

Morehouse School of Medicine

**Internal Medicine
Residency Program
Resident Handbook**

2019-2020

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Morehouse School of Medicine
Internal Medicine Residency Program
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Morehouse School of Medicine Internal Medicine Residency Program is committed to training excellent physicians with an expertise in community-based health delivery and advocacy, aimed at promoting lifelong health habits that decrease health disparities in poor, rural, racial, and economically disadvantaged populations.

Morehouse School of Medicine seeks to provide students with disabilities equal opportunities and equal access to academic programs, services, and activities. If you have a disability for which you wish to request academic adjustments/accommodations, please contact the Office of Disability Services at the beginning of each semester (or as soon as practicable). The Office of Disability Services is located in NCPC, Room 408. You may contact the office at (404) 756-5200 or via e-mail at ODS@msm.edu.

Message from the Program Director

The Morehouse School of Medicine Internal Medicine Residency Program is a dynamic, evolving program that seeks to maximize the educational experience of our residents, while providing patient-centered, culturally competent care to our patients.

Our program is constantly being evaluated, restructured, and expanded. Experiences extend from the hospital to community based ambulatory sites. Our curriculum also offers exposure to the operating tenets of cultural competency, ethics in medicine, patient safety and quality initiatives, end of life care, and high value care.

We are always faithful to the mission of Morehouse School of Medicine, to producing caring, competent physicians. We produce physicians who recognize health care disparities within the health care system and seek to eliminate them through quality patient care, continued quality improvement, advocacy and research.

Additionally, we seek to train physicians in the specialty of Internal Medicine who will serve our nation in those areas where access to quality health care is most needed--serving the underserved. We provide training in diverse inpatient and outpatient settings. We provide supervision and nurturing at the highest level ensuring that our residents are prepared to face all aspects of medicine in the 21st century.

At MSM we are on a mission as we seek to lead the creation and advancement of health equity.

Dr. Ivonye signature
Chinedu Ivonye, MD
Residency Program Director

PROGRAM AIMS

The Morehouse School of Medicine Internal Medicine Residency Program is designed to develop clinical expertise while emphasizing a humanistic approach to patient care. The clinical experiences are intended to ensure that residents receive exposure to a wide array of medical disorders. Opportunities for interdisciplinary teamwork are provided and caseloads and work schedules have been designed to fulfill the letter and intent of the ACGME program requirements for Internal Medicine. The emphasis of our program is on supervised learning with progressive responsibility, and professional skill development.

The Internal Medicine Residency Program provides the major clinical components of graduate and postgraduate medical education at Morehouse School of Medicine.

Program aims are:

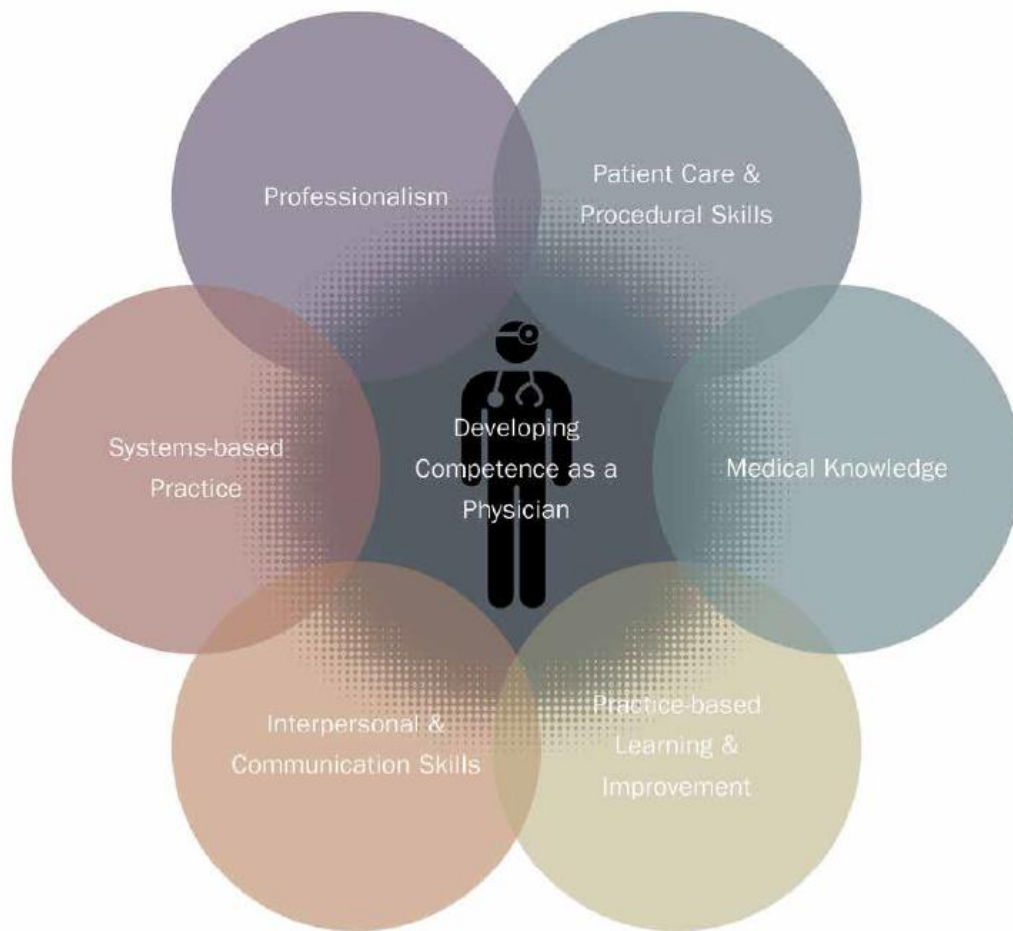
1. To develop culturally competent physicians with the medical knowledge, clinical and communication skills, and professional presence that allows them to provide safe, effective medical care to a diverse patient population, with focus on the underserved and vulnerable populations;
2. To train residents who will become local, state, and national leaders in the areas of health promotion, advocacy, and healthcare management; and
3. To train physicians who practice patient-centered, compassionate care with skills that easily transfer to the inpatient (hospital) and outpatient (primary care) settings regionally, nationally, and internationally.

