear medicine scans (HIDA, colloid scan)
- Liver transplant
- Organ retrieval
- Fashioning of a transjugular intrahepatic porto-systemic shunt (TIPSS)
- Surgical porto-systemic shunts
- Thoracentesis, central line placement/Swan-Ganz
- Diagnostic and therapeutic paracentesis
- Hepatic venography and measurement of Wedged Hepatic Venous Gradient (WHVG)
- Diagnostic laparoscopy
- Liver imaging (ultrasound, CT, MRI)

**Legend for Learning Activities**

AR – Attending Rounds	DSP – Directly Supervised Procedures	M&M-Morbidity & Mortality
Au – Autopsy Report	EBM - Evidence Based Med	MP – Med/Path Conference
CR – Chairman’s Rounds	FS – Faculty Supervision	MR – Morning Report
CPC–Clinicopathologic Conf.	GR – Grand Rounds	NC – Noon Conferences
CC-Core Curriculum	IL-Introductory Lecture Series	PathCl- Path for Clinicians
DPC – Direct Patient Care	JC – Journal Club	PC–Professionalism Curriculum
	MJ – Medical Jeopardy	SS – Senior Seminar

**Legend for Evaluation Methods for Residents**

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included in the front of the report for further information.

**PG-1 (Goals are for intern level only)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
4.	Ability to take a complete medical history and perform a careful and accurate physical examination with a hepatology focus.	DPC, AR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a hepatology focus.	DPC, AR	AE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for hepatology problems.	DPC, AR	AE
4.	Ability to make interpret major abnormalities of liver tests and liver imaging tests.	DPC, AR	AE
5.	Ability to assess and manage the manifestations of chronic liver disease including encephalopathy, GI bleeding and ascites.	DPC, AR, FS	AE

**B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of hepatic problems commonly seen by a specialist.	DPC, AR, CC, GR	AE, IE
2.	Understanding the various diagnostic and therapeutic approaches to gastrointestinal disease.	DPC, AR, CC, GR	AE, IE
3.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including ERCP, liver biopsy, and CT scans of the abdomen and pelvis.	DPC, AR, FS	AE, IE
4.	Understanding the rationale, benefits and shortcomings of various approaches to screening for hepatitis C.	DPC, AR, CC	AE

**C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients with hepatology problems and with their families.	DPC, AR, PC	AE

#### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team.	DPC, AR, MR, PC	AE, PR
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care.	DPC, AR, MR, PC	AE, PR
3.	Appreciation of the social context of illness.	DPC, AR, MR, PC	AE
4.	Understand ethical issues involved with hepatic transplantation.	DPC, PC, AR	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, JC, SS, EBM	AE, IE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, AR	AE
2.	Use evidence-based, cost-conscious strategies in the care of hospitalized patients.	DPC, AR, JC, SS, EBM	AE
3.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, AR, PC	AE, PR
4.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, AR, PC	AE
5.	Knowing when and how to request medical consultation, and how best to utilize the advice provided.	DPC, AR	AE
6.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR	AE

## H. MEMORIAL HERMANN AND LBJ INFECTIOUS DISEASE CONSULTATION SERVICE

The Memorial Hermann and LBJ Infectious Disease Consultation Service rotations are two separate services, one serving Memorial Hermann Hospital and one serving LBJ Hospital. The LBJ service is run by fellows and does not have Internal Medicine residents on the service. There are two upper level residents on the Memorial Hermann Hospital service. Consults may be requested on inpatients on medical and other services at Memorial Hermann Hospital. There is no call on the rotation, and residents have one day off during the seven-day week. There are subspecialty Infectious Disease conferences which the residents attend while on this rotation. Residents are required to attend Morning Report and noon conference, if they are not attending an ID conference during the same AM or noon hour.

### Legend for Learning Activities

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic	FS – Faculty Supervision	NC – Noon Conferences
Conf.	GR – Grand Rounds	PathCI- Path for Clinicians
CC-Core Curriculum	IL-Introductory Lecture Series	PC–Professionalism Curriculum
DPC – Direct Patient Care	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LJB Hospital is included near the front of the report for further information.

**PG-2/3/4 – (Goals are for upper level residents only).**

#### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with a focus on infectious disease.	DPC, AR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a focus on infectious disease.	DPC, AR, NC	AE
3.	Ability to formulate comprehensive and accurate	DPC, AR, NC,	AE

	problem lists, differential diagnoses and plans of management.	CPC, M&M, JC	
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR, NC	AE

### B. Medical Knowledge

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of infections and disorders of host defense commonly seen by a specialist.	DPC, AR, NC, JC, CC	AE, IE
2.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including histopathology, microbiologic cultures and sensitivities and serologic tests for infection and immune competence.	DPC, AR, NC, JC, CC	AE, IE
3.	Familiarity with the indications for and complications of various immunizations and antibiotic therapy.	DPC, AR, NC, JC, CC	AE, IE

### C. Interpersonal Skills and Communication

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Communicate sensitively and effectively with patients with infectious disease problems and their families.	DPC, AR, PC	AE

### D. Professionalism

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE
2.	Appreciation of the social context of illness.	DPC, AR, PC	AE

### E. Practice-Based Learning and Improvement

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine	DPC, AR, NC, JC, CC	AE, IE

**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, AR	AE
2.	Knowing when to consult or refer a patient to a specialist in infectious disease.	DPC, AR, NC	AE, IE
3.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, PC	AE
4.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR, NC, JC, CC	AE
5.	Willingness and ability to teach medical students.	DPC, AR, PC, JC, CC	AE
6.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, NC, JC, CC	AE
7.	Learning to work with managed care organizations, state and city agencies.	DPC, AR, NC	AE

## I. MEMORIAL HERMANN AND LBJ PULMONARY MEDICINE CONSULTATION SERVICE

The Memorial Hermann and LBJ Pulmonary Medicine Consultation Service rotations are two separate services, one serving Memorial Hermann Hospital and one serving LBJ Hospital. There are two residents at Memorial Hermann, and one at LBJ; all are upper levels residents. The residents assist in procedures as well as perform consults requested on inpatients on medical and other services at Memorial Hermann Hospital and LBJ Hospital. An attending and fellow supervise the rotations. The LBJ resident also sees general medicine consults at LBJ, and patients, ages 16 and over, in subspecialty clinics at LBJ. There is no call for these rotations, and there is one day off during the seven-day week. Residents are required to attend Morning Report and Pulmonary subspecialty conferences which are offered to them while on the rotation. They are required to attend noon conference if they are not attending a Pulmonary conference that takes place during the noon hour.

### Legend for Learning Activities

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic	FS – Faculty Supervision	NC – Noon Conferences
Conf.	GR – Grand Rounds	PathCI- Path for Clinicians
CC-Core Curriculum	IL-Introductory Lecture Series	PC–Professionalism Curriculum
DPC – Direct Patient Care	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

#### PG-2/3/4 – (Goals are for upper level residents only).

##### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with a pulmonary focus.	DPC, AR, FS	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a pulmonary focus.	DPC, AR, FS	AE, IE

3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC, AR, FS, NC	AE, IE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR, FS, NC	AE, IE
5.	Ability to recognize major abnormalities of plain films and CT scan of the chest, arterial blood gases, and spirometry.	DPC, AR, FS, NC	AE, IE

## **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of disorders of the lungs and airways commonly seen by a specialist, in both the inpatient and ambulatory settings.	DPC, AR, FS, NC	AE, IE
2.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including plain films and CT scan of the chest and lungs, arterial blood gases, spirometry, and fiber-optic bronchoscopy.	DPC, AR, FS, NC	AE, IE

## **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients with pulmonary problems and their families.	DPC, AR, FS, PC	AE

## **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team.	DPC, AR, FS, PC	AE
2.	Appreciation of the social context of illness.	DPC, AR, FS, PC	AE

## **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, FS, NC	AE, IE

**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, AR, FS	AE
2.	Knowing when to consult or refer a patient to a specialist in pulmonary medicine.	DPC, AR, FS, NC	AE, IE
3.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, FS, NC, PC	AE, PR
4.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR, FS	AE
5.	Willingness and ability to teach medical students.	DPC, AR, FS, PC	AE, PR
6.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, FS, NC	AE, SPE

## J. MEMORIAL HERMANN AND LBJ RENAL CONSULTATION SERVICE

The Memorial Hermann and LBJ Renal Consultation Service rotations are two separate rotations, one serving Memorial Hermann Hospital and one serving LBJ Hospital. Memorial Hermann has two or three upper level residents on this rotation, and LBJ has two upper level residents. A Renal attending and a fellow supervise the rotation. Consults may be requested on inpatients on medical and other services at Memorial Hermann Hospital and LBJ Hospital. Additionally, residents may assist in renal biopsies. LBJ residents see patients, ages 16 and over, in subspecialty clinics at LBJ. The LBJ residents also admit established dialysis patients for short-term dialysis; these patients are assigned by the Renal fellow. Residents on the rotation are required to attend Morning Report and noon conferences.

### Legend for Learning Activities

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic	FS – Faculty Supervision	NC – Noon Conferences
Conf.	GR – Grand Rounds	PathCl- Path for Clinicians
CC-Core Curriculum	IL-Introductory Lecture Series	PC–Professionalism Curriculum
DPC – Direct Patient Care	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

#### PG-2/3/4 – (Goals are for upper level residents only)

##### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with a focus on nephrology.	DPC, AR	AE

2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a focus on nephrology.	DPC, AR	AE, IE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC, AR, GR, NC	AE, IE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR, FS, NC	AE, IE
5.	Ability to recognize major abnormalities of acid-base balance, urinary composition and renal function.	DPC, AR, FS, NC	AE, IE
6.	Ability to determine whether a patient requires immediate dialysis.	DPC, AR, FS, NC	AE, IE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of diseases of the kidneys and disorders of fluid, electrolyte and acid-base metabolism commonly seen by a specialist in both the inpatient and ambulatory settings.	DPC, AR, FS, NC	AE, IE
2.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including urinalysis, tests of glomerular filtration and tubular function, tests of acid-base balance, imaging of kidneys and urinary tract, and renal biopsy.	DPC, AR, FS, NC, CPC	AE, IE
3.	Familiarity with the indications for and complications of various forms of renal replacement therapy, including hemodialysis, venous dialysis, continuous ambulatory peritoneal dialysis, and renal transplantation.	DPC, AR, FS, NC	AE, IE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients with renal problems and their families.	DPC, AR, FS, PC	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team	DPC, AR, FS, PC	AE
2.	Appreciation of the social context of illness.	DPC, AR, PC	AE

**E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, FS, NC, SS, EBM	AE, IE

**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, AR, FS	AE
2.	Knowing when to consult or refer a patient to a nephrologist.	DPC, AR, FS	AE, IE
3.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, FS	AE
4.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR, NC	AE
5.	Willingness and ability to teach medical students.	DPC, AR, PC	AE
6.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR	AE

**K. MEMORIAL HERMANN AND LBJ RHEUMATOLOGY CONSULTATION SERVICE**

The Memorial Hermann and LBJ Rheumatology Consultation Service is one rotation, serving both Memorial Hermann Hospital and LBJ Hospital. There is a minimum of two upper level residents on this rotation. There is one attending and fellow supervising the rotations for both Memorial Hermann and LBJ. Consults may be requested on inpatients on medical and other services at Memorial Hermann Hospital and LBJ Hospital. Residents also see patients, ages 16 and over, in subspecialty clinics at LBJ and at the University of Texas- Houston Rheumatology Clinic in the University of Texas Professional Building. Patients with rheumatic diseases will be seen by residents in these clinics, which are staffed by faculty physicians. Residents participate in consultation rounds with faculty specialists in rheumatology, and are supervised on a one-on-one basis by faculty in rheumatology clinics. There is no call during this rotation, and there are two days off during the seven day week.

