

Curriculum Review for 2002 – 2003

Membership is composed of the:

Program Director
Curriculum Committee Chair
CME Coordinator

Staff physicians (5)
Chief Resident
Fellows (3)
R3 (2)
R2 (2)
R1 (2)

In sum, 15 members, listed by name and rank at the end of this document.

Committee Purpose:

- 1) To assist the Program Director and Department Chair in developing and maintaining a program that produces superior Internal Medicine physicians for the Navy.
- 2) To annually review and seek to improve both the departmental Policy & Procedures manual and the Departmental curricula.
- 3) To ensure the six ACGME competencies are incorporated wherever possible within the Program and to assist in the accreditation preparation needed for the periodic Residency Review Committee assessment.

Academic Year 2002 - 2003 goals:

1. To review new ACGME RRC and ABIM criteria for core competencies and to then re-design each subset of the curriculum to ensure that it both meets the newly established criteria and ensures Internal Medicine attains four further years accreditation at the next Residency Review Committee evaluation.
2. To review the military-unique GME curriculum for Medicine in preparation for war.

Curricular materials to be reviewed:

2000 (old) Policies and Procedures Manual (to be updated):

- A. Overview – Table of Contents
 1. General Description
 2. Duration of training
 3. Required rotations
- B. Board Certifications
- C. Position Descriptions
 1. Program Director

2. Associate Program Director
 3. Chief of Residents
 4. Curriculum Committee
- D. Resident Advancement
1. Progressive responsibility
- E. Emergency and Life Support Certifications
- F. Supervision of Residents
1. Chain of responsibility
 2. Writing orders
- G. Rounds
- H. Working Conditions
1. Work hours
 2. Patient Load
 3. Days Off
- I. Leave
1. Annual Leave
 2. Emergency Leave
 3. Maternity Leave
- J. Child Care
- K. Call Conditions
1. Team Rooms
 2. Call Rooms
 3. Meals on Call
- L. Evaluations, Feedback, and Counseling
1. Semi-Annual
 2. On Rotations
 3. By Trainees of staff, rotation and of the program
- M. Procedures
1. Required
 2. Available procedures
 3. Supervision and public display
- N. Knowledge Assessment
1. CEX
 2. In-service Examination
 3. Chart Auditing
- O. Conferences
- P. Orientation and Annual Update
- Q. Autopsies
- R. Individual Responsibility
- S. Following patients as inpatients

T. Underserved Populations

2003 Policies and Procedures Manual (Arial, 10-point type)

1. Overview
2. ACLS-ATLS
3. Autopsies
4. Boards
5. Call
6. Childcare
7. Conferences
8. Evaluations
9. Inpatients
10. Knowledge
11. Leave
12. M&M
13. Night Float
14. Orientation
15. Positions
16. Procedures
17. Resident Advancement
18. Responsibility
19. Rounds
20. Supervision
21. Underserved
22. Working Conditions

Core Curriculum (Arial, 10-point type)

Core curriculum template for each rotation must describe:

1. Goals and objectives grouped as ACGME Competencies (below)
2. Educational purpose
3. Clinical experience
4. Level of faculty supervision
5. Integration of health issues (medical, cultural, ethical, more...)
6. Teaching rounds and conferences incorporated
7. Range of clinical problems in various stages
8. Opportunities for interaction with other health-care team members

Sequence for each curriculum topic should generally follow (see template document):

1. Overview paragraph
2. Goals: "It is expected that each resident on VVV rotation will acquire..."
 - a. The knowledge to...
 - b. The skills to...
 - c. The ability to...
 - d. The attitude to...
3. Objectives:
 - a. general
 - i. To participate in patient care so that...
 - ii. To develop an understanding of...
 - iii. To enhance an ability to ...
 - b. Specific
 - i. Perform x procedure
 - ii. Understand the etiology, pathophysiology, natural history, clinical presentation, diagnosis, and management of at least the following conditions...
4. Procedures expected
5. Teaching methods
6. Patient and disease mix
7. Evaluation method
8. Reading list
9. Information sites

ACGME Competencies:

1. Patient Care
2. Medical Knowledge
3. Practice-based Learning
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice

Clinical Rotation topics:

1. Accountability of Physicians
2. Adolescent Medicine
3. Community and Collegial Service
4. Consult Service - Inpatient
5. Continuity Clinic
6. Dermatology
7. Emergency Medicine
8. End-of-Life Care
9. ENT
10. Ethics, professional and clinical
11. Gender-specific care (Gyn, OB, Urology, Mammography...)
12. Geriatrics
13. Humanistic Qualities
14. ICU-CCU
15. Inpatient Wards

16. Interpretations (ECG, CXR, Lab, Micro, Spirometry...)
17. Law and Public Policy
18. Managed Care Principles
19. Medical Informatics, including EBM
20. Neurology
21. Ophthalmology
22. Orthopedics
23. Pain Management
24. Physician Impairment
25. Preventive Medicine
26. Procedures
27. Psychiatry
28. QA-QI-RM Decision Consequences
29. Rehab Medicine
30. Scholarship
31. Sports Medicine and School Health
32. Substance Use Disorders
33. Violence

Subspecialty Curriculum

- a. Cardiology
- b. Endocrine
- c. Gastroenterology
- d. Hematology / Oncology
- e. Infectious Disease
- f. Nephrology
- g. Pulmonary
- h. Rheumatology

Membership of the Curriculum Committee

1. Membership for the academic year July 2002- June 2003:
 - CAPT Rich Keating Staff, Department Chair, Medicine
 - CAPT John Bestoso Staff, Residency Program Director
 - CDR Eric Rasmussen Staff, Chair, Curriculum Committee
 - LCDR Rich Mahon Staff, CME Coordinator
 - LCDR Tri Lac Staff, Asst Program Director
 - LCDR AI Shwayhat Chief Resident
 - LCDR Tom Capozza Fellow in Gastroenterology
 - LT Chris Haas Fellow in Cardiology

- LT Chris Stafford Fellow in Pulmonary-Critical Care
- LT Jarrod Holmes R3, prospective Chief Resident
- LT Jackie Eubany R3
- LT Darren Keller R2
- LT Tim Devine R2
- LT Brett Partridge Intern
- LT Peter Lombard Intern