

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

Rotation Information Form

Hospital: Saint Luke's Hospital/ Truman Medical Center

Rotation: Ophthalmology

Responsible physician(s): Gray Woods, MD

UMKC Appointment: Yes

Other participating physicians: Residents and Staff of TMC Eye Clinic

Duration (2 months is recommended) 1 week of ambulatory care  
Is one month possible: No  
Is three months possible: No

Any months not offered: July

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

Average number of inpatients: 0

Average number of consults: 50/ month

Will any outpatient of office experience be included: 1100 outpatients per month

List of conferences that the resident may attend: Morning Report, Noon Conference, Grand Rounds, Ophthalmology Grand Rounds-  
3<sup>rd</sup> Wednesday of each month

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	Conference
8:15 am	Morning Report
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	Clinic

Procedures the resident will perform; External eye exam, Slit lamp exam, fundus exam under supervision of ophthalmology residents.

Procedures the resident will assist: Inpatient exams

Procedures the resident will observe: Ocular Surgery

Procedures the resident will NOT be permitted to perform: Surgical procedures

Will the resident have primary patient responsibility: No

Will the resident be permitted to perform the initial examination of the patient and initiate therapy: No

Additional Comments: The ambulatory experience is part of the ambulatory curriculum.

Approved: David Bamberger, MD

Title: Program Director

Date: April 23, 2005

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.

## OPHTHALMOLOGY CURRICULUM

### (A) Overview

All PGY 1-3 residents will rotate for at least one week on the Ophthalmology service. At the end of the rotation the resident will:

1. Have a general knowledge of ocular anatomy and physiology
2. Understand basic ophthalmic terminology and abbreviations
3. Have a basic working knowledge of commonly used ocular medications
4. Be able to perform a general eye examination at a level appropriate for an internist
5. Understand and recognize common ocular disease states including:
  - a. conjunctivitis
  - b. anterior uveitis
  - c. diabetic retinopathy
  - d. glaucoma
  - e. papilledema
  - f. strabismus
  - g. trauma-related problems
6. Understand the following principles:
  - a. Conditions an internist should be able to treat
  - b. Conditions requiring ophthalmologic referral
  - c. Conditions requiring emergency ophthalmologic referral

The educational goals will be accomplished through direct clinical experience and directed readings.

### (B) Principal Teaching/Learning Activities

- **Morning Report (MR)** - Every Monday through Thursday, all residents meet with Internal Medicine faculty members and the Chief Resident to discuss a case selected by the presenting PGY2 or PGY3 with focus on the development of a systematic differential diagnosis, current review of the disease process, diagnostic and treatment strategies. Monthly attendance requirement is 70%.
- **Attending Rounds (AR)** - Every day of the week the attending physician will meet with the team for work rounds and teaching rounds. Rounds should include demonstration and evaluation of physical examination techniques. Supervising residents will be required to give short focused presentations to the team on specific aspects of the patients' condition or care.
- **Didactic Session (DS)** –
- **Noon Conference (NC)** - Every weekday reviews of core topics in inpatient and ambulatory Internal Medicine will be given. Monthly attendance requirement is 70%.
- **Journal Club (JC)**- Monthly discussion and critical examination of selected articles in Internal Medicine.

- **Grand Rounds (GR)** - every Friday at St Luke's Hospital and Truman Medical Hospital.
- **Morbidity and Mortality Conference (M&M)** - monthly presentation of statistics with focused presentation of one disease process.
- **Direct Patient Care (DPC)**
- **Mini CEX (CEX)** – Interns need to be observed and assessed for history taking and physical examination skills.

**Assessment Mechanisms**

- **Attending Rounds (AR)** – direct discussions with attending physician
- **Morning Report (MR)** – review and discussion of presented case with formation of differential diagnosis and diagnostic plan
- **Clinical Records (CR)** – review of written and dictated medical records with validation and amendment of essential information by attending
- **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.**

<u>Learning Objective</u>	<u>Learning venue</u>	<u>How we assess it</u>	Priority	PGY
Obtain a thorough history	AR/DPC	AR/Mini CEX	1	1
Perform thorough physical examinations	AR/DS	AR/Mini CEX	1	3
Define and prioritize patients' medical problems	AR/MR/NC/DPC	AR/MR/CR/Mini CEX		
Generate and prioritize differential diagnoses	AR/MR/NC/DPC	AR/MR/CR/Mini CEX		
Develop rational, evidence based management plan	AR/MR/NC/DPC	AR/MR/CR/Mini CEX		
Implement plans/refer for essential procedures	AR/DPC	AR/Mini CEX		

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

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

**Clinical Competencies**

<b><u>Specific Rotation Title</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>
Blepharitis	AR	AR	1	2-3
Cataracts	AR/NC	AR	1	2-3
Chlamydial infection	AR	AR	2	2-3
Conjunctivitis	AR/NC	AR	1	2-3
Corneal abrasions	AR	AR	1	2-3
Corneal infections	AR/NC	AR	1	2-3
Detachment of retina or vitreous	AR	AR	1	2-3
Dry eye syndromes	AR/NC	AR	1	2-3
Foreign bodies, external and superficial	AR	AR	1	2-3
Glaucoma	AR/NC	AR	1	2-3
Herpes zoster ophthalmicus	AR	AR	2	2-3
Hordeolum, chalazion	AR	AR	1	2-3
Keratitis, corneal ulcer	AR	AR	1	2-3
Macular degeneration	AR/NC	AR	1	2-3
Optic atrophy	AR	AR	2	2-3
Optic neuritis	AR/NC	AR	1	2-3
Orbital or periorbital cellulitis	AR	AR	1	2-3
Pinguecula, pterygium	AR/DS	AR	1	2-3
Retinal artery or vein occlusion	AR/NC	AR	1	2-3
Scleritis, episcleritis	AR/NC	AR	1	2-3
Subconjunctival hemorrhage	AR	AR	1	2-3
Trauma (orbital fracture, hyphema)	AR	AR	1	2-3
Uveitis	AR/NC	AR	1	2-3

**(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 hospitalized 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/M&M/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/CEX
Effective teaching to colleagues	AR/MR/M&M	AR/MR
Clear, concise and timely verbal communication and medical records.	AR/MR/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/SR	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/MR/DPC/JC NC	AR/CR

**(C) Recommended Resources**

- General Ophthalmology by Vaughn and Asbury
- Videos: Techniques for the Basic Ocular Examination
- Management of Diabetic Retinopathy for the Primary Care Physician

**(D) Evaluation Methods**

**Residents will receive a formal face-to-face, and online evaluation by the attending at the end of each rotation. 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.**

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

**Updated: April 2005**