PROGRAM GOALS AND OBJECTIVES

The primary goals of the program are:

1. To prepare a medical school graduate to practice the discipline of internal medicine in both inpatient and outpatient settings by meeting the specific requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) Training Essentials and Standards.
2. To expose the resident to various sub-specialties within the field of internal medicine.
3. Promote development in and mastery of the six ACGME Competencies:
 - a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
 - b. **Medical Knowledge** of established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
 - c. **Practice-Based Learning and Improvement** that involves investigation and evaluation of trainee's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
 - d. **Interpersonal and Communication Skills** that result in effective information exchange while teaming with patients, their families, and other health professionals.
 - e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- f. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.



4. To introduce the resident to the health needs of the general population and to specifically train them in the methods of providing quality care to match individual needs.
5. To train residents to address the specific needs of vulnerable populations and disadvantaged individuals as well as others who may not have ready access to medical care.
6. To train residents as teachers and life-long learners to assist with the training of other residents and medical students.
7. To promote safe, effective high-value care for all patients.
8. To expose residents to clinical research methods and provide meaningful research opportunities.

ADMINISTRATIVE STRUCTURE

The following sections describe the roles and responsibilities of the members of the Department of Medicine, Internal Medicine Residency administration:

Program Director

The program director provides the overall leadership, development, and implementation of the residency program. The program director ensures that the program is compliant with all Accreditation Council for Graduate Medical Education (ACGME) requirements for an Internal Medicine residency training program. The program director is responsible for resident progression and matriculation from the program. The program director tracks and reviews all resident evaluations, patient logs, and duty hours to ensure overall resident and program compliance.

Other responsibilities of the program director include:

- Overseeing all aspects of the residency program and resident education
- Creating and maintaining affiliation agreements and alliances with necessary educational and clinical entities, hospitals, clinics, and individual physicians to provide the highest quality training opportunities in the field of internal medicine
- Updating and modifying educational goals and curricula
- Overseeing and approving topics for lectures and instruction as deemed fit by the program and the emerging guidelines of the Residency Review Committee (RRC) and the American Board of Internal Medicine and American College of Physicians
- Directly supervising the program manager and core internal medicine faculty and staff involved with the residency program administration
- Working closely with the department's chairperson and other officials at MSM to ensure that the program reflects the mission of the institution as well as the department
- Overseeing the resident selection and promotion process

Associate Program Director

The associate program director is responsible to:

- Support the program director and program manager with administrative duties within the Internal Medicine Residency program.
- Review program policies.
- Review rotation and didactic goals and objectives.
- Assist with six (6) month resident performance reviews.
- Assist the chief resident with developing the Wednesday Academic Educational schedule, inclusive of morning report, Journal Club, and Grand Rounds.
- Encourage, monitor, and assist residents to identify and participate in appropriate scholarly activities.
- Attend Program Evaluation Committee meetings each month.
- Assist the program director with recruitment and actively participate in the interview process of applicants to the residency program.

Chief Residents

Chief residents set the tone for the entire year, and in so doing are important contributors to the overall educational experience. In addition to providing direct patient care, they serve as teachers, counselors, confidantes, leaders, and friends. They are a valuable link between the residency program administration and residents. Chief residents act as "chief advocates" for residents in the program.

The Chief Medical Residents reports to the Residency Program Director and have three main roles: administration, education, and clinical care. The roles and responsibilities are outlined in the Chief Medical Resident Job Description.

A brief description of chief resident responsibilities are:

- Serve as a liaison between the residents, faculty, administrative staff, and other clinical and support personnel
- Organize and plan Morning Report, Journal Club, Jeopardy, and PS/QI Conferences
- Assist with preparation of monthly call, ambulatory, and master schedules in consult with PD, PM and ambulatory faculty
- Coordinate vacation, educational, examination, and other leave for each resident along with program manager
- Monitor resident completion of medical records along with the program director
- Attend CCC meetings
- Provide some assigned clinical care in either inpatient or outpatient setting
- Other responsibilities assigned by Program Director

Program Manager

The program manager manages the daily operational activities of the residency program and interacts with different personnel at various affiliated institutions as needed. The program manager ensures that residents complete all required paperwork, including obtaining evaluations. The program manager also ensures that resident master files, evaluations, immunization certificates, visa documents and United States Medical Licensing Examination (USMLE) scores are kept up to date.

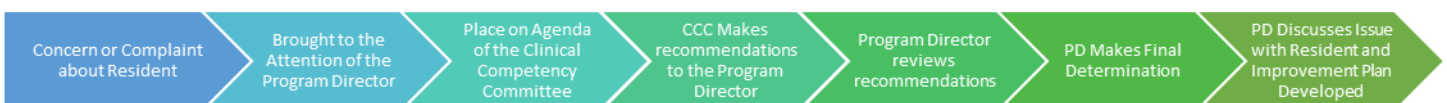
The program manager is responsible for completing and filing all required paperwork and communications from internal and external entities (e.g., MSM Graduate Medical Education [GME] office, American Board of Internal Medicine and American College of Physicians). The program manager coordinates resident recruitment activities in conjunction with the program director.

Program Assistant

The program assistant provides administrative support to the program director, associate program director, and residency program manager. The residency program assistant provides professional and prompt completion of data entry, expense requests, travel support, program documentation, and meeting logistics.

Clinical Competency Committee

The residency program has several advisory committees that work throughout the academic year. The main committee for resident competency oversight is the Clinical Competency Committee (CCC). The CCC monitors and ensures that all residents are performing at a satisfactory level. Members of the committee include the program and associate program directors, selected faculty members, and chief residents.



Resident Faculty Advisor

At the beginning of each academic year, MSM Internal Medicine Faculty are selected to serve as faculty advisors for incoming interns. Faculty members serve as an advisor/coach for a selected intern/resident for the entire three-years of their residency. Faculty advisors serve as role models, teachers, resource persons, and coaches. Although the role of advisor is multifaceted, and the day-to-day responsibilities vary depending on the intern/resident, an outline of the basic roles and responsibilities of the faculty advisor are listed below.

