

Adult Psychiatry Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Recognize and understand the following mental health disorders:
 - a. Disorders principally diagnosed in infancy, childhood or adolescence
 - b. Delirium, dementia, amnestic and other cognitive disorders
 - c. Substance-related disorders
 - d. Schizophrenia and other psychotic disorders
 - e. Mood disorders
 - f. Anxiety disorders
 - g. Somatoform
 - h. Factitious disorders
 - i. Dissociative disorders
 - j. Sexual and gender identity
 - k. Eating disorders
 - l. Sleep disorders
 - m. Impulse control disorders
 - n. Adjustment
 - o. Personality disorders
 - p. Problems related to abuse or neglect
2. Apply knowledge of the following to patient care:
 - a. Basic behavioral knowledge
 - b. Normal, abnormal and variant psychosocial growth and development across the life cycle
 - c. Recognition of interrelationships among biologic, psychological and social factors in all patients
 - d. Reciprocal effects of acute and chronic illnesses on patients.
 - e. Factors that influence adherence to a treatment plan
 - f. Awareness of one's own attitudes and values, which influence effectiveness and satisfaction as a physician
 - g. Ethical issues in medical practice, including informed consent, patient autonomy, confidentiality and quality of life.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
5. Demonstrate the ability to effectively interview and evaluate patients for mental health disorders using appropriate techniques and skills to enhance the doctor- patient relationship.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.
3. Be able to recognize, initiate treatment for and utilize appropriate referrals for mental health disorders to optimize patient care.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.
5. Be able to intervene effectively and professionally in emergent psychiatric, domestic violence, child abuse, and disaster situations.

Resident

Faculty

Date

Allergy and Immunology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Gain knowledge in the indications, techniques, interfering conditions or medications and interpretation of allergy skin testing.
2. Gain knowledge in diagnosis and treatment of urticaria, angioedema, hereditary angioedema, dermatographism.
3. Discuss the evaluation, diagnosis and management for the following disorders:
 - Type I anaphylactic/immediate, late phase and dual reactions
 - Type II – cytotoxic reaction
 - Type III – Arthus reaction
 - Type IV – delayed reaction
 - Type V – antireceptor
 - Anaphylaxis
 - Rhinitis allergic/nonallergic, vasomotor, seasonal, medicamentosa
 - Common food allergies
 - Common drug allergies: PCN/Sulfa
 - Dermatitis
4. Gain knowledge in indications, limitations of hematologic and other fluid analysis tests in diagnosis and management of allergic/immunologic disorders.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
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Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
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3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Ambulatory Pediatrics Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Gain knowledge in the diagnosis and management of the following scenarios:
 - a. Well child exam including normal growth and development
 - b. Immunization schedules, routine and catch up
 - c. Infectious disease Including: Otitis media, otitis externa, sinusitis, meningitis, chickenpox, sepsis workup, infectious diarrhea, CAP, UTI, Mononucleosis, cellulitis, bronchiolitis
 - d. Outpatient management of dehydration
 - e. Anemia
 - f. Common pediatric drugs, uses and appropriate doses
 - g. Failure to thrive
 - h. Diabetes mellitus
 - i. Asthma/allergies
 - j. Environmental/Safety Issues: Bike helmets, seatbelts, smoking exposure, home safety, injury, poisoning
 - k. Age appropriate nutrition
 - l. Obesity
 - m. Emotional/Behavioral Disorders: ADHD, depression, school avoidance
 - n. Enuresis
 - o. Adolescence Issues: Puberty changes physical/psychosocial, eating disorders, sexual activity
 - p. Orthopedic Issues: Club foot, scoliosis, dysplastic hip, toxic synovitis

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Attend all of Dr. Kumar's lectures.
6. Complete CLIPP cases prior to rotation.
7. Round daily on Dr. Kumar's inpatient pediatrics and newborn exams.
8. Perform initial H&P assessment, differential diagnosis, and management on clinical pediatric patients.
9. Learn and demonstrate competency in the following procedures:
 - a. Removal of cerumen.
 - b. Circumcision.
 - c. Tympanogram

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Adult Medicine Intern Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Describe appropriate inpatient care for the following common illnesses:
 - a. Chest Pain
 - b. Asthma/COPD
 - c. Pyelonephritis
 - d. GI Bleed
 - e. PE
 - f. Stroke
 - g. Renal Failure
 - h. Pneumonia
 - i. CHF
 - j. Cellulitis
 - k. Diabetes Mellitus
 - l. Hypertension
 - m. Abdominal Pain
2. Demonstrate ability to competently perform the following procedures:
 - a. NG Intubation
 - b. Paracentesis
 - c. Thoracentesis

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. List common and effective preventative strategies in:
 - a. Asthma
 - b. CAD
 - c. DM
 - d. Obesity
5. List current screening recommendations for:
 - a. Colon Cancer
 - b. Breast Cancer
 - c. Testicular Cancer
 - d. Prostate Cancer
6. Demonstrate skills in obtaining history and performing physical exam.
7. Use laboratory tests appropriately in delivering patient care.
8. The resident must care for at least of 15 critically ill patients that they manage during their residency. They must log these patients in their Procedure Logs.
9. Perform all of the duties as delineated in the Intern Call Responsibilities document.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services in hospital to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

 Resident

 Faculty

 Date
INTERN RESPONSIBILITIES

1. Duty shifts are from 6:00 a.m. to 8:00 p.m. for the Day Intern and from 7:00 p.m. to 9:00 a.m. for the Night Intern. The Intern will round on patients as directed by the Senior resident and present them at morning AMTS rounds.
2. Interns are expected to, under the direction of the Senior resident, or attending, utilize every opportunity to gain experience in the Emergency Room and the Inpatient ward.
3. As directed by the Senior resident, Interns will be responsible for admitting patients to the Adult Medicine Teaching Service (AMTS), performing daily rounds on AMTS patients, and finding patient information among other duties as necessary for patient care.
4. The Senior resident is expected to give the Intern requested guidance and teaching regarding patient care, so ask for help.
5. Interns are responsible for call days during vacations, CME time, illness, or other time away from the program. Therefore, it will be necessary for individuals to arrange, in advance, call coverage by another resident.
6. Follow guidelines of Conference Attendance Policy – please see policy for details.
7. Enter the required information into the Rounds List app for all patients on the AMTS.

Rounds List notes:

1) CC: (fill in for every patient)

2) Admission note

HPI: (include events and referral source)

Code status:

Allergies:

Signif. PMH/PSH:

Pertinent VS/Exam:

Pertinent labs:

Dx/Plan:

Consults:

3) Daily note

Active problems:

Pertinent VS/Exam:

Pertinent labs:

New plans:

8. When a continuity patient of another resident is admitted to the AMTS, the admitting resident is to call the patient's continuity resident and give hand-off information the morning after admission. The continuity resident is expected to follow their own

patients in the hospital whenever possible. If they will be unavailable during the day or on vacation, the continuity resident should provide the AMTS resident with hand-off information either by phone, in-person, or using the Rounds List app.