Three weekly subspecialty conferences are held on this rotation which provide residents learning opportunities about rheumatology issues; these include a weekly rheumatology case conference, a core curriculum lecture and journal club. Residents on this rotation are required to attend Morning Report and noon conference.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic Conf.	FS – Faculty Supervision	NC – Noon Conferences
CC-Core Curriculum	GR – Grand Rounds	PathCl- Path for Clinicians
DPC – Direct Patient Care	IL-Introductory Lecture Series	PC–Professionalism Curriculum
	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

**PG-2/3/4 – (Goals are for upper level residents only).**

### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with a rheumatology focus.	DPC, AR, FS	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a rheumatology focus.	DPC, AR, FS, NC	AE, IE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC, AR, FS, NC	AE, IE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR, FS, NC	AE, IE
5.	Ability to recognize major abnormalities in radiographs of joints.	DPC, AR, FS, NC	AE, IE
6.	Ability to perform arthrocentesis of the joints such as the knee as well as intra-bursal injections.	DPC, AR, FS, DSP	AE, DSP

### B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of diseases of autoimmunity and disorders of the joints and musculoskeletal system, with emphasis on those commonly seen by a specialist in the ambulatory setting.	DPC, AR, FS, NC	AE, IE
2.	Familiarity with basic mechanisms of action, potential benefits, potential toxicities and indications for prescription of pharmacologic agents used in the management of rheumatic diseases, including nonsteroidal anti-inflammatory agents, corticosteroids, immunosuppressive agents, and newer biological response modifiers.	DPC, AR, FS, NC	AE, IE
3.	Familiarity with indications for radiographic studies of joints.	DPC, AR, FS, NC	AE, IE
4.	Familiarity with indications and interpretation of tests of the immune system, including measurement of autoantibodies.	DPC, AR, FS, NC	AE, IE
5.	Familiarity with the indications for, principles, complications, and interpretation of specialized tests, including arthrocentesis and examination of joint fluid.	DPC, AR, FS, NC	AE, IE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients with rheumatology problems and their families.	DPC, AR, FS, PC	AE

#### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team.	DPC, AR, FS, PC	AE
2.	Appreciation of the social context of illness.	DPC, AR, FS, PC	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine	DPC, AR, FS, NC, JC, EBM	AE, IE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, AR, FS	AE
2.	Knowing when to consult or refer a patient to a rheumatologist.	DPC, AR, FS	AE, IE
3.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, FS, PC	AE
4.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, AR, FS, NC	AE
5.	Willingness and ability to teach medical students.	DPC, AR, FS, PC	AE
6.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, FS, NC	AE

## L. MEMORIAL HERMANN ONCOLOGY CONSULTATION SERVICE

The Memorial Hermann Oncology Consultation Service is a month long rotation for one upper level resident and one or two interns. The service is run by an Oncology attending. Residents participate in oncology consults on inpatients at Memorial Hermann and in oncology clinic at Memorial Hermann. Additionally, residents have one day off during the seven-day week, and they take call once a week at MD Anderson. They attend conferences at MD Anderson on Monday, Tuesday and Friday mornings, and attend Morning Report at Memorial Hermann on Wednesday and Thursday mornings. On Tuesday afternoons the interns and residents and an Oncology attending physician attend a Tuesday afternoon combined modality/oncology conference and present cases with an attending. Interns and residents assigned to this rotation attend noon conferences at Memorial Hermann every day.

### Legend for Learning Activities

AR – Attending Rounds	DSP – Directly Supervised	M&M-Morbidity & Mortality
Au – Autopsy Report	Procedures	MP – Med/Path Conference
CR – Chairman’s Rounds	EBM - Evidence Based Med	MR – Morning Report
CPC–Clinicopathologic	FS – Faculty Supervision	NC – Noon Conferences
Conf.	GR – Grand Rounds	PathCI- Path for Clinicians
CC-Core Curriculum	IL-Introductory Lecture Series	PC–Professionalism Curriculum
DPC – Direct Patient Care	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	

### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included near the front of the report for further information.

#### PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)

##### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with an oncology focus.	DPC, AR, NC	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with an oncology focus.	DPC, AR, NC	AE
3.	Define and prioritize patients’ medical problems and	DPC, AR, NC	AE, IE

	generate appropriate differential diagnoses.		
4.	Develop rational, evidence-based management strategies.	DPC, AR, NC	AE, IE
5.	<i>PG-1</i> - Ability to make appropriate diagnostic and treatment plans for patients with newly diagnosed cancer. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, AR, NC, CC,	AE, IE  AE, IE
6.	<i>PG-1</i> - Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation. <i>PG-2/3/4</i> – Develop proficiency in performance of procedures listed above.	DPC, AR, NC	AE  AE
7.	<i>PG-1</i> - Ability to make basic interpretation of imaging studies, including X-rays of chest and abdomen; CT scans of brain, chest, abdomen and pelvis. <i>PG-2/3/4</i> – Develop and demonstrate proficiency in above.	DPC, AR, NC	AE  AE
8.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR, NC, PC	AE
9.	Participation and later leadership of discussions of end-of-life issues with families.	DPC, AR, NC, PC	AE

## B. Medical Knowledge

	Principal Educational Goals	Learning Activities	Evaluation Methods
1.	<i>PG-1</i> - Understand basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses seen in common types of cancer. <i>PG-2/3/4</i> – Develop and demonstrate proficiency in above.	DPC, AR, NC	AE, IE
2.	Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of complications of cancer and its treatment, including infection and neutropenia, as well as cardiovascular, metabolic, renal and neurological emergencies.	DPC, AR, NC, CC	AE, IE
3.	<i>PG-1</i> - Familiarity with the basic principles of medical care of patients with cancer. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, NC	AE, IE
4.	<i>PG-1</i> - Familiarity with the basic principles of initial evaluation and treatment planning for patients with newly discovered cancer. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, NC, CC	AE, IE

5.	<i>PG-1</i> - Familiarity with the basic principles of management of fever and infection in the neutropenic and immunosuppressed patient. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, NC, CC	AE, IE
6.	<i>PG-1</i> - Familiarity with the basic principles of palliative care. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, NC, PC	AE, IE
7.	<i>PG-1</i> - Familiarity with the basic principles of action and major side effects of chemotherapeutic drugs.– <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, AR, NC, CC	AE, IE
8.	<i>PG-1</i> - Familiarity with the basic principles of evaluation and staging of cancer, and determination of prognosis. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, NC, CC	AE, IE
9.	<i>PG-1</i> - Basic familiarity with indications for and interpretation of chest and abdominal X-rays, CT scans of brain, chest, abdomen and pelvis, and electrocardiograms. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, NC	AE, IE
10.	<i>PG-1</i> - Learn indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, AR, NC	AE, IE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, AR, PC	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, AR, PC	AE
3.	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC, AR, PC	AE
4.	Present information on patients concisely and clearly both verbally and in writing.	DPC, AR, PC	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE

2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care	DPC, AR, PC	AE
3.	Appreciation of the social context of illness.	DPC, AR, NC, PC	AE
4.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, AR, NC, PC	AE
5.	Understand ethical concepts of confidentiality, consent, autonomy and justice.	DPC, AR, NC, PC	AE
6.	Understand professionalism concepts of integrity, altruism and conflict of interest.	DPC, AR, NC, PC	AE, PDR

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients.	DPC, AR, NC	AE, IE
2.	Develop and implement strategies for filling gaps in knowledge and skills.	DPC, AR, NC	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, NC, JC, EBM	AE, IE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, AR, NC	AE
2.	Collaborate with other members of the health care team to assure comprehensive patient care.	DPC, AR, NC, PC	AE
3.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, AR, NC	AE
4.	Effective professional collaboration with residents, fellows and faculty consultants from other disciplines such as Radiology and Surgery.	DPC, AR, NC	AE
5.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers,	DPC, AR, NC, PC	AE

	discharge planners, clinical pharmacists and providers of home health services.		
6.	Knowing when and how to request medical consultation, and how best to utilize the advice provided.	DPC, AR, NC	AE
7.	Knowing when to consult a medical oncologist.	DPC, AR, NC	AE
8.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, NCL	AE
9.	<i>PG-2/3/4</i> - Willingness and ability to teach medical students and PG-1 residents.	DPC, AR, NC	AE
10.	<i>PG -2/3/4</i> - Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, NC	AE

## M. LBJ ONCOLOGY CONSULTATION SERVICE

The LBJ Hospital Oncology Consultation Service is a month long rotation for one upper level resident. Faculty oncologists from M.D. Anderson Cancer Center supervise in assessing consultations. Residents participate in oncology clinic at LBJ, where they work under faculty physicians. There is one day off each week, and residents take call at M.D. Anderson approximately every fifth night during this rotation. Residents attend noon conferences and Morning Report while on this rotation.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DrFR – Dr. Fred Rounds	MP – Med-Path Conference
CPC–Clinicopathologic Conf.	EBM-Evidence Based Medicine	MedRad –Med-Rad Conf.
CC-Core Curriculum	FS – Faculty Supervision	MR – Morning Report
DPC – Direct Patient Care	GR – Grand Rounds	NC – Noon Conferences
DSP – Directly Supervised Procedures	IL-Introductory Lecture Series	PathCl-Pathology Clinicians
	MJ – Medical Jeopardy	PC–Professionalism Curriculum
		SS – Senior Seminar

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at LBJ Hospital is included near the front of the report for further information.

#### PG-2/3/4 (Goals are for upper level residents only)

##### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination with a focus on oncology.	DPC, AR, NC	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a focus on oncology.	DPC, AR, NC	AE
3.	Ability to make appropriate diagnostic and treatment plans for patients with newly diagnosed cancer.	DPC, AR, NC	AE, IE
4.	Proficiency in performance of basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis,	DPC, AR, NC	AE, DSP

	thoracentesis, arthrocentesis, and nasogastric intubation.		
5.	Ability to interpret imaging studies, including X-rays of chest and abdomen; CT scans of brain, chest, abdomen and pelvis.	DPC, AR, NC, CC,	AE
6.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, AR, NC	AE
7.	Leadership of discussions of end-of-life issues with families.	DPC, AR, NC	AE

## **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand the essentials of pathophysiology, clinical manifestations, diagnosis and management of common types of cancer as seen by a specialist in both the inpatient and ambulatory settings.	DPC, AR, NC	AE, IE
2.	Understand the pathophysiology, clinical manifestations, diagnosis and management of complications of cancer and its treatment, including infection and neutropenia, as well as cardiovascular, metabolic, renal and neurological emergencies.	DPC, AR, NC, CC	AE, IE
3.	Familiarity with the principles of medical care of patients with cancer.	DPC, AR, NC	AE, IE
4.	Familiarity with the principles of initial evaluation and treatment planning for patients with newly discovered cancer.	DPC, AR, NC, CC	AE, IE
5.	Familiarity with the principles of management of fever and infection in the neutropenic and immunosuppressed patient.	DPC, AR, NC, CC	AE, IE
6.	Familiarity with the principles of palliative care.	DPC, AR, NC, PC	AE, IE
7.	Familiarity with the principles of action and major side effects of chemotherapeutic drugs.	DPC, AR, NC, CC	AE, IE
8.	Familiarity with the principles of evaluation and staging of cancer, and determination of prognosis.	DPC, AR, NC, CC	AE, IE
9.	Basic familiarity with indications for and interpretation of chest and abdominal X-rays, CT scans of brain, chest, abdomen and pelvis, and electrocardiograms.	DPC, AR, NC	AE, IE
10.	Familiarity with indications for performance and interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests.	DPC, AR, NC, PC	AE, IE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families with oncology issues.	DPC, AR, NC, PC	AE
2.	Communicate effectively with all physician colleagues and members of other members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC, AR, NC, PC	AE
3.	Present information on patients concisely and clearly both verbally and in writing.	DPC, AR, NC	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally with patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE
2.	Appreciation of the social context of illness.	DPC, AR, PC	AE
3.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, AR, PC	AE

### E. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized cancer patients.	DPC, AR, NC	AE, IE
2.	Develop and implement strategies for filling gaps in knowledge and skills.	DPC, AR, NC	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, NC	AE, IE

### F. Systems-Based Practice

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, AR, NC	AE
2.	Understand when to ask for help and advice from attending physicians.	DPC, AR, NC	AE

3.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, AR, NC	AE
4.	Knowing when and how to request medical consultation, and how best to utilize the advice provided.	DPC, AR, NC	AE
5.	Knowing when to consult a medical oncologist.	DPC, AR, NC	AE
6.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, NC	AE
7.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, AR, NC	AE

**VI. LBJ GENERAL HOSPITAL ROTATIONS**

**A. LBJ EMERGENCY MEDICINE LBJ EMERGENCY ROOM AND HOLDING AREA**

The LBJ Emergency Medicine rotation has five to seven interns assigned to the Emergency Room at LBJ, and three to four residents assigned to the ER “Check Room” or “Suture Room”. There is a Holding Area for patients for 23 hour observation. All patients sent to the Holding Area are followed by the resident/intern who initially saw them. Residents assigned to the Suture Room manage all critical patients and routine minor surgical care such as lacerations and kidney stones. The rotation is one month long. Interns and residents work 11 hour staggered shifts for three consecutive days followed by one day off. There is a switch from the day to the night shift mid-month for both residents and interns. Supervision in the Emergency Room is by full-time faculty in our Department of Emergency Medicine. Residents perform initial evaluations of adult patients presenting to the Emergency Room with undifferentiated medical problems in this rotation. Residents and interns attend a weekly conference on Wednesday morning which covers various ER topics.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DrFR – Dr. Fred Rounds	MP – Med-Path Conference
CPC–Clinicopathologic Conf.	EBM-Evidence Based Medicine	MedRad –Med-Rad Conf.
CC-Core Curriculum	FS – Faculty Supervision	MR – Morning Report
DPC – Direct Patient Care	GR – Grand Rounds	NC – Noon Conferences
DSP – Directly Supervised Procedures	IL-Introductory Lecture Series	PathCI-Pathology Clinicians
	MJ – Medical Jeopardy	PC–Professionalism Curriculum
		SS – Senior Seminar

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at LBJ Hospital is included near the front of the report for further information.

**PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Effectively perform initial evaluation and management of patients with medical emergencies.	DPC, FS, CC, NC	AE

2.	Effectively assess patients' need for hospital admission and appropriate level of inpatient care.	DPC, FS, CC, NC	AE
3.	Know indications for common emergency department procedures and perform these procedures with proper technique.	DPC, DSP, FS, IL, CC, NC	AE, IE, DSP
4.	Ability to take a complete medical history and perform a careful and accurate physical examination.	DPC, FS, IL, NC, CC	AE, IE
5.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, FS, IL, NC, CC	AE, IE
6.	<i>PG-1</i> - Ability to make basic interpretation of chest and abdominal x-rays, and electrocardiograms. <i>PG - 2/3/4</i> – Develop and demonstrate proficiency above.	DPC, FS, IL, CC, NC	AE, IE
		DPC, FS,CC,NC	AE, IE
7.	<i>PG-1</i> - Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation. <i>PG-2/3/4</i> – Develop and demonstrate proficiency in above.	DPC, DSP, FS	AE, IE, DSP
		DPC, DSP, FS	AE, IE, DSP
8.	Ability to perform endotracheal intubation under close supervision.	DPC, DSP, FS	AE, IE, DSP
9.	Ability to perform cardiopulmonary resuscitation and advanced cardiac life support, including application of electrodes for defibrillation and external pacing.	DPC, DSP, FS, IL, CC	AE, IE, DSP
10.	<i>PG-2/3/4</i> - Ability to administer emergency thrombolytic treatment, under supervision.	DPC, DSP, FS	AE, IE, DSP
11.	<i>PG-2/3/4</i> - Ability to perform basic ventilator management.	DPC, DSP, FS	AE, IE, DSP
12.	<i>PG-1</i> - Ability to perform pelvic examination under supervision. <i>PG-2/3/4</i> – Develop and demonstrate proficiency in above.	DPC, DSP, FS	AE, IE, DSP
		DPC, FS	AE, IE, DSP

## **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with medical emergencies.	DPC, FS, CC, IL, NC	AE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to medical emergency care.	DPC, JC, GR	AE, IE
3.	<i>PG-1</i> - Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of acute and emergent presentations of medical illnesses, including myocardial infarction, aortic dissection, seizure disorders, gastrointestinal hemorrhage, alcohol withdrawal, decompensated diabetes, exacerbations of asthma and	DPC, FS, CC, IL	AE, IE

	chronic obstructive lung disease, meningitis, drug overdosage and poisoning. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, FS, CC	AE, IE
4.	<i>PG-1</i> - Familiarity with basic pathophysiology, clinical manifestations, diagnosis and management of common gynecologic emergencies, including rape, vaginal bleeding, spontaneous abortion, acute salpingitis, and pregnancy induced hypertension. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, FS, CC, IL,  DPC, FS, CC	AE, IE  AE, IE
5.	<i>PG-1</i> - Familiarity with basic pathophysiology, clinical manifestations, diagnosis and management of common ophthalmologic emergencies, including ocular injuries and conjunctivitis. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, FS, CC, IL  DPC, FS, CC	AE, IE  AE, IE
6.	<i>PG-1</i> - Familiarity with basic pathophysiology, clinical manifestations, diagnosis and management of common musculoskeletal emergencies, including non-operative management of common fractures, ligamentous sprains and muscular strains, and acute arthritis. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, FS, CC, IL  DPC, FS, CC	AE, IE  AE, IE
7.	<i>PG-1</i> - Familiarity with basic pathophysiology, clinical manifestations, diagnosis and management of common otolaryngological emergencies, including epistaxis, acute pharyngitis, acute sinusitis, and obstruction of the upper airway. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, FS, CC, IL  DPC, FS, CC	AE, IE  AE, IE
8.	<i>PG-1</i> - Familiarity with basic clinical manifestations, diagnosis and management of common psychiatric emergencies, including attempted suicide, acute psychosis and anxiety states. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, FS, CC, IL  DPC, FS, CC	AE, IE  AE, IE
9.	Familiarity with recognition and treatment of non-emergent conditions frequently seen in emergency rooms, including allergic reactions, dermatitis and minor burns.	DPC, FS, CC, IL	AE, IE
10.	Recognition of signs of domestic violence, elderly abuse and other social issues which result in visits to the emergency room.	DPC, FS, CC, IL	AE, IE
11.	Plan how to access and follow the Harris County Hospital District Disaster plan, in case of chemical, biological or nuclear emergency.	FS	AE
12.	<i>PG-1</i> - Familiarity with indications for performance and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests,	DPC, FS, CC, IL	AE, IE

	urinalysis, drug screens, body fluid analyses, and microbiologic tests. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, FS, CC	AE, IE
13.	Understanding the appropriate use of ultrasound, computed tomography and magnetic resonance imaging in emergency diagnosis.	DPC, FS, CC	AE, IE
14.	<i>PG-1</i> - Basic familiarity with indications for performance and interpretation of imaging studies, including chest X-ray, abdominal series, abdominal CT scan and CT scan of head. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, FS, CC, IL  DPC, FS, CC	AE,IE  AE, IE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families in a stressful Emergency Room environment.	DPC, FS, PC	AE
2.	Communicate effectively with physician colleagues in the ER & members of other health care professions to assure timely, comprehensive patient care.	DPC, FS, PC	AE
3.	Communicate effectively with consulting residents and attendings from specialty services whose assistance is needed in the evaluation or management of patients in the ER.	DPC, FS, PC	AE
4.	Communicate effectively with colleagues when signing out patients.	DPC, FS, PC	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team	DPC, FS, PC	AE
2.	Appreciation of the social context of illness.	DPC, FS, PC	AE

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients with medical emergencies.	DPC, FS	AE, IE
2.	Develop real-time strategies for filling knowledge gaps that will benefit patients with medical emergencies.	DPC, FS, NC	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic	DPC, IL, NC, SS	AE, IE

	science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine		
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**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for patients in the Emergency Room.	DPC, FS	AE
2.	Collaborate with other members of the health care team to assure comprehensive care for patients in the Emergency Room.	DPC, FS, PC	AE
3.	Facilitate the safe and timely transfer of admitted patients from the Emergency Room to the appropriate inpatient setting.	DPC, FS, PC	AE
4.	Use evidence-based, cost-conscious strategies in the care of patients with medical emergencies.	DPC, FS, IL, CC, NC	AE
5.	Effective collaboration with other members of the health care team, including residents at all levels, nurses, emergency medical personnel, and social worker.	DPC, FS, PC	AE

**B. LBJ GENERAL MEDICAL SERVICES A – D**

Residents assigned to the LBJ Hospital general ward services work in four teams of three senior residents (either PGY2 or PGY3) and three interns (PGY1). One team takes short call and the other two teams are assigned long call. The short call team takes admissions from 7:00am until 2:00pm or until they get four admissions. The short call team then leaves at 4:00pm and returns by 4:00am the next day. They check out their patients to the long call team. The long call team takes up to eight admissions each (16 patients) during their call every fourth night, and leaves the hospital post-call at 1:00 pm. All remaining care of their patients is then turned over to the short call team of the previous day. The short call team then completes all work and checks out to the float intern by 4:00 pm.

All ward teams care for patients with both general medical and subspecialty problems across the full age range from adolescence to the elderly. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record through daily evaluation and discussion. The rotation is for one month, with one day off every week.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DrFR – Dr. Fred Rounds	MP – Med-Path Conference
CPC–Clinicopathologic Conf.	EBM-Evidence Based Medicine	MedRad –Med-Rad Conf.
CC-Core Curriculum	FS – Faculty Supervision	MR – Morning Report
DPC – Direct Patient Care	GR – Grand Rounds	NC – Noon Conferences
DSP – Directly Supervised Procedures	IL-Introductory Lecture Series	PathCl-Pathology Clinicians
	MJ – Medical Jeopardy	PC–Professionalism Curriculum
		SS – Senior Seminar

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at LBJ Hospital is included near the front of the report for further information.

**PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination	DPC, AR, MR, PC	AE, MR
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, AR,	AE

3.	Define and prioritize patients' medical problems and generate appropriate differential diagnoses.	DPC, AR, MR	AE, IE, MR
4.	Develop rational, evidence-based management strategies.	DPC, AR, MR, PC	AE, IE, MR
5.	PG-1 – Ability to make basic interpretation of chest and abdominal x-rays and electrocardiograms. PG-2/3/4 – Develop and demonstrate proficiency in above.	DPC, CC, IL DPC, CC, IL	AE, IE AE, IE
6.	PG-1 – Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation. PG-2/3/4 – Develop proficiency in performance of procedures listed above.	DPC, DSP, AR  DPC	AE, DSP, IE  AE, DSP, IE
7.	PG-2/3/4 - Ability to perform endotracheal intubation.	DPC	AE
8.	Participation and later leadership of discussions of end-of-life issues with families.	DPC, AR, PC	AE

## B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical patients	DPC, AR, MR, NC, GR	AE, IE, MR
2.	Access and critically evaluate current medical information and scientific evidence relevant to patient care	DPC, AR, MR, GR	AE, IE
3.	PG-1 Understand basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses seen on a general medicine inpatient service.	DPC, AR, MR, NC, GR	AE, IE, MR
	PG-2/3/4- Develop and demonstrate proficiency in above.	DPC, AR, MR, NC, SS, GR	AE, IE, MR
4.	PG-1- Recognize the indications for and basic interpretation of chest and abdominal X-rays, electrocardiograms, and pulmonary function tests.	DPC, AR, MR	AE, IE
	PG-2/3/4 -Develop and demonstrate proficiency in above.	DPC, AR, MR	AE, IE
5.	PG-1 - Learn indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests.	DPC, AR, MR, GR	AE, IE
	PG-2/3/4 - Develop and demonstrate proficiency in above.	DPC, AR, MR	AE, IE
6	Familiarity with special features of diagnosis, interpretation of tests and management of illnesses in a geriatric population.	DPC, AR, MR, GR	AE, IE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, AR, PC	AE
2.	Communicate effectively with all physician colleagues and other members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC, AR, MR	AE
3.	Present information concisely and clearly both verbally and in writing on patients.	DPC, AR, MR	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, AR, MR, PC	AE
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care.	DPC, AR, MR, PC	AE
3.	Appreciation of the social context of illness.	DPC, AR, MR, PC	AE
4.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, AR, PC	AE
5.	Understand ethical concepts of confidentiality, consent, autonomy and justice.	PC, DPC, AR	AE
6.	Understand professionalism concepts of integrity, altruism and conflict of interest.	PC, DPC	AE, PDR
7.	Increase self-awareness to identify methods to manage personal and professional sources of stress and burnout.	PC, NC, GR	PDR
8.	Increase knowledge and awareness of personal risks concerning drug/alcohol abuse for self and colleagues, including referral, treatment and follow-up.	PC, NC, GR	PDR

### F. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients.	DPC, AR, CR, MR	AE, IE
2.	Develop and implement strategies for filling gaps in knowledge and skills.	AR, SS, CC	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, CR, MR, NC, SS	AE, IE

## F. Systems-Based Practice

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients	DPC	AE
2.	Collaborate with other members of the health care team to assure comprehensive patient care	DPC	AE
3.	Use evidence-based, cost-conscious strategies in the care of hospitalized patients	DPC, AR, MR, SS	AE
4.	Understand when to ask for help and advice from senior residents and attending physicians	DPC, AR,	AE
5.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services	DPC, AR	AE
6.	Knowing when and how to request medical subspecialist, and how best to utilize the advice provided.	DPC, AR	AE
7.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, MR	AE
8.	PG-2/3/4 – Willingness and ability to teach medical students and PG-1 residents.	DPC, AR, PC	AE
9.	PG-2/3/4 - Leadership of team, including PG-1 residents, medical students, nurses, clinical pharmacists, case manager, and social worker.	AR, PC	AE

### C. LBJ MEDICAL INTENSIVE CARE UNIT

The LBJ Hospital Intensive Care Unit (MICU) is a 16-bed unit shared with CCU and SICU patients specializing in the care of critically ill patients from a wide spectrum of medical and neurologic etiologies. Conditions cared for in the MICU include but are not limited to: acute hypoxia, acute respiratory distress syndrome, acid-base imbalances, liver and renal failure, acute stroke, intracranial hemorrhage, status epilepticus, and coma. MICU rotations are one month in length, and the unit is staffed with three residents and three interns. Call on the rotation is every third night, post-call residents leave the hospital by 1:00pm the next day, and there is one day off during the week. Residents assigned to the MICU are exempt from Morning Report, but are required to attend the Noon Conferences.