Faculty Advisors are expected to:

- Be dedicated and enthusiastic about resident education and challenge and encourage residents to be exemplary in their profession.
- Serve as role models for patient interactions and encourage positive interactions and problem solving skills.
- Advise the resident on timely fulfillment of requirements (scholarly activity, Step III, applying for a GA license, etc.), improving study habits, and issues related to professionalism.
- Be actively involved in ensuring that residents are preparing themselves for life beyond residency to include guidance in the process of applying for fellowships and exploration of other professional pursuits (private practice, academic medicine, etc.).
- Be a liaison between the individual resident and the program administration.
- Be someone with whom the resident can discuss confidential issues.

By assisting residents in identifying their strengths and weaknesses, faculty advisors can help to ensure that residents make informed long-term decisions regarding their area of practice based on their personal abilities and desires.

Educational Coordinators/Course Directors

The goals of the Educational Coordinators / Course Directors are:

- To ensure there is a standardized orientation for residents on the first day of rotation and share expectations.
- To update rotation curriculum and review as necessary based on ABIM and ITE learning objectives.
- To ensure that the overall rotation provides a cohesive educational experience.
- To facilitate evaluation and feedback of all residents rotating through the clinical experience

GENERAL INFORMATION

A.I.R. and Code of Conduct

AIR - Accountability, Integrity and Responsibility. This is a component of our “Code of Conduct.”

We are a relatively large and growing program. A program like ours only "works" when there is a commitment to the patients, the program and your colleagues. Residents not fulfilling their assigned roles and duties including, but not limited to (see list below) will be subject to additional clinical responsibilities to include: additional NF coverage, additional back up, or weekend administrative time, including vacation weekends.

1. Regularly attending conferences with on time attendance
2. Arriving on time for clinic and other patient care responsibilities
3. Completing discharge summaries in a timely manner
4. Fulfilling back up duties
5. Completing assigned MR, PS/QI or other presentations

Chief residents are responsible for keeping track of the above and for assigning additional duties. The PD and your APD will be notified of continued issues in failing to meet patient care or educational obligations.

Certifications

Residents are required to be certified in Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) throughout their residency. Residents must apply for a National Provider Identifier number (NPI) and use this number for writing prescriptions.

Mailboxes

Resident mailboxes are located in the Residency Office. Please purge your box on a weekly basis. We strongly encourage you to change all mailing addresses to your home address. Changing your address ensures that you receive important mailings in a timely fashion.

Professional Organizations

The program provides support for annual resident membership in the American College of Physicians and Georgia Chapter of the ACP. We strongly recommend that each resident becomes an active member of the Georgia ACP and takes full advantage of the organization’s educational resources.

Counseling Services

The stress associated with residency programs is well recognized. MSM offers an Employee Assistance Program (EAP) through the insurance carrier Cigna. The EAP provides confidential assistance to all MSM employees and their families. Through the EAP, residents and their families can receive confidential, professional help.

If a resident is reported as one who appears to be persistently sleepy or fatigued while on duty, the program director and the resident’s faculty member mentor will counsel the resident individually to determine if there are medical, physical, or psychosocial factors affecting his or her performance. Residents may be directed to the Office of Disability Services based on findings, if needed.

To meet with Dr. Garrison, please contact Ms. Tyese Murphy at tmurphy@msm.edu or sgarrison@msm.edu. After hours appointments are available. Individual appointments regarding stress management, assessment and referrals for long term counseling, and study skills assistance.

Disputes with Personnel

In the event of interpersonal conflict that is not mutually and adequately resolved, the dispute should be brought to the attention of the attending faculty member. All parties involved will be assembled to resolve any disagreement. If the dispute cannot be resolved, the matter will be presented to the program director, who will then act as arbitrator.

Leave Information

Note: Please see New Innovations home page for a link to Leave Forms.

Administrative, Vacation, Holiday, Sick Leave, Post Call, and Availability

Residents are expected to perform their duties as resident physicians for a minimum of 11 months each calendar training year. Absences from the training program for vacation, illnesses, or personal business must not exceed a combined total of four (4) weeks per academic year, or extra time will be extended onto the residency.

For successful completion of the program in time for board eligibility in July following graduation, the American Board of Internal Medicine does not permit more than 30 days of leave time per year. Leave time is any time away from the residency training program that is unrelated to educational purposes. Leave time more than 30 days is at the discretion of the program director with input from the CCC (Clinical Competency Committee). Absences from the residency program more than one (1) month within the academic year must be made up before the resident advances to the next level. In addition, time is added to extend the date of completion of the required 48 months of training.

Administrative/Educational Leave

The program provides a maximum of 10 days paid administrative leave for residents to attend educational conferences and two (2) days to take USMLE Step III. This time away is over the entire three years of residency training and is based on prior approval from the program director. It is preferred that leave for fellowship and job interviews for third year residents be scheduled on the resident's day off. Additional time off for interviews will be decided on a case by case basis. All leave must be approved by the program director.

Vacation Leave

PGY-1 vacations are scheduled in February when schedules are being created for the next academic year. PGY-2 and PGY-3 residents should request vacation time to the chief resident in January for upcoming academic year. If a resident has not submitted a vacation request by the suggested deadline, the chief resident will schedule the vacation for the resident.

Holidays

Approved MSM holidays do not apply to rotation holidays. The resident should check with their particular rotation to determine what days are considered holidays. For example, MSM celebrates Good Friday, but other practices may not. The rotation schedule supersedes any MSM holiday.

Sick Leave

Each resident is allowed a maximum of 15 paid sick days per academic year. This time can be taken for illness, injury, or medical appointments for the resident or for the care of an “immediate” family member. Sick leave can only be used for sick days. Please be prudent and use "sick days" only as needed. An example of prudence would be to use a “sick day” if you have an illness which precludes you from working either based on the severity of illness or high risk of transmission of illness with subsequent harm to patients or colleagues (influenza, etc.).