I acknowledge that I have read and understand the above responsibilities.

Name

Date

Adult Medicine Senior Resident Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Describe appropriate inpatient care for the following common illnesses appropriate to their level of training. Should be able to identify situations where specialty consultation necessary.
 - a. Chest Pain
 - b. Asthma/COPD
 - c. Pyelonephritis
 - d. GI Bleed
 - e. PE
 - f. Stroke
 - g. Renal Failure
 - h. Pneumonia
 - i. CHF
 - j. Cellulitis
 - k. Diabetes Mellitus
 - l. Hypertension
 - m. Abdominal Pain
2. Demonstrate ability to competently perform the following procedures:
 - a. BLS
 - b. ACLS
 - c. NG Intubation
 - d. Paracentesis
 - e. Thoracentesis

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans. Additionally should be able to coach PGY-1 residents in how to develop high-quality presentations.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency. Specifically, by making decisions regarding acceptance of direct admissions from outside facilities, as well organizing PGY-1 members of the team to see patients in order of acuity.
4. List common and effective preventative strategies in:
 - a. Asthma
 - b. CAD
 - c. DM
 - d. Obesity
5. List current screening recommendations for:
 - a. Colon Cancer
 - b. Breast Cancer
 - c. Testicular Cancer
 - d. Prostate Cancer
6. Demonstrate skills in obtaining history and performing physical exam.
7. Use laboratory tests appropriately in delivering patient care.
8. The resident must care for at least of 15 critically ill patients that they manage during their residency. They must log these patients in their Procedure Logs.
9. Perform all of the duties as delineated in the Senior Resident Responsibilities document.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate ability to teach PGY-1 residents and medical students on medical topics as assigned by attendings as well as on topics from other competencies as they arise in individual patient care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services in hospital to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.

2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

SENIOR RESIDENT RESPONSIBILITIES

1. Call days are from 6:00 a.m. to 8:00 p.m. for the weekday team, and from 7:00 p.m. to 9:00 a.m. for the weekend team
2. Senior residents may trade call days among other residents qualified to perform the duties but must notify the Program Director or Program Coordinator.
3. Senior residents are responsible for call days during vacations, CME time, illness, or other time away from the program. Therefore, it will be necessary for individuals to arrange, in advance, call coverage by another resident.
4. Senior residents are responsible for directly supervising the admissions all UND Center for Family Medicine (CFM) faculty patients, patients transferred from outlying communities and facilities as well as all “unassigned” patients that are admitted to the Adult Medicine Teaching Service (AMTS) through the hospital Emergency Rooms at either hospital (Medcenter One and St. Alexius).
 - a. If a CFM patient is admitted that has been previously admitted and cared for by another CFM resident or another CFM resident is that patient’s primary care physician, the care is transferred to the other resident the following working day at 8:00 a.m. This is contingent upon the patient’s request (priority #1) and mutual understanding between the physicians involved
 - b. All patients on the AMTS must have a Rounds List entry in order to facilitate communication at sign-out to the other residents. It is the responsibility of the admitting resident to complete the Round’ List entry initially. It should be completed at the time of admission and must updated before each sign-out.

Rounds List notes:

- 1) CC: (fill in for every patient)
- 2) Admission note
 - HPI: (include events and referral source)
 - Code status:
 - Allergies:
 - Signif. PMH/PSH:
 - Pertinent VS/Exam:
 - Pertinent labs:
 - Dx/Plan:
 - Consults:
- 3) Daily note
 - Active problems:
 - Pertinent VS/Exam:
 - Pertinent labs:
 - New plans:

5. The attending physician must be notified of all acute status changes (i.e. ICU admissions, emergent surgeries, marked clinical deterioration, etc.) on patients on the AMTS.
6. Emergency Room Responsibilities.
The Senior resident may be called for all CFM patients seen at both Emergency Rooms. The Emergency Room physician may call the CFM resident (s) on call at his/her discretion for the care of CFM patients and assistance with the Emergency Room workload. No patient may be discharge from the Emergency Room with out being seen and the chart signed by a licensed physician.
7. The Senior resident is responsible for responding to CFM patient telephone calls after regular clinic hours.
8. Senior residents are responsible for supervising and teaching PGY-1 residents assigned to the AMTS.
Specifically,
 - a. The Senior resident is responsible for promptly reviewing (in person) all admissions done by the PGY-1 resident to the AMTS. The Senior resident is required to promptly review (in person) all CFM patients cared for by PGY-1 residents in the Emergency Room.
 - b. The Senior resident is responsible to give the PGY-1 resident requested guidance regarding patient care.
9. Follow guidelines of Conference Attendance Policy – please see policy for details.
10. Ensure that the required information is entered into the Rounds List app for all patients on the AMTS.
11. When a continuity patient of another resident is admitted to the AMTS, the admitting resident is to call the patient’s continuity resident and give hand-off information the morning after admission. The continuity resident is expected to follow their own patients in the hospital whenever possible. If they will be unavailable during the day or on vacation, the continuity resident should provide the AMTS resident with hand-off information either by phone, in-person, or using the Rounds List app.

I acknowledge that I have read and understand the above responsibilities.

Name

Date

Anesthesiology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Obtain knowledge of currently available airway management devices, their use and indications.
2. Obtain knowledge of currently used medications for conscious sedation and general anesthesia, their use and indications.
3. Obtain knowledge of preoperative risk stratifications of patients.
4. Obtain knowledge, use and indications, of ventilatory systems, arterial lines, Swan-Ganz catheters in perioperative anesthesia management.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
6. Demonstrate the following skills:
 - a. Endotracheal intubation
 - b. Arterial line placement
 - c. IV line placement
 - d. Lumbar puncture
 - e. Foley Catheter placement

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Cardiology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Appropriately use and interpretation of lab, x-ray, EKG, and rhythm strips in patient care.
2. Fully understand risk factors for cardiovascular disease and proper preventative strategies and treatments.
3. Discuss the evaluation, and management of the following scenarios:

a. CHF	i. Dissecting aneurysm
b. Acute MI	j. Cardiomyopathy
c. Syncope	k. Rheumatic heart disease
d. Arrhythmia	l. Peripheral vascular disease
e. Valvular heart disease	m. Endocarditis
f. Hypertension/emergencies	n. Preoperative cardiac evaluation for non-cardiac surgery
g. Hyperlipidemia	o. Systemic diseases with cardiac involvement (e.g. lupus)
h. Congenital heart disease	
4. Understand principles, indications, and usage of cardiovascular testing including:
 - a. Echocardiography
 - b. Exercise stress testing
 - c. Pharmacological/Radioisotope stress testing
 - d. Cardiac catheterization/angiography
 - e. Electrophysiologic studies
 - f. Angioplasty/stent placements
 - g. Cardioversion

Patient Care

The resident should be able to:

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2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.

