SCOPE OF PRACTICE STATEMENT FOR INPATIENT INTERNAL MEDICINE

INTRODUCTION:

A. Definition:

Internal Medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

B. Duration:

1. The resident will receive 36 months of supervised graduate education.
2. A minimum of 1/3 of time in a three year training program will be spent in inpatient internal medicine teaching services assignments.

   A.) There will be a minimum of 6 months of inpatient internal medicine teaching service assignments in the first year.
   B.) There will be a minimum of 6 months of inpatient internal medicine teaching service assignments over the second and third years.
   C.) Of the acquired twelve months of inpatient internal medicine, three months, minimally, must include inpatient general internal medicine teaching service assignments over the three years of training.

3. A minimum of 1/3 of training time will be spent in ambulatory sites including the USF internal medicine clinics, Hillsborough County Health Plan clinics, VA outpatient clinics and private practice experiences. A minimum of 1/3 of the time will be spent at inpatient sites including Tampa General Hospital, James A. Haley Veterans Hospital, and the H. Lee Moffitt Cancer Center.
4. Over the 36 months of training at least ½ day each week will be spent in the continuity ambulatory experience managing a panel of general internal medicine patients. At least 108 clinic sessions must be attended over the 36 months of training. The clinics will alternate between ½ day at the VA clinic, with ½ day at a non VA clinic, either USF medical clinics, HCHP medical clinics or private practice clinic. In this way ½ of their continuity experience will be with a VA continuity population and ½ of their experience will be with a non-VA continuity experience.
POSTGRADUATE YEAR I

INTRODUCTION:

DEFINITION:

Internal Medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

As the initial year of training the resident is more closely observed by faculty and senior residents and supervised so that the assumption of responsibilities is appropriately progressive. Training experience generally includes; ward rotations at Tampa General, James A. Haley Veterans Hospital and the H. Lee Moffitt Cancer Center. This will include unit rotations in the MICU and CCU and possibly the emergency room. There will be a minimum of two months of elective time focusing on core electives, depending upon resident interest. The PGY I resident should be able to obtain the following skills on the prime rating:

1. Professionalism
2. Reporter
3. Interpreter
4. Begin to develop manager and educator roles

OBJECTIVES:

1. Performance of complete history and physical examination.
2. Formulation of an appropriate differential diagnosis.
3. Writing orders for appropriate diagnostic procedures and laboratory tests.
4. Writing orders for appropriate therapy.
5. Writing progress notes that are concise, timely and descriptive of the patient’s condition.
6. Interrelate with both the patient and family concerning the present illness, prognosis, proposed intervention, psychosocial consequences and indicated preventive measures.
7. Ascertain when consultation is indicated and request such expeditiously.
8. Learn how to function as a participating member of the health care team working harmoniously and effectively with peers, nursing and other involved personnel and administrators.
9. Learn how to perform, under supervision and then independently, those procedures (see Appendix A.) necessary to the care and management of general internal medicine patients.
10. Attain ACLS certification.
EVALUATIONS:

1. Residents are evaluated by supervising faculty member and their intern (if appropriate.)
2. Interns will be evaluated by the attending and by the senior resident.

Such evaluations will be completed on a monthly basis, utilizing the New Innovations evaluation system. Resident evaluations will also be done semi-annually by their outpatient clinic attendings. A minimum of one prospective inpatient form focusing on chart documentation and patient feedback will be completed for each inpatient rotation. A minimum of one outpatient prospective evaluation will be completed every three months for each outpatient clinic that the resident participates in.

In the PGY I year, a minimum of 8 CEX forms will be completed for each intern. Procedure logs will be reviewed on an annual basis and obtainment for competency for unsupervised procedures will be documented to the GME office at the end of the PGY I year.

3. The Program Director will evaluate the resident’s portfolio semi-annually.

4. The ACGME 6 Core Competencies will be evaluated on all evaluations completed through New Innovations as well as the ABIM tracking form and internal GME evaluation forms. All ACGME required documentation will be completed through the ACGME web site.

EMERGENCY ROOM

PGY I residents will make decisions under the supervision of Emergency Room faculty.
POSTGRADUATE YEAR II

INTRODUCTION:

DEFINITION:

Internal Medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

In addition to managing ward services at Tampa General Hospital, James A. Haley Veterans Hospital or H. Lee Moffitt Cancer Center, the residents will obtain one to two months of additional intensive care unit experience and usually one month of night float experience. If the emergency room rotation was not obtained in the first year, then it may be scheduled in the second year. There will be on average four elective rotations in the PGY II year, with input of resident interest based on their Wish List completed at the beginning of the year. PGY II resident should be able to obtain the following skills on the prime rating:

1. Professionalism
2. Reporter
3. Interpreter
4. Manager
5. Develop competence in educator role

OBJECTIVES:

1. Write admitting notes that are complete yet succinct, focused on the principle problems(s) outlining the most appropriate and cost effective diagnostic and therapeutic approaches.