In the event a resident should call out sick, it is the resident’s responsibility to notify the following persons by 7 a.m.:

- Acting Chief Resident
- Residency Program Manager, Tiffany Donald
- Cc: Designated Associate Program Director

If you are out for more than 24 hours for sick leave, you are required to bring a note from a physician (other than yourself) and any other supporting documentation. While you are not required to "make up" sick time, if you miss an essential clinical experience (ECC shift, continuity clinic, etc.) you will be required to complete the essential clinical experience at another assigned time.

When these two leave categories are exhausted, any additional leave days are uncompensated (see GME Policy Handbook). You must complete the leave form for all sick days as soon as possible, either when physically better or on the first day back to work.

Leave of Absence (without pay)

Requests must be submitted in writing to the program director for disposition. The request shall identify the reason for the leave and the duration. Requests for a leave of absence without pay are approved only if the program director is reasonably sure that the resident’s position is expected to be available when the he or she returns. A leave of absence without pay, when approved shall not exceed six (6) months in duration. If the absence extends over six (6) months, the resident must re-apply to the residency program.

Other Leave (FMLA, Maternity, Paternity, etc.)

Other types of leave are explained in detail in the MSM Human Resources Employment Manuals. The resident is advised that to fulfill the “special requirements” of training and the specialty certification board, it may be necessary for a resident to spend additional time in training to make up for time lost while he or she used vacation, sick leave, other various types of emergency leave, or leave of absence without pay.

Adherence to Policies and Procedures

All residents must comply with the policies and procedures of the program, GME, MSM, and all affiliate hospitals and sites where rotations are provided. The electronic version of this manual can be found on the IM residency home site of New Innovations.

Update with Cell phone information

NOTE: Residents are expected to carry work cellphones at all times while on duty.

Dress Code

Residents are expected to abide by the MSM institutional guidelines on dress code and professional conduct. Residents shall present themselves in a professional manner at all times. A lab coat is required along with your identifiable name badge (MSM and hospital ID) while within the hospital.

- Men should wear slacks, or “khakis/chinos,” not jeans or jeans-style pants, with collared or mock-collared shirts. Ties are not required, unless it is required by the attending physician of record.
- Women should wear professional-looking attire. This may be a dress or jumper, skirt of knee length or longer, or dress slacks (not jeans), with a sweater or blouse. Shoes should be closed-toed dress shoes or clogs (Grady mandate). Clean tennis shoes are acceptable when on call.
- Scrubs should not be worn outside of the hospital. Hospital scrubs are permissible at appropriate times (post call, ED, or ICU) within the hospital.

The following clothing items are unacceptable:

- Flip-flops or sandals
- Jeans
- Suggestive, revealing, or tight-fitting clothing, mini-skirts or leggings worn as pants
- Camisole-type tops or other shirts that expose shoulders, bra straps, or midriffs
- Any clothing with inappropriate pictures or slogans
- Hoodies should not be worn in place of white coats

The following guidelines apply when you are on-call or post-call:

- Scrubs and comfortable shoes may be worn (sneakers are acceptable)
- Resident white coat
- Change out of scrubs before continuity clinic duty
- Personal grooming is expected **at all times** including post call

Paychecks

Paychecks are available biweekly (26 paychecks per calendar year).

Parking

Parking cards are issued during the Graduate Medical Education Orientation for personal parking at Grady Hospital. Residents must pay a \$10 deposit and the first month's fee of \$21. Subsequent months are paid through a payroll deduction. Free parking is available at other work sites (Atlanta VA Medical Center, Dekalb Medical Center, Fort McPherson and Stockbridge CBOC's) via a hospital ID badge.

Licensure and USMLE Policy

Residents are required to apply for a Georgia training permit upon entrance to the program. This is paid for by the institutional GME or residency department. Residents are required to take the U.S. Medical Licensing Examination (USMLE) Step 3 by the 18th month of training (middle of PGY-2 year) and pass USMLE Step 3 by the 24th month of training (end of PGY-2 year).

USMLE Policy

Residents must pass USMLE Step 3 by their 20th month of residency. Residents must present the official results of their USMLE Step 3 examination to the residency program director before the last working day of the resident's 20th month which, in a normal appointment cycle, is February. Residents who have not passed Step 3 by the end of the 20th month will not receive a reappointment letter to the residency program at the appropriate time. Residents who pass USMLE Step 3 between the 21st and 24th month, may receive a reappointment letter to the residency program at the time of receipt of the results, (if this is the sole reason for not receiving an appointment letter).

See GME USMLE Step 3 Requirement Policy at <http://www.msm.edu/Education/GME/index.php>.

Time Management and Administrative Responsibilities

In recent years, ACGME requirements have significantly changed, moving towards resident documentation of competencies and program verification of resident competencies. Duty hours have also become more restrictive to ease resident fatigue and optimize physical readiness of performing and learning.

Not only are residents and programs obligated to follow these rules, credentialing agents often request competency-based evaluations of former residents upon request. Consequently, it is very important that all administrative duties, logging of duty hours, patient/procedure logs and participation in learning opportunities are met and documented by the resident.

Residents are required to complete the following documentation, being excused only per the policy outlined in this manual in the corresponding section:

- Duty hours - logged daily
- Patient logs - logged as outlined
- **Educational conference attendance - 75%**

*Excused absences (e.g., sick, vacation, ER shifts, etc.) will not be counted against the resident.

Please be advised that Duty Hours do not include self-study activities.

It is strongly advised that residents set aside a minimum of 2-3 hours per weekday to complete administrative program requirements. The Apple iPad provided by the program can be used to facilitate all of these activities. Residents are expected to manage their time appropriately. If a resident feels overwhelmed, it is helpful to schedule a designated time during the week to complete the activities. Another tip would be to schedule the Microsoft Outlook calendar to send automated reminders and meet with advisors and fellow residents for suggestions.

Program Clinical Learning and Work Environment Logging Requirements

Duty hour logs are recorded **DAILY** into New Innovations by the residents.