Interpersonal Communication Skills

The resident should be able to:

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4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

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2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.

- 3. Demonstrate respect for patient privacy and autonomy.
- 4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Child Psychiatry Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Understand normal and abnormal psychosocial growth and development across the life cycle and be able to apply this knowledge to the care of the individual patient.
2. Recognize and understand the following mental health disorders in the setting of children:
 - a. Disorders principally diagnosed in infancy, childhood or adolescence
 - b. Delirium, dementia, amnesic and other cognitive disorders
 - c. Substance-related disorders
 - d. Schizophrenia and other psychotic disorders
 - e. Mood disorders
 - f. Anxiety disorders
 - g. Somatoform
 - h. Factitious disorders
 - i. Dissociative disorders
 - j. Sexual and gender identity
 - k. Eating disorders
 - l. Sleep disorders
 - m. Impulse control disorders
 - n. Adjustment
 - o. Personality disorders
 - p. Problems related to abuse or neglect
3. Apply knowledge of the following to patient care:
 - a. Basic behavioral knowledge
 - b. Normal, abnormal and variant psychosocial growth and development across the life cycle
 - c. Recognition of interrelationships among biologic, psychological and social factors in all patients
 - d. Reciprocal effects of acute and chronic illnesses on patients.
 - e. Factors that influence adherence to a treatment plan
 - f. Awareness of one's own attitudes and values, which influence effectiveness and satisfaction as a physician
 - g. Ethical issues in medical practice, including informed consent, patient autonomy, confidentiality and quality of life.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
5. Demonstrate the ability to effectively interview and evaluate patients for mental health disorders using appropriate techniques and skills to enhance the doctor- patient relationship.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.
3. Be able to recognize, initiate treatment for and utilize appropriate referrals for mental health disorders to optimize patient care.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.

- 2. Incorporate formative evaluation feedback into daily practice.
- 3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

- 1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
- 2. Demonstrate compassion, integrity, and respect for others.
- 3. Demonstrate respect for patient privacy and autonomy.
- 4. Apply the principles of medical ethics to decision making.
- 5. Be able to intervene effectively and professionally in emergent psychiatric, domestic violence, child abuse, and disaster situations.

Resident

Faculty

Date

Dermatology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Gain knowledge in physical exam, differential diagnosis, and to properly describe dermatologic lesions.
2. Discuss the evaluation, diagnosis, and management for the following dermatologic conditions:
 - a. Papulosquamous Disease: psoriasis, seborrheic, pityriasis rosea, lichen planus
 - b. Vesicobullous Disease: impetigo, herpes, varicella, pemphigous, dyshidrosis, erythema multiforme, epidermolysis bullosa
 - c. Dermatitis: contact, atopic, nummular stasis
 - d. Macular eruptions: viral exanthems, drug eruptions
 - e. Urticarial eruptions and dermagrphism
 - f. Nodules: erythema nodosum, dermatofibroma, granuloma annulare
 - g. Pruritic conditions: scabies, dry skin, lichen simplex chronicus, pediculosis, insect bites
 - h. Cutaneous infections:
 - i. Bacterial: impetigo, cellulitis, erysipelas, boil
 - j. Fungal: superficial and deep
 - k. Viral: Zoster, simplex, warts, molluscum
 - l. Rickettsia: lyme, RMSF
 - m. Complexion: acne vulgaris, rosacea, keloid, hyperhidrosis
 - n. Pigment disorders: hyper, hypo, vitiligo
 - o. Malignant: Basal cell, squamous cell, melanoma
 - p. Hair problems: alopecia, fungal
 - q. Nail problems: paronychia, fungal, ingrown toenail

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Demonstrate competency in the following skills:
 - a. Biopsy
 - b. Cryotherapy
 - c. Scrapes
 - d. Microscopic examination
 - e. Lesion excision
 - f. Proper use/potency of topical steroids

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Endocrinology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Gain knowledge in the indications and limitations and interpretation of laboratory tests, immunoassays, radionucleotide studies, ultrasound, radiologic, CT, MRI for the diagnosis and management of endocrine and metabolic disease.
2. Discussion, evaluation, diagnosis, and management for the following endocrine disorders:
 - a. Thyroid disease; hypo, hyper, goiter, nodular, cancer, thyroiditis, thyroid storm, myxedema coma
 - b. Hyperprolactinemia
 - c. Cushing's Disease
 - d. Diabetes Insipidus: central/nephrogenic
 - e. Acromegaly
 - f. Calcium disorders: hyper/hypo, parathyroid disease, osteoporosis
 - g. Diabetes Mellitus: Type I, Type II, hypoglycemia, DKA, hyperosmolar coma, surgical patient management, gestational
 - h. Addison's Disease
 - i. Hormone producing neoplasms
3. Know all currently available medications and treatment guidelines for the treatment of Type I and Type II Diabetes Mellitus.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Emergency Medicine Goals and Objectives

There must be a structured educational experience to train the resident to deliver emergency care that includes didactic teaching, skills training, and clinical experience in caring for patients of all ages with acute illnesses and injuries in an emergency care setting.

Medical Knowledge

The resident should be able to:

1. Discuss the evaluation, differential diagnosis, and management for the following scenarios:
 - a. Abdominal/Pelvic Pain.
 - b. Alteration Mental Status.
 - c. Chest Pain.
 - d. Fractures/Dislocations.
 - e. Gastrointestinal Bleeding.
 - f. Headache.
 - g. Shortness of Breath.
 - h. Vaginal Bleeding.
 - i. Wound Care.
 - j. The Trauma Patient.
 - k. Shock.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Appropriately use and interpretation of lab, x-ray, and EKG in patient care.
5. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
6. Demonstrate competency in the following skills and procedures:
 - a. Wound Closure.
 - b. Splint Application.
 - c. ECG/Cardiac Monitor Interpretation.
 - d. X-Ray Interpretation.
 - e. Lumbar Puncture
 - f. Nose Bleed Management.
 - g. Incision & Drainage.
 - h. Procedural Sedation.
 - i. Reduction of subluxed joints.
 - j. Foreign body removal.
 - k. Fish hook removal.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.

- 3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

- 1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
- 2. Demonstrate compassion, integrity, and respect for others.
- 3. Demonstrate respect for patient privacy and autonomy.
- 4. Apply the principles of medical ethics to decision making.

If you are doing your rotation at St. Alexius, Contact Dr. Charles Allen at St. Alexius ER ASAP.

