

## **Achievement of ACGME Core Competencies by Level of Training: PGY-2**

### **PATIENT CARE (PC)**

Patient care is the cornerstone of a resident's education and professional commitment. Patient care involves such skill sets as appropriate data collection, appropriate physical exam skills, effective patient communication and patient education, organization and efficiency skill sets, procedural skill sets and the assimilation of the collected data to form a comprehensive assessment and plan. These skill sets help one deliver care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

#### *PGY II expectations*

- Demonstrate an ability to gather a complete and accurate patient history in a precise and time efficient manner
- Demonstrate an ability to perform a complete and accurate physical exam and an ability to teach the appropriate skills to peers and medical students
- Demonstrate an ability to synthesize the collected data and develop an extensive differential diagnosis and a multi-layered management plan
- Demonstrate appropriate communication skills that allow for the effective collection of data and demonstrate the ability to educate patients and their families
- Demonstrate effective oral presentation skills which are precise, efficient and complete
- Demonstrate skills needed for effective transitions of care between patient care settings (e.g. transition from in- to outpatient, from out- to inpatient, from one inpatient service to another, and from inpatient to other care facilities).
- Demonstrate appropriate communication to other physicians when acting in a role as a consultant
- Demonstrate the ability to perform essential medical procedures without supervision and the ability to supervise and teach peers and medical students
- Demonstrate an ability to use the Electronic Medical Record in a precise and time efficient manner
- Demonstrate an ability to use and access appropriate information resources that aid in patient care

#### *Educational Venues*

- a. Inpatient, outpatient, ER, MAO and consult rotations: work and teaching rounds
- b. Elective rotation opportunities: community-based organizations, geriatric home visits, discharge clinic, Rodham Institute
- c. Central venous line workshop (simulation) in PGY 1 year
- d. Academic Half Day / Resident and Intern Reports / Noon Conferences / Journal Club
- e. Standardized patients (Physical exam and patient communication during academic half day)
- f. Observed Mini-CEX and observed procedures

- g. Quality Improvement and High Value Care curriculum

#### *Assessment Methods*

- a. MedHub evaluation and verbal feedback
- b. 360 degree evaluations
- c. Procedure Log
- d. Mini-CEX
- e. Documented ACLS certification

### **MEDICAL KNOWLEDGE (MK)**

An appropriate medical knowledge base is an essential component in the appropriate care of patients. An adequate knowledge base is essential for a physician to be an effective communicator and teacher. A resident must demonstrate knowledge about both established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) science and the application of this knowledge to patient care.

#### *PGY-II expectations*

- Demonstrate an intermediate level of knowledge that allows the resident to
  - act as a ward supervisor and effective medical consultant with emerging skills towards the delivery of independent care.;
  - deliver outpatient care under indirect supervision with emerging skills towards the delivery of independent care.

#### *Educational Venues*

- a. Inpatient, outpatient, ER, MAO, and consult rotations: work and teaching rounds
- b. Academic Half Day / Resident and Intern Reports / Noon Conferences / Board review sessions / Journal Club
- c. Subspecialty conferences
- d. Medical Grand Rounds
- e. PGY-III Board Review Course
- f. Independent Learning
- g. Hopkins Modules

#### *Assessment Methods*

- a. MedHub evaluation and verbal feedback

- b. ABIM In-training exam (ITE)
- c. Assignments during select rotations

## **PRACTICE BASED LEARNING AND IMPROVEMENT (PBLI)**

PBLI involves learning skills that allow for lifelong learning, effective patient care and continued personal development. must be able to investigate and evaluate their patient care practice, to appraise and assimilate scientific evidence and to develop practical plans that will improve their overall patient care. Primary areas involved include the principles and practices of Evidence Based Medicine, the area of Information Technology and the areas of Quality Improvement and Quality Assurance.