There are seven (7) types of duty hours that should be entered into New Innovations:

- Shift/rotation - all scheduled activities (including lectures) associated with rotation
- Clinic - all scheduled activities (including lectures) associated with rotation
- Conferences/workshops/lectures - **Wednesday** educational lectures, Board review, noon conferences, and Grand Rounds only

- Back-up call-in - anytime a resident is called in for a shift as back-up
- Vacation Days
- Holidays/Off Days

Internal Medicine Residency Program Work Hours Overview

The following Residency Clinical and Educational Rules are taken directly from the Accreditation Council for Graduate Medical Education (ACGME) guidelines:

Clinical and Education Work Hours are defined as all clinical and academic activities related to the residency program, including patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- Clinical and Education Work Hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- Duty periods of PGY-1 residents:
 - Residents must have eight hours free of duty between scheduled duty periods.
- Duty periods of PGY-2 residents:
 - Residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

Note: PGY-2 and PGY-3 residents can continue care of patients for additional 4hrs if needed (transition time) but cannot assume the care of new patients.

Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site to accomplish these tasks; however, this period of time must be no longer than an additional four hours. This includes time used to pre-round as well.

It is the resident's responsibility to notify supervisors when he or she is approaching the 24 plus 4 maximum. PGY-2 residents and above should have 10 hours free of duty and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

PGY-3 Residents should have a minimum of 8 hours free of duty between scheduling periods.

Residents must be provided with one day free in seven from all educational and clinic responsibilities—averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative duties.

Clinical Learning and Work Environment Logging Requirements and Overview

Residents are to record duty hours daily in New Innovations. Duty hours are checked on a weekly basis by the program manager with violations being reviewed by the program director and appropriate follow-up will be documented.

Please see the Clinical and Education Work Hour Policy for specific guidelines, processes and procedures.

Away Electives

[Note: Please see New Innovations home page for a link to Away Elective Forms.](#)

The process for away electives for upper level residents generally begins in February of each academic year. With approval from the program director, **categorical residents in good standing** may do an away elective in one of the medicine subspecialties or a research-based elective during their second or third year. **Only one away elective is permitted.** Residents should complete an away elective rotation application and submit to the program director for approval. Upon approval, the resident should work with the residency program manager to process all required paperwork.

If an away elective is done with another institution in the Atlanta metro area, the resident will be required to attend their longitudinal continuity clinic during their away elective.

During the away elective MSM will continue to be responsible for paying the resident's salary and will provide malpractice insurance. Each away elective must have a designated point of contact (faculty member and staff member) to help facilitate evaluation of the resident.

[Please note: Electives done at the Atlanta VA are not considered Away Electives.](#)

Categorical Residents - With PD approval, residents will be allowed one away elective during the **2nd or 3rd year**. A resident can participate in either an away or research elective in the same academic year, but not both. A research elective at a site other than MSM may also count as an away elective. Similar to away electives, research electives must be approved in advance. Residents who are granted a research elective will be required to present their topic at GME's annual Resident Research Day.

Call Schedules

The call schedule is developed by the chief medical residents. It is distributed at least one week prior to the beginning of the new rotation. Any changes to the call schedule must be approved by the chief medical resident and program director.

CONFERENCES

Academic Half Day

Academic Half Day will start July 2018. As an alternative to noon conferences presented by busy residents on inpatient ward services with limited faculty input, the Academic Half Day is designed to be a concentrated block of protected academic time that occurs each Wednesday from 8:30am-1:00pm.

Boot Camp/Core Conferences

During July and August of each academic year, the Internal Medicine Core Curriculum and Boot Camp are presented each day by faculty from 12:00 pm to 1:00 pm at Grady Memorial Hospital in room 2B038. When there are separate Boot Camps for the interns and residents, intern Boot camp is held in the 2nd floor surgery conference room.

Noon Conference

Noon Conference is held every Wednesday from 12:00 pm to 12:55 pm at Grady Memorial Hospital in room 2B038, except Wednesday, when Grand Rounds is held at noon. The conference topics cover all medical subspecialties and general internal medicine. Generally, the talks are presented by an MSM faculty member or guest lecturer. Each senior resident presents a "Senior Talk".

Medicine Grand Rounds

Medicine Grand Rounds is held 3-4 Wednesdays per month from 12:00 noon to 1:00 pm in the Piedmont Hall Auditorium or Grady Trauma Auditorium. The presentation is given by an MSM faculty member or guest speaker. CME is offered for all faculty and lunch is generally provided.

Medical Ethics

On the first Thursday of each month at noon, Grady Ethics Grand Rounds is held either in the Grady Trauma Auditorium or the FOB building. IM residents are required to attend as long as there is no conflict with an MSM IM conference. This is a combined lecture to include both Emory and Morehouse residents, along with Grady Administration.

PS/QI conference (formerly M and M)

This conference is designed to analyze and review in some detail, the clinical features and process issues of a complex clinical illness where correlation with the clinical laboratory, radiology, and clinical pathology disciplines are included. All inpatient deaths are to be reported weekly to the chief medical resident.

PS/QI

The twin foundational pillars of Patient Safety and Quality Improvement inform everything the Morehouse School of Medicine Internal Medicine Residency Program does. We work collaboratively with our hospital partners to develop processes to ensure patient safety and promote continuous quality improvement.

PS/QI goals and objectives are:

- To prepare physicians to be stewards of safe, high quality, high value, patient centered care.
- To teach key principles of quality improvement and patient safety to all residents in the training program.
- To develop a culture of safety and quality that trainees will carry with them throughout their career.