Dr. Allen: Home: 224-0987 Work: 530-7001
 Cell: 226-8466 Email: callen@primecare.org

 Resident

 Faculty

 Date

Family Psychiatry Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Apply knowledge of the following to patient care:
 - a. Basic behavioral knowledge
 - b. Normal, abnormal and variant psychosocial growth and development across the life cycle
 - c. Recognition of interrelationships among biologic, psychological and social factors in all patients
 - d. Reciprocal effects of acute and chronic illnesses on patients and their families
 - e. Factors that influence adherence to a treatment plan
 - f. Family functions and common interactional patterns in coping with stress
 - g. Awareness of one's own attitudes and values, which influence effectiveness and satisfaction as a physician
 - h. Stressors on physicians and approaches to effective coping
 - i. Ethical issues in medical practice, including informed consent, patient autonomy, confidentiality and quality of life.
2. Recognize and understand how common mental health disorders affect family interactions.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Understand and participate with care given by community-based health agencies that give specific groups of patients. These agencies may include: homeless shelter, hospice, home health care, addiction treatment centers, ND Public Health Dept., early childhood development programs and senior citizen organizations.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
5. Demonstrate the ability to effectively interview and evaluate patients for mental health disorders using appropriate techniques and skills to enhance the doctor- patient relationship.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.
3. Be able to recognize, initiate treatment for and utilize appropriate referrals for mental health disorders to optimize patient care.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.
5. Be able to intervene effectively and professionally in emergent psychiatric, domestic violence, child abuse, and disaster situations.

Resident

Faculty

Date

Gastroenterology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Obtain knowledge of the indications, contraindications, complications, and limitations of the following diagnostic GI procedures:
 - a. plain x-ray
 - b. barium studies
 - c. CT
 - d. MRI
 - e. nuclear medicine
 - f. vascular/GI angiography
 - g. GI motility studies
 - h. endoscopy
 - i. paracentesis
2. Discuss the evaluation, diagnosis, and management for the following GI diseases:
 - a. PUD
 - b. GERD
 - c. Motility disorders
 - d. Celiac sprue
 - e. Inflammatory bowel disease
 - f. Pancreatitis
 - g. Biliary disorders
 - h. GI neoplasms
 - i. Hepatitis
 - j. Irritable bowel syndrome
 - k. Infectious GI disease
 - l. acute upper and lower GI bleeds
 - m. dysphagia
 - n. acute and chronic abdominal pain
 - o. liver cirrhosis
 - p. portal HTN
 - q. esophageal varices
 - r. diarrhea
 - s. abnormal liver chemistries.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.

2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Geriatrics Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the evaluation, and management of the following scenarios:
 - a. Elder Abuse
 - b. Alcoholism
 - c. Depression
 - d. Dementia
 - e. Drug Induced Illness
 - f. Common Elderly GI Disorders
 - g. Acute Confusion
 - h. Sepsis
 - i. Gait Disorders
 - j. Malnutrition
 - k. Incontinence
 - l. Atrial Fibrillation
 - m. Skin Disorders, including Cancer
 - n. Parkinson Disease/Gait Disorders
 - o. Terminal Disease/Hospice
 - p. Degenerative Joint Disease
 - q. Pneumonia
 - r. Hypotension
 - s. Pressure Sores
 - t. UTI's
 - u. Sensory Loss

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Provide comprehensive geriatric healthcare in the hospital, nursing home, FMC, and the patient's home including develop skills to assess patient safety and level of function in their home.
6. Learn techniques to incorporate both family commitment and community service in helping maintain the elderly patient's autonomy.
7. Recognize and avoid polypharmacy.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Intensive Care Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Understand the principles of nutrition in critically ill patients and roles and use of parental and enteral supplementation.
2. Discuss the evaluation, and management for the following scenarios:
 - a. Airway management including: nasal canula, masks (rebreather and non-rebreather), oral and nasal airways including endotracheal intubation and ventilatory management also CPAP and BiPAP and ventilatory weaning procedures.
 - b. Fluid management including: anemia, transfusion therapy, calculating fluid losses.
 - c. Role of, insertion of, and interpretation of central venous line placement in managing fluid balance.
 - d. Role of pressors and usage in managing hypotension.
 - e. Know and demonstrate principles of ACLS.
 - f. Understand principles in preventing and treating stress ulcers, skin breakdown, DVT's, and nosocomial infections.
 - g. Select appropriate antimicrobial and dosage for patients taking in consideration of disease state, pharmacokinetics and pharmacodynamics individualized to the patients disease state and most likely pathogens involved for that state.
 - h. Manage toxicology and overdose patients including: ETOH, TCA and acetaminophen overdose
 - i. Manage ETOH withdrawal.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Demonstrate competency in these specific skills:
 - a. Appropriate/definitive air management.
 - b. CVP line placement.
 - c. Ventilatory management: Initiation/Adjusting/Weaning Parameters and role of ABG's in management.
 - d. Initiation and usage of appropriate enteral/parental nutrition.
 - e. Radiologic evaluation in assessing proper tube placement (chest, ET, GI), CVP lines and recognize radiographically potential complications of interventions (e.g. pneumothorax, aspiration pneumonia).

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident must log the care of 15 critically ill patients that he/she manages while on the ICU rotation or ICU patients managed during his/her Adult Medicine Teaching Service rotation.

Resident

Faculty

Date

Intensive Care Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Understand the principles of nutrition in critically ill patients and roles and use of parental and enteral supplementation.
2. Discuss the evaluation, and management for the following scenarios:
 - a. Airway management including: nasal canula, masks (rebreather and non-rebreather), oral and nasal airways including endotracheal intubation and ventilatory management also CPAP and BiPAP and ventilatory weaning procedures.
 - b. Fluid management including: anemia, transfusion therapy, calculating fluid losses.
 - c. Role of, insertion of, and interpretation of central venous line placement in managing fluid balance.
 - d. Role of pressors and usage in managing hypotension.
 - e. Know and demonstrate principles of ACLS.
 - f. Understand principles in preventing and treating stress ulcers, skin breakdown, DVT's, and nosocomial infections.
 - g. Select appropriate antimicrobial and dosage for patients taking in consideration of disease state, pharmacokinetics and pharmacodynamics individualized to the patients disease state and most likely pathogens involved for that state.
 - h. Manage toxicology and overdose patients including: ETOH, TCA and acetaminophen overdose
 - i. Manage ETOH withdrawal.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Demonstrate competency in these specific skills:
 - a. Appropriate/definitive air management.
 - b. CVP line placement.
 - c. Ventilatory management: Initiation/Adjusting/Weaning Parameters and role of ABG's in management.
 - d. Initiation and usage of appropriate enteral/parental nutrition.
 - e. Radiologic evaluation in assessing proper tube placement (chest, ET, GI), CVP lines and recognize radiographically potential complications of interventions (e.g. pneumothorax, aspiration pneumonia).

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident must log the care of 15 critically ill patients that he/she manages while on the ICU rotation or ICU patients managed during his/her Adult Medicine Teaching Service rotation.

