

THE PROGRESSIVE LEARNING OBJECTIVES

The following document supplements the six primary Core Competency Curricula. The Progressive Learning Objectives document presents the collected Core Competency learning objectives, extracted from each of the six primary Core Competency Curricula. These learning objectives are collected for the convenience of our residents and faculty, allowing rapid review of expectations for each training level.

Please note that stated objectives should never limit our achievement expectations. Residents of all training years should strive to continuously improve their competency in the diverse skills of consummate internists. These collected objectives simply guide faculty and resident progress expectations.

I. **Virtue-Based Master Professionalism Competency Objectives**

“Essential” objectives are those that must be done regardless of the resident or patient’s circumstance. Failure to perform one “essential” objective is a serious breach and should represent a failure to demonstrate the professionalism competency. As such, failure to perform an “essential” objective should lead to a score of “significant deficits” on the resident’s evaluation.

“Expected” objectives are those that resident physicians should reliably perform day in and day out. Residents who fail to demonstrate an “expected” objective are not, at least in such instances, performing as good caregivers or colleagues. Although a score of “competent” might be possible in rare circumstances, a score of “minor deficits” is generally appropriate for residents who do not demonstrate one of the “expected” objectives for their year.

“Appreciated” objectives are those we would like to see our residents do all of the time, but we understand that such performance may not be required to acceptably demonstrate professionalism competency. If a resident is not demonstrating one of the “appreciated” professionalism objectives for her/his year, faculty should help the resident understand the objective and methods for improving performance, and their performance should be reflected by a score of “competent” or below on the professionalism evaluation.

Virtue	Skill, Behavior, or Attitude	PGY1 Expectation	PGY2 Expectation	PGY3 Expectation
Competence	Administrative competence (punctual, completes tasks as asked, follows directions, timely response to staff needs including pages and abnormal lab results, follows up on patient care issues without prompting).	Essential	Essential	Essential
	Self directed learning	Expected (reads about patients)	Expected - spontaneously presents evidence related to patient care	Expected - spontaneously presents evidence related to patient care
	Able to deliver bad news	Appreciated	Expected	Essential
	Understands and competent to work with patients regarding advanced directives, DNR status, futility, withholding* or withdrawing* therapy.	Appreciated	Expected	Essential
	Able to assess and use informed consent and provision of care*	Expected	Essential	Essential
Professional Responsibility	Recognizes that physicians have a responsibility for the safety and well being of patient, colleagues, and staff	Essential	Essential	Essential
	Understands that there are moral and ethical concerns about receiving gifts from patients and pharmaceutical representatives.	Essential	Essential	Essential
	Able to discuss and defend own ethical understanding of his or her relationship with pharmaceutical representatives.	Appreciated	Expected	Essential
	Willing to provide coverage for sick/unavailable colleagues	Expected	Expected	Expected
	Demonstrates intellectual curiosity	Appreciated	Expected	Expected
	Spontaneously teaches and exhibits concern for the educational development of fellow residents and students	Appreciated	Expected	Essential
	Provides leadership on teams and in the residency.	Appreciated	Expected	Expected
	Understands that in the patient-physician relationship, the physician's prime concern is the patient's interest and not his or her own. (A fiduciary relationship)	Expected	Essential	Essential

Virtue	Skill, Behavior, or Attitude	PGY1 Expectation	PGY2 Expectation	PGY3 Expectation
Honesty	Understands and recognizes mistakes and notifies attending and patients (when appropriate) when mistakes are made.	Essential	Essential	Essential
	Tells the truth and is trustworthy	Essential	Essential	Essential
	Makes honest use of coding, billing, and referral principles.	Essential	Essential	Essential
	Understands and appropriately maintains patient confidentiality*	Essential	Essential	Essential
Compassion	Resident's attitude manifests an interest in helping providing compassionate*, quality care to all patients	Essential	Essential	Essential
Respect for Others	Demonstrates respect and compassion for all patients*	Essential	Essential	Essential
	Understands and compassionately responds to issues of culture, age, sex, sexual orientation, and disability in patient care.	Appreciated	Expected	Essential
	Participation in community organizations	Not an objective	Appreciated	Appreciated
	Responsive to the needs of society that supersede self-interest*	Expected	Expected	Expected