Didactics/initiatives

- Patient Safety and Quality Improvement Conference (formerly Morbidity and Mortality conference):
 - This conference occurs 10 months/year. It is facilitated by a faculty member or chief resident. A resident will present a case, generally from the inpatient ward or ICU service then leads the group in discussion if the care was "safe, effective, patient-centered, timely, efficient and equitable." The conference attendees also discuss system issues that can be addressed to improve the quality of care and enhance patient safety. PS/QI conferences occur at Grady and VA hospitals.
- Quarterly PS/QI Grand Rounds-Co sponsored by GME:
 - This conference looks at many aspects of patient safety and quality improvement and focus on creating "a culture of safety." Residents, faculty, other health care professionals and hospital administration attend.
- IHI Open School Patient Safety and Quality modules:

- The Institute for Healthcare Improvement (IHI) is an independent, not-for-profit organization that helps lead the improvement of health care throughout the world. IHI works to accelerate improvement by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action.
- All Interns/Residents are required to complete assigned IHI modules twice each year and must complete them in order to be promoted to the next level of training.
- Diabetes Management Feedback Program (DMFP) at Grady Health System:
 - The DMFP supports diabetes-related performance feedback in the Grady Primary Care Clinics. Throughout the course of the year all MSM IM residents will receive regular feedback on their panel of diabetic patients with the aim of standardizing and improving care.
- Hospital-wide Initiatives and Conferences/Physician Meetings
 - Residents and faculty members are integrated into numerous hospital-wide PS/QI Initiatives and educated at least once each year on the hospital's patient safety goals.
- Intern Orientation
 - Introduction to PS/QI principles (GME and program-specific sessions)
 - "Hand-off" workshop

Residents and faculty members are encouraged to be actively involved in hospital and MSM committees that focus on patient safety and quality improvement. Faculty and administrative support are provided for residents who seek to study or implement PS/QI initiatives.

Journal Club

Journal Club is convened 9-10 times per academic year to review the content of an assigned journal article relevant to the practice of internal medicine. Residents are taught how to critically appraise and evaluate medical literature. The Journal Club is organized by an assigned faculty member.

EVALUATIONS

Resident Evaluations

Multisource evaluative feedback on performance and progress in the training program is provided to the residents throughout their training. These types of 360 Evaluations include nurses, patients, peers, students, and self. On day 12-15 of each rotation, the Attending should meet with each resident to discuss their **Mid-Month Evaluation**, document their progress and provide feedback on resident strengths and weaknesses. At the end of each rotation, the faculty member assigned to the ward team, ICU or consultation service, completes a written **Monthly Rotation Evaluation** on the performance of the resident(s). The faculty member evaluates the resident on each of the six core competencies established by the ACGME which include: medical knowledge, patient care, professionalism, interpersonal skills and communication, practice-based learning and improvement and systems-based practice. In addition, peer evaluations are also required. Residents must complete an **Attending Evaluation** of their assigned clinical supervisor at the end of each rotation. Twice a year, each resident will receive their semi-annual evaluation by the program director or associate program director. These evaluations are to review the overall progress of the resident, discuss any problems, concerns and goals for the upcoming year.

Evaluation of Clinical Competence

The baseline clinical competence of each PGY-1 resident is evaluated within the first three-months of residency through the Clinical Competency Examination. The residency program assigns a faculty member to conduct this two (2) hour examination within the clinical environment. Residents are evaluated on their ability to: (1) complete a history and conduct a physical examination; (2) develop a problem list; (3) do an assessment for each problem; (4) develop a plan for each problem; and (5) present the information to the evaluating faculty member. A score of 80 is required to pass the examination.

In addition, resident clinical competence will be evaluated with the Mini-CEX. The Mini-CEX assesses residents in a much broader range of clinical situations than the traditional CEX, has better reproducibility, and offers residents greater opportunity for observation and feedback by more than one faculty member and with more than one patient.

A Mini-CEX encounter consists of a single faculty member observing a resident while that resident conducts a focused history and physical examination in any of several settings. After asking the resident for a diagnosis and treatment plan, the faculty member rates the resident and provides feedback. Encounters are intended to be short (about 20 minutes) and occur as a routine part of training for residents to be evaluated on several occasions by different faculty members. A Mini-CEX exam should be performed and submitted monthly during the first six (6) months of internship.

Evaluation of the Practice-Based Learning Competency

During the PGY-2 and PGY-3 Night Float Rotation, residents are expected to complete a practice-based learning activity which will entail reviewing their patients' charts. The resident should identify system issues and formulate a plan to address any issues. This report should be turned in at the end of the rotation.

EXAMINATIONS

Monthly Exams

Monthly exams provide residents with an opportunity to become comfortable with "Board-style" questions in different medical sub-specialties. The exam allows the resident to assess and track their progress in the Medical Knowledge competency.

Monthly exams are generally scheduled during the fourth Wednesday of the month between July-May (monthly exams are not scheduled during June).

The monthly exam schedule is available at the beginning of the academic year. **Exams are mandatory** for all residents who are not on vacation. Residents on vacation will be offered a make-up exam upon return. Tests are graded and reviewed by a faculty member or his designee each month. Scores are returned within seven (7) days.

Residents who consistently score below 60% on monthly exams will work with their APD to design a more effective study plan.

ACP In-Training Examination

The Internal Medicine In-Training Examination sponsored jointly by the American College of Physicians, the

Association of Professors of Medicine, and the Association of Program Directors in Internal Medicine, is offered as an instrument for evaluating the medical knowledge of residents in internal medicine. The examination is designed to aid both second year residents and program directors in evaluating the training experience at midpoint, while there is still time for corrective action. First and third year residents also take the examination. It is not used as a pretest to the American Board of Internal Medicine Examination, or qualification to take the Boards. It is given in August or September and all residents are required to take the examination. Once the results are received, each resident will meet with the program director or associate program director to review the results. The scores identify strengths as well as areas of deficiency and are helpful to develop a plan for improvement. Residents who score below the 35th percentile in any year will be required to participate in a structured reading program to help improve their performance/medical knowledge.

ABIM Certification in Internal Medicine

Certification in Internal Medicine is granted by the American Board of Internal Medicine. Certification by the ABIM recognizes excellence in the discipline of Internal Medicine, its subspecialties and areas of added qualifications. The ABIM administers the certification process by (1) establishing training requirements, (2) assessing the credentials of candidates, (3) obtaining substantiation by appropriate authorities of the clinical competence and professional standing of candidates, and (4) developing and conducting examinations for certification and re-certification.

Physicians who are awarded a certificate in Internal Medicine must have completed the required pre-doctoral medical education, met the postdoctoral training requirements, demonstrated clinical competence in the care of patients, and passed the Certification Examination in Internal Medicine.