Resident

Faculty

Date

**MANAGEMENT OF HEALTH SYSTEMS
GOALS & OBJECTIVES**

1. Management of Health Systems rotation required in Resident's 1st Year (PGY-1).
2. The UND Center for Family Medicine offers at least 100 hours of management and leadership instruction to include both the didactic and the practical settings. This curriculum prepares residents to assume leadership roles in their practices, their communities, and the profession of medicine. Management of Health Systems Noon Conferences are scheduled on a routine basis, once monthly.
3. The UND Center for Family Medicine is considered the primary site for teaching management and leadership skills, and serves as an example on which residents may model their future practices.
 - a. Each resident receives reports of individual and practice productivity, financial performance, patient satisfaction and clinical quality, as well as the training needed to analyze these reports.
 - b. Residents must attend regular monthly resident meetings with staff and faculty to discuss practice-related policies and procedures, business and service goals, and practice efficiency and quality.
 - c. Residents must participate in projects to improve the quality of care and service delivered to the UND Center for Family Medicine patient population.
4. Management of Health Systems curriculum includes, but is not limited to the following: current coding/billing practices, designing and managing a budget, assessing practice staffing needs, the impact of new technologies on practice, determining value in the marketplace, assessing customer satisfaction, office scheduling systems, computers in practice, alternative practice models, and employment law and procedures. Residents also learn principles of public relations, media training, and personnel management.
5. The leadership curriculum includes training to provide leadership for a clinical practice, a hospital medical staff, professional organizations, and community leadership skills to advocate for the public health.
6. In addition to the above, Residents are required to complete AAFP's "Residency to Reality" Self-Study Learning Module.
 - a. Residents are required to access CD-Rom self-learning module. This medium is an electronic format is intended to better meet the Residency Review Committee for Family Medicine's (RRC-FM) requirements for 100 hours of practice management (beginning July 2006).
 - b. The education series "Residency to Reality" is a program developed by the AAFP to assist family practice residency programs in the instruction of practice management to their residents. This series of 13 monographs has been given to all ACGME-accredited family practice residency programs for distribution to their second-year residents. Series 1 helps them understand and assess their immediate practice options as well as provide a broader perspective that includes values, priorities and future career planning. Series 2 will explore in more detail management skills needed by family practitioners in a variety of practice settings.
 - c. Upon completion of self-study module, post-tests are to be printed and retained for Resident file(s). Completion of self-study module is required in addition to attending identified % of Management of Health Systems Conferences.

Goals & Objectives

**Quality Assurance & Quality Improvement Audits
Required for Practice Management Curriculum
*Completed during Community Medicine Rotation***

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve patient care practices. Residents should be able to analyze how well they are doing on standard clinical guidelines for their specialty. In addition, residents should be able to reflect on their own care of patients and begin to use self-reflection to drive their own learning and improvement.

1. Residents must be involved in Quality Improvement as this demonstrates their ability to perform Practice-Based Learning and Improvement. In each of these experiences, residents reflect on their own practice and learn to improve their practice patterns.
 - a. Residents to review/audit a minimum of ten of their own charts for adherence to clinical guidelines related to a specific disease state, as agreed upon by Faculty advisor. *An example might be following diabetic guidelines or chest pain protocol.* Retrospective chart review identified within this chosen documented disease state (i.e. not just multiple risk factors), charts chosen from the Resident's patient panel, where they have served as the primary physician and have seen the patient(s) within the preceding six months. Develop Q.I. Auditing tool. Discuss areas for improvement (i.e. are there parts of the guideline they consistently miss)? Indicate how they would improve their performance. Prepare final report which outlines Q.I. audit report and plan. Required to present final findings to Resident Peers by end of rotation. Evaluated by supervising Faculty.

2. Medical Record review is conducted in conjunction with the Resident Evaluation data collection process. Medical records are to be maintained in a manner that is current, detailed and organized and permits effective and confidential patient care and quality review.
 - a. Residents to review/audit a minimum of thirty random charts from Resident & Attending Physician population over the last quarter. No OB visits to be included and no charts of the reviewer's patients to be pulled. The chart review is intended to be comprehensive, including the last 3 patient visits/entries.
 - b. These medical records should reflect all services provided by the practitioner including, but not limited to, all ancillary services and diagnostic tests ordered and all diagnostic and therapeutic services for which the member was referred by a practitioner (i.e., home health nursing reports, specialty physician reports, hospital discharge reports, physical therapy reports, etc.). The organization and filing of information in the medical record is at the discretion of the participating provider.
 - c. The documentation standards for medical record review include the following 25 components (as attached). Eleven critical elements (bolded items) are required in the medical record to demonstrate good professional medical practice and appropriate health management.
 - d. Prepare final report which outlines Q.I. audit report and plan. Required to present final findings to Resident Peers by end of rotation. Evaluated by supervising Faculty.

Resident

Faculty

Neonatology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the workup and evaluation of the following:
 - a. Neonatal sepsis,
 - b. Neonatal jaundice
 - c. Cardiac murmurs.
 - d. Neonatal resuscitation
 - e. Neonatal fluid and nutrition
 - f. Neonatal respiratory distress

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that includes differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Understand the indications and limitations of common lab and x-ray modalities in diagnosing common newborn diseases.
5. Attend high risk deliveries with Neonatologist and participate in neonatal resuscitation and stabilization including intubations and UA/UV line insertion.
6. Attend NICU Rounds with Neonatologist.
7. Perform examinations in NICU and Newborn Nursery.
8. Perform circumcision with attending present.
9. Calculate maintenance and replacement fluid and electrolyte requirements.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date _____

Nephrology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Gain knowledge in the use and indications of appropriate radiologic, hematologic, urologic tests and studies in evaluation, diagnosis, and management of the following nephrologic disorders:
 - a. Acute glomerular nephritis
 - b. Goodpasture Disease
 - c. IgA Nephropathy
 - d. Acute interstitial nephritis
 - e. Poststreptococcal nephritis
 - f. Nephrolithiasis
 - g. Wegener granulomatosis
 - h. Henoch-Schönlein purpura
 - i. Acute tubular necrosis
 - j. Lupus nephritis
 - k. Malignancy
 - l. Renovascular hypertension
2. Gain knowledge in the work-up of, classification, and causes of ARF: prerenal, renal, postrenal.
3. Know indications for acute and chronic renal dialysis.
4. Gain knowledge in disorders of fluid, electrolyte, and acid/base regulation.
5. Gain knowledge in work-up and management of CRF.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Neurology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Appropriate use, indications, contraindications of ancillary neurologic tests such as EMG, EEG, angiography, evoked potentials, CT, MR, LP, ultrasound, nerve and muscle biopsy.
2. Discuss the work-up, history and physical exam in the evaluation, and management and localization of lesion for the following scenarios:
 - a. Headache – include migraine.
 - b. Dizziness/vertigo/syncope – central vs peripheral and differential diagnoses.
 - c. Dementia – testing, appropriate diagnosis, management.
 - d. Seizure disorder – including treatment for status epilepticus.
 - e. Multiple sclerosis.
 - f. Cerebrovascular disease.
 - g. Altered mental status – management and differential diagnosis.
 - h. CNS – infectious disease.
 - i. Guillain Barré Syndrome.
 - k. Acute/chronic peripheral neuropathics.
 - l. Parkinson's disease.
 - m. Coma – differential diagnosis and work-up.
 - n. Sleep disorders.
 - o. Carpal tunnel syndrome.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.

