



Reading Hospital

TOWER HEALTH

Advancing Health. Transforming Lives.

Part IV

Department of Medicine

Transitional Year

Residency Program

Interns and Residents

2020 – 2021

TRANSITIONAL YEAR RESIDENTS'

Policies and Procedures Manual

TABLE OF CONTENTS

<i>Program Curriculum for the Transitional Year Resident</i>	3
Overview	3
Objectives	4
Means to Accomplish Goals and Objectives	4
Evaluation	5
<i>Program Policies</i>	8
Selection/Eligibility, Evaluation, Promotion, and Dismissal	8
Graded Responsibility	8
Supervision	8
Monitor Resident Well-Being	8
Clinical Hours	9
Moonlighting/Outside Professional Activities	10
Grievance and Due Process	10
Yearly Program Review	10

Program Curriculum for the Transitional Year Resident

Overview

The Transitional Year program offers one post-graduate year of training in preparation for either specialty training or for another reason where a physician desires to receive instruction and experience in the specific skills and knowledge sets which will yield a well-rounded internal medicine clinician.

In order to accomplish these goals, the program must assure core skills appropriate to all areas of practice, yet offer flexibility of training, allowing the resident to gain skills that will be of value in preparing for his or her future training program and career.

Fundamental clinical skills require the ability to obtain a complete history, perform a complete physical examination, define a patient's problems, develop a rational plan for diagnosis, and implement therapy based on the etiology, pathogenesis, and clinical manifestations of disease. Such skills are insufficient without the development and prioritization of the Ethics of Caring; that is, receptivity to patient need based upon compassion and concern for the individual patient, as well as responsibility to provide the best care possible for that individual. As outlined in the Accreditation Council on Graduate Medical Education (ACGME) Outcomes Project, competencies of compassionate, effective patient care; biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) medical knowledge; communication skills; and professionalism (commitment to basic ethical principles) reflect these characteristics. In addition, the competencies of practice-based learning and systems-based practice involve the process of continuous improvement of a physician's care by evidence-based analysis of his or her mode of practice and integration with the entire healthcare system.

In order to develop these competencies, the resident must have appropriate responsibility in the initial evaluation of patients with varied medical and surgical problems, and provide appropriately supervised diagnostic and management decisions. The supervising mentor should assist the resident in defining the key learning goals of each doctor/patient interaction, based upon the problem presented and the resident's current level of competency. The resident has the responsibility of regularly reviewing curriculum and medical knowledge databases to develop a better understanding of the key learning issues. Humanism and professionalism should be integral aspects of the day-to-day care of patients. The mentor and resident must have a close enough working relationship to allow honest formative feedback, and to allow the mentor to appreciate the level of responsibility appropriate for the resident based upon his or her current capabilities. Future career plans should also have an impact upon the emphasis for learning, but should not detract from the importance of developing the fundamental skills described above. For example, the resident who plans a career in Ophthalmology may have special learning needs in the area of ocular complications for diabetes, but that should not preclude a more complete understanding of the medical assessment and approach of the diabetic patient.

As stated in ACGME's Institutional Requirements, all residents shall receive training in ethical, socioeconomic, medical/legal, and cost-containment issues relevant to the practice of medicine. The resident should receive exposure to and apply quality improvement processes. **Our curriculum provides training in Wellness, Quality Initiatives, High Value Cost Conscious Care and Disparities of Care.**

ACGME requires that 24 weeks of the TY resident training year be devoted to a discipline that offers fundamental clinical skills, including emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics, or surgery. These requirements are satisfied with the required rotations (3HTS, ICU, ED, NF, AMB). Resident and Program Director reach consensus regarding appropriate rotations based upon perceived interests and needs of the resident, and this may be modified within reason through the year as new goals are defined. A curriculum for each rotation is available (My Evaluations Computer system), and the resident is responsible to review that curriculum as well as the current document. However, at the initial meeting with the attending physician, the rotation curriculum may be modified to meet particular learning goals of the resident (although not to compromise training in fundamental skills). Knowledge base, as well as humanistic and professional skills, are evaluated by the

attending through personal observation, review of patient records maintained by the resident, and Socratic questioning. In addition to daily formative feedback and mid-term review, summative feedback is provided by formal evaluation at the end of each rotation.