To be admitted to an examination, physicians must have completed three years of accredited training before August 31 of the year of examination. The 36 months of training must have included a minimum of 33 months of meaningful patient responsibility. Of these 33 months, at least 20 must occur in the following settings: inpatient services in which disorders of general internal medicine or its subspecialties are managed; emergency medicine, general medical or subspecialty ambulatory settings; and dermatology or neurology services. Four (4) months of meaningful patient responsibility may be taken outside the above areas with the approval of the Internal Medicine Program Director. Within the 36 months of training, no more than twelve (12) weeks of vacation, sick leave, maternity/paternity leave, etc., can be taken. A complete copy of the ABIM Policies and Procedures for Certification is available in the residency program office.

SCHOLARLY ACTIVITY

[Note: Please see New Innovations home page for a link to Scholarly Activity Forms.](#)

Residents are required to complete a Senior Talk and an additional scholarly project/presentation prior to graduation. Examples of scholarly activity include a poster or oral presentation at a local, regional, or national conference, published "letters to the Editor," published case reports (first author) and published research manuscripts (all authors) partial or complete book chapters, and implemented PS/QI projects. Submitted, but not accepted manuscripts or posters will be judged on a case by case basis.

Conferences and presentations

Each year several residents are asked to present their scholarly work at conferences throughout the country. The residency program and the Department of Medicine work collaboratively to sponsor residents for these important events with the following guidelines:

1. Residents must be in "**good standing**" (not on probation or have issues related to professionalism)
2. In addition to GA ACP, Residency will sponsor two additional conferences per year based on availability of residents
3. All sponsorship is based on availability of funds
4. Notification of invitation to present must be given at least 60 days in advance whenever possible
5. Time away for conferences is based on rotation, number of "administrative/ educational days" available, and at the discretion of the PD. Number of days off for job and fellowship interviews will also be considered. The above guidelines are effective July 1, 2016.
6. Presently, the same case at multiple conferences may not be funded.

The subject matter of the research or presentation is determined by the resident in consultation with their faculty advisor or research mentor.

All residents submitting abstracts for scientific meeting presentation are to complete the submission form and turn it into the residency program office at the time of the abstract submission.

1. Residents are to provide the Residency Program Office with documentation of their abstract acceptance.
2. All abstracts prepared by residents for submission and presentation at scientific meetings should have a designated faculty/mentor reviewer.
3. Residents are responsible for obtaining faculty/mentor review and signature on the abstract submission forms.
4. Residents should determine at onset of proposed research (with the help of the faculty/mentor), whether the research activity planned requires MSM IRB review and approval. This should be stated in the methods section of the abstract submission.
5. To obtain departmental reimbursement for scholarly activities, residents must have a completed DOM abstract submission form and documentation of abstract acceptance by the respective scientific conference.
6. Lead time for requested departmental support/reimbursement is critical. As soon as you are notified of an acceptance for a presentation, you **MUST** inform the residency program. A lead time of one month is preferred (if not more). Requests less than two-weeks prior to the event will result in the intern/resident covering the initial cost and not being reimbursed at the full cost of the travel expenses with partial or complete reimbursement as funds allow.

[Note: Please see New Innovations home page for a link to Department of Medicine Abstract Submission Form.](#)

PGY-1 RESIDENT ASSIGNMENTS

PGY-1 Residents: Categorical Program

Inpatient

The PGY-1 year consists of twelve months which will provide the intern with an introduction to sound principles of patient management in the inpatient setting. Each PGY-1 intern is assigned six (6) blocks of general medicine inpatient wards. During this time, each intern is responsible for 5-10 patients; however, the maximum number of new patients to be admitted and kept by each PGY-1 intern is five (5). Two blocks of ICU wards are also included with a maximum number of new patients set at five (5). One inpatient subspecialty rotation is included in the first year, along with one (1) night float rotation.

Outpatient

To develop and improve intern ambulatory care skills, a ½ day per week continuity clinic and one month of ambulatory care rotation is assigned.

Required rotations for categorical residents are:

Rotation	Duration
Inpatient Wards (Grady or VA)	7 months
ICU	6-8 weeks
Ambulatory Care	1 month
Electives	2 months (6-8 weeks)
Night Float	2 weeks

Vacation - 15 days

PGY-1 Residents - Preliminary Resident

Interns in the PGY-1 Preliminary Program are assigned six (6) blocks of general medical inpatient wards. The remaining six (6) blocks may include elective experiences in individual medical subspecialties, ECC, one (1) block ambulatory medicine or medical ICU rotation. Preliminary Interns do not do continuity clinic.

Please see the MSM IM Residency Supervision Policy for in-depth information on levels of supervision, progression, and position descriptions.

PGY-2 RESIDENT ASSIGNMENTS

Inpatient

The PGY-2 year is designed to further increase resident exposure to inpatient care as well as subspecialty medicine. Twelve months of rotations form the backbone of schedule assignments. Each PGY-2 resident is assigned four (4) months of general internal medicine inpatient wards at Grady Memorial Hospital or DeKalb Medical Center. During this time, each trainee is responsible for supervising two (2) PGY-1 residents, 1-2 third-year MSM medical students, and managing a patient load of 16-20. Long calls occur on a Q5 basis. Twelve PGY-2's will also be assigned one (1) ambulatory month at the Fort McPherson VA; one (1) month of ICU and one (1) month of night float. Subspecialty rotations are also assigned.

Outpatient

The PGY-2 year outpatient experience is an expansion of first year activities. The three-month ambulatory medicine experience includes the resident's first patient experience in the Primary Care Center and outpatient exposure to dermatology, office orthopedics, GYN, ophthalmology, and medicine subspecialties. Residents are also assigned a one (1) month emergency medicine rotation. The one ½ day per week continuity clinic continues with the exception of their ICU and ECC rotations. Back-up duties are also incorporated.

Required rotations for categorical residents are:

Rotation	Duration
Inpatient Wards (Grady, VA, DMC)	4 months
ICU	4-8 weeks
Ambulatory Care (Grady, VA, CBOC's)	3 months
Electives	1 month
Night Float	2-4 weeks
ECC	1 month
Back-up call	1 month

Vacation: 15 days

Please see the MSM IM Residency Supervision Policy for in-depth information on levels of supervision, progression, and position descriptions.