* Denotes specific ACGME requirement

II. Practice Based Learning and Improvement Competency Objectives

- a. Evidence Based Medicine: Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
 - i. PGY1 residents should:
 1. Demonstrate self motivation to acquire knowledge
 2. Locate scientific literature to support decision-making
 - ii. PGY 2 residents should also:
 1. Appraise and assimilate scientific literature
 2. Demonstrate understanding and use of an evidence-based approach in providing patient care
 3. Quickly access appropriate reference material for patients in the ICU
 4. Voluntarily discuss and research relevant literature to support decisions
 - iii. PGY3 residents should also:
 1. Effectively and efficiently use consulting services to improve both patient care and self-knowledge, appropriately integrating evidence based medicine with expert opinion and professional judgment

2. Acquire and use appropriate evidence-based information when acting as a consultant
 3. Research and learn non-medicine patient care
 4. Apply knowledge of study design and statistics to critical appraisal of relevant literature
 5. Respond to critical problems in a manner reflecting more than rote learning and protocol management. S/he should be able to utilize and suggest data-driven modification of protocols
- b. Continuous Quality Improvement and Quality Assurance: Analysis of practice experience and performance of practice-based improvement activities using a systematic methodology. Obtaining and using information about their own population of patients and the larger population from which their patients are drawn.
- i. PGY1 residents should:
 1. Understand his or her limitations of knowledge, ask for help when needed, admit to medical errors, and seek help in remedying them
 2. Seek and accept formative feedback, and develop reflective plans for personal improvement
 3. Deliver care that reflects learning from previous experiences, and demonstrate improvement in clinical management on progressive rotations
 4. Assess patient adherence to ambulatory regimens and accordingly modify prescribing practices
 5. Participate actively in quality improvement practices pertaining to patient care (e.g., M&M conferences)
 6. Review autopsy findings to understand illness and the care of critically ill patients
 - ii. PGY2 residents should also:
 1. Use self-assessments of knowledge, skills and attitudes to develop plans with insight and initiative for addressing areas for improvement
 2. Voluntarily plan learning experiences in procedures not yet mastered
 3. Use unique cases seen in a rotation to self-assess performance patterns
 - iii. PGY3 residents should also:
 1. Analyze personal practice patterns systematically, and seek to improve patient care
 2. Utilize practice data to actively improve practice and patient management, comparing personal practice patterns to larger populations and seeking to improve personal practice disparities
- c. Information Technology: Using information technology to manage information, access on-line medical information, and support education
- i. PGY1 residents should:
 1. Use the EHR, web-based curricular modules, handheld computers, and web-based resources to access medical literature and data to support and enhance patient care.
 2. Utilize EHR chronic care support templates to manage complex patient care

- ii. PGY2 residents should also:
 1. Independently use Pubmed or Ovid and other EBM resources to enhance patient care
- d. Teaching: Facilitation of learning of students, resident colleagues, and other health care professionals
 - i. PGY1 residents should:
 1. Facilitate learning of students and PGY1s
 - ii. PGY2 residents should also:
 1. Facilitate education of other health care professionals
 2. Use evidence based resources when teaching.
 3. Use interactions with nursing staff and other professionals as two-way educational opportunities
 - iii. PGY3 residents should also:
 1. When acting as a consultant, identify the questions and wishes of the referring physician, and respond to these issues.
 2. Present a formal didactic for resident peers, lasting approximately 45 minutes with additional time to respond to questions and answers. The didactic should reflect significant independent reading of evidence-based literature, and will occur during standard resident teaching conferences.
 3. Present a formal didactic for the MSU-Sparrow psychiatry faculty, reviewing management of a common medical complaint. The conference should contribute to learning of healthcare professionals in other disciplines.

III. Interpersonal and Communication Skills Competency Objectives

- a. By the end of PGY1, residents should:
 - i. Communication:
 1. Provide thorough yet succinct oral presentations using appropriate medical terminology;
 2. Provide thorough and complete written or electronic documentation of patient care that is legible, timely and uses appropriate medical terminology;
 3. Proficiently use oral and nonverbal skills in interactions outside the context of patient care.
 - ii. DPR:
 1. Establish rapport with patients from a variety of backgrounds
 2. Perform medical interviews that elicit patient- and physician-centered information and test diagnostic hypotheses
 3. Engage patients or their advocates in shared decision making for uncomplicated diagnostic and therapeutic scenarios
 - iii. Ethically sound relationships: Refer to the MSU Professionalism Competency Curriculum.
 - iv. Working within teams:
 1. Communicate effectively with senior residents, attending physicians, and ancillary staff using communication skills outlined above to facilitate coordination of patient care.

2. See the MSU Systems Based Practice curriculum for further team care objectives.
- b. By the end of PGY2, residents should also:
- i. DPR:
 1. Engage patients in shared decision making for ambiguous or controversial scenarios;
 2. Participate effectively in family meetings as in the setting of end of life decision making;
 3. Successfully negotiate most “difficult” patient encounters, such as the irate patient.
 - ii. Working Within Teams:
 1. Facilitating communication between team members, including establishing expectations, overseeing patient care, ensuring participation in academic discussions, etc.
 2. Ensure successful inpatient-outpatient provider communication to maintain appropriate continuity of patient care when leading inpatient medicine teams.
- c. By the end of PGY3, residents should also:
- i. Patient Communication:
 1. Successfully negotiate nearly all “difficult” patient encounters with minimal direction.
 2. Lead communication during family meetings as in the setting of end of life decision making;
 - ii. Working Within Teams:
 1. Communicate effectively as a residency team leader with decreasing reliance upon attending physicians.
 2. Serve as a consultant on general medicine and subspecialty rotations demonstrating appropriate written and oral communication with requesting physicians.

IV. Medical Knowledge Specific Competency Objectives.

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- a. Know and apply the basic and clinically supportive sciences which are appropriate to their discipline
 - i. PGY1 residents will
 1. Demonstrate knowledge of biopsychosocial sciences.
 2. Demonstrate satisfactory knowledge of common medical conditions, sufficient to manage urgent complaints with supervision. Residents must exhibit sufficient knowledge of common conditions to provide care with minimal supervision by completion of PGY1.
 3. Take the USMLE Step 3 exam.
 4. Score a grade of 70% on at least 60% of Board Review final exams.
 5. Complete all assigned JHILC ambulatory modules

- ii. PGY2 residents will additionally
 1. Demonstrate progression in knowledge and analytical thinking in order to develop well-formulated differential diagnoses for multi-problem patients.
 2. Demonstrate understanding and responsiveness to socio-behavioral issues.
 3. Develop knowledge of statistical principles. Understand and appropriately use sensitivity, specificity, predictive values, likelihood ratio, number needed to treat, and odds ratios.
 4. Pass USMLE Step 3; documented passing grade required for promotion to PGY3.
 5. Score a grade of 80% on at least 60% of Board Review final exams.
- iii. PGY3 residents will additionally
 1. Demonstrate growing knowledge in the area of their chosen career path.
 2. Exhibit knowledge of effective teaching and evaluation methods, including RIME, one-minute preceptor, and evaluation techniques.
 3. Meet ECG reading requirements according to the ECG conference requirements.
- b. Demonstrate an investigatory and analytic approach to clinical situations
 - i. PGY1 residents will
 1. Exhibit use of MSU and hospital library resources.
 2. Exhibit self-motivation to learn.
 3. Demonstrate sufficient analytic skills necessary to develop appropriate assessments and plans for common medical diagnoses and complaints.
 - ii. PGY2 residents will additionally
 1. Independently present up-to-date scientific evidence to support hypotheses.
 - iii. PGY-3 residents will additionally
 1. Regularly display self-initiative to stay current with new medical knowledge.
 2. Regularly demonstrate knowledge of the impact of study design on validity or applicability to practice.
 3. Present a formal didactic conference, demonstrating in-depth knowledge of a clinical topic of their choice.
 4. Present a formal primary care didactic for the MSU-Sparrow psychiatry faculty, demonstrating breadth of knowledge in a common medical topic.

V. Patient Care Competency Objectives

- a. Relationship-building skills. Residents must demonstrate the importance of effective communication when caring for patients as they collect highly personal information.
 - i. PGY –1 and PGY-2 residents should consistently demonstrate integrity, respect, compassion and empathy for patients and their families. They will engage in shared decision making with patients and their families. See the MSU Professionalism curriculum.
 - ii. PGY-3 residents should demonstrate the above and aid junior

- peers in effective communication with patients.
- b. History taking. Residents must demonstrate an understanding of the importance of the complete bio-psychosocial history in deriving a differential diagnosis (see the residency manual for “Minimum data required for all complete write-ups”).
 - i. PGY-1 residents will consistently gather essential, accurate, and relevant physical, personal, and emotional information. The database will be organized in a manner consistent with accepted medical convention and charted in a timely and efficient manner. Information will be comprehensive and include data gathered by other providers and laboratory investigations. By completion of PGY1, histories will be hypothesis driven.
 - ii. PGY-2 and PGY-3 residents will be precise, logical, and efficient in their data collection in addition to the above.
 - c. Physical Examination. Residents will demonstrate the importance of performing an appropriate and relevant physical exam.
 - i. PGY-1 residents will perform a comprehensive physical exam with a consistent sequence. They will identify normal from abnormal and describe physiological and anatomical bases for findings. They will demonstrate ability to augment the physical exam to elicit additional data.
 - ii. PGY-2 residents, in addition, will correctly detect subtle findings and understand their significance. They will teach appropriate physical exam skills to PGY1's and students.
 - iii. PGY-3 residents additionally will strive to perform a focused physical exam at a level similar to a sub-specialist, and understand the sensitivity and specificity of maneuvers.
 - d. Clinical Judgment, Medical Decision-Making and Management Plans. Residents will progressively become more adept at assimilating information that they have gathered from the history and physical exam.
 - i. PGY-1 residents will be able to identify all bio-psychosocial problems of patients and develop prioritized differential diagnoses. PGY-1 residents will begin to develop therapeutic plans that are based on evidence or guidelines. They will establish an orderly succession of testing based on their history and exam findings and demonstrate appropriate use of diagnostic and therapeutic procedures.
 - ii. PGY-2 residents will, in addition, regularly integrate medical facts and clinical data while weighing alternatives and keeping in mind patient preferences. They will regularly incorporate consideration of costs, risks, and benefits when considering diagnostic tests and therapies. They will consistently monitor and follow-up patients appropriately.
 - iii. PGY-3 residents will in addition demonstrate appropriate reasoning in ambiguous situations, while continuing to seek clarity. Residents at this level of training will not overly rely on tests and procedures. They will assist junior trainees and medical students to become efficient managers through appropriate use of clinical judgment and effective decision-making. PGY-3 residents will consistently establish monitoring procedures and demonstrate ability to change therapeutic plans for ineffectiveness or adverse side effects.

- e. Oral Case Presentation Skills. All residents will deliver appropriately concise summaries of patients' bio-psychosocial histories, physical examinations, laboratory data, assessments, and plans that are tailored to situations ranging from brief conversations with colleagues to formal presentations at medical meetings. Presentations will be hypothesis-driven. Assessments will include discussions of prioritized differential diagnoses with supporting data and important psychosocial contexts. Assessment of chronic problems will include discussions of underlying etiologies, precipitating factors and complications. Hypothesis-driven diagnostic and therapeutic plans will be presented for each active problem. Residents will also effectively answer audience questions.
- f. Counseling. Residents will recognize the importance of clear and accurate instructions for patients and their families.
 - i. PGY-1 residents will give patients accurate instructions regarding usage of their medications and follow up care.
 - ii. PGY-2 residents will effectively counsel and educate patients about pertinent health issues, tests and treatments. They will recommend gender- and age-appropriate screening exams.
 - iii. PGY-3 residents, in addition, will consistently and thoroughly educate patients and their families, using patient education as a form of intervention and partnering.
- g. Use of technology. Residents will understand the increasing role that technological advancements bring to the bedside. See the MSU curriculum on Practice-Based Learning and Improvement.
- h. Procedures. Residents will competently perform medical procedures essential for the practice of general internal medicine.
 - i. PGY-1 residents will demonstrate knowledge of procedural indications, contraindications, necessary equipment, process for handling specimens and patient after-care. They will participate in informed consent, assist patients with decision making, and attend to patient comfort. Procedures will be thoroughly documented.
 - ii. PGY-2/3 residents will demonstrate extensive knowledge and be facile in the performance of procedures while minimizing risk and discomfort to patients. They will assist junior peers in skill acquisition.
- i. Preventive Care. Residents will understand the importance of disease prevention and health maintenance
 - i. PGY-1 residents will use EHR prompting tools to ensure that their continuity patients receive recommended screening tests and other preventative practices. They will utilize EHR chronic care tools in an effort to decrease the incidence of complications in those with chronic disease states.
 - ii. PGY-2 and PGY-3 residents, in addition to the above, will deliver up-to-date evidence-based or guideline-based preventive care.
 - iii. PGY-3 residents will also demonstrate understanding of public health and its broad implications to the population being served.

- j. Patient-focused care. Residents at all levels of training will demonstrate sensitivity and responsiveness to patients' age, culture, gender and disabilities. Residents will work effectively with allied health care professionals and physician consultants to provide effective patient-focused care.

VI. Systems Based Practice Competency Objectives

- a. Reflect on how patient care practices affect other health care professionals, the health care organization, and the larger society and how these elements affect their own practice.
 - i. PGY1 residents should
 - 1. Display ability to work well within their core clinical team, including residents/attending physicians/ nurses/respiratory therapists/other professionals involved in the care of their patients.
 - 2. Appropriately consult the case manager.
 - ii. PGY2 residents should also
 - 1. Work well with multidisciplinary teams, coordinating multi-specialty care and effectively working with case management and nursing in team settings such as family meetings and large team discussions.
 - 2. Provide and document care in a timely and thorough manner to facilitate analysis of practice patterns and use of information by other health care professionals.
 - 3. Personally contact patient PCP's to discuss patient issues and continuity care plans.
 - iii. PGY3 residents should also
 - 1. Actively participate in multidisciplinary management, coordinating care with other health care professionals as needed, and striving to provide leadership in management of complex care plans.
 - 2. Understand external regulations and expectations and appropriately acknowledge effects of these elements on their own practice. Identify relationships between CMS, BCBS and payment structure.
- b. Know how types of medical practice and delivery systems differ, including methods of controlling health care costs and allocating resources. Practice cost-effective health care and resource allocation that does not compromise quality of care.
 - i. PGY1 residents should
 - 1. Know when to consult a CM v. a social worker; differentiate between SAR and home care; identify and understand the philosophy behind hospice care.
 - 2. Understand what DRG payment/reimbursement is.
 - 3. Reflect sensitivity to costs and incorporate fundamental cost-effective consideration into care approaches, minimizing unnecessary care.
 - 4. Understand that no patient should incur an extended LOS due to inability to obtain transportation or fill medication prescriptions.

5. Identify what room air saturation is required for home oxygen reimbursement.
- ii. PGY2 residents should also
 1. Demonstrate satisfactory understanding regarding medical delivery systems to manage common conditions, including alternative care resources, ambulatory care resources, rehabilitation resources, and other continuing care resources.
 2. Understand approaches to controlling health care costs and appropriate allocation of resources.
 3. Differentiate between SAR, home care and L-Tach placement; identify patients appropriate for OBV vs. admission; identify differences between home and inpatient hospice; independently identify what home care services are available.
 - iii. PGY3 residents should also
 1. Strive to appropriately contain costs and conserve limited resources while preserving high quality care.
 2. Proactively integrate consideration of DME and continuing care needs into medical management.
 3. Demonstrate a high level of understanding regarding medical practice and delivery systems, including appropriate allocation of resources.
 4. Differentiate and appropriately utilize all alternate levels of care addressed in the curriculum.
- c. Advocate for quality patient care and assist patients in dealing with system complexities. Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
 - i. PGY1 residents must
 1. Demonstrate dedication to high quality patient care.
 2. Identify, implement, document, and monitor established local patient care plans consistent with nationally published clinical practice guidelines.
 3. Consult SW for patients with no insurance; identify who to contact for DME needs.
 4. Understand the principles of Mid-Michigan Guardianship services; identify the differences between voluntary vs. involuntary admission for mental health services; identify geriatric patients at risk and how to make an appropriate referral to SW/CM; identify populations at risk for substance abuse and how to make appropriate SW referrals.
 5. Regularly and effectively work with the academic case manager, social workers, and other health care professionals to assess, coordinate, and improve patient care; understand the benefits of partnering activities on the operation of the health care system.
 - ii. PGY2 residents should also
 1. Demonstrate ability to effectively guide patients through the complex health care environment.

2. Demonstrate understanding of special placement restrictions for Medicare/Medicaid Pending patients.
 3. Demonstrate ability to regularly and effectively work with utilization review personnel, physician assistants, ambulatory practice office managers, and other providers within the larger health care system.
- iii. PGY3 residents should also
1. Act as a team leader during interdisciplinary family meetings regarding complex patient care needs.
 2. Discuss hospice care with patients when appropriate, allowing patients opportunities to make informed decisions regarding continued care for their illness.
 3. Identify the differences between DPOA and Guardians; recognize and appropriately refer patient safety concerns including at risk elderly, disabled and domestic violence; identify and appropriately refer patients needing home care services.
 4. Demonstrate knowledge of alternative transportation and indigent programs.
 5. Partner with case managers and other providers to identify and act on improvement opportunities for the health care system.