The TY resident participates in an OSCE session of ten cases at Jefferson University in the beginning of the year. Selected cases are reviewed with the mentor and feedback on communication is provided.

A concern for the new learner as well as for patient safety is illustrated by the survival series and first hybrid block with extra resident assistance, which are processes which provide the new resident with the knowledge and assistance to practice and learn in a supported environment in the beginning of the year. The TY resident actively participates in and offers presentations at mid-day conferences. These are regularly attended by the Program Director, who provides feedback to the resident. Procedural skills are monitored by attending physicians or upper-year residents who are credentialed to teach these procedures. A list of procedural competencies is maintained on the Hospital's intranet. Nurse surveys of resident performance are also obtained and reviewed with the resident.

The Program Director meets with the TY resident at least every 12 weeks to review performance, attendance at conferences, procedures performed, as well as personal and professional issues, and provides advice and direction for future development.

Objectives

Patient Care – Residents are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and at the end of life.

The TY resident will use verbal and non-verbal communication skills to express concern and respect for the patient.

The resident will show the ability to efficiently gather accurate information, appropriate for established physician/patient agenda, and effectively communicate and interact with the patient.

The TY resident will show the ability to create an appropriate differential diagnosis for the more common symptomatic complaints observed on each rotation and be familiar with initial treatment measures.

The TY resident will show the capacity to work well as a team member along with nursing, fellow residents, staff, and other ancillary medical personnel.

The TY resident will know the preventive health recommendations that relate to the patients for whom he/she provides care.

Medical Knowledge – Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others.

The TY resident will display knowledge of the basic pathophysiologic mechanisms underlying the disease states which he/she encounters.

The TY resident will display knowledge of the critical components of clinical history, physical examination, and laboratory investigation that discriminate among the more common diagnostic possibilities observed in each rotation.

The TY resident will show an understanding of some of the ways that the area of medicine/surgery being studied interfaces with his/her future career interest.

The TY resident will demonstrate the ability to transmit knowledge through effective communication of clinical information to a colleague and pass this learning to medical students.

Practice-Based Learning and Improvement – Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

The TY resident will show the ability to search the medical literature in order to understand best practice for groups of diseases encountered.

The TY resident will display to the Program Director his/her understanding of the importance of evaluating practice patterns for groups of patients, in addition to self-evaluation of individual patient care.

The TY resident will reveal competence in interpreting basic statistical analyses, including descriptive statistics and comparison of groups, as well as an understanding of basic clinical epidemiology, including sensitivity, predictive value, ROC curves, absolute and relative risk reduction, number needed to treat, odds ratios and relative risk, and likelihood ratios, as well as the ability to calculate post-test probabilities. The TY resident will understand the most common types of clinical studies, including case control, cohort, interventional, meta-analysis, and the potential biases that exist.

The TY resident will display a willingness to learn from and use errors to improve the systems of care.

Interpersonal and Communication Skills – Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare teams.

The TY resident will use communication skills known to optimize the doctor/patient relationship.

The TY resident will show the ability to interact in a positive, constructive way with colleagues and paramedical personnel.

The TY resident will show the ability to maintain comprehensive, timely, and legible medical records.

Professionalism – Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, profession, and society.

The TY resident will demonstrate respect, compassion, integrity, trustworthiness, and altruism in relationships with patients, families, and colleagues.

The TY resident will demonstrate a commitment to excellence.

The TY resident will demonstrate adherence to high ethical and moral standards. In particular, the resident will demonstrate an understanding of issues, including conflict of interest, revealing medical errors to patient and family, end-of-life decisions, spirituality in medicine, informed consent, and decisions to withhold treatment.

The TY resident will show sensitivity to cultural, age, gender, and disability issues.