The residents work closely with the Pulmonary/Critical Care Attending and Fellow during this rotation, and have the opportunity to learn procedures such as placement of central venous and arterial lines under the direct supervision of the attending or fellow. They may participate in placement of Swan-Ganz catheters.

Patients seen on the LBJ Medical Intensive Care Unit rotation include patients admitted to the MICU, patients transferred from an internal medicine service, patients admitted directly to the MICU from ER, and patients transferred to LBJ MICU from outside hospitals.

#### Legend for Learning Activities

AR – Attending Rounds	DrFR – Dr. Fred Rounds	MP – Med-Path Conference
CPC–Clinicopathologic Conf.	EBM-Evidence Based Medicine	MedRad –Med-Rad Conf.
CC-Core Curriculum	FS – Faculty Supervision	MR – Morning Report
DPC – Direct Patient Care	GR – Grand Rounds	NC – Noon Conferences
DSP – Directly Supervised Procedures	IL-Introductory Lecture Series	PathCI-Pathology Clinicians
	MJ – Medical Jeopardy	PC–Professionalism Curriculum
		SS – Senior Seminar

#### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at LBJ Hospital is included near the front of the report for further information.

#### PG-1 and PG-2/34/ (Goals are for all levels unless indicated)

##### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination.	DPC, AR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, AR	AE
3.	Effectively evaluate and manage patients with critical medical illness, including those on mechanical ventilation and vasopressors.	DPC, CC, GR, NC	AE
4.	Effectively evaluate and manage patients with critical neurological illness.	DPC, AR	AE
5.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for a critically ill patient.	DPC, AR, CC, GR	AE, IE
6.	Insert central venous lines and arterial lines with proper technique.	DPC, DSP, FS	AE, DSP
7.	<i>PG-1-</i> Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation. <i>PG-2/3/4 -</i> Develop and demonstrate proficiency in above.	DPC, AR, DSP, FS  DPC, AR, DSP	AE, DSP  AE, DSP
8.	<i>PG -1</i> Ability to perform endotracheal intubation under close supervision. <i>PG -2/3/4 -</i> Ability to perform endotracheal intubation independently.	DPC, DSP, FS  DPC, DSP	AE, DSP  AE
9.	<i>PG-1 -</i> Ability to perform basic ventilator management. <i>PG-2/3/4 -</i> Develop and demonstrate proficiency in above.	DPC, DSP, AR, FS DPC, DSP, AR	AE, DSP AE, DSP
10.	<i>PG-1-</i> Insertion and basic management of pulmonary arterial catheters under close supervision. <i>PG-2/3/4 -</i> Proficiency in insertion and management of pulmonary arterial catheters under supervision.	DPC, DSP, AR, FS DPC, DSP, AR, FS	AE, DSP AE, DSP
11.	<i>PG -1-</i> Ability to make basic interpretation of chest and abdominal x-rays and electrocardiograms. <i>PG -2/3/4 -</i> Develop and demonstrate proficiency in above.	DPC, AR  DPC, AR	AE  AE
12.	<i>PG-1 -</i> Ability to perform cardiopulmonary resuscitation and advanced cardiac life support. <i>PG-2/3/4 -</i> Ability to lead a team during cardiopulmonary resuscitation and advanced cardiac life support.	DPC, DSP, AR, FS  DPC, AR	AE, DSP  AE
13.	Participation in and later leadership of discussion of end-of-life issues with families.	DPC, AR, PC	AE

**B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with critical medical and neurological illness.	DPC, AR, CC, NC,GR	AE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to medical and neurological critical care.	DPC, SS, NC	AE
3.	Understand the physiologic and pathophysiologic principles of invasive hemodynamic monitoring including indications.	DPC, AR	AE
4.	<i>PG-1</i> - Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of severe and life-threatening medical illnesses. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC, NC DPC, AR	AE, IE AE, IE
5.	<i>PG-1</i> - Familiarity with the basic principles of ventilator management. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC, NC DPC, AR	AE AE
6.	<i>PG-1</i> - Familiarity with the basic principles of pathophysiology, diagnosis and management of respiratory failure. <i>PG-2/3/4</i> – Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC, NC DPC, AR	AE, IE AE, IE
7.	<i>PG-1</i> - Familiarity with the basic principles of pathophysiology, diagnosis and management of sepsis and the syndrome of multiple organ failure. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC, NC DPC, AR	AE, IE AE, IE
8.	Familiarity with indications for performance and basic interpretation of blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, microbiologic tests, spirometry and arterial blood gases.	DPC, AR, CC, NC	AE, IE
9.	<i>PG-1</i> - Basic familiarity with indications for and interpretation of chest and abdominal X-ray, electrocardiograms, and pulmonary function tests. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, AR, CC, NC DPC, AR	AE, IE

**C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families in a stressful critical care environment, including discussion of end-of-life issues and limits of care.	DPC, AR, PC	AE

2.	Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care.	DPC, AR, PC	AE
3.	Communicate effectively with colleagues when signing out DPC, TR patients or turning over care to another service.	DPC	AE

#### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care.	DPC, AR, PC	AE
3.	Appreciation of the social context of illness.	DPC, AR, PC	AE
4.	Effective utilization of ethics consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC, AR, PC	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients with critical medical and neurological illness.	DPC, AR, MR	AE
2.	Develop real-time strategies for filling knowledge gaps that will benefit patients in the medical intensive care unit.	AR, SS, NC	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	AR, SS, NC	AE

#### **G. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for critically ill medical and neurological patients.	DPC, AR	AE
2.	Collaborate with other members of the health care team to assure comprehensive care for patients with critical medical and neurological illness.	DPC, AR	AE
3.	Use evidence-based, cost-conscious strategies in the care	DPC, AR, SS, NC	AE

	of patients with critical medical and neurological illness.		
4.	Knowing when to consult a medical subspecialist.	DPC, AR	AE
5.	Knowing when to ask for help and advice from senior residents and attending physicians.	DPC, AR	AE
6.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC	AE
7.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, PC	AE
8.	Effective utilization of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC, PC	AE
9.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR	AE
10.	<i>PG-2/3/4</i> - Ability to lead team, including PG-1 residents, medical students, nurses, clinical pharmacist, case manager, and social worker.	DPC, PC	AE
11.	<i>PG-2/3/4</i> - Willingness and ability to teach medical students and PG-1 residents.	DPC, PC	AE

## D. LBJ HOSPITAL NIGHT FLOAT

The LBJ Hospital Night Float rotation is one month long and is staffed by two interns. The residents work every other day on weekdays from 4:00pm to 7:00am, and 12:00pm to 7:00am on weekends and holidays. Patients seen on this rotation are patients on all medical services except the ICU. Float interns care for patients of all medical teams except the team that is oncall that night. The MICU resident provides backup for the interns if necessary. Each intern works approximately 15 shifts a month.

<b>Legend for Learning Activities</b>		
AR – Attending Rounds	DrFR – Dr. Fred Rounds	MP – Med-Path Conference
CPC–Clinicopathologic Conf.	EBM-Evidence Based Medicine	MedRad –Med-Rad Conf.
CC-Core Curriculum	FS – Faculty Supervision	MR – Morning Report
DPC – Direct Patient Care	GR – Grand Rounds	NC – Noon Conferences
DSP – Directly Supervised Procedures	IL-Introductory Lecture Series	PathCl-Pathology Clinicians
	MJ – Medical Jeopardy	PC–Professionalism Curriculum
		SS – Senior Seminar

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
DSP – Directly Supervised Procedures	PR – Peer Review
IE – In-service Exam	
MR – Morning Report	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at LBJ Hospital is included near the front of the report for further information.

#### PG-1 (Goals are for intern level only)

##### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Method</b>
1.	Evaluate and prioritize problems and complications occurring in hospitalized patients.	DPC	PDR
2.	Efficiently evaluate and stabilize patients newly admitted from the Emergency Department.	DPC	PDR
3.	Ability to take a complete medical history and perform a careful and accurate physical examination.	DPC	PDR
4.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC	PDR
5.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC	PDR
6.	Ability to make basic interpretation of chest and abdominal	DPC	PDR

	x-rays and electrocardiograms.		
7.	Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation.	DPC	PDR

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Learn appropriate management strategies for problems commonly occurring in hospitalized patients, such as: fever, shortness of breath, chest pain, altered consciousness.	DPC	PDR
2.	Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses, as seen on a general medicine inpatient service.	DPC	PDR
3.	Basic familiarity with indications for and interpretation of chest and abdominal X-rays and electrocardiograms.	DPC	PDR
4.	Basic interpretation of diagnostic images, ECG, and pulmonary function tests.	DPC	PDR
5.	Familiarity with indications for performance and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests.	DPC	PDR

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively, verbally and through appropriate written sign-out, with colleagues whose patients are being covered.	DPC	PDR
2.	Communicate effectively with nursing staff regarding acute patient problems.	DPC	PDR

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally with patients, families, colleagues, and all members of the health care team.	DPC	PDR

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify, acknowledge, and fill gaps in personal knowledge and skills in the care of hospitalized patients.	DPC	PDR

**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	
1.	Effectively utilize the relatively limited resources available during the night to assure high quality patient care and patient safety.	DPC	PDR
2.	Knowing when to ask for help and advice from senior residents and attending physicians.	DPC	PDR
3.	Effective utilization of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC	PDR

## VII. M.D. ANDERSON CANCER CENTER ROTATIONS

### A. MDACC CLINICS

The M.D. Anderson Cancer Center Clinics is a month long rotation for three interns. Patients in lymphoma, leukemia, thoracic, breast, gastrointestinal, melanoma, sarcoma, genitourinary and palliative care clinics, as well as in the the emergency center at M.D. Anderson, are seen by residents, who are supervised on a one-on-one basis by full-time oncology M.D. Anderson faculty. The rotation has a Monday through Friday schedule, with call being taken one of five nights. Residents take all weekends off unless they are on call, which is an average of two weekend days per month. The residents do not take admissions during call, however they cover patients on the solid tumor floors. Residents attend conferences at M.D. Anderson except for Core Curriculum conference, which they are required to attend at Memorial Hermann Hospital.

#### Legend for Learning Activities

MC – Morning Conference	DSP – Directly Supervised Procedures
TTC – Tuesday /Thursday Conferences	CC – Core Curriculum (Hermann)
WC – Wednesday Conference	AR – Attending Rounds
DPC – Direct Patient Care	

#### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	PR – Peer Review
IE – In-service Exam	
PDR–Program Director’s Review (twice annually)	

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at M.D. Anderson Cancer Center is included in the front of the report for further information.

