

UCLA-OLIVE VIEW PROGRAM
**CURRICULUM OVERVIEW AND
 GENERAL GOALS AND OBJECTIVES**

TARGET: PGY 1-3
 Updated August 2018

A. EDUCATIONAL OVERVIEW

The Internal Medicine Residency Program provides a comprehensive education in clinical medicine, training physicians to attain the knowledge, skills, and attitudes to competently practice general internal medicine in the current healthcare system with particular emphasis on providing patient care to an indigent patient population in a county healthcare system. The program is accredited by the Accreditation Council for Graduate Medical Education (ACGME) and thereby follows its guidelines for successful training including achievement of proficiency of the 22 milestones in the six domains of clinical competency. Successful training in the three-year categorical track allows for eligibility of graduates to take the American Board of Internal Medicine (ABIM) certification examination in Internal Medicine.

B. EDUCATIONAL ASSIGNMENTS

Education is delivered through clinical rotations and didactics across the three-year curriculum. Olive View-UCLA Medical Center is the clinical site for the majority of clinical rotations. Additional rotations are assigned at Ronald Reagan-UCLA Medical Center, Santa Monica-UCLA Medical Center, and the West Los Angeles VA Medical Center. Furthermore, elective rotations provide the opportunity for trainees to acquire educational experiences at other sponsoring institutions. The cumulative clinical educational experience include at least 12 months of outpatient-based practice and 12 months of inpatient-based practice. Critical care time (including ICU and CCU) should total 3-6 months (12-24 weeks) over the course of the three-year training program.

Trainees are expected to be the primary providers of medical care for patients assigned to them and are always supervised by attending physicians (“teaching services”). Clinical schedules are assigned to each trainee by the Program, and duty hours are designed to be compliant with the Residency Review Committee (RRC) requirements. The three-year program shall include the following core clinical assignments. Goals and objectives for each assignment are made available to the trainees and faculty.

Inpatient-based Assignment	Site	Consultation-based Assignment	Site
General Medicine Wards	OVMC	Cardiology Consultation	OVMC
General Medicine Wards	RR-UCLA	Gastroenterology Consultation	OVMC
General Medicine Wards	VA-WLA	Hematology-Oncology Consultation	OVMC
Night Float/Admitting	OVMC	Infectious Disease Consultation	OVMC
Intensive Care Unit (ICU)	OVMC	Nephrology Consultation	OVMC
Medical Intensive Care Unit (MICU)	RR-UCLA	Pulmonology Consultation	OVMC
Cardiac Care Unit (CCU)	RR-UCLA	Rheumatology Consultation	OVMC
Geriatric Wards	SM-UCLA or VA-WLA		
Hematology-Oncology Wards	OVMC		

Outpatient-based Assignment	Site	Didactic-based and Other Assignments	Site
Ambulatory Medicine	OVMC	Ambulatory Didactic	OVMC
Primary Care Clinic (Continuity Clinic)	OVMC and MVHC	Journal Club	OVMC
Cardiology Clinic	OVMC	Morning Report	OVMC
Dermatology Clinic	OVMC	Noon Conference	OVMC
Diagnostic Cardiology (Heart)	OVMC	Quality Improvement	OVMC
Endocrinology Clinic	OVMC	Profession of Medicine	OVMC
Gastroenterology Clinic	OVMC	Senior Talk	OVMC
Hematology Clinic	OVMC		
Hepatology Clinic	OVMC	OVMC = Olive View-UCLA Medical Center	
Infectious Disease Clinic	OVMC	MVHC = Mid-Valley Comprehensive Health Center	
Nephrology Clinic	OVMC	RR-UCLA = Ronald Reagan-UCLA Medical Center	
Neurology Clinic	OVMC	SM-UCLA = Santa Monica-UCLA Medical Center	
Oncology Clinic	OVMC	VA-WLA = VA West Los Angeles Medical Center	
Pre-operative Medicine Clinic	OVMC		
Pulmonology Clinic	OVMC		
Rheumatology Clinic	OVMC		
Women's Health Clinic	OVMC		
Urgent Care Clinic	OVMC		
Emergency Medicine	OVMC		

C. GENERAL ROTATION OBJECTIVES

These general objectives apply to all clinical rotations and are subject to performance evaluation. Residents are expected to demonstrate progressive competency across their educational experiences. Some competencies are expected to be met early on during training (e.g. professionalism, interpersonal communication skills) while others increase in depth, breadth, or sophistication over time (e.g. medical knowledge, patient care, systems-based practice, problem-based learning and improvement). Additional goals and objectives that are specific to the clinical assignment are defined separately for each clinical rotation.