Systems-Based Practice – Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided and the ability to apply this knowledge to improve and optimize health care.

The TY resident will show an understanding of how the area of medicine/surgery being studied might interface most efficiently and effectively with his/her future specialty area.

The TY resident will show an understanding of basic aspects of disability and medical assistance determination, utilization of case and disease management and social service support, and utilization of agencies, such as visiting nurses, office of aging, and office of vocational rehabilitation.

The TY resident will show an appreciation for the importance of physician advocacy to facilitate care of individual patients and groups of patients given our extremely complex medical system.

Means to Accomplish Goals and Objectives

Updated May 2020

The TY resident will participate in 13 4-week blocks throughout the year. The above objectives will be applied to the specific constellation of diseases and bio-psycho-social problems observed in each rotation and defined in the curriculum for that rotation. Further details are offered in the specific rotation curricula. The resident should review the program and individual rotation curricula, reflect upon learning needs, and discuss these with the teaching coordinator of each rotation on the first day of the rotation and throughout the rotation.

The TY resident will maintain a night call schedule during which time he/she will work with an upper-year medicine, family medicine, or obstetrics/gynecology resident as well as with students. This will offer opportunities to gain knowledge and skills regarding evaluation of acute medical problems, team learning, and effective communication and cooperation with patients, physicians, and other staff.

The TY resident will attend **at least 70 percent** of daily conferences, including Survival Series, from June through September, followed by the lecture schedule for the appropriate department. The Department of Medicine conferences serve as the core conference sessions for TY residents.

Procedures should be performed under direct supervision of a physician who has been credentialed or otherwise approved to supervise such functions. The resident will document performance of the procedures in the computer-based procedure documentation system.

The TY resident participates in an OSCE session of ten cases at Jefferson University. Selected cases are reviewed with the mentor and feedback on communication is provided.

The resident will participate in scholarly activity, including Chief's rounds and other activities mutually agreed upon with the Program Director.

The TY resident will meet at least quarterly with the Program Director/mentor to review status of the learning process and means to meet the competency requirements.

Residents will be asked to utilize an electronic portfolio to detail particular learning and educational experiences throughout their internship year. The resident portfolio is a collection of documents that captures aspects of learning that are otherwise difficult to assess, and residents will be asked to self-assess these attributes with assistance from their mentor. The chapters of the portfolio require residents to perform and update their own Curriculum Vitae, self-evaluate their performance on AM reports and chiefs rounds conferences, update their research and scholarly activity efforts, reflect on their rotation evaluations, evaluate their written documentation and mini-CEX feedback, and record their answers to evidence-based questions.

Residents will be expected to periodically take time to reflect and update the electronic portfolio. Residents will also add reflections to the portfolio during their Night Float block as a part of the curriculum. Residents will have their portfolios reviewed formally three times per year during mentoring sessions. A summative assessment will be performed in May. The resident will have ongoing access to their electronic portfolio after they move on to their next residency. All information that a resident feels is potentially sensitive may be protected by an electronic block. Practice-based learning and improvement will be assessed by this method.

All residents will participate in a year-long Quality Improvement project that they will be assigned to at the beginning of the year. Much of your clinical year will be integrated with your categorical colleagues, and this is similar in team makeup. Residents will participate in team meetings in lieu of noon lecture twice a month on Thursdays. Resident team leaders will be individually mentored by a staff member. Groups will learn the basics of performing quality improvement projects, identify areas for improvement in the institution, and institute a change process utilizing PDSA cycles and the Nolan Model for Process Improvement. Concepts of data collection, basic statistical analysis, and working as a team will be stressed. Groups will be expected to produce a plan for a PDSA cycle by mid-year, and a performance report by the end of the year. Top projects will be presented to the institution in a Grand Rounds setting. Both practice-based learning and improvement and systems-based practice skills will be addressed.