2. Serve as the leader of the team identifiable to all (medical students, junior residents, personnel and patients) as the individual “in charge”, the organizer. Such should be effected in a model style of decisiveness, concern, consideration and humanism.

3. Assume responsibility as a teacher of medicine, ideally identifying deficiencies appropriate to an individual level of training-student or resident. Some “spoon feeding” is acceptable, but the process should be in great part “sending them to the books and literature” and stimulating them to “think for themselves”.

4. Identify a subject or area of interest which you can “research” or develop as an area of scholarly interest.
5. Identify with the help and assistance of the faculty, as early as possible, whether your career interests lead you to a career in primary internal medicine or whether you intend to sub specialize.

6. Achieve proficiency in procedures as noted in Appendix A.

EVALUATIONS:

1. Residents are evaluated by supervising faculty member and their intern (if appropriate).

Such evaluations will be completed on a monthly basis utilizing the New Innovations evaluation system. Resident evaluations will also be done semi-annually by their outpatient clinic attendings. A minimum of one prospective inpatient form focusing on chart documentation and patient feedback will be completed for each inpatient rotation. A minimum of one outpatient perspective evaluation will be completed every three months for each outpatient clinic that the resident participates in.

2. The Program Director will evaluate the resident’s portfolio semi-annually.

3. The ACGME 6 Core Competencies will be evaluated on all evaluations completed through New Innovations as well as the ABIM tracking form and internal GME evaluation forms. All ACGME required documentation completed through the ACGME web site.

EMERGENCY ROOM

PGY II/III residents may be consultants in the Emergency Room.
POSTGRADUATE YEAR III

INTRODUCTION:

DEFINITION:

Internal Medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

Fine tuning of the residents schedule will take place in order to meet requirements for the ACGME and the ABIM board eligibility. On average the resident will have six electives, some additional intensive care unit, night float and emergency room experience depending upon the 24 months of prior rotations. Objectives of the two proceeding years should have been obtained in varying degrees.

OBJECTIVES:

1. The resident should obtain the following skills on the prime rating:
   
   A. Professionalism
   B. Reporter
   C. Interpreter
   D. Manager
   E. Educator

2. Learn to be and serve as an effective consultant within internal medicine and to other medical and surgical disciplines.

3. Further development and enhance your teaching skills and attain higher level of general competence in elective rotations of your choice.

4. Complete, present and hopefully submit for publication an area or subject of special interest.

5. The resident will present a noon conference on a subject of their choice to be presented either at Tampa General or the VA hospital. The resident will attend board review as scheduled at Tampa General, VA and Moffitt in addition to a two day board review offered by the Program Director in May of their PGY III year.

6. Achieve proficiency in procedures noted in Appendix A.
EVALUATIONS:

1. Residents are evaluated by supervising faculty member and their intern (if appropriate.) Such evaluations will be completed on a monthly basis utilizing the New Innovations evaluation system. Resident evaluations will also be done semi-annually by their outpatient clinic attendings. A minimum of one prospective inpatient form focusing on chart documentation and patient feedback will be completed for each inpatient rotation. A minimum of one outpatient perspective evaluation will be completed every three months for each outpatient clinic that the resident participates in.

2. The Program Director will evaluate the resident’s portfolio semi-annually.

3. The ACGME 6 Core Competencies will be evaluated on all evaluations completed through New Innovations as well as the ABIM tracking form and internal GME evaluation forms. All ACGME required documentation completed through the ACGME web site.

4. Final summative evaluations will be documented for each graduating resident at the end of their PGY III year.

EMERGENCY ROOM

PGY II/III residents may be consultants in the Emergency Room.
SCOPE OF PRACTICE STATEMENT FOR INTERNAL MEDICINE OUTPATIENT CLINICS

INTRODUCTION:

A. Definition:

Internal Medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

B. Duration:

1. The resident will receive 36 months of supervised graduate education.

2. A minimum of 1/3 of training time will be spent in ambulatory sites including the USF internal medicine clinics, Hillsborough County Health Plan clinics, VA outpatient clinics and private practice experiences. A minimum of 1/3 of the time will be spent at inpatient sites including Tampa General Hospital, James A. Haley Veterans Hospital, and the H. Lee Moffitt Cancer Center.