#### PG-1 (Goals are for intern level only)

##### A. Patient Care

	Principal Educational Goals	Learning Activities	Evaluation Methods
5.	Ability to take a complete medical history and perform a careful and accurate physical examination of cancer patients in the ambulatory setting.	DPC, MC, NC, TTC, WC	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes of cancer patients.	DPC, MC, NC, TTC, WC	AE, IE
3.	Define and prioritize patients’ medical problems and generate appropriate differential diagnoses.	DPC, MC, NC, TTC, WC	AE, IE
4.	Ability to make appropriate diagnostic and treatment plans for patients with newly diagnosed cancer.	DPC, MC, NC, TTC, WC	AE, IE

5.	Ability to make basic interpretation of imaging studies, including X-rays of chest and abdomen; CT scans of brain, chest, abdomen and pelvis.	DPC, MC, NC, TTC, WC	AE, IE
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### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand basic pathophysiology, clinical manifestations, diagnosis and management of common types of cancer as seen in the ambulatory setting.	DPC, MC, NC, TTC, WC	AE, IE
2.	Familiarity with the basic principles of medical care of patients with cancer.	DPC, MC, NC, TTC, WC	AE, IE
3.	Familiarity with the basic principles of initial evaluation and treatment planning for patients with newly discovered cancer as seen in the ambulatory setting.	DPC, MC, NC, TTC, WC	AE, IE
4.	Familiarity with the basic principles of action and major side effects of chemotherapeutic drugs.	DPC, MC, NC, TTC, WC	AE, IE
5.	Familiarity with the basic principles of evaluation and staging of cancer, and determination of prognosis.	DPC, MC, NC, TTC, WC	AE, IE
6.	Basic familiarity with indications for and interpretation of chest and abdominal X-rays, CT scans of brain, chest, abdomen and pelvis, and electrocardiograms.	DPC, MC, NC, TTC, WC	AE, IE
7.	Learn indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests.	DPC, MC, NC, TTC, WC	AE, IE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with cancer patients and their families.	DPC, MC, NC, TTC, WC	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, MC, NC, TTC, WC	AE
3.	Present information on patients concisely and clearly both verbally and in writing.	DPC, MC, NC, TTC, WC	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, MC, NC, TTC, WC	AE
2.	Appreciation of the social context of illness.	DPC, MC, NC, TTC, WC	AE

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Develop and implement strategies for filling gaps in knowledge and skills.	DPC, MC, NC, TTC, WC	AE, IE
2.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, MC, NC, TTC, WC	AE, IE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Effective professional collaboration with residents, fellows and faculty consultants from other disciplines such as Radiology and Surgery.	DPC, MC, NC, TTC, WC	AE
2.	Effective collaboration with other members of the health care team, including nurses, social workers, case managers, and clinical pharmacists.	DPC, MC, NC, TTC, WC	AE
3.	Knowing when and how to request medical consultation, and how best to utilize the advice provided.	DPC, MC, NC, TTC, WC	AE
4.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, MC, NC, TTC, WC	AE
5.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, MC, NC, TTC, WC	AE
6.	Learning by participation in teaching conferences and other educational activities.	DPC, MC, NC, TTC, WC	AE

**B. M.D. ANDERSON CANCER CENTER GENERAL MEDICINE CONSULTATION SERVICE**

The M.D. Anderson Cancer Center General Medicine Consultation Service is a month long rotation for one upper level resident. Residents treat inpatients at M.D. Anderson Cancer Center on this service, and are supervised on a one-to-one basis by full-time general medicine M.D. Anderson faculty. Call is once every five days, and there is one day off during the week. The resident on this rotation usually rounds one of the two weekend days and has a weekday off. The resident attends conferences at M. D. Anderson except for Core Curriculum conference, which they are required to attend at Memorial Hermann Hospital.

<b>Legend for Learning Activities</b>	
MC – Morning Conference	DSP – Directly Supervised Procedures
TTC – Tuesday/Thursday Conferences	CC – Core Curriculum (Hermann)
WC – Wednesday Conference	AR – Attending Rounds
DPC – Direct Patient Care	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PR – Peer Review
IE – In-service Exam	
PDR–Program Director’s Review (twice annually)	

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at M.D. Anderson Cancer Center is included in the front of the report for further information.

**PG-2/3/4 – (Goals are for upper level residents only)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination of inpatients in a cancer hospital setting.	DPC, MC, TTC, WC, AR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, MC, TTC, WC, AR	AE, IE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC, MC, TTC, WC, AR	AE, IE
4.	Ability to write concise, accurate, informative and helpful consultation notes, clearly outlining the recommendations and explaining their rationale.	DPC, MC, TTC, WC, AR	AE, IE
5.	Ability to interpret chest and abdominal x-rays, and electrocardiograms.	DPC, MC, TTC, WC, AR	AE, IE

6.	Ability to counsel cancer patients and surgeon regarding medical risks of surgery.	DPC, MC, TTC, WC, AR	AE, IE
7.	Ability to diagnose and treat important medical complications of surgery in patients with cancer.	DPC, MC, TTC, WC, AR	AE, IE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of medical illnesses on a cancer ward seen by a consultant in general internal medicine.	DPC, MC, TTC, WC, AR	AE, IE
2.	Familiarity with principles of assessment of surgical risk.	DPC, MC, TTC, WC, AR	AE, IE
3.	Understanding the pathophysiology, clinical manifestations, diagnosis and management of important medical complications of surgery.	DPC, MC, TTC, WC, AR	AE, IE
4.	Familiarity with indications for and interpretation of chest and abdominal X-ray, electrocardiograms, and pulmonary function tests.	DPC, MC, TTC, WC, AR	AE, IE
5.	Basic familiarity with the principles of action and major side effects of chemotherapeutic drugs.	DPC, MC, TTC, WC, AR	AE, IE
6.	Familiarity with pathophysiology, clinical manifestations, diagnosis and management of medical complications of cancer and its treatment, including infection and neutropenia, as well as cardiovascular, metabolic, renal and neurological problems.	DPC, MC, TTC, WC, AR	AE, IE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with cancer patients with medical illness and those patients being assessed for pre-operative medical risk, as well as communicating effectively with these patient's families.	DPC, MC, TTC, WC, AR	AE, SPE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, MC, TTC, WC, AR	AE
2.	Appreciation of the social context of illness.	DPC, MC, TTC, WC, AR	AE

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of cancer patients with medical illness and patients being assessed for preoperative medical risk.	DPC, MC, TTC, WC, AR	AE, IE
2.	Develop evidence-based strategies for filling gaps in personal knowledge and skills in the care of cancer patients with medical illness and patients being assessed for pre-operative medical risk.	DPC, MC, TTC, WC, AR	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, MC, TTC, WC, AR	AE, IE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Work with the service requesting the consultation to assure that care for the patient's medical needs is properly coordinated with care being delivered by the primary service.	DPC, MC, TTC, WC, AR	AE
2.	Learning by participation in ward rounds, teaching conferences and other educational activities	DPC, MC, TTC, WC, AR	AE
3.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, MC, TTC, WC, AR	AE
4.	Effective professional collaboration with residents, fellows and faculty consultants from other disciplines such as Radiology and Surgery.	DPC, MC, TTC, WC, AR	AE
5.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, MC, TTC, WC, AR	AE

## VII. ST. LUKE’S EPISCOPAL HOSPITAL ROTATIONS

### A. ST. LUKE’S EPISCOPAL HOSPITAL CARDIOLOGY SERVICE

The St. Luke’s Episcopal Hospital Cardiology Service is a month long rotation for one intern. The intern works with a group of cardiologists, and cares for inpatients of private physicians who are selected to be on the voluntary teaching faculty at St. Luke’s Hospital. Call is approximately once every fifth night, and there is one day off during the week. The intern attends noon conferences at St. Luke’s except for Core Curriculum conference, which they are required to attend at Memorial Hermann Hospital.

<b>Legend for Learning Activities</b>	
DPC – Direct Patient Care	NC – Noon Conferences
DSP – Directly Supervised Procedures	SMR – Saturday Morning Report
MR – Morning Report	TR – Teaching Rounds
CC - Core Curriculum Conf at MHH	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
IE – In-service Exam	PR – Peer Review

#### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at St. Luke’s Episcopal Hospital is included in the front of the report for further information.

#### PG-1 (Goals are for intern level only)

##### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Take a complete medical history and perform a careful and accurate physical examination with a cardiology focus.	DPC, TR, MR	AE
2.	Write concise, accurate and informative histories, physical examinations and progress notes with a cardiology focus.	DPC, TR	AE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for patients with cardiac illness.	DPC, TR, MR	AE, IE
4.	Ability to interpret electrocardiograms and rhythm strips, chest and abdominal x-rays.	DPC, TR	AE, IE
5.	Ability to recognize major abnormalities of cardiac stress tests, cardiac ECHO and coronary angiograms.	DPC, TR, MR	AE, IE
6.	Ability to recognize the physical findings of chronic congestive heart failure, acute pulmonary edema, mitral regurgitation, mitral stenosis, aortic stenosis, aortic regurgitation and tricuspid regurgitation.	DPC, TR, MR	AE, IE

7.	Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation.	DPC, TR, DSP	AE, IE
8.	Willingness and ability to help patients undertake basic strategies for prevention of cardiovascular disease, including modifications of diet and physical activity, and cessation of use of tobacco.	DPC, TR, MR	AE, IE
9.	Participation in discussion of end-of-life issues with families.	DPC, TR	AE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of cardiac diseases, as seen on an inpatient specialty service.	DPC, TR, MR	AE, IE
2.	Familiarity with the diagnosis and management of essential hypertension; ischemic heart disease, including unstable angina pectoris and myocardial infarction; congestive heart failure; common cardiac arrhythmias, especially atrial fibrillation, supraventricular tachycardia, and ventricular arrhythmias; common rheumatic heart diseases; common congenital heart diseases.	DPC, TR, MR	AE, IE
3.	Basic familiarity with the indications for, principles, complications, and elementary interpretation of ECG, inpatient and ambulatory rhythm monitoring, exercise and chemical stress tests, electrophysiologic studies, transthoracic and transesophageal cardiac ECHO, nuclear cardiac imaging, right and left ventricular catheterization, coronary angiography, and percutaneous angioplasty.	DPC, TR, MR	AE, IE
4.	Familiarity with basic principles of assessment of lifetime cardiovascular risk, and cardiovascular risk prevention.	DPC, TR, MR	AE, IE
5.	Familiarity with strategies for cessation of use of tobacco.	DPC, TR, MR	AE, IE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with inpatients with cardiac problems and their families.	DPC, TR	AE
2.	Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care.	DPC, TR	AE

#### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, TR, MR	AE
2.	Appreciation of the social context of illness.	DPC, TR	AE
3.	Effective utilization of ethics consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC, TR	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients with cardiac problems.	DPC, TR, MR	AE, IE
2.	Develop evidence-strategies strategies for filling gaps in personal knowledge and skills in the care of hospitalized patients with cardiac problems.	DPC, TR	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, TR, MR	AE, IE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, TR	AE
2.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, TR	AE
3.	Knowing when to consult or refer a patient to a cardiologist.	DPC, TR	AE
4.	Knowing when to ask for help and advice from senior residents and attending physicians	DPC, TR	AE
5.	Willingness and ability to help the requesting physician in a consultative or co-management capacity, according to the needs of the situation.	DPC, TR	AE

## B. ST. LUKE'S EPISCOPAL HOSPITAL GENERAL MEDICINE SERVICE

The St. Luke's Episcopal Hospital General Medicine Service rotation is a month long rotation for five interns. The inpatients seen at St. Luke's are patients of private physicians who are selected to be on the voluntary teaching faculty at St. Luke's. The interns are supervised by the attending physician on an individual basis. There is call approximately every fifth night, and there is one day off during the week. The interns attend noon conferences at St. Luke's except for Core Curriculum conference, which they are required to attend at Memorial Hermann Hospital.

<b>Legend for Learning Activities</b>	
DPC – Direct Patient Care	NC – Noon Conferences
DSP – Directly Supervised Procedures	SMR – Saturday Morning Report
MR – Morning Report	TR – Teaching Rounds
CC - Core Curriculum Conf at MHH	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director's Review (twice annually)
IE – In-service Exam	PR – Peer Review

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at St. Luke's Episcopal Hospital is included in the front of the report for further information.

#### PG-1 (Goals are for intern level only)

##### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history and perform a careful and accurate physical examination.	DPC, TR, MR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC, TR, MR	AE, IE
3.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.	DPC, TR, MR	AE, IE
4.	Ability to make basic interpretation of chest and abdominal x-rays, and electrocardiograms.	DPC, TR, MR	AE, IE
5.	Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation.	DPC, TR, MR DSP	AE, IE

**B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses seen on a general medicine inpatient service.	DPC, TR, MR	AE, IE
2.	Familiarity with indications for and interpretation of chest and abdominal X-rays, electrocardiograms, and pulmonary function tests.	DPC, TR, MR	AE, IE
3.	Familiarity with indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests.	DPC, TR, MR	AE, IE

**C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate sensitively and effectively with patients on general medicine inpatient services and their families.	DPC, TR	AE
2.	Communicate effectively with physician colleagues and members of the other health care professionals to assure timely, comprehensive patient care.	DPC, TR, MR	AE

**D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, TR, MR	AE
2.	Appreciation of the social context of illness.	DPC, TR, MR	AE

**E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients.	DPC, TR, MR	AE
2.	Develop evidence-based strategies for filling gaps in personal knowledge and skills in the care of hospitalized patients.	DPC, TR, MR, NC	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, TR, MR, NC	AE

**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care for optimally for hospitalized patients.	DPC, TR, MR	AE
2.	Knowing when to consult or refer a patient to a medical subspecialist.	DPC, TR, MR	AE
3.	Knowing when to ask for help and advice from senior residents and attending physicians.	DPC, TR, MR	AE
4.	Effective utilization of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC, TR, MR	AE
5.	Learning by participation in ward rounds, teaching conferences and other educational activities	DPC, TR, MR	AE
6.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, TR, MR	AE
7.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, TR, MR	AE

**C. ST. LUKE’S EPISCOPAL HOSPITAL HEPATOLOGY SERVICE**

The St. Luke’s Episcopal Hospital Hepatology Service rotation is a month long rotation for one intern. The intern is supervised by the attending physician on an individual basis. Patients seen on this service include private inpatients of attendings on the hepatology service, transplant patients admitted to the service, and general patients with hepatology problems. Call is approximately every fifth night and there is one day off each week. The intern attends noon conferences at St. Luke’s except for Core Curriculum conference, which they are required to attend at Memorial Hermann Hospital.