Evaluation

Summative and formative evaluations are components of each rotation. The attending will offer formative feedback on a regular basis. He/she will meet with the TY resident on the first day of rotation, mid-rotation, and at the end of the rotation, at which time a summative evaluation will be provided. A global assessment of resident function which includes patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice will be completed by the attending, and will become a permanent component of the resident's file. Lower ratings may not be viewed as a satisfactory completion of that rotation.

Performance of procedures that are important for basic competence and for future career plans will be supervised and recorded in the computer system. The Program Director will define competence to perform such procedures independently.

The TY resident will participate in an Observed Standardized Clinical Evaluation (OSCE) exercise in the fall in order to establish basic skills in communication, examination, and assessment. This will be used only in a formative fashion.

Resident history/physical and discharge summaries will be reviewed on a random basis, and feedback will be offered by the Program Director at quarterly meetings.

In the first quarter of the year, several inpatient history and physicals as well as discharge summaries are reviewed. Feedback on documentation and medical knowledge is provided at a mentor session.

During the ambulatory block, basic knowledge of biostatistics and clinical epidemiology is reviewed. The preceptor tests understanding orally and documents in the evaluation.

A nurse evaluation will be performed during the ICU rotation. This will not be part of the resident's record, but the resident will receive feedback from the Program Director.

A peer and care coordinator evaluation will be performed during each HTS rotation. This will not be a part of the resident's record, but the resident will receive feedback from the Program Director.

It is strongly advised that the TY resident forward information on activities, such as research projects, quality improvement activities, committee functions, community activities, etc., to the Program Director. This can be compiled as a portfolio of the resident's clinical experience.

Selection/Eligibility, Evaluation, Promotion, and Dismissal

Effective: July 2010, [Last Updated 2018](#)

The Policy for Selection/Eligibility of the Transitional Year (TY) resident conforms to the Institutional Policy described in Part I of the Resident Manual.

The Policy for Evaluation is stated in Part I of the Resident Manual, and the details are described in the TY Program Curriculum.

Graded Responsibility

Effective: July 2010, [Last Updated 2018](#)

The educational program should not compromise the quality of patient care. TY interns will be supervised by an attending physician, who is credentialed by the Hospital for the patient-care functions being provided. As stated in Part I of the Resident Manual (Resident Supervision and Work Environment), the attending physician is ultimately responsible for patient care. The job description for the TY intern corresponds to the intern job description provided by each training program (Family Medicine, Internal Medicine, Obstetrics/Gynecology) for a comparably trained intern. This information is available on RH's intranet.

Graded responsibility is key to optimizing the intern's learning experience. Skills of the TY intern may vary based upon previous training experience. It is therefore critical for the supervising physician to "diagnose the learner" in order to define the intern's capabilities and allow progressive growth throughout individual rotations and over the course of the training year.

Supervision

Effective: July 2010, [Last Updated 2018](#)

The TY resident must have an on-site supervisor available at all times, as defined in Part I of the Resident Manual. The ultimate responsibility for patient care rests with the attending physician. Along with the upper-year resident, the attending physician is responsible to assure that the type and amount of activity(ies) performed by the TY resident are commensurate with his or her capacity. The attending physician and Program Director will assure necessary back-up support. (See Department of Medicine Resident Manual on Resident Supervision.)

Monitor Resident Well-Being

Effective: July 2010, [Last Updated 2018](#)

Resident Stress

The environment for the TY resident is designed to support resident well being. The TY resident received details of the Resident Assistance Program during Orientation week, which encourages residents to seek support for all significant issues affecting well being. This information is also provided in Part I of the Resident Manual.

The Program Director meets with each TY resident at least quarterly. Monitoring of resident well being is a regular component of these sessions.

In addition, the Program Director and faculty interface with TY residents on a daily basis and regularly explore emotional status.

Residents on ICU receive a wellness lecture, and Wellness is part of the annual lecture series. Issues a wellness will be addressed frequently by discussions with their institutional mentor.

Resident Fatigue

The TY Program Director monitors resident activities to ensure that resident fatigue does not contribute to diminished learning or performance, or detract from patient safety.