4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Obstetrics and Maternal Healthcare Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Complete the required reading assigned by Dr. Kathy Perkerewicz.
2. Complete the “Labor and Delivery Modules” during the first week of the rotation. These can be obtained from Pat.
3. Complete the “Electronic Fetal Monitoring I and II” computer learning modules during the first week of the rotation. Instructions can be obtained from Pat.
4. Discussion, evaluation, and management for the following scenarios:
 - a. Pregnancy planning and counseling (including prenatal vitamins/Folic Acid)
 - b. Analgesia and anesthesia for labor and delivery
 - c. Indications for Cesarean delivery
 - d. Indications for labor induction
 - e. PIH/Preeclampsia/Eclampsia/HELLP Syndrome
 - f. Shoulder dystocia
 - g. Uterine bleeding during pregnancy
 - h. Ectopic pregnancy
 - i. Postpartum problems e.g.: hemorrhage, endometriosis, mastitis
 - j. VBAC
 - k. Retained placenta/manual extraction
 - l. 4th degree episiotomy laceration repair
 - m. PROM
 - n. Intrauterine growth retardation

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Appropriately use and interpret labs, ultrasound, FHT strips in patient care.
5. Meet with nursing staff on Medcenter One Labor & Delivery unit during the week prior to starting the rotation.
6. Meet with OB Teaching Director (currently Dr. Danielson) during the week prior to starting the rotation.
7. Participate in management of care for all infants delivered by the resident during the rotation while infant is in newborn nursery.
8. Demonstrate competency in the following skills and procedures:
 - a. Management of routine labor and vaginal delivery (at least 40 during 2 months of OB)
 - b. Interpretation of TOCO/FHT strips/NST
 - c. Cutting episiotomy
 - d. Repair of 2nd and 3rd degree episiotomy
 - e. Use of cervical ripening agents/misoprostol/Pitocin
 - f. 1st assist on C-sections and PP tubal ligations
 - g. Fetal scalp electrode placement
 - h. Management of preterm labor
 - i. Postpartum care of SVD and C-section
 - j. AROM

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Oncology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Demonstrate knowledge of the indications for and limitations of surgery, radiation therapy, and chemotherapy in the treatment of neoplasms.
2. Discuss the general characteristics and treatments of common neoplasms including:
 - a. Leukemias and lymphomas
 - b. Prostate cancer
 - c. Breast cancer
 - d. Colon cancer
 - e. Other gastrointestinal cancers
 - f. Gynecological cancers
 - g. Skin cancers
 - h. Brain and other neurological cancers
 - i. Musculoskeletal cancers
 - j. Other soft tissue cancers
 - k. Lung cancer
 - l. Renal and urologic cancers
3. Discuss the etiology and treatment of tumor lysis syndrome.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Discuss the rationale and details of current cancer screening recommendations.
6. Utilize the USPSTF web site to obtain cancer screening recommendations for individual patients.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.

4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Ophthalmology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the evaluation, and management for the following scenarios:
 - a. Infections: Conjunctivitis, hordeolum, chalazion, orbital cellulitis.
 - b. Uveitis.
 - c. Cataracts.
 - d. Ocular trauma: Blunt, foreign body, hyphema, chemical, UV light, welding, corneal abrasions.
 - e. Motor alterations: strabismus, amblyopia, palsies.
 - f. Glaucoma.
 - g. Retinal disease: diabetic retinopathy, age related changes, detachment, vascular occlusion.
 - h. Ocular complications of systemic illnesses.
 - i. Vision correction surgeries.
 - j. Ocular neoplasms.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Demonstrate competency in the following skills and procedures with ophthalmologist supervision:
 - a. Thorough ophthalmologic history and physicals.
 - b. Direct ophthalmoscopy.
 - c. Fluorescein staining of the cornea.
 - d. Visual acuity and field testing.
 - e. Tonometry.
 - f. Proper use of pharmacologic agents: anesthetics, antibacterials, mydriatics, steroids, anti-inflammatories.
 - g. Slit lamp.
 - h. Foreign body removal.
 - i. Subconjunctival hemorrhage management.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.

4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Orthopedics Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Gain knowledge and skills in obtaining histories and performing physical exams of the musculoskeletal system.
2. Gain knowledge and skills in proper immobilization and casting of orthopedic injuries.
3. Gain knowledge in radiologic and hematologic tests including indications and limitations in diagnosing orthopedic conditions.
4. Gain knowledge in reading plain x-rays of the musculoskeletal system.
5. Gain knowledge in diagnosis and management of common orthopedic conditions including sprains, strains, fractures, bursitis, and when referral is appropriate.
6. Gain knowledge in proper patient referrals to ancillary services such as physical therapy, occupational therapy, and rehabilitative services in managing orthopedic conditions.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Learn proper technique of intra-articular injection and aspiration.
6. Learn and demonstrate competency in the following procedures:
 - X-ray interpretation
 - Splinting and casting
 - Joint injection and aspiration

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Otolaryngology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the evaluation, and management for the following scenarios:
 - a. Necrotizing (malignant) otitis externa.
 - b. Chronic otitis media (indications for ventilation tubes).
 - c. Cholesteatoma.
 - d. Chronic hoarseness.
 - e. Malignant tumors of ear, nose, and throat.
 - f. Chronic tonsillitis (indications for T & A).
 - g. Nasal polyps.
 - h. Chronic sinusitis and complications.
 - i. Tinnitus.
 - j. Labyrinthine disorders/dizziness/vertigo.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Demonstrate competency in these skills and procedures with ENT supervision:
 - a. Medical management of otitis media, otitis externa, sinusitis, allergic and non-allergic rhinitis, pharyngitis.
 - b. Anterior epistaxis treatment.
 - c. Ceruminosis removal.
 - d. Foreign body removal.
 - e. Indirect/direct laryngoscopy.
 - g. Thorough proper ENT exam.
 - h. Concepts and interpretation of audiometry and tympanograms.
 - i. Assist in surgery.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.

- 3. Demonstrate respect for patient privacy and autonomy.
- 4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Overall Goals and Objectives for UND Center for Family Medicine Residency

Mission

To train excellent and competent family physicians who will meet the medical care needs for the citizens of North Dakota.

Goals

1. Operate a superior ACGME-accredited Family Medicine residency program that meets criteria for excellence.
2. Design and execute a medical training curriculum so that all graduates pass the boards of the ABFM on their first attempt.
3. Maximize the number of our graduates who stay in practice in rural, under-served areas in ND.
4. Minimize the attrition rate of residents accepted into the program, while maintaining high expectations of performance and competence.