<b>Legend for Learning Activities</b>	
DPC – Direct Patient Care	NC – Noon Conferences
DSP – Directly Supervised Procedures	SMR – Saturday Morning Report
MR – Morning Report	TR – Teaching Rounds
CC - Core Curriculum Conf at MHH	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director’s Review (twice annually)
IE – In-service Exam	PR – Peer Review

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at St. Luke’s Episcopal Hospital is included in the front of the report for further information.

**PG-1 (Goals are for intern level only)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
6.	Ability to take a complete medical history and perform a careful and accurate physical examination with a hepatology focus.	DPC, TR, MR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a hepatology focus.	DPC, TR, MR	AE, IE
3.	Define and prioritize patients’ medical problems and generate appropriate differential diagnoses.	DPC, TR, MR	AE, IE
4.	Develop rational, evidence-based management strategies.	DPC, TR, MR	AE, IE
5.	Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, abdominal paracentesis, and nasogastric intubation.	DPC, TR, MR, DSP	AE, IE
6.	Ability to make basic interpretation of chest and abdominal x-rays, and specialized imaging studies including abdominal CT scan, abdominal and biliary ultrasound, nuclear imaging of biliary tract and ERCP.	DPC, TR, MR	AE, IE

7.	Participation in discussions of end-of-life issues with families.	DPC, TR, MR	AE
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## B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with hepatology problems.	DPC, TR, MR, NC	AE, IE
2.	Access and critically evaluate current medical information and scientific evidence relevant to patient care.	DPC, TR, MR, NC	AE, IE
3.	Understand basic pathophysiology, clinical manifestations, diagnosis and management of disorders of the liver and biliary tract, as seen on an inpatient specialty service.	DPC, TR, MR, NC, GR	AE, IE
4.	Learn indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests.	DPC, TR, MR, NC, GR	AE, IE
5.	Basic familiarity with indications for performance and interpretation of specialized tests, including coagulation studies, liver function tests and analyses of ascitic fluid.	DPC, TR, MR, NC, GR, DSP	AE, IE
6.	Basic familiarity with indications for performance, complications, and interpretation of specialized imaging studies, including abdominal CT scan, abdominal and biliary ultrasound, nuclear imaging of biliary tract and ERCP.	DPC, TR, MR, NC, GR, DSP	AE, IE
7.	Basic familiarity with indications for performance, complications and interpretation of liver biopsies.	DPC, TR, MR, NC, DSP	AE, IE
8.	Basic familiarity with indications for and complications of liver transplant.	DPC, TR, MR, NC	AE, IE

## C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, TR	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, TR	AE
3.	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC, TR	AE
4.	Present information on hepatology patients concisely and clearly both verbally and in writing.	DPC, TR	AE

#### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally towards patients, families, colleagues, and all members of the health care team.	DPC, TR	AE
2.	Appreciation of the social context of illness.	DPC, TR	AE
3.	Understand ethical issues involved with hepatic transplantation.	DPC, TR	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients.	DPC, TR, MR, NC	AE, IE
2.	Develop and implement strategies for filling gaps in knowledge and skills.	DPC, TR, MR, NC	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, TR, MR, NC	AE, IE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, TR, MR	AE
2.	Use evidence-based, cost-conscious strategies in the care of hospitalized patients.	DPC, TR, MR	AE
3.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, TR, MR	AE
4.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, TR, MR	AE
6.	Knowing when and how to request medical consultation, and how best to utilize the advice provided.	DPC, TR, MR	AE
7.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, MR	AE

## D. ST. LUKE'S EPISCOPAL HOSPITAL NEPHROLOGY SERVICE

The St. Luke's Episcopal Hospital Nephrology Service is a month long rotation for one intern and one upper level resident. Patients seen include inpatients who are patients of private physicians who are selected to be on the voluntary teaching faculty at St. Luke's. Residents are supervised by the attending physician on an individual basis. The residents take call approximately every fifth night, and there is one day off a week. The intern attends noon conferences at St. Luke's except for Core Curriculum conference, which they are required to attend at Memorial Hermann Hospital.

<b>Legend for Learning Activities</b>	
DPC – Direct Patient Care	NC – Noon Conferences
DSP – Directly Supervised Procedures	SMR – Saturday Morning Report
MR – Morning Report	TR – Teaching Rounds
CC - Core Curriculum Conf at MHH	

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	PDR–Program Director's Review (twice annually)
IE – In-service Exam	PR – Peer Review

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at St. Luke's Episcopal Hospital is included in the front of the report for further information.

#### PG-1 and PG-2/3/4 (Goals are for all levels unless indicated)

##### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
7.	Ability to take a complete medical history and perform a careful and accurate physical examination with a nephrology focus.	DPC, TR, MR	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a nephrology focus.	DPC, TR, MR	AE, IE
3.	Define and prioritize patients' medical problems and generate appropriate differential diagnoses.	DPC, TR, MR	AE, IE
4.	Develop rational, evidence-based management strategies.	DPC, TR, MR	AE, IE
5.	<i>PG-1</i> - Ability to perform basic procedures: venipuncture, arterial puncture, placement of central venous lines, lumbar puncture, abdominal paracentesis, thoracentesis, arthrocentesis, and nasogastric intubation. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, TR, MR, DSP  DPC, TR, MR	AE, IE  AE, IE

6.	<i>PG-2/3/4</i> – Ability to perform advanced procedures: endotracheal intubation.	DPC, TR, MR	AE, IE
7.	Participation and later leadership of discussions of end-of-life issues with families.	DPC, TR, MR	AE, IE

## B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	<i>PG-1</i> - Understanding the basic elements of pathophysiology, diagnosis and management of important renal diseases, including those caused by hypertension, immune mechanisms, diabetes, infection, drug toxicity, nephrotic syndrome, disorders of tubular function and urinary obstruction. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, TR, MR  DPC, TR, MR	AE, IE  AE, IE
2.	<i>PG-1</i> - Familiarity with evaluation and basic management of patients with chronic and acute renal failure. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, TR, MR  DPC, TR, MR	AE, IE  AE, IE
3.	Familiarity with the cardiovascular, metabolic, infectious, skeletal, endocrine, immunologic, hematologic and gastrointestinal complications of chronic renal failure.	DPC, TR, MR	AE, IE
4.	<i>PG-1</i> - Familiarity with indications for performance and basic interpretation of specialized tests of renal function. <i>PG-2/3/4</i> - Develop and demonstrate in-depth knowledge of above.	DPC, TR, MR  DPC, TR, MR	AE, IE  AE, IE
5.	<i>PG-1</i> - Basic familiarity with the indications, principles and important medical complications of hemodialysis, peritoneal dialysis and renal transplantation. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, TR, MR  DPC, TR, MR	AE, IE  AE, IE
6.	<i>PG-1</i> - Recognize the indications of basic interpretation of chest and abdominal X-rays, electrocardiograms, and pulmonary function tests. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, TR, MR  DPC, TR, MR	AE, IE  AE, IE
7.	<i>PG-1</i> Learn indications for and basic interpretation of standard laboratory tests, including blood counts, coagulation studies, blood chemistry tests, urinalysis, body fluid analyses, and microbiologic tests. <i>PG-2/3/4</i> - Develop and demonstrate proficiency in above.	DPC, TR, MR  DPC, TR, MR	AE, IE  AE, IE

### C. Interpersonal Skills and Communication

	<b><u>PRINCIPAL EDUCATIONAL GOALS</u></b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families	DPC, TR	AE
2.	Communicate effectively with physician colleagues at all levels	DPC, TR, MR	AE
3.	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients.	DPC	AE
4.	Present information on nephrology patients concisely and clearly both verbally and in writing.	DPC, TR, MR	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally with patients, families, colleagues, and all members of the health care team.	DPC, TR, MR	AE
2.	Appreciation of the social context of illness.	DPC, TR, MR	AE

### E. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients.	DPC, TR, MR	AE, IE
2.	Develop and implement strategies for filling gaps in knowledge and skills.	DPC, TR, MR, NC	AE, IE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, TR, MR, NC	AE, IE

### F. Systems-Based Practice

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.	DPC, TR, MR	AE
2.	Collaborate with other members of the health care team to assure comprehensive patient care.	DPC, TR, MR	AE, PR
3.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, TR, MR	AE

4.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, speech pathologists, respiratory therapists, enterostomy nurses, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, TR, MR	AE
5.	Knowing when and how to request medical consultation, and how best to utilize the advice provided.	DPC, TR, MR	AE
6.	Knowing when and how to request ethics consultation, and how best to utilize the advice provided.	DPC, TR, MR	AE
7.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, TR, MR	AE
8.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, TR, MR	AE
9.	<i>PG-2/3/4</i> - Willingness and ability to teach medical students and PG-1 residents.	DPC, TR, MR	AE

## VIII. ELECTIVE

### A. MEMORIAL HERMANN and LBJ ANESTHESIOLOGY ELECTIVE

The Memorial Hermann and LBJ Anesthesiology Elective is one month long rotation for a second or third year resident. The main goal of the elective is for the upper level medicine resident to become proficient at handling an adult and pediatric airway, and handling vascular procedures. Residents enrolling in this elective have various personal goals, and therefore the elective has varied goals developed according to the specific requests of the individual resident. If a resident wants to rotate through obstetrics or concentrate on pediatrics, adults, or neonates, the Anesthesiology Department accommodates the resident as much as possible.

The resident usually rotates at Memorial Hermann, but an elective can be organized at LBJ if that is preferred. The resident is assigned to an upper level resident for the month with faculty supervision and teaching on every case. They are not asked to work weekends. The residents are expected to take call at least once during the month; a night on call in the operating room at Memorial Hermann provides many learning opportunities and experiences. Residents taking this elective are required to attend Anesthesiology Grand Rounds weekly, and welcome to attend Anesthesiology residents' lectures given Tuesdays, Wednesdays and Thursdays at 6:30 am.

