

University of Missouri-Kansas City School of Medicine  
Internal Medicine Residency Program

Rotation Information Form

Hospital: Children's Mercy Hospital

Rotation: Adolescent Medicine

Responsible physician(s): Steve Schuman, MD (coordinator)

UMKC Appointment: Yes

Other participating physicians: Daryl Lynch, MD, Laurie Hornberger, MD, MPH, Mary Parker, MD

Duration (1 months is recommended) This is a two week portion of Ambulatory B

Is one month possible: Yes

Is three months possible: No

Any months not offered: No

Maximum number of residents at one time: 1 Minimum: 0

Average number of inpatients: n/a

Average number of consults: n/a

Will any outpatient of office experience be included: Entire experience

List of conferences that the resident may attend: Noon Conference

Schedule for a typical day, including regular occurrences (other than conferences noted above) that may not occur on a daily basis, but occur during the week or month:

7:00 am	
8:00 am	Adolescent Conference
9:00 am	Clinic
10:00 am	Clinic
11:00 am	Clinic
12:00 noon	Noon Conference
1:00 pm	Clinic
2:00 pm	Clinic
3:00 pm	Clinic
4:00 pm	Clinic
5:00 pm	

Procedures the resident will perform: breast exams, pelvic exams, pap smears

Procedures the resident will assist: n/a

Procedures the resident will observe: n/a

Procedures the resident will NOT be permitted to perform: n/a

Will the resident have primary patient responsibility: Yes

Will the resident be permitted to perform the initial examination of the patient and initiate therapy: Yes

Additional Comments: This is an outpatient clinic in a community satellite of Children's Mercy Hospital. It is a component of the Ambulatory Medicine and also serves as a community health experience. The focus is on primary care services for the patients.

Approved: David Bamberger, MD

Title: Program Director Date:

Updated: April 2005

### **Introduction**

This curriculum description for the categorical Internal Medicine Residency Program at the University of Missouri Kansas City is formatted to incorporate the six newly defined areas of competency as described by the Accreditation Council for Graduate Medical Education (ACGME), incorporated under Principal Education Objectives below. The objectives are described for each of the six competencies: Patient Care, Medical Knowledge (including Clinical Competencies), Practice Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and System-Based Practice. The educational objectives are listed with the learning venues, methods for assessing residents' performance, and where applicable for knowledge areas, PGY designated for completion of the objective and a priority index. Priority 1 indicates relatively frequent and important conditions; Priority 2 indicates less frequent conditions than Priority 1, but equally important, and residents should at least see the patients in a group and participate in team discussions; and Priority 3 indicates even less frequent, or less important conditions than Priority 2 and residents can learn about this condition by reading or attending lectures.

The curriculum for the core rotations have been organized under the following sections:

- (A) Overview
- (B) Principal Teaching /Learning Activities
- (C) Principal Educational Objectives
- (D) Recommended Resources
- (E) Evaluation Methods

The curriculum will be reviewed at least on an annual basis.

## **CURRICULUM**

### **(A) Overview**

All PGY 2-3 residents will rotate for at least two weeks on the Adolescent Medicine service. The clinic provides Internal Medicine residents with an experience in primary care for adolescents/ young adults and their families. The patients are generally from 12-18 years of age. The patients are from low-income families in greater Kansas City and surrounding rural areas. The complex mix of medical and psychological issues are addressed. The resident will learn to affectively and sensitively interact with young people and their families while addressing their complex needs. The primary experience is at the Adolescent Clinic and the resident may also be exposed to other service sites such as the Jackson County juvenile detention center, school-based clinics, or substance abuse treatment centers. Conference and formal discussions on adolescent health topics are held each morning for rotating residents. An extensive collection of review articles on adolescent health care is made available to each resident during the rotation. The clinic is well stocked with journals and textbooks as reference materials for the residents.

### **(B) Principal Teaching/Learning Activities**

- **Didactic Session/Directed Reading (DS)** – case based discussions and reading augment the clinical experience.
- **Noon Conference (NC)** - Every weekday reviews of core topics in inpatient and ambulatory Internal Medicine will be given. Monthly attendance requirement is 70%.
- **Direct Patient Care (DPC)**
- **Mini CEX (CEX)** – Interns need to be observed and assessed for history taking and physical examination skills.

#### **Assessment Mechanisms**

- 1 **Attending Rounds (AR)** – direct discussions with attending physician
- 2 **Clinical Records (CR)** – review of written and dictated medical records with validation and amendment of essential information by attending
- 3 **Mini CEX (CEX)** – direct observation of entire clinical encounter with review and critique of all processes of encounter

### **(C) Principal Educational Objectives**

(1) **Patient Care:** Provide compassionate, appropriate and effective care for the treatment of disease and at the end of life.

<b><u>Learning Objective</u></b>	<b><u>Learning venue</u></b>	<b><u>How we assess it</u></b>	<b>Priority</b>	<b>PGY</b>
Obtain a thorough history	AR/DPC	AR/Mini CEX	1	1
Perform thorough physical examinations	AR/DS	AR/Mini CEX	1	2
Define and prioritize patients' medical problems	AR/ /DPC	AR/CR/Mini CEX	1	2
Generate and prioritize differential diagnoses	AR/ /DPC	AR/CR/Mini CEX	1	2
Develop rational, evidence based management plan	AR/ /DPC	AR/CR/Mini CEX	1	2
Apply adolescent developmental and psychological issues to practice	AR/ /DPC	AR/CR/Mini CEX	1	2

(2) **Medical Knowledge:** Demonstrate and apply basic and clinical science knowledge to critical thinking, problem solving, decision making and patient education.