Objectives

1. Design a curriculum based on national accreditation standards.
2. Evaluate each program goal on an ongoing basis in order to continually improve resident education and adapt our training program to the constantly changing environment in which physicians deliver healthcare.
3. Actively engage in recruitment and mentoring of UND SMHS students.
4. Evaluate residents individually early and often in order to identify deficiencies, and intervene with individualized learning plans to remediate these deficiencies as soon as they are identified.
5. Keep core faculty members up to date on current medical knowledge.
6. Educate all core faculty regarding their influence as role models and encourage them to maintain high professional standards.
7. Include specific curricula on rural medical practice in the training of all residents.
8. In as many areas as possible, evaluate resident performance based on competence in established areas of medical training.

Podiatry Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the evaluation, and management for the following scenarios:
 - a. Tarsal Tunnel
 - b. Plantar fasciitis
 - c. Bunions
 - d. Hammertoes
 - e. Common fractures
 - f. Peripheral Vascular Disease
 - g. Venous stasis and neuropathic skin changes and ulcers
 - h. Recommending appropriate foot wear

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Appropriately use and interpret common podiatric x-rays in patient care.
6. Appropriately use taping, casting, CAM boots, orthotics, and other modalities in podiatric care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Pulmonology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discussion, evaluation, and management for the following scenarios:
 - a. Clinical utility and interpretation of spirometry, PFT's, ABG's in managing pulmonary patients.
 - b. Pneumonia including CAP, hospital acquired pneumonia, aspiration pneumonia, identifying most likely pathogens and appropriate antimicrobial therapy.
 - c. Asthma management including appropriate pharmaceutical therapies in a step wise management depending on severity.
 - d. Management of Status Asthmaticus.
 - e. COPD, AECB, diagnosis and management both chronic management and acute exacerbations therapy.
 - f. Diagnosis and management of DVT/P.E.
 - g. Diagnosis of pulmonary malignancy both primary and metastatic.
 - h. Diagnosis and management of TB, pulmonary fungal infections, and pulmonary infections of immunocompromised patients.
 - i. Indications for thoracentesis and appropriate lab studies of pleural effusions.
 - j. Recognition of pulmonary manifestations of systemic diseases.
 - k. Respiratory distress and indications for ET intubation.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests, x-rays, and pulmonary function tests appropriately in delivering patient care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Radiology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Understand the utility, most appropriate diagnostic test, limitations, indications, contraindications of the various radiologic tests including plain x-ray, CT, MR, PET, ultrasound, and nuclear med in providing comprehensive patient care.
2. Recognize on plain x-ray:
 - a. Pneumothorax.
 - b. Free abdominal air/perforation.
 - c. Common fractures.
 - d. Bowel obstruction/ileus.
 - e. Cervical fractures.
 - f. AAA.
 - g. Widened mediastinum.
 - h. Simple pneumonia.
 - i. CHF.
 - j. Tubes, lines, wires:
 - k. ET tube placement on chest x-ray.
 - l. NG tube placement.
 - m. Other lines and wire.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Be able to identify on CT scan:
 - a. Acute intracranial hemorrhage (subdural, epidural, and subarachnoid).

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.

4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Physical Medicine and Rehabilitation Medicine Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the evaluation and treatment following:
 - a. acute and chronic musculoskeletal syndromes, including sports and occupational injuries;
 - b. acute and chronic pain management;
 - c. congenital or acquired myopathies, peripheral neuropathies, motor neuron and motor system diseases and other neuromuscular diseases;
 - d. hereditary, developmental and acquired central nervous system disorders, including cerebral palsy, stroke, myelomeningocele, and multiple sclerosis;
 - e. rehabilitative care of traumatic brain injury;
 - f. rehabilitative care of spinal cord trauma and diseases, including management of bladder and bowel dysfunction and pressure ulcer prevention and treatment;
 - g. sexual dysfunction common to the physically impaired;
 - h. postfracture care and rehabilitation of postoperative joint arthroplasty;
 - i. application of cardiac and pulmonary rehabilitation;
 - j. diseases, impairments and functional limitations seen in the geriatric population;
 - k. rheumatologic disorders treated by the physiatrist;
 - l. medical conditioning, reconditioning and fitness;
 - m. tissue disorders such as burns, ulcers and wound care.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Demonstrate competency in performing the history and physical examination pertinent to physical medicine and rehabilitation.
6. Discuss the importance of the following aspects of evaluation of the rehab patient:
 - a. assessment of neurological, musculoskeletal and cardiovascular-pulmonary systems;
 - b. assessment of disability and impairment and familiarity with the ratings of disability and impairment;
 - c. data gathering and interpreting of psychosocial and vocational factors;
 - d. performance of electrodiagnostic studies;
 - e. therapeutic and diagnostic injection techniques;
 - f. prescriptions for orthotics, prosthetics, wheelchairs and ambulatory devices, special beds and other assistive devices;
 - g. written prescriptions with specific details appropriate to the patient for therapeutic modalities, therapeutic exercises and testing performed by physical therapists, occupational therapists, speech/language pathologists.
 - h. coordination of psychologic and vocational interventions and tests;
 - i. pediatric rehabilitation;
 - j. geriatric rehabilitation

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.

2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Rheumatology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the diagnosis, evaluation, and management for the following scenarios:
 - a. Rheumatoid arthritis – articular/extraarticular
 - b. SLE – systemic, discoid, drug induced
 - c. Scleroderma – localized, systemic, drug induced
 - d. Polymyositis/dermatomyositis
 - e. Spondyloarthropathies – ankylosing, Reiter’s, Psoriatic, associated with IBS
 - f. Vascularities - PAN, GCA, HSP
 - g. Crystal Induced Synovitis
 - h. Osteoarthritis
 - i. Systemic diseases with rheumatologic manifestations
 - j. Metabolic bone disease, including osteoporosis
 - k. Septic arthritis
 - l. Juvenile arthritis
 - m. CREST Syndrome
2. Discuss diagnostic criteria for major rheumatologic disorders.
3. Understand the appropriate use of glucocorticosteroid injections.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately including synovial aspirate and radiographs in the care of the rheumatology patient.
5. Appropriately complete and interpret the musculoskeletal examination in patient care.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive rheumatologic healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.

