

**Med/Peds Trainee Milestones and Goals and Objectives for Promotion
Protocol for when to Call Faculty
Johns Hopkins Hospital**

PGY – 1

Interns should have close supervision by a resident and/or attending and should not (except in emergency situations) provide unsupervised procedures or therapeutic decisions without the supervision of an upper level resident or attending. Activities that do not require direct supervision include the following:

- Obtaining a medical history
- Performing a physical examination
- Pronounce death
- Perform the following procedures after initial supervision: venipuncture, lumbar puncture, thoracentesis, paracentesis, peripherally inserted venous catheter, central line insertion, arterial puncture, inserting a nasogastric tube, inserting a foley catheter, suturing minor lacerations, inserting an umbilical artery/vein catheter, performing a gynecologic examination, direct interpretation of diagnostic procedures, including radiographs and laboratory results, subcutaneous/intramuscular/intradermal injections
- Construct management plans
- Write prescriptions
- Write orders for admission, management, and discharge
- Complete ACLS/PALS certification

Specific goals and objectives to be achieved by completion of the PGY-1 year include:

- Effectively interviewing a patient and their families with sensitivity to cultural differences and performing a thorough physical examination in both inpatient and outpatient settings
- Optimizing all sources of medical information in the care of patients
- Recognize the impact of co-morbid diseases and to modify the management accordingly
- Understand the normal development of a child and to recognize any deviation with appropriate referral/assessment
- Identify gaps in his/her knowledge and develop learning strategies appropriately
- Practice self-directed learning practices
- Communicate with patients, their families, and health care providers in an appropriate and effective manner
- Establish professional behaviors toward patients, their families, colleagues, and all members of the health care team
- Use evidence-based, cost-effective care strategies in the care of patients

Residents will meet semiannually with the program director to review these goals. Promotion to the PGY-2 level occurs after 12 months of satisfactory performance at the PGY-1 level and achievement of all outlined goals and objectives for the PGY-1 year.

Residents must speak with the faculty in the following situations:

- If the PGY-1 has unanswered questions or ongoing concerns about a patient's status or condition that cannot be addressed adequately by the supervising resident.
- If the PGY-1 believes a patient needs urgent evaluation by another service and that service is unable or unwilling to provide consultation. The PGY-1 will first attempt to resolve the issue with the supervising resident.
- Patients whose unexpected death appears imminent (or patients who have died unexpectedly). The supervising resident is expected to call the faculty member.
- If a patient has a major change of clinical status (such as unexpected escalation to intensive care or unexpected major invasive procedures such as an operation). The supervising resident is expected to call the faculty member.
- Patients whose code status changes. The supervising resident is expected to call the faculty member.
- Before any patient can be discharged from the Emergency Department by the Medicine Service (if the resident has been called to admit the patient). The supervising resident is expected to call the faculty member.

PGY-2

The resident advancing to this level of training has demonstrated through objective written testing and documented observation by attending physicians the ability to competently care for patients and perform the required skills for basic care. They are able to supervise after 12 months of training and can perform some complex diagnostic and therapeutic procedures without direct supervision, which may include,

- Central venous line placement
- Placement of balloon catheters for hemodynamic monitoring
- Arterial line placement
- Elective and emergent endotracheal intubation and airway management
- Thoracentesis
- Paracentesis
- Bone marrow aspiration and biopsy
- Management of ACLS protocol
- Prescribe anti-arrhythmics
- Arthrocentesis/joint injection
- Placement of dual lumen dialysis catheters
- Pediatric procedural sedation
- Pediatric pain management

- Reduction and splinting of simple dislocations/fractures

Additional supervised procedures may be completed by residents at this level, including chest tube placement, skin punch biopsy, cardioversion, exercise treadmill testing, flexible sigmoidoscopy, EGD (pediatric).

Specific goals and objectives to be achieved by completion of the PGY-2 year include:

- Understand and utilize the multidisciplinary resources necessary to care optimally for patients with complex medical illnesses
- Expand leadership and teaching skills as a team leader
- Communicate effectively with consultants
- Recognize professional responsibility to place a patient's needs first
- Critically evaluate patient care provided in efforts to identify opportunities for improvement
- Broaden knowledge base in subspecialty areas of medicine and pediatrics, including neonatal and pediatric critical care
- Supervise pediatric emergency care and triage patients appropriately in the ED

Each resident will meet semiannually with the program director to review progress in achieving these goals. Promotion to the PGY-3 level occurs after 12 months of satisfactory performance at the PGY-2 level and achievement of all outlined goals and objectives at the PGY-2 year.

Residents must speak with the faculty in the following situations:

- If the PGY-2 has unanswered questions or ongoing concerns about a patient's status or condition that cannot be addressed adequately by the supervising fellow.
- If the PGY-2 believes a patient needs urgent evaluation by another service and that service is unable or unwilling to provide consultation. The PGY-2 will first attempt to resolve the issue with the supervising fellow.
- Patients whose unexpected death appears imminent (or patients who have died unexpectedly)
- If a patient has a major change of clinical status (such as unexpected escalation to intensive care or unexpected major invasive procedures such as an operation)
- Patients whose code status changed.
- Before any patient can be discharged from the Emergency Department by the Medicine Service (if the PGY-2 has been called to admit the patient).

PGY-3

This year serves to hone a resident's supervisory skills, knowledge base, and skill set. Residents at this level may supervise all aspects of patient care and nearly all technically complex or high-risk procedures in Internal Medicine and Pediatrics, as well as teaching them to more junior colleagues. They should be well-versed in nearly all subspecialty arenas.

Specific goals and objectives to be achieved by completion of the PGY-3 year include:

- Access and critically evaluate current medical literature and both summarize and apply that knowledge to the care of patients
- Critically evaluate patient care as provided and formulate plans for improvement in both the inpatient and outpatient settings
- Broaden knowledge base in both pediatrics and internal medicine, including continued board-specific study in both disciplines
- Begin to understand medical coding and reimbursement in the outpatient setting by directly supervised coding and billing
- Hone presentation skills at Med/Peds journal club and categorical journal clubs, morbidity and mortality, and case conference formats

Residents must speak with the faculty in the following situations:

- If the PGY-3 has unanswered questions or ongoing concerns about a