<b><u>Learning Objective</u></b>	<b><u>Learning venue</u></b>	<b><u>How we assess it</u></b>
Effectively articulate medical knowledge in care of Adolescent medicine	AR /DPC	AR /CR
Access and critically evaluate current medical information and evidence relevant to patient care	AR	AR

### **Clinical Competencies**

<b><u>ADOLESCENT MEDICINE</u></b>	<b><u>Learning venue</u></b>	<b><u>How we assess it</u></b>	<b><u>Priority</u></b>	<b><u>PGY</u></b>
Acne	AR	AR/CR	2	2
Amenorrhea (primary and secondary)	AR/DS	AR/CR	1	2
Cigarette smoking	AR/DS	AR/CR	1	2
HIV	AR	AR/CR	1	2
Reckless behavior	AR/DS	AR/CR	2	2
Delinquency	AR/DS	AR/CR	2	2
Self-image issues	AR	AR/CR	2	2

Sexual activity (unprotected)	AR/DS	AR/CR	1	2
Contraception	AR/DS	AR/CR	2	2
Family disruption	AR/DS	AR/CR	2	2
Substance abuse	AR/DS	AR/CR	1	2
Behavioral management of chronic disease	AR	AR/CR	2	3
Abdominal pain	AR/DS	AR/CR	2	2
Crohn's disease	AR	AR/CR	3	3
Delayed development	AR	AR/CR	3	3
Depression	AR/DS	AR/CR	1	2
Domestic violence	AR/DS	AR/CR	1	1
Anorexia nervosa	AR/DS	AR/CR	1	2
Bulimia nervosa	AR/DS	AR/CR	1	2
Obesity	AR/DS	AR/CR	1	2
Insulin-dependent diabetes	AR	AR/CR	1	2
Learning disabilities	AR	AR/CR	2	3
Migraine headaches	AR/DS	AR/CR	2	1
Scoliosis	AR	AR/CR	3	3
Sexually transmitted diseases	AR/DS	AR/CR	1	2
Societal violence	AR	AR/CR	2	2
Sports injuries	AR	AR/CR	3	3
Hypertension				

**(3) Practice Based Learning and Improvement: Use scientific methods to evaluate and improve patient care.**

**Learning Objective**

**Identify gaps in knowledge or experience in the care of ambulatory patients.**

**Learning venue**

**AR**

**How we assess it**

**AR/MR**

**Demonstrate willingness to learn from errors and use errors to improve the processes of care.**

**AR/DPC**

**AR/MR**

**(4) Interpersonal and Communication Skills: Demonstrate the skills to maintain professional relationships with patients, families and other members of the healthcare team.**

<u>Learning Objective</u>	<u>Learning venue</u>	<u>How we assess it</u>
Effective communication with patients, families, all physician and non-physician colleagues.	AR/DPC	AR/mini-CEX
Effective teaching to colleagues	AR	AR
Clear, concise and timely verbal communication and medical records.	AR/DPC	AR/CR

**5) Professionalism: Commitment to continuous professional development, ethical practice and understanding of diversity.**

<u>Learning Objective</u>	<u>Learning venue</u>	<u>How we assess it</u>
Demonstrate respect and integrity in all professional relationships	AR/DPC	AR/CEX
Adhere to principles of confidentiality and informed consent.	AR/DPC	AR
Participate with the peer review process to include identification of deficiencies to appropriate persons	AR	AR

**(6) System-Based Practice: Understand the systems in which healthcare is provided to improve/optimize patient care.**

<u>Learning Objective</u>	<u>Learning venue</u>	<u>How we assess it</u>
Access and utilize appropriate resources to provide optimal, collaborative care.	AR/DPC	AR/CR
Recognize limitations and opportunities of different systems.	AR/DPC	AR
Apply evidence-based, cost effective strategies to prevention, diagnosis and disease management.	AR/DS	AR/CR

**(C) Recommended Resources**

**Textbook of Adolescent Medicine, McAnarney ER, Kreipe RE, et al Editors, WB Saunders Company**

**Comprehensive Adolescent Health Care, 2<sup>nd</sup> Edition. Friedman, SB, Fisher M, et al Editors, Yearbook, Inc. 1998**

**Adolescent Health Care, A Practical Guide, 4<sup>th</sup> Edition, Neinstein LS Editor, Williams and Wilkins, 2002.**

**Guidelines for Adolescent Preventative Services (GAPs). American Medical Association, Department of Adolescent Health. Located at [www.ama-assn.org/adolhlth/recommend/monogrfl.htm](http://www.ama-assn.org/adolhlth/recommend/monogrfl.htm)**

**(D) Evaluation Methods**

**Residents will receive a formal face-to-face and online evaluation by the attending at the end of each rotation. The specific evaluation criteria will center on the ability to perform comprehensive H&P's, incorporate specific adolescent development and psychosocial issues, and becoming an effective, compassionate communicator. Conscientiousness, reliability and interpersonal skills are also evaluated. Attending staff and residents alike are encouraged to provide and seek feedback at each rotation's mid point particularly to address any opportunities for improvement. Residents will also receive anonymous peer evaluations. All evaluations are available to the Program Director. If unfavorable evaluations are identified, the resident will be asked to meet with the Program Director or his/her designee. The resident is also asked to evaluate the rotation and the faculty for ongoing course improvement.**

**Each resident will meet with his/her counselor at least twice yearly.**

**Updated April 2005**