I. **Introduction**

The focus of this residency program is to train excellent primary care internists while providing excellent preparation for those planning to go to subspecialty training. The St. Vincent/Saint Luke’s Internal Medicine residency understands the internist of the 21st century to be the initial contact person for adults seeking health care, either hoping to prevent the preventable or to discover and treat the existent health problem or simply seeking reassurance that their current life style and state of health is as good as it can be.

The 21st century internist must organize medical care so that comprehensive and continuing care is readily accessible (including access to themselves) to evaluate and manage all aspects of the needed medical care. They must be prepared to act as the guide and advocate for their patients who will be among the sickest and most complex patients seeking health care. It is our endeavor to create an environment that promotes lifelong learning, professionalism and humanism.

The SV/SL IM residency has found the suggestions in the FCIM resource Guide to Curriculum Development exceedingly helpful in the revision of its curriculum. Our introduction includes objectives and descriptions of teaching methods that are common to all the training experiences offered in this program.

One will find in this curriculum, subsections dealing with the major subspecialties of internal medicine as this presents a convenient way to organize knowledge and skill content. For the same reason there will be sections on specific rotations which aim to achieve specific goals, e.g. teaching in depth about substance abuse, occupational medicine or teaching basic principles about a variety of topics useful to the primary care internist such as gynecology. An index to cross reference topics is in progress.

**Objectives** which apply to major medical subspecialties: The resident will be knowledgeable and skillful in the prevention, diagnosis and management of disorders of each of the major systems of the body (or subspecialties of IM):

- Cardiovascular
- Endocrine (including metabolic)
- Gastrointestinal
- Gender specific medical issues
- Geriatrics
- Hematologic (including oncologic)
- Infectious disease
- Neurologic
- Pulmonary
- Renal
- Musculoskeletal

The competencies regarding knowledge and clinical skills in each area are listed in table form by the clinical problems relevant to that subspecialty. This speaks to the mixture of diseases which the residents see during his/her training. Each subspecialty curriculum has a discussion of teaching methods and some suggested readings for the resident.
The so-called **integrative disciplines** are learned as the resident proceeds through each rotation. The salient features of Internal Medicine’s **Core Values** are taught in each rotation.

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Some rotations allow special emphasis on these core values:

- **Humanism**, professionalism and medical ethics are emphasized in two four week long seminars (Communication Skills) in each of the three years.
- Continuity of care, preventive medicine and the clinical method as it is applied in the ambulatory setting are taught in ambulatory rotations in the resident’s own continuity practice and in general internists’ offices.
- Non traditional areas such as legal medicine, medical informatics, management of medical practice, quality assurance and quality assessment are presented in didactic sessions and explored in each rotational setting as cases present these issues.

The **types of patients** cared for by the residents under the supervision of the faculty reflects all parts of our society: men and women; young, middle aged and old; rich, middle class and poor; Caucasians and people of color and of various religious groups. This reflects exposure to private office practice in the suburbs as well as central city. The "Bloodless Medicine and Surgery Program" provides an unusual opportunity to care for Jehovah Witnesses in a climate very sensitive to their religious beliefs. If a given subspecialty area is taught in a setting which does not provide this diversity, this is noted in the description of that subspecialty’s curriculum.

**Evaluation Methods**

**Rotations – Evaluation of residents during rotations**

Residents are provided verbal evaluations at the mid point of each of their rotations and verbal and written feedback at the conclusion of their rotations. The ABIM form is used for the written evaluation. These evaluations are based on the knowledge, skills and attitudes which are displayed by the resident during the rotation and observed by the evaluator. They usually are general (H&P performance on all rotations) as well as specialty specific (knee joint aspiration skill on rheumatology).

Some rotations choose to assess performance by special means such as test questions and/or mini-CEX examinations. These will be noted in their individual descriptions.

The use of a competency list is encouraged as an aid to setting expectations and checking to see if they are fulfilled.
Rotations – Evaluation of the learning opportunities provided by a rotation
Residents are strongly encouraged to take the “In Training Examination” yearly. This, with their performance on the ABIM certifying examination, gives the Program Director a gauge on the successfulness of the teaching by subspecialty. He shares this with those responsible for each subspecialty teaching area as well as the faculty as a whole.

Annual retreats for each resident group by their year are held each year. These retreats allow for confidential discussions among the residents as well as discussions with the faculty regarding all facets of the training program. An assessment of the curriculum is a regular part of this retreat. A written report is distributed to the participating residents for review and then distributed to the faculty. An annual verbal review of each faculty member is held by the Department Director or the Program Director. This together with the written evaluations submitted after the completion of each rotation is taken into account in teaching appointments for the following year.

Written evaluations of each rotation are returned to the Residency Office after the completion of each rotation. Verbal evaluations are encouraged either to the Program Director, key faculty or the teaching attending of the completed month.

To date this has been quite successful in maintaining the high quality of the program.