In addition to daily informal evaluation by fellow residents and staff, the Program Director monitors for resident fatigue in the following manner:

- Program Director assures that all residents and attending staff are familiar with work-hour restrictions, and the Program Director regularly reviews work schedules to be assured that they realistically meet these requirements.
- The Program Director or mentor formally queries all residents about the impact of fatigue on performance at least quarterly.

Clinical Hours

Effective: July 2011, [Last Updated 2018](#)

The TY Residency Program Policy for Clinical Hours conforms to the Institutional Policy as described below:

Residents On-Call Schedule/Clinical Hours

Residents will not be scheduled for more than 80 clinical-hours per week, averaged over a four-week period.

One 24-hour period in seven will be free of patient care responsibilities, averaged over a four-week period.

Call frequency will be no more often than every third night, averaged over a four-week period.

There will be a 16-hour limit to continuous on-call duty.

A 10-hour minimum (12-hour for osteopathic interns) rest period will be provided between duty periods.

In addition, the Program Director will assure adequate back-up support when patient care responsibilities are difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care.

It is **Tower Health System's** responsibility to promote patient safety and education through clinical-hour assignments and faculty availability. The institution will assure compliance to meet these needs in the following ways:

- Program Directors, faculty, and residents will be educated to recognize the signs of fatigue and instructed in the effects of sleep loss and fatigue.
- Program Directors and faculty will monitor resident assignments for those in which work-hour responsibilities or level of intensity are likely to produce sufficient resident fatigue to affect patient care or learning.
- Program Directors will monitor moonlighting and other outside work-for-pay activities, which will be included in the work-hour calculations.

- The GME office will independently evaluate clinical hours. Resident Council members will be queried quarterly regarding rotations that may exceed the standards described above. Under the direction of the GME office, confidential time studies will be performed by residents on those services. Feedback will be provided to the Program Director, and follow-up actions will be requested.
- All residents will be required to sign an agreement supporting the Clinical Hours Policy.
- The DME will report semi-annually (June and December) to the GMEC on clinical-hour compliance.
- An annual report will be provided by the GMEC to the governing body on clinical-hour compliance.

Moonlighting/Outside Professional Activities

Effective: July 2010, [Last Updated 2018](#)

The duration of a TY program is one year. As stated in Part I of the Resident Manual, given the learning demands of the first year of graduate medical education, no intern will be allowed to participate in any moonlighting activity or outside work for pay.

Grievance and Due Process

Effective: July 2010, [Last Updated 2018](#)

The TY Residency Program Policy for Grievance and Due Process conforms to the institutional policy as stated in Part I of the Resident Manual.

Yearly Program Review

Effective: July 2010, [Last Updated 2018](#)

The yearly program review provides an opportunity to review the status of the program, define areas that need improvement, and establish an action plan for improvement. It serves as an important part of the continuous improvement process for medical education.

Attendees: [TY residents](#), TY Program Director, at least four key full-time and volunteer faculty

Time of review: [Late May, Early June](#)

Topics for Discussion [Include:](#)

- Internal review and RRC review citations; progress with outstanding issues;
- Curriculum, with focus on the evolving Competencies;
- Duty hours and other quality-of-life issues;
- Scholarly activity and involvement in QI education and implementation;
- Summary of resident evaluations of program, faculty, rotations;
- Outcome measures;
- Review of graduate summaries and evaluations of graduates by current Program Director;
- Summary of mentor sessions;

- Quality measures for resident, program, patients cared for by residents;
- Perceived strengths of the program;
- Perceived areas of need.

Process:

- The Program Director will provide a review of above information;
- Each member of the team will provide his or her perception of strengths and areas needing improvement;
- A summary document will be created, describing effectiveness in achieving goals and objectives and listing specific suggestions for program improvement;

The Program Director will present this yearly program review document to the **TY Program Evaluation Committee (TYPEC)** for discussion and approval. The document will include a specific action plan for program improvement. Follow-up will be planned through the **TYPEC**. Progress and ongoing issues will also be discussed at the next yearly Program Evaluation meeting.