4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Rural Medicine Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Develop the skills to function as a rural family medicine doctor in treating the most patients within the community based upon available resources and urgency of care required, while recognizing the limitations of the facility and your own training.
2. Gain knowledge of what local and regional community resources are available in providing more complete healthcare in the community you are training in.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Develop the organizational skills necessary to see a wide variety of patients in a busy rural clinic.
6. Participate in ER call: being the first physician to see, evaluate, and come up with differential diagnosis and treatment plans under the supervision of the preceptor.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
5. Give at least one lecture/presentation of interest to a local group.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Sports Medicine Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Explain the benefits of exercise.
2. Counsel patients regarding the safety of involvement in exercise.
3. Describe the role of exercise in mental and physical health promotion.
4. Write an Exercise Prescription for geriatric athletes, pregnant athletes, patients with chronic illness, and physically challenged athletes.
5. Recognize indications for consultation and referral to orthopedic surgery and other appropriate specialties.
6. Discuss the role of sports physical therapy and rehabilitation.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Perform an appropriate pre-participation evaluation of an athlete.
5. Function as a team or sporting event physician.
6. Demonstrate appropriate taping, casting, and immobilization techniques.
7. Manage common sports related injuries including closed head injuries, sprains and strains, fractures/dislocations, spine injuries, and overuse/chronic injuries.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to athletes, coaches and parents.
3. Demonstrate strategies to discuss sensitive subjects with athletes including exercise addiction, abuse of anabolic and performance-enhancing agents, and pressures to perform with injuries.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Discuss medicolegal issues of functioning as a team physician.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.

Resident

Faculty

Date

Surgery Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the evaluation, and management for the following scenarios:
 - a. Aortic aneurysm.
 - b. Appendicitis
 - c. Bowel obstruction
 - d. Colon cancer
 - e. Diverticular disease
 - f. Breast masses
 - g. Hernias
 - h. Gastric bypass
 - i. Nissen fundoplication
 - j. Gallbladder disease
 - k. Peripheral vascular disease
 - l. GI hemorrhage
 - m. Wound dehiscence
 - n. Hemorrhoids
 - o. Stomach/esophageal cancer
 - p. Pancreatic cancer
 - q. Inflammatory bowel disease
 - r. Ruptured viscus
 - s. Anal fissure, fistula, perianal abscess

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Appropriately use and interpret lab, x-ray, CT, and angiography in patient care.
5. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency and recognize surgical emergencies.
6. Demonstrate competency in the following skills and procedures with surgical supervision:
 - a. First assist on surgeries.
 - b. Clinical assessment including H & P, lab and x-ray evaluation with differential of key signs and symptoms of surgical patients/conditions.
 - c. Preoperative assessment: surgical risks, co-morbid conditions, antibiotic prophylaxis, and patient preparation.
 - d. Intraoperative care: asepsis, fluid management, patient monitoring.
 - e. Postoperative care: fluids, nutrition, wound care, pain control, dressings, suctions and drains.
 - f. Complications: fever/workup, hemorrhage, pneumonia, ileus, infection.
 - g. Paracentesis, suturing/wound closure, Foley catheter placement, I & D cysts/abscesses, NG insertion (if available).
 - h. Endoscopy (if available).
 - i. Fine needle aspirations, lipoma removal, marsupialization of fistulas, hemorrhoid banding (if available).

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive surgical healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Urology Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss the evaluation, and management for the following scenarios:
 - a. Penile abnormalities (Peyronie's, phimosis, epispadias, hypospadias).
 - b. Scrotal abnormalities (hydroceles, spermatoceles, undescended testicle, varicoceles, testicular torsion).
 - c. Urogenital cancers (penile, testicular, bladder, prostate, kidney).
 - d. Male hypogonadism.
 - e. Renal calculi disease.
 - f. Urinary incontinence (neurogenic, stress, urge, enuresis, overflow).
 - g. Urodynamic studies (indications and results interpretation).

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Demonstrate competency in the following skills and procedures with urologic supervision:
 - a. Foley catheter placement
 - b. Complete and thorough urologic physical exam of males.
 - c. First assist in urologic surgery.
 - d. Sterile placement of established suprapubic catheter.
 - e. Medical management of urogenital infections (STD's, urethritis, epididymitis, orchitis, prostatitis, cystitis, pyelonephritis).
 - f. Medical management of BPH/obstructive uropathy.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive urologic healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.

4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Walk-In Clinic Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Discuss, evaluate, and manage common medical illnesses that present to Walk-In clinics.
2. Recognize the limitations of a Walk-In facility and demonstrate the ability to transfer care to the appropriate venue.

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Develop the organizational skills necessary to see a wide variety of patients in a busy Walk-In clinic.
6. Participate in Walk-In clinic under the supervision of the preceptor for at least 40 hours per week.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Women's Health Goals and Objectives

Medical Knowledge

The resident should be able to:

1. Gain competency in the evaluation, diagnosis, and management of the following scenarios:
 - a. Normal gynecologic exam including Pap smear
 - b. Abnormal uterine bleeding
 - c. STD's and gynecologic infections: PID, UTI, HIV
 - d. Endometriosis
 - e. Family Planning
 - f. Contraception: oral, IUD, Depo-Provera
 - g. Work-up of infertility
 - h. Osteoporosis
 - i. Gynecological cancer/screening
 - j. Dysmenorrhea
 - k. Normal and abnormal breast exam
 - l. Perimenopause/menopause

Patient Care

The resident should be able to:

1. Give oral and written presentations to attendings in an organized, concise, accurate manner that include differential diagnoses and management plans.
2. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
4. Use laboratory tests appropriately in delivering patient care.
5. Demonstrate competency in the following skills:
 - a. Pap smear
 - b. Colposcopy
 - c. Microscopic exam of both urine and vaginal fluid analysis
 - d. Breast exams
6. Keep a log of all patients seen. That includes reason for the visit, the topic covered with the attending (example: vaginal discharge/topic: STDs), and any procedures performed.

Interpersonal Communication Skills

The resident should be able to:

1. Effectively communicate with attendings and other healthcare members as a team in coordinating comprehensive healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.

Systems-based Practice

The resident should be able to:

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice-based Learning and Improvement

The resident should be able to:

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to:

1. Present themselves professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.

2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.

Resident

Faculty

Date

Wound Care Objectives

- 1) State the common etiologies of different types of wounds: vascular, neuropathic/pressure, infection, embolic, cancerous.
- 2) Describe the characteristics of each type of wound.
- 3) Describe the principles of wound healing: adequate blood supply, moisture, protection.
- 4) List at least two different agents to dry wet wounds.
- 5) Describe the role of debridement (chemical and mechanical) in wound management.
- 6) Be able to:
 - a. Effectively communicate with attendings and other healthcare members as a team in coordinating healthcare.
 - b. Complete oral and written presentations to attendings and do so in an organized, concise, accurate manner including differential diagnosis and management plan.
 - c. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic, and cultural issues of care.
 - d. Present self professionally in regards to dress, punctuality, and interactions with patients, families, and all medical care providers.
 - e. Demonstrate principles of patient autonomy, confidentiality, and informed consent.
 - f. Develop and demonstrate ability to work in an organized, efficient manner in assessing and triaging patients according to urgency.
 - g. Use and interpret lab, x-ray, EKG, and rhythm strips appropriately in patient care.

Resident

Faculty