

RESIDENT LEVELS OF CARE For Med Peds Residents

DEPARTMENT OF MEDICINE

Introduction

The levels of care listed below are essentially the “job description” of residents. A delineation in this format is required by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). These are posted on the hospital web site for the use of nurses and other health care professionals who assist residents with patient care. In essence, these charts define what residents will be allowed to do or not do, and the level of supervision required. For each skill, the applicable general competencies of the Accreditation Council for Graduate Medical Education are listed.

Internal Medicine is a broad field, encompassing a number of recognized subspecialties, and the evaluation and management of hundreds of diseases and clinical problems. The complexity of any given problem or patient is modified by a number of factors, including age, co-existing disease, previous pharmacologic intervention, and psycho-social issues. For these reasons, it is difficult to delineate precisely the level of supervision required for a resident who is dealing with a particular clinical problem. Only general guidelines can be given. These are based both on accepted standards of care (stated or implied in medical textbooks, journals, and published clinical guidelines), and the experience of the faculty in dealing with residents at different levels.

In a training program, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient, and to consult a physician with more expertise when necessary. Physicians with similar training and experience may vary widely in their ability to manage certain problems. Appreciation of one’s limitations is a goal of the Internal Medicine residency program, and the extent to which a physician asks for consultation when appropriate is assessed on an on-going basis by the program directors and faculty.

In a training program, some degree of oversight by the faculty and more advanced residents is always appropriate, even for common problems and uncomplicated patients. This may be accomplished in a variety of ways, including record review and independent evaluation of a patient by the reviewer, even when direct supervision is not required.

The levels of care for PGY-2, PGY-3, PGY-4 residents cannot be delineated sharply because the rotation schedule of each resident is different. Skills within a given

area will therefore be acquired at different points in the training program. Furthermore, the precise mix of patients that will be encountered on a given rotation is unpredictable. However, PGY-3 residents will generally have increasing responsibilities outside the Medical service and more independence in making management decisions.

Procedural skills require supervision until it is documented that the resident can perform the skill satisfactorily. Beyond the required technical skill, there is a cognitive component for each procedure. The resident must understand the indications and contraindications for the procedure, the possible complications, and the interpretation of data generated from the procedure (including laboratory studies on any body fluids or tissue recovered). The number of satisfactory observations required depends on the complexity of the skill and the likelihood of complications. Supervision may be by faculty or a more advanced resident, including a subspecialty fellow.

For the procedures required for American Board of Internal Medicine (ABIM) certification, the minimum number that must be performed satisfactorily under supervision is:

Abdominal paracentesis – 3	Lumbar puncture – 3
Arterial puncture/catheterization – 3	Nasogastric intubation – 3
Arthrocentesis – 3	Pap smear/endocervical culture – 5
Central venous line placement – 5	Thoracentesis – 5

Advanced cardiac life support – Satisfactory completion of an approved ACLS course is sufficient to document proficiency.

While it is anticipated that many residents will reach the required number in the PGY-1 year, the requirement continues into the PGY-2 and 3 years until the requisite number is reached. For each resident, the number required and performed is available online at www.MyEvaluations.com. This site is password protected. Nurses, physician supervisors, and other hospital personnel may ask residents to access their reports for review.

More complex or uncommon procedures not required for ABIM certification always require supervision. These are listed. Cardiac stress testing is not required, but all residents receive training in the procedure. Ten (10) tests must be performed satisfactorily under supervision.

It is expected that some of the skills listed under “Cognitive Clinical Management” will be acquired to a satisfactory degree prior to beginning postgraduate training, and that supervision is not required. However, these are subject to ongoing assessment during rounds, record review, and formal clinical evaluation exercises throughout the residency. They are a part of the written evaluation for every rotation. For any deficiencies noted in these areas, the resident is subject to closer evaluation until the deficiency is corrected.

Resident Level: PGY-1

Core Competencies

1. Medical knowledge
2. Patient care
3. Interpersonal and communication skills

4. Practice-based learning
5. Professionalism
6. Systems-based practice

Cognitive Clinical Management (Competencies)	Non-Invasive Clinical Management (Competencies 1, 2, 3, 4, 5 for all procedures)	Invasive Clinical Management (Competencies 1, 2, 3, 4, 5 for all procedures)
<ul style="list-style-type: none"> ▪ Perform and document history and physical exam (1, 2, 3, 4, 5) ▪ Develop differential diagnosis and problem list (1, 2, 4) ▪ Develop and document initial plan of care* (1, 2, 4) ▪ Order and interpret routine diagnostic studies (1, 2, 4) ▪ Order and interpret electrocardiogram * (1, 4) ▪ Modify daily plan of care* (1, 2, 4) ▪ Write daily progress notes (1, 2, 4) ▪ Write orders for routine diagnostic studies, medications, and other care modalities* (1, 2, 4) 	<ul style="list-style-type: none"> ▪ Perform digital rectal exam ▪ Perform breast exam ▪ Perform pelvic, pap smear ++ <p>Notes/Key:</p> <ul style="list-style-type: none"> ▪ ++ For these procedures listed under noninvasive and invasive clinical management, the resident must perform a certain number <u>satisfactorily</u> under direct supervision of an upper level resident or faculty member. See Introduction for details. ▪ * Skill may require supervision of an upper level resident or faculty if the disease/ problem involved is unusual or complicated. ▪ ** Resident should seek help from upper level resident or other 	<ul style="list-style-type: none"> ▪ Perform abdominal paracentesis ++ ▪ Perform arterial puncture ++ ▪ Insert central venous catheter ++ ▪ Perform ACLS */++ ▪ Perform nasogastric intubation ++ ▪ Perform thoracentesis ++ ▪ Perform arthrocentesis ++ ▪ Perform lumbar puncture ++ ▪ Insert urethral catheter** ▪ Insert arterial catheter ++ ▪ Bone marrow aspiration and biopsy ***

<ul style="list-style-type: none"> ▪ Evaluate patients with acute medical problems upon request of nurses or other physicians* (1, 2, 3, 4, 5) ▪ Obtain informed consent for procedures in PGY-1 scope of practice (1, 2, 3, 5) ▪ Order appropriate consults for diagnostic studies, evaluation by other physicians, physical/rehabilitation therapy, specialized nursing care, and social services (1, 2, 3, 4, 5, 6) ▪ Initiate discharge planning (1, 2, 3, 4, 5, 6) ▪ Dictate discharge summary (1, 2, 3, 4, 6) ▪ Evaluate new and follow-up patients in outpatient setting (1, 2, 3, 4, 5, 6) 	<p>specialty if any difficulty.</p> <ul style="list-style-type: none"> ▪ *** Procedure always requires presence of fellow or faculty ▪ If difficulty is encountered with <u>any</u> procedure, the resident <u>or the nurse</u> must call an upper level resident or faculty member for assistance. 	<ul style="list-style-type: none"> ▪ Perform flexible sigmoidoscopy ***
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Resident Level: PG–2, 3, 4)

Core Competencies

- 1. Medical knowledge**
- 2. Patient care**
- 3. Interpersonal and Communication skills**

- 4. Practice-based learning**
- 5. Professionalism**
- 6. Systems-based practice**

Cognitive Clinical Management (Competencies)	Non-Invasive Clinical Management (Competencies 1, 2, 3, 4, 5 for all procedures)	Invasive Clinical Management (Competencies 1, 2, 3, 4, 5 for all procedures)
<ul style="list-style-type: none"> ▪ Perform and document history and physical exam (1, 2, 3, 4, 5) ▪ Develop differential diagnosis and problem list (1, 2, 4) ▪ Develop initial plan of care* (1, 2, 4) ▪ Order and Interpret routine diagnostic studies (1, 2, 4) ▪ Order and interpret electrocardiogram * (1, 4) ▪ Modify daily plan of care* (1, 2, 4) ▪ Write daily progress notes (1, 2, 4) ▪ Write orders for routine diagnostic studies, medications, and other care modalities* (1, 2, 4) 	<ul style="list-style-type: none"> ▪ Perform digital rectal exam ▪ Perform breast exam ▪ Perform pelvic exam, pap smear ++ ▪ Initiate/adjust mechanical ventilation * ▪ Order, adjust artificial feeding modalities* <p><u>Notes/Key:</u></p> <ul style="list-style-type: none"> ▪ ++ For these procedures under noninvasive and invasive clinical management, the resident must perform a certain number <u>satisfactorily</u> under direct supervision. See Introduction for details. ▪ * Skill may require supervision of an upper level resident or faculty if the disease/ problem involved is unusual or complicated. 	<ul style="list-style-type: none"> ▪ Perform abdominal. paracentesis ++ ▪ Perform arterial puncture ++ ▪ Insert central venous catheter ++ ▪ Perform ACLS ++ ▪ Perform lumbar puncture ++ ▪ Perform nasogastric intubation ++ ▪ Perform thoracentesis ++ ▪ Perform arthrocentesis ++ ▪ Insert urethral catheter** ▪ Insert arterial catheter ++ ▪ Insert pulmonary. artery catheter ***

<ul style="list-style-type: none"> ▪ Evaluate patients with acute medical problems upon request of nurses or other physicians (1, 2, 3, 4, 5) ▪ Obtain informed consent for procedures in PGY-2, 3, 4 scope of practice (1, 2, 3, 5) ▪ Order appropriate consults for diagnostic studies, evaluation by other physicians, physical/ rehabilitation therapy, special nursing care, and social services (1, 2, 3, 4, 5, 6) ▪ Initiate discharge planning (1, 2, 3, 4, 5, 6) ▪ Dictate discharge summary (1, 2, 3, 4, 6) ▪ Evaluate new and follow-up patients in outpatient setting (1, 2, 3, 4, 5, 6) ▪ Evaluate patients in the emergency department and on other services in a consultant role (1, 2, 3, 4, 5, 6) ▪ Perform pre-operative evaluations (1, 2, 3, 4, 5, 6) ▪ Supervise clinical management by PGY-1 physicians (1, 2, 3, 4, 5, 6) 	<ul style="list-style-type: none"> ▪ ** Resident should seek help from upper level resident or other specialty if any difficulty. ▪ *** Procedure always requires presence of fellow or faculty ▪ If difficulty is encountered with <u>any</u> procedure, the resident <u>or the nurse</u> must call an upper level resident or faculty member for assistance. 	<ul style="list-style-type: none"> ▪ Insert chest tube ***
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