1. Patient Care (PC)

The resident should be able to:

- Perform a complete and accurate history and physical examination, which are comprehensive (PGY 1) and focused (PGY 2/3). (PC1)
- Gather relevant laboratory and diagnostic study data and use this information to modify the diagnosis or management plan (PGY 1-3). (PC1)
- Synthesize appropriate data into a differential diagnosis, including a top diagnosis, for undifferentiated problems (PGY 1). (PC1)
- Include and assess chronic problems particularly when they have an effect on or are effected by the main problems being addressed (PGY 1). (PC2)
- Prioritize problems in the problem list (PGY 1). (PC1)
- Formulate an appropriate assessment and plan for each problem. The plan should be appropriate (PGY 1), adapt to new information or the patient's course (PGY 2/3), and comprehensively address the complexity of the specific patient or condition (PGY 3). (PC2, PBLI4)

- Choose laboratory and other diagnostic tests in a manner that is sensitive to the cost-value, patient comfort, risk to the patient, and the sensitivity/specificity of the test (PGY 1-3). (PC2, MK2, SBP3)
- Choose therapeutic measures in a manner that is sensitive to the cost-value, patient comfort, risk to the patient, and psychosocioeconomic factors of the patient (PGY 2/3). (PC2/3, SBP3, PROF3)
- Prioritize patients and tasks among a list of assigned patients according to their acuity and importance (PGY 1-3). (PC3, PROF2)
- Explain the indications, risks, benefits, and steps of medical procedures (PGY 1-3). (PC4, MK2)
- Seek appropriate guidance from the supervising physician (PGY 1-3). (PC3)
- Present patient cases to the supervising physician and team in a concise and organized fashion (PGY 1-3). (PC3, ICS2)

2. Medical Knowledge (MK)

The resident should be able to:

- For common medical signs and symptoms, identify possible etiologies, explain their cause, and generate an appropriate evaluation and management plan (PGY 1-3). (MK1)
- For common medical diseases, describe the risk factors, evaluation, and management (PGY 1-3). (MK1)
- For diagnostic tests/studies, explain the values and risks of these tests, identify appropriate use, and accurately interpret the results (PGY 1-3). (PC1, MK2)
- For diagnostic procedures, explain the indications, risks, and benefits as well as perform required procedures proficiently (PGY 1-3). (PC4, MK2)

3. Systems-based Practice (SBP)

The resident should be able to:

- Delineate clear relationships and responsibilities between the consulting service and the primary team (PGY 1). (PC5, SBP1)
- Explain the roles and responsibilities of interdisciplinary team members, including nurses, social workers, and case managers (PGY 1), and engage these team members effectively to advance and enhance the care of patients (PGY 2-3). (SBP1)
- Refer appropriate patients for use of limited health system resources, including advanced diagnostic testing and social services (PGY 2-3). (SBP3)
- Effectively access hospital and clinic resources to coordinate care across different levels of care, including the transition to home and follow-up care (PGY 2-3). (SBP4)
- Recognize actual or potential medical errors, appropriately notify the supervisor, and submit a confidential report through the institutional Safety Intelligence (SI) (PGY 1-3). (SBP2)

4. Practice-based Learning and Improvement (PBLI)

The resident should be able to:

- Demonstrate a commitment to self-assessment and improvement by self-reflection upon one's performance (PGY 1-3). (PBLI1)
- Incorporates performance data to improve performance (PGY 1-3). (PBLI2)
- Seek and incorporate feedback from members of the interprofessional team, including peers and ancillary staff (PGY 1-3). (PBLI3)
- Resolve clinical uncertainty by thinking analytically to identify the question and research supportive information (PGY 1-3). (PBLI4)
- Effectively use information technology (*e.g.* online or other resources) and an evidence-based approach in providing patient care (PGY 1-3). (PBLI4)
- Research and discusses relevant literature with the team (PGY 1-3), and demonstrate effective teaching and leadership skills (PGY 2/3). (PBLI4)

5. Professionalism (PROF)

The resident should be able to:

- Demonstrate respect, compassion, integrity, and honesty (PGY 1-3). (PROF4)
- Demonstrate respect for the needs of patients, families, colleagues and other hospital staff (*e.g.* nurse practitioners, nurses, clerks), including being sensitive to different cultural and socioeconomic backgrounds, and avoiding judgmental behaviors (PGY 1-3). (PROF1)
- Demonstrate the ability to act in the best interest of patients, while respecting patient confidentiality, privacy, and autonomy (PGY 1-3). (PROF1, PROF3)
- Role model responsible and ethical behavior, including (PGY 1-3):
 - Accepting personal responsibility for patients (PROF2)
 - Acknowledging errors (PROF4, SBP2)
 - Punctuality (PROF2)
 - Appropriate attire (PROF4)
- Record duty hours in a timely manner in MedHub (PGY 1-3). (PROF2)
- Follow through on clinical assignments, discuss with a supervisor if there is uncertainty about an assignment, and discuss with a supervisor if unable to complete assignments in a timely manner (PGY1-3). (PROF2)
- Recognize limitations of one's own abilities due to treatable factors such as fatigue and behavioral wellness, and utilize resources to mitigate these while ensuring that professional responsibilities are safely transferred or carried out (PGY1-3). (PROF4)

6. Interpersonal and Communication Skills (ICS)

The resident should be able to:

- Communicate effectively with patients and their families, using vocabulary that they will comprehend and feedback methods to gauge understanding (PGY 1-3). (ICS1)
- Utilize language interpretation when appropriate (PGY 1-3). (ICS1)

- Communicate effectively with team members, colleagues on other teams, nurse practitioners, and other hospital staff (PGY 1-3). (ICS2)
- Present an oral case history to the attending physician, which allows the listener to form a differential diagnosis without excessive re-evaluation or repeat questions (PGY 1-3).
- Transition patient care (sign-out) effectively to colleagues using verbal and written methods (PGY 1-3). (ICS2)
- Document in a manner that is concise, thorough, up-to-date, and accurately reflects the medical decision-making discussed with the attending (PGY 1-3). (ICS2/3)
- Demonstrate professionalism in clinical documentation, including timely completion of notes, avoidance of unapproved abbreviations, and professional conduct (PGY 1-3). (ICS3, PROF2/4)

D. TEACHING METHODS

Education is primarily delivered through direct patient care by the trainee, with supervision and/or direct observation by supervising faculty.

Additional education is provided through didactics (small-group and large-group), simulation, and self-directed learning, which are defined by the specific rotation goals and objectives. Attendance at Morning Report is expected for rotators at Olive View on General Medicine inpatient and consultation rotations. Attendance at Noon Conference is expected for all rotators at Olive View.

Electronic resources are available through:

- through the residency program website (www.oliveviewim.org)
- the intranet at Olive View-UCLA Medical Center
- through UCLA (remote VPN access available)

Resources include:

- UpToDate
- DynaMed (coming)
- Harrison's Principles of Internal Medicine
- PubMed
- Virtual Dx
- MKSAP
- Hopkins Modules
- Stanford Guide
- UCLA Guide
- Olive View-UCLA Health Sciences Library

E. LEARNER ASSESSMENT AND FEEDBACK

Housestaff will be evaluated in each of the six core ACGME competencies.

Faculty and peer evaluations are required:

- Interns will be evaluated by the attending and resident physician as well as medical student.
- Residents will be evaluated by the attending physician, interns, and medical students.
- Attending physicians will be evaluated by the resident, interns, and medical students.

Additional evaluations from patients and staff members will also be collected on specific rotations.

Clinical performance and achievement will be primarily evaluated by direct observation of patient care and indirect observation during physician rounds. Housestaff are further assessed based on attendance and participation at required didactics, and successful completion of required modules and projects. Housestaff will be scheduled to take the annual In-Training Exam (ITE) to evaluate medical knowledge.

Verbal feedback is expected by the supervising physicians during the rotation. Written evaluations are submitted electronically in MedHub at the end of the rotation. These can be reviewed by the resident at any time and will be reviewed with the housestaff during the Clinical Competency Committee. Direct observation and feedback of interviewing, examination, and/or counseling skills should be documented with the Mini-CEX.

F. CURRICULUM EVALUATION

The program curriculum is reviewed by the Program Directors, and the curricula for each assignment (rotation) are reviewed by faculty members of the Curriculum Committee.

Feedback from trainees regarding the curriculum is obtained and reviewed in the following manners:

- Direct feedback to the Chief Residents
- Monthly mandatory housestaff meetings with the Program Director
- End-of-rotation evaluations in MedHub
- Electronic surveys prior to the annual Spring Retreat

Further evaluation about the curriculum is informed by housestaff performance in each subject matter on the In-Training Exam (ITE) and faculty feedback provided to the Program or its committees.

Based on the feedback and housestaff performance, the Program and Curriculum Committee will review and revise the curriculum, and present their recommendations to the Program Evaluation Committee (PEC).