PGY-3 RESIDENT ASSIGNMENTS

Inpatient

The PGY-3 year broadens the resident's exposure to inpatient care as well as subspecialty medicine. Each PGY-3 resident is assigned three to four (3-4) months of general medicine inpatient wards at Grady Memorial Hospital or the Atlanta VA. During their Grady ward rotations, each resident is responsible for supervising one to two (1-2) PGY-1 residents, one to two (1-2) third-year medical students or Team H and 16-20 patients. Call is assigned no more frequently than every fifth night. One (1) month of ICU and a PGY-3 night float rotation are also assigned.

Outpatient

The PGY-3 year outpatient experience is an expansion of first and second year activities. Three (3) months of ambulatory medicine and a (1) month geriatric experience are also required. PGY-3 residents can also participate in a one (1) month Stockbridge VA rotation. Subspecialty rotations in hematology/oncology and cardiology are also assigned. Other subspecialty electives are also available. The one ½ day per week of continuity clinic continues.

Required rotations for categorical residents are:

Rotation	Duration
Inpatient Wards (Grady, VA, DMC)**	3 4 months
ICU	4-6 weeks
Ambulatory Care (Grady, VA, CBOC's)	3 months
Electives	3 months
Night Float*	2-4 weeks
ECC	1 month
Back-up call	1 month

*Limited overnight call, but will cover on weekends

*3rd year NF is not required and could be replaced by a Ward month.

**Dependent upon amount of NF-3 done

Vacation: 15 days

Please see the MSM IM Residency Supervision Policy for in-depth information on levels of supervision, progression, and position descriptions.

REQUIRED ELECTIVES (GRADY/VA OR AWAY)

Required electives (Grady/VA or away) based on ACGME requirements and ABIM content specifications:

- Geriatrics: 1 month
- Three of the following:
 - Nephrology
 - Cardiology
 - Gastroenterology
 - Pulmonary
 - Infectious Disease
 - Hematology /Oncology
- Other Possible Electives Include:
 - Palliative Medicine
 - Dermatology
 - Radiology
 - Rheumatology (VA)
 - Endocrinology (VA)
 - Neurology (VA)

Research electives are also available, but must be approved by the PD and/or designee (with MSM unless this is approved as an away elective, in which case this would count as your "away" elective) [see the MSM GME Resident Application for Outside \(External\) Elective Rotations](#)

Assessments for Rotations

All residents are evaluated monthly with a competency-based evaluation. Residents not satisfactorily completing a rotation will be referred to the CCC (Clinical Competency Committee).

RESIDENT RESPONSIBILITIES AND EXPECTATIONS

Note: This is an addendum to the updated residency handbook received at Intern Orientation.

This is a *snapshot* of "Roles and Responsibilities" for interns and residents on the inpatient wards at Grady Memorial Hospital and generally, the VA Hospital. Team H residents have additional responsibilities that will be discussed the first day of the rotation.

The list is not exhaustive, and flexibility is required.

Inpatient Medicine Ward Service Expectations

- Everyone on the team will provide safe, timely, compassionate, patient-centered care.
- Everyone on the team will display professionalism, as defined in our "Professionalism Policy" and Hospital Code of Conduct
- Everyone on the team will attend scheduled didactic sessions unless the resident is:
 - Scheduled off
 - Actively admitting a patient (Long Call Team)
 - In the ICU

Intern Roles and Responsibilities

The intern is responsible for the following for their assigned patients:

- To see patients daily (including reviewing medication list, labs, consult notes, etc.).
- To write daily progress notes (SSOAP); (9 at Grady/9 at VA).
- To complete a history and physical or "Transfer Accept" note for "new" admissions.
- To update the written sign-out daily (**for on call days, the upper level resident should update the sign-out on new patients**).
- To write admission orders (intern should have developed this skill within 2-3 calls days after having been taught how to do so by their resident teacher.
- To sign out patients at sign out rounds.
- **To always ask for help** from their resident or attending.
- To seek out an upper level resident or attending to supervise procedures until having been judged competent to perform the procedures independently.

Resident Responsibilities (PGY2 or PGY-3)

The resident is responsible for the following:

- To provide direct supervision to the intern and medical students.
- To see all patients daily and discuss the "plan of care" with the intern.
- When on call, to carry admission pager and take all admission calls.
- **On intern off days, to complete notes for the off-intern's patients.**
- To designate the time and place for rounds (with attending input) and ensure the team is prepared for rounds.
- To teach the intern how to enter admission orders and review all admission orders.
- To contact the chief resident if backup is needed or if there is a concern about an admission.
- To complete all discharge summaries within 7 days of discharge.
- To be aware of and attend multidisciplinary rounds as scheduled.

- **To handle all patient-related issues and call on the inpatient service when the intern is in their continuity clinic.**
- To arrange family meetings when necessary and be primarily responsible for keeping the patient's family updated
- To advocate for and prepare for safe discharges as early in the day as possible
- During the first three months, call all consults. If the resident is off, the intern can call a consult while with their attending.
- To prepare and present the morning report presentation and send to their attending, the acting 3rd year chief and Dr. Nwaohiri by 5:00 PM the day before the presentation.
- To teach the interns and students daily.
- To provide the interns and students with timely feedback.
- To supervise procedures.

Attending Responsibilities

The attending is responsible for the following:

- To see the team's patients daily.
- To write an attestation or addendum on all notes and bills for services rendered.
- To provide direct and indirect supervision to the students, interns and residents.
- To teach at the bedside.
- To attend rounds daily for Management/Work rounds.
- *To conduct teaching rounds "Sit down" rounds a minimum of twice/weekly.*
- To evaluate all members of the team at the end of their clinical experience.
- To provide all team members with frequent feedback and seek feedback.
- To help mediate any issues with team dynamics or nursing-related issues.
- To facilitate patient transfers to the ICU (attending to attending) whenever needed.
- To take ultimate responsibility for the care of all patients on the team.
- To take overnight calls from the cross-cover residents on patients for whom they are the attending of record.
- **For the attending on "Long Call", supervise the backup resident admitting to the Grady inpatient service from 7:00 AM – 7:00 PM.**