### *PGY II expectations*

- Demonstrate an ability to locate, review and assimilate the medical evidence from literature in relation to patient care and practice management.
- Demonstrate knowledge of study designs and statistical methods in the appraisal of clinical studies and other medical literature and to provide a critique of the medical literature based on this knowledge.
- Demonstrate an ability to effectively teach peers and medical students.
- Demonstrate an ability to review one's own patient derived data to analyzed personal practice and develop a plan to improve care of one's own patients
  
- *PGY II:* effectively lead a Morbidity & Mortality Report or a Clinical Pathologic Correlation Conference; effectively design and perform a quality improvement project

### *Educational Venues*

- a. Journal Club
- b. Annual off-site workshops – leadership issues
- c. Residents as young educators (RAYES) curriculum in Academic Half Day
- d. Quality Improvement and High Value Care Curriculum, including designing, implementing, and studying one's own quality improvement project

### *Assessment Methods*

- a. MedHub evaluation and verbal feedback
- b. 360 degree evaluations
- c. Completion of scholarly activity requirement by PGY-III year
- d. Patient education CEX

## **INTERPERSONAL AND COMMUNICATION SKILLS (IC)**

The development of effective IC skills is one of the factors that separate a good physician from a great one. IC are involved in all aspects of patient care on a daily basis. Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

#### *PGY II expectations*

- Demonstrate an ability to maintain therapeutically and ethically sound relationships with patients
- Demonstrate an ability to provide effective communication skills in traditionally “difficult” situations with include, but are not limited to, giving bad news, the “difficult” patient, and end-of-life issues
- Demonstrate an ability to give an effective educational oral presentation.
- Demonstrate an ability to effectively teach peers and medical students
- Demonstrate an ability to provide appropriate, effective and constructive feedback to junior peers
- Demonstrate an ability to effectively communicate as a consultant to other care teams

#### *Educational Venues*

- a. Inpatient, outpatient, ER, MAO, and consult rotations
- b. Communication skills sessions with standardized patients in Academic Half Day

#### *Assessment Methods*

- a. MedHub evaluation and verbal feedback
- b. 360 degree evaluations
- c. Mini-CEX
- e. Oral Presentation feedback

## **PROFESSIONALISM**

Professionalism involves the ability to act in a professional and ethical manner that allows for the continued respect of your patients and society toward the profession of medicine. Residents must demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

#### *PGY II expectations*

- Demonstrate a commitment to professional competence
- Demonstrate a commitment to honesty with patients and members of the healthcare team
- Demonstrate a commitment to patient confidentiality
- Demonstrate a commitment to maintaining appropriate relations with patients

- Demonstrate a commitment to scientific knowledge
- Demonstrate a commitment to professional responsibilities
- Develop an understanding of the principles of improving quality of care
- Develop an understanding of the principle of improving access to care
- Develop an understanding of the principle of a just distribution of finite resources
- Develop an understanding of the principle of maintaining trust by managing conflicts of interest

### *Educational Venues*

- a. Inpatient, outpatient, ER MAO, and consult rotations
- b. GME Core Lecture series
- c. Academic Half Day / Resident and Intern Report / Noon Conferences
- d. Annual off-site workshops

### *Assessment Methods*

- a. MedHub evaluation and verbal feedback
- b. 360 degree evaluations
- c. Mini-CEX

## **SYSTEM BASED PRACTICE (SBP)**

SBP skill sets allow physicians to better understand their role in the complex healthcare system. A SBP skill set will allow a resident to understand system complexities, to work well within the system, to advocate for and lead system improvements and to assist patients understanding of these complex relationships. Therefore, a resident must demonstrate an awareness of and responsiveness to the larger context and system of health care and effectively call on system resources to provide optimal care.

### *PGY II expectations*

- Demonstrate an ability to work as a leader and supervisor within a complex healthcare system that allows for effective and efficient patient care. A PGY-III resident should demonstrate an ability to work independently in such a system.
- Develop an understanding of the sources of financing for the U.S. health care system including, but not limited, to Medicare, Medicaid and employer-based private health plans.
- Develop an understanding of the regulatory environment (including, but not limited, to state licensing bodies, state and local public health rules and regulations, JACHO) in which physicians and hospitals practice.
- Demonstrate an ability to provide high-value health care
- Demonstrate an ability to act as patient advocate and be able to assist patients manage the

complexities of the U.S. healthcare system. A PGY-III resident should demonstrate an ability to act independently in these regards.

*Educational Venues*

- a. Academic Half Days / Noon Conferences / Morning and Intern Reports
- b. Quality Improvement and High Value Care Curriculum, including designing, implementing, and studying one's own quality improvement project
- c. Optional opportunities to participate in GME and hospital committees

*Assessment Methods*

- a. MedHub evaluation and verbal feedback
- b. 360 degree evaluations
- c. Mini-CEX
- d. Review of quality improvement project, observation as instructor on a topic in QI/HVC course