#### Legend for Learning Activities

ACS – Ambulatory Care Series	DPC – Direct Patient Care	M&M-Morbidity & Mortality
AR – Attending Rounds	DSP – Directly Supervised Procedures	MR – Morning Report
Au – Autopsy Report	FS – Faculty Supervision	NC – Noon Conferences
CR – Chairman's Rounds	GR – Grand Rounds	PC–Professionalism Curriculum
CPC–Clinicopathologic Conf.	IL-Introductory Lecture Series	RC – Research Conference
CC-Core Curriculum	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	SL – Subspecialty Lectures

#### Legend for Evaluation Methods for Residents

AE - Attending Evaluations	MR – Morning Report
DSP – Directly Supervised Procedures	PDR–Program Director's Review (twice annually)
IE – In-service Exam	PR – Peer Review

### Principal Educational Goals by Relevant Competency

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

### PG-2/3/4 (Goals are for upper level residents)

### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to take a complete medical history with an anesthesiology focus.	DPC, FS	AE
2.	Ability to write concise, accurate and informative histories and progress notes with an anesthesiology focus.	DPC, FS	AE
3.	Begin development of skill in basic and fundamental aspects of anesthetic management in both the operating room and outpatient setting.	DPC, FS, SL	AE
4.	Develop skill in starting IVs, and possibly central lines and arterial lines, etc.	DPC, FS, SL	AE
5.	Develop skill in managing an adult and pediatric airway (mask, ventilate, intubate), using techniques of proper ventilation and intubation in both the controlled and emergent setting.	DPC, FS, SL	AE

### B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Learn basics about anesthetic pharmacology (induction agents, muscle relaxants, narcotics, amnestics and anxiolytics), and how to monitor patients hemodynamically while under a general, regional or MAC anesthetic, and how to wake the patient up after a surgical procedure is finished.	DPC, FS, SL	AE
2.	Ability to manage an airway (mask, ventilate, intubate) in a controlled or emergent situation in one's practice.	DPC, FS, SL	AE

### C. Interpersonal Skills and Communication

	<b><u>PRINCIPAL EDUCATIONAL GOALS</u></b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, FS, PC	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, FS, PC	AE
3.	Present information on patients concisely and clearly both verbally and in writing.	DPC, FS, PC	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, FS, PC	AE

2.	Appreciation of the social context of illness.	DPC, FS, PC	AE
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### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients regarding anesthesiology.	DPC, FS, SL	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills in the area of anesthesiology.	DPC, FS, SL	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, FS, SL	AE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, FS	AE
2.	Collaborate effectively with all members of the health care team including all attending physicians, residents, fellows, students, and operating room personnel.	DPC, PC	AE
3.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FS, SL	AE

**B. MEMORIAL HERMANN and LBJ DERMATOLOGY ELECTIVE**

The Memorial Hermann and LBJ Dermatology Elective is a month long rotation for a second or third year resident. The elective includes a variety of experiences including eight half-days per week attending outpatient clinics, with additional time being spent doing inpatient consultations. The service is run by a Dermatology attending. A broad exposure to medical and surgical dermatology, as well as dermatopathology, is made possible by attending the following clinics on a rotational basis: Medical School private outpatient clinic, LBJ clinic, San Jose clinic, M.D.Anderson clinic, and the option of additional time in the private offices of several dermatologists. The main emphasis of this rotation is on observing and diagnosing the hundreds of different lesions and rashes that come through the clinics. There is no night call or weekend duty associated with this elective.

<b>Legend for Learning Activities</b>		
ACS – Ambulatory Care Series	DPC – Direct Patient Care	M&M-Morbidity & Mortality
AR – Attending Rounds	DSP – Directly Supervised Procedures	MR – Morning Report
Au – Autopsy Report	FS – Faculty Supervision	NC – Noon Conferences
CR – Chairman’s Rounds	GR – Grand Rounds	PC–Professionalism Curriculum
CPC–Clinicopathologic Conf.	IL-Introductory Lecture Series	RC – Research Conference
CC-Core Curriculum	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	SL – Subspecialty Lectures

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	MR – Morning Report
DSP – Directly Supervised Procedures	PDR–Program Director’s Review (twice annually)
IE – In-service Exam	PR – Peer Review

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

**PG-2/3/4 (Goals are for upper level residents only)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
2.	Ability to take a complete medical history and perform a careful and accurate physical examination with an dermatology focus.	DPC, AR, SL	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a dermatology focus.	DPC, AR, SL	AE

3.	Observe and diagnose a variety of different lesions and rashes that present in the clinics and treat them.	DPC, AR, FS, SL	AE
4.	Observe these procedures: skin biopsy, Tzanck smear, KOH preparation, and excisional surgery.	DPC, AR, FS, SL	AE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand basic pathophysiology, clinical manifestations, diagnosis and management of skin illnesses seen by a dermatologist in the ambulatory and hospital setting.	DPC, AR, FS, SL	AE
2.	Understand the approach for evaluating skin lesions.	DPC, AR, FS, SL	AE
3.	Understand lesions and rashes and the various treatment options available.	DPC, AR, FS, SL	AE
4.	Develop a basic and broad understanding of both medical and surgical dermatology, and dermopathology.	DPC, AR, FS, SL	AE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	
1.	Communicate effectively with patients and families.	DPC, AR, PC	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, AR, PC	AE
3.	Present information on patients concisely and clearly both verbally and in writing.	DPC, AR, PC	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, AR, PC	AE
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care	DPC, AR, PC	AE
3.	Appreciation of the social context of illness.	DPC, AR, PC	AE

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients with dermatology problems.	DPC, AR, FS, SL	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills in the area of dermatology.	DPC, AR, FS, SL	AE

3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, AR, FS, SL	AE
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**F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, AR, FS	AE
2.	Collaborate effectively with all members of the health care team including residents at all levels, medical students, nurses, clinical pharmacists, etc.	DPC, AR, PC	AE
3.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, AR, FS, SL	AE

**C. MEMORIAL HERMANN ECHOCARDIOGRAPHY ELECTIVE**

The Memorial Hermann Echocardiography Elective is a month-long rotation for second or third year residents, during which time the resident receives training in echocardiography. Along with cardiology fellows, the resident will have an opportunity to perform and interpret transthoracic echocardiograms. In addition, the resident will be able to observe transesophageal and stress echocardiograms performed by the cardiology fellow under the direct supervision of a designated ECHO faculty member. Patients seen on the Memorial Hermann Hospital ECHO rotation include patients of faculty physicians, unassigned patients admitted from the clinics or ER, and patients of community physicians.

The echocardiography laboratory at Memorial Hermann Hospital has a volume of around 7,000-8,000 studies per year including between 600-700 transesophageal echos and around 200 stress studies. The most frequent indications are the investigation for aortic or cardiac source of embolism, valvular disease assessment, left ventricular function, pericardial disease, infectious endocarditis, aortic dissection, cardiomyopathies and complications of acute myocardial infarction.

Hours are Monday to Friday from 8:00 am to 5:00 pm, and there is no call required for this elective. The resident is expected to attend any required conferences either related to this rotation or as required by the department of Internal Medicine.

<b>Legend for Learning Activities</b>		
ACS – Ambulatory Care Series	DPC – Direct Patient Care	M&M-Morbidity & Mortality
AR – Attending Rounds	DSP – Directly Supervised Procedures	MR – Morning Report
Au – Autopsy Report	FS – Faculty Supervision	NC – Noon Conferences
CR – Chairman’s Rounds	GR – Grand Rounds	PC–Professionalism Curriculum
CPC–Clinicopathologic Conf.	IL-Introductory Lecture Series	RC – Research Conference
CC-Core Curriculum	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	SL – Subspecialty Lectures

Additionally, twice a month, there is an echo conference to review pertinent literature and/or technical skills in obtaining ultrasound images. This learning activity is labeled: EC

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	MR – Morning Report
DSP – Directly Supervised Procedures	PDR–Program Director’s Review (twice annually)
IE – In-service Exam	PR – Peer Review

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included near the front of the report for further information.

**PG-2/3/4 (Goals are for upper level residents)**

### A. Patient Care

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
3.	Take a pertinent medical history and perform a careful and accurate physical examination with a cardiology focus for the optimal performance of an echocardiographic study.	DPC, AR	AE
2.	Observe the proper techniques of performing echocardiographic procedures, including transthoracic, transesophageal, and stress echocardiography.	DPC, DSP, EC	AE, DSP
3.	Know the common medications along with potential reactions and side effects of these medications given for echocardiographic procedures.	DPC, DSP	AE
4.	Perform all procedures with emphasis on patient comfort and safety.	DPC, DSP	AE, DSP
5.	Recognize and manage complications associated with echocardiographic procedures.	DPC, AR	AE
6.	Produce accurate reports of the findings of an echocardiographic exam.	DPC, DSP	AE

### B. Medical Knowledge

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand the indications, contra-indications, potential complications, and benefits for performing transthoracic, transesophageal, and stress echos.	DPC, AR, EC	AE
2.	Learn the methods and technical aspects of two-dimensional echo, color flow Doppler, pulse and continuous wave Doppler, tissue Doppler, contrast and stress echocardiography.	DPC, DSP, EC	AE, DSP
3.	Master the echo evaluation of valvular heart disease, cardiac systolic and diastolic function, pericardial disease, cardiomyopathies, and diseases of the aorta.	DPC, DSP, EC	AE, DSP
4.	Learn the echocardiographic evaluation of congenital heart disease, infective endocarditis, cardiac masses and tumors.	DPC, DSP, EC	AE, DSP
5.	Echocardiographic evaluation of post-surgical cardiac patients including, valvular repair/replacement, aorta repair, ventricular assist devices, pacemakers, and cardiac defibrillators.	DPC, DSP, EC	AE, DSP
6.	Access and critically evaluate current medical information and scientific evidence relevant to echocardiography.	DPC, AR, EC	AE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families in a stressful critical care environment.	DPC, FS, PC	AE

2.	Communicate effectively with physician colleagues at and members of other health care professions to assure timely, comprehensive patient care.	DPC, FS, PC	AE
3.	Communicate effectively with colleagues when reporting pertinent findings of echocardiographic studies.	DPC, FS	AE

#### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, FS, PC	AE
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care	DPC, FS, PC	AE
3.	Appreciation of the social context of illness.	DPC, FS, PC	AE
4.	Effective utilization of ethics knowledge and consultants. This includes guidelines for CPR and DNR and end of life cardiac care.	DPC, FS	AE

#### E. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in performing and interpreting echocardiographic studies.	DPC, FS, EC	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills that will benefit patients in the echo lab, coronary care units, or other intensive care units.	DPC, FS	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, FS	AE

#### F. Systems-Based Practice

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understand and utilize the multidisciplinary resources necessary to perform echocardiographic studies optimally on acutely ill cardiac patients.	DPC, PC	AE
2.	Collaborate with other members of the health care team to assure comprehensive care.	DPC, PC	AE
3.	Understanding when to ask for help and advice from fellows and attending physicians.	DPC, FS	AE

4.	Collaborate effectively with all members of the health care team including all residents, fellows, medical students, nurses, social workers, and other personnel.	DPC, PC	AE
5.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FS, SL	AE
6.	Learning by performance of echocardiographic studies, attending teaching conferences and other educational activities.	DPC, AR	AE
7.	Ability to lead team, including nurses, echo technicians, and stress ECG technicians.	DPC, ACS	AE

**D. MEMORIAL HERMANN and LBJ PATHOLOGY ELECTIVE**

The Memorial Hermann and LBJ elective rotation in Pathology and Laboratory Medicine is a two week or one month long rotation for a second or third year resident. Residents can take the elective at either Memorial Hermann or LBJ Hospitals . The elective is geared to the individual resident’s choices, and they may choose to rotate through anatomic pathology, clinical pathology, or a combination of the two. Anatomic pathology includes surgical pathology, cytopathology, and autopsy pathology. Clinical pathology includes blood bank/transfusion medicine, hematopathology, clinical chemistry, immunopathology, and microbiology. Depending on the resident’s career goals, he or she may spend time in a subspecialty area of pathology, for example, renal pathology for a resident planning to specialize in nephrology.

There is no night call or weekend duty associated with this elective.

<b>Legend for Learning Activities</b>		
ACS – Ambulatory Care Series	DPC – Direct Patient Care	M&M-Morbidity & Mortality
AR – Attending Rounds	DSP – Directly Supervised Procedures	MR – Morning Report
Au – Autopsy Report	FS – Faculty Supervision	NC – Noon Conferences
CR – Chairman’s Rounds	GR – Grand Rounds	PC–Professionalism Curriculum
CPC–Clinicopathologic Conf.	IL-Introductory Lecture Series	RC – Research Conference
CC-Core Curriculum	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	SL – Subspecialty Lectures

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	MR – Morning Report
DSP – Directly Supervised Procedures	PDR–Program Director’s Review (twice annually)
IE – In-service Exam	PR – Peer Review

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

**PG-2/3/4 (Goals are for upper level residents only)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Ability to correlate clinical and physical examination findings with pathologic diagnoses.	DPC, FS, SL	AE
2.	Describe the special requirements for clinical specimens submitted to pathology, e.g., specimen requirements for viral cultures of flow cytometry immunophenotyping.	DPC, FS, SL	AE

3.	In Hematopathology, for example: examine peripheral blood smears, learn indications for a bone marrow aspiration and biopsy, and learn about common coagulation disorders and how they are diagnosed and treated utilizing a pathology laboratory.	DPC, FS, SL	AE
4.	To correlate clinical diagnoses and laboratory findings with the findings at autopsy	AU, FS, SL	AE
5.	To use findings at autopsy to recognize the limitations of laboratory tests and imaging on pre-mortem diagnoses.	AU, FS	AE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Review diagnostic criteria for utilizing gross, histopathologic or biochemical standards for common pathologic disease entities.	DPC, FS, SL	AE
2.	Review the pathologic mechanisms underlying common disease processes, utilizing the modalities noted above.	DPC, FS, SL	AE
3.	To identify when certain laboratory tests are indicated clinically, to recognize their limitations, and to understand how to interpret them.	DPC, FS, SL	AE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with physician and technical colleagues at all levels of a pathology laboratory and Department.	DPC, PC	AE
2.	Present information on patients concisely and clearly both verbally and in writing.	DPC, PC	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward colleagues and all members of the pathology laboratory, and toward patients when specimens are involved.	DPC, PC	AE
2.	Learn the current standards and challenges to the ethical and professional practice of pathology, including conflict of interest through laboratory ownership or investment, standards of appropriate laboratory testing referral and ethical and just reimbursement for involvement in practicing the discipline of pathology.	DPC, PC	AE

### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in pathology.	DPC, FS, SL	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills in the area of pathology.	DPC, FS, SL	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, FS, SL	AE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, FS	AE
2.	Collaborate effectively with all members of the health care team.	DPC, FS, PC	AE
3.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FS, SL	AE

**D. MEMORIAL HERMANN SPORTS MEDICINE ELECTIVE**

The Memorial Hermann and Sports Medicine Elective is a four week rotation for a second or third year resident offered any month of the year by arrangement with Dr. Andrew Concoff (contact Leigh Anne (713)704-7935. In most cases, the resident will work at St Joseph’s Hospital with Dr. Greg Harvey, in the Hermann Professional Building in the Rheumatology and Sports Medicine clinic with Dr. Concoff, and in the Physical Therapy Suite at the Memorial Hermann Sports Medicine and Rehabilitation Clinic (HPB 4<sup>th</sup> floor). The following goals and objectives are written to reflect the rotation. A broad exposure to Sports and Musculoskeletal Medicine issues is the focus of the elective, with an emphasis of the role(s) of the primary care practitioner.

A compendium of articles is presented to the resident at the beginning of the elective and serves as the text for the month

<b>Legend for Learning Activities</b>		
ACS – Ambulatory Care Series	DPC – Direct Patient Care	M&M-Morbidity & Mortality
AR – Attending Rounds	DSP – Directly Supervised Procedures	MR – Morning Report
Au – Autopsy Report	FS – Faculty Supervision	NC – Noon Conferences
CR – Chairman’s Rounds	GR – Grand Rounds	PC–Professionalism Curriculum
CPC–Clinicopathologic Conf.	IL-Introductory Lecture Series	RC – Research Conference
CC-Core Curriculum	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	SL – Subspecialty Lectures

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	MR – Morning Report
DSP – Directly Supervised Procedures	PDR–Program Director’s Review (twice annually)
IE – In-service Exam	PR – Peer Review

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal.

**PG-2/3/4 (Goals are for upper level residents)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
2.	Ability to take a complete medical history and perform a careful and accurate physical examination with a sports medicine focus. This includes the chief complaints, medical illnesses, current medications, allergies to medications, and family history of musculoskeletal disease.	DPC, FS, SL	AE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with a	DPC, FS, SL	AE

	musculoskeletal focus.		
3.	Ability to identify and diagnosis musculoskeletal problems and initiate pharmaceutical or physical therapy, order advanced imaging or refer patient to orthopedist.	DPC, FS, SL	AE
4.	Develop skill in injection techniques.	DSP, FS	AE
5.	Observe (if possible) the following surgeries and procedures: injections, knee arthroscopy	DPC, FS	AE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Develop working knowledge of musculoskeletal disorders.	DPC, FS, SL	AE
2.	Recognize and examine significant anatomic structures of the extremities and perform a joint-specific examination. To achieve these objectives, learn the following: To assess the shoulder including the rotator cuff musculature, impingement tests, biceps tendon disorders including SLAP tears, AC joint, and instability. To assess the knee including the patellofemoral articulation, the cruciate and collateral ligaments, disorders of frontal and patellofemoral alignment, the presence of an effusion, and accessory structures.	DPC, FS, SL	AE
3.	Understand state-of-the art physical therapy techniques and their scientific basis	DPC, FS, SL	AE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, FS, PC	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, FS, PC	AE
3.	Present information on patients concisely and clearly both verbally and in writing.	DPC, FS, PC	AE

### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, FS, PC	AE
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care	DPC, FS, PC	AE

3.	Appreciation of the social context of illness.	DPC, FS, PC	AE
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### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients with musculoskeletal problems.	DPC, FS, SL	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills in the area of sports medicine.	DPC, FS, SL	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, FS, SL	AE

### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, FS	AE
2.	Collaborate effectively with all members of the health care team including all residents, fellows, medical students, physical therapists, and nurses.	DPC, PC	AE
3.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FS, SL	AE
4.	Understanding when to refer to patient to an orthopedist.	DPC, FS	AE

**E. MEMORIAL HERMANN and LBJ OPHTHALMOLOGY ELECTIVE**

The Memorial Hermann and LBJ Ophthalmology Elective is either a two week or a four week long rotation for a second or third year resident September through June (the Department is not able to accept residents in July and August). In most cases, the resident will work in the LBJ Ophthalmology clinic for the rotation. A resident may be placed at Hermann if they specifically request to study an ophthalmologic subspecialty where the attending is based at Hermann; this is subject to availability. The following goals and objectives are written to reflect the rotation at LBJ as the rotation at Hermann is extremely varied and is defined by the specific attending the resident is assigned to. The LBJ clinic rotation has no night call or weekend duty associated with this elective, and the hours are 8:00 to 5:00 or completion of clinic. A broad exposure to ophthalmology issues are the focus of the elective. Sub-specialties offered are: Retina; glaucoma; cornea and external disease; pediatrics; oculoplastics and trauma. These sub-specialties are all represented within a month’s time at the resident clinic at LBJ.

Two books are loaned to the resident at the beginning of the elective, and *it is imperative that these books be returned to the Ophthalmology Coordinator at the end of the elective.*

<b>Legend for Learning Activities</b>		
ACS – Ambulatory Care Series	DPC – Direct Patient Care	M&M-Morbidity & Mortality
AR – Attending Rounds	DSP – Directly Supervised Procedures	MR – Morning Report
Au – Autopsy Report	FS – Faculty Supervision	NC – Noon Conferences
CR – Chairman’s Rounds	GR – Grand Rounds	PC–Professionalism Curriculum
CPC–Clinicopathologic Conf.	IL-Introductory Lecture Series	RC – Research Conference
CC-Core Curriculum	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	SL – Subspecialty Lectures

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	MR – Morning Report
DSP – Directly Supervised Procedures	PDR–Program Director’s Review (twice annually)
IE – In-service Exam	PR – Peer Review

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital and LBJ Hospital is included near the front of the report for further information.

**PG-2/3/4 (Goals are for upper level residents)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
3.	Ability to take a complete medical history and perform a careful and accurate physical examination with an ophthalmology focus. This includes the chief complaints,	DPC, FS, SL	AE

	medical illnesses, current medications, allergies to medications, and family history of eye disease.		
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes with an ophthalmology focus.	DPC, FS, SL	AE
3.	Ability to identify and diagnosis eye diseases and visual system problems and initiate therapy or refer patient to ophthalmologist.	DPC, FS, SL	AE
4.	Develop skill in use of basic ophthalmic equipment, including slit lamp and direct ophthalmoscope.	DPC, FS	AE
5.	Observe (if possible) the following surgeries and procedures: cataract extraction, corneal transplantation, retina surgery, strabismus surgery, glaucoma surgery, and other minor ophthalmologic procedures.	DPC, FS	AE

### **B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Develop working knowledge of ophthalmic instruments and diseases.	DPC, FS, SL	AE
2.	Recognize significant external and internal ocular structures of the normal eye and have ability to perform basic eye examination. To achieve these objectives, learn the following: The essentials of ocular anatomy To measure and record visual acuity To assess papillary reflexes To evaluate ocular motility To use the direct ophthalmoscope for systematic fundus examination & assesment of the red reflex To dilate the pupils as an adjunct to ophthalmoscopy To evaluate visual fields by confrontation	DPC, FS, SL	AE
3.	Understand a basic eye exam may provide early warnings for Blinding eye disease (i.e, cataract, glaucoma, macular degeneration, diabetic retinopathy); Systematic disease (diabetes, hypertension, temporal arteritis); and Tumor or other disorders of the brain (meningioma, aneurysms, multiple sclerosis).	DPC, AR, FS, SL	AE

### **C. Interpersonal Skills and Communication**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with patients and families.	DPC, FS, PC	AE
2.	Communicate effectively with physician colleagues at all levels.	DPC, FS, PC	AE
3.	Present information on patients concisely and clearly both	DPC, FS, PC	AE

	verbally and in writing.		
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#### **D. Professionalism**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward patients, families, colleagues, and all members of the health care team.	DPC, FS, PC	AE
2.	Acceptance of professional responsibility as the primary care physician for patients under his/her care	DPC, FS, PC	AE
3.	Appreciation of the social context of illness.	DPC, FS, PC	AE

#### **E. Practice-Based Learning and Improvement**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of patients with ophthalmology problems.	DPC, FS, SL	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills in the area of ophthalmology.	DPC, FS, SL	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, FS, SL	AE

#### **F. Systems-Based Practice**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Understanding when to ask for help and advice from senior residents and attending physicians.	DPC, FS	AE
2.	Collaborate effectively with all members of the health care team including all residents, fellows, medical students, nurses, and optometric students.	DPC, PC	AE
3.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FS, SL	AE
4.	Understanding when to refer to patient to an ophthalmologist.	DPC, FS	AE

**F. MEMORIAL HERMANN RADIOLOGY ELECTIVE**

The Memorial Hermann Radiology Elective is either a two week or a four week long rotation for a second or third year resident. Most often the residents work mainly under Dr. Stephen Kaminsky at the Hermann Professional Building. The main focus of the rotation is for residents to learn to read chest x-rays and review MRIs and CTs. The rotation has no night call or weekend duty associated with this elective, and the hours are 9:00 to 5:00.

<b>Legend for Learning Activities</b>		
ACS – Ambulatory Care Series	DPC – Direct Patient Care	M&M-Morbidity & Mortality
AR – Attending Rounds	DSP – Directly Supervised Procedures	MR – Morning Report
Au – Autopsy Report	FS – Faculty Supervision	NC – Noon Conferences
CR – Chairman’s Rounds	GR – Grand Rounds	PC–Professionalism Curriculum
CPC–Clinicopathologic Conf.	IL-Introductory Lecture Series	RC – Research Conference
CC-Core Curriculum	JC – Journal Club	SS – Senior Seminar
	MJ – Medical Jeopardy	SL – Subspecialty Lectures

<b>Legend for Evaluation Methods for Residents</b>	
AE - Attending Evaluations	MR – Morning Report
DSP – Directly Supervised Procedures	PDR–Program Director’s Review (twice annually)
IE – In-service Exam	PR – Peer Review

**Principal Educational Goals by Relevant Competency**

The principal educational goals for residents on this rotation are indicated for each of the six ACGME competencies in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. A detailed description of the on-going learning activities at Memorial Hermann Hospital is included near the front of the report for further information.

**PG-2/3/4 (Goals are for upper level residents)**

**A. Patient Care**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
4.	Ability to interpret radiological films, especially chest x-rays.	FS	AE
2.	Observe preparation of written reports communicating results of studies to clinician.	FS	AE

**B. Medical Knowledge**

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Learn importance and relevance of clinical history when ordering radiological studies.	FS	AE

2.	Learn to be more specific regarding patient's localization of pain as a guide when ordering radiological studies.	FS	AE
3.	Know indications for ordering imaging studies.	FS	AE

### C. Interpersonal Skills and Communication

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Communicate effectively with physician colleagues at all levels.	FS, PC	AE
2.	Present results of patients' radiological studies clearly in writing and verbally, including when a telephone call is necessary to report results to clinicians.	FS, PC	AE

### D. Professionalism

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Interact professionally toward colleagues, and all members of the health care team.	FS, PC	AE
2.	Learn about professional issues such as conflict of interest in the ownership and control of radiological facilities.	FS, PC	AE
3.	Learn how to transmit sensitive radiological reports to patients, i.e., results of mammograms.	FS, PC	AE

### E. Practice-Based Learning and Improvement

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Identify and acknowledge gaps in personal knowledge and skills in the area of radiological studies.	FS, SL	AE
2.	Develop and implement strategies for filling gaps in knowledge and skills in the area of radiological studies.	FS	AE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases upon integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	FS	AE

### F. Systems-Based Practice

	<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Methods</b>
1.	Collaborate effectively with all members of the health care team including all residents, fellows, medical students, and radiology technicians.	PC	AE

2.	Consideration of the cost-effectiveness of diagnostic and therapeutic radiological interventions.	FS	AE
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