3. Over the 36 months of training at least ½ day each week will be spent in the continuity ambulatory experience managing a panel of general internal medicine patients. At least 108 clinic sessions must be attended over the 36 months of training. The clinics will alternate between ½ day at the VA clinic, with ½ day at a non VA clinic, either USF medical clinics, HCHP medical clinics or private practice clinic. In this way ½ of their continuity experience will be with a VA continuity population and ½ of their experience will be with a non-VA continuity experience.
POSTGRADUATE YEAR I

INTRODUCTION:

DEFINITION:

Internal Medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

Similar to the inpatient sites of training the PGY I resident should be able to perform the following skills on the prime rating in their outpatient clinics:

1. Professionalism
2. Reporter
3. Interpreter
4. Begin to develop manager and educator roles

GOALS AND OBJECTIVES:

1. Performance of complete history and physical examination for both new and established patients.
2. Formulation of an appropriate differential diagnosis.
3. Documenting orders for appropriate diagnostic procedures and laboratory tests in the outpatient setting.
4. Ordering appropriate therapy for individual patients in the outpatient setting.
5. Documenting in written or electronic form chart notes that are concise, timely and descriptive of the patient's condition.
6. The ability to interrelate with both the patient and family concerning their clinical illness.
7. Utilization of appropriate preventative measures as recommended by the US Preventative Task Force.
8. Appropriate consultation when indicated.
9. Utilizing a system base practice approach to maximizing patient care, there by effectively working as a team with nursing, dietary, social work, administrators, etc.
10. Learn how to perform, under supervision and then independently, those procedures commonly utilized by general internist in the outpatient setting (see Appendix A.)
EVALUATION OF COMPETENCE:

1. Residents are evaluated by supervising faculty member in the outpatient setting on a semi annual basis via New Innovations.
2. Residents will also be evaluated with at least one outpatient prospective form every three months on a random patient encounter selected by the supervising faculty member.
3. The Program Director will review outpatient performance as part of their semi annual review of the resident’s portfolio.

The ACGME 6 Core Competencies will be evaluated on all evaluations completed through New Innovations. Information will also be incorporated for completion of the annual ABIM tracking form and the semi-annual internal GME evaluation forms.

POSTGRADUATE YEAR II

DEFINITION:

The PGY II resident should obtain the following skills on the prime rating in the outpatient setting:

1. Professionalism
2. Reporter
3. Interpreter
4. Manager
5. Develop competence in educator role

GOALS AND OBJECTIVES:

1. Write notes that are complete yet succinct, focused on the principle problems(s) outlining the most appropriate and cost effective diagnostic and therapeutic approaches.
2. Serve as the leader of other learners in the outpatient clinic (medical students, junior residents, personnel and patients) as the individual “in charge”, the organizer. Such should be affected in a model style of decisiveness, concern, consideration and humanism.
3. Assume responsibility as a teacher of medicine, ideally identifying deficiencies appropriate to an individual level of training-student or resident. Some “spoon feeding” is acceptable, but the process should be in great part “sending them to the books and literature” and stimulating them to “think for themselves”.
4. Identify a subject or area of interest which you can “research” and present in the outpatient clinic.
5. Achieve proficiency in procedures as noted in Appendix A.

EVALUATION OF COMPETENCE:

1. Residents are evaluated by supervising faculty member in the outpatient setting on a semi-annual basis via New Innovations.
2. Residents will also be evaluated with at least one outpatient prospective form every three months on a random patient encounter selected by the supervising faculty member.
3. The Program Director will review outpatient performance as part of their semi-annual review of the resident’s portfolio.

The ACGME 6 Core Competencies will be evaluated on all evaluations completed through New Innovations. Information will also be incorporated for completion of the annual ABIM tracking form and the semi annual internal GME evaluation forms.

POSTGRADUATE YEAR III

GOALS AND OBJECTIVES:

1. The resident should obtain the following skills on the prime rating:
   A. Professionalism
   B. Reporter
   C. Interpreter
   D. Manager
   E. Educator

2. Serve as a leader in the outpatient clinics. Development and fine tuning of the ACGME core competencies.
3. Further development and enhance and fine tuning of teaching skills not only for other learners in the clinic but for patients as well in the management of their clinical conditions and promotion of preventative health maintenance.
4. Achieve proficiency in procedures noted in Appendix A.
EVALUATION OF COMPETENCE:

1. Residents are evaluated by supervising faculty member in the outpatient setting on a semi-annual basis via New Innovations.

2. Residents will also be evaluated with at least one outpatient prospective form every three months on a random patient encounter selected by the supervising faculty member.

3. The Program Director will review outpatient performance as part of their semi annual review of the resident’s portfolio.

The ACGME 6 Core Competencies will be evaluated on all evaluations completed through New Innovations. Information will also be incorporated for completion of the annual ABIM tracking form and the semi annual internal GME evaluation forms.
APPENDIX A

PROCEDURES

There are procedures of widely varying complexity in which you should attain proficiency during the three year training period. If you have not been exposed to any one of these procedures, you must be taught and supervised in their performance by a senior resident or faculty member.

It is anticipated that experience in this program should reasonably allow you to achieve proficiency in these procedures in the following time frame.

PGY I-III  OBSERVATION AN/OR ACHIEVE PROFICIENCY

1. Liquid nitrogen therapy for skin lesions
2. Skin biopsy
3. Interpretation of electrocardiogram
4. Interpretation of pulmonary function test
5. Appropriate utilization of Hemoccult cards
6. Joint arthrocentesis and injection
7. Incision and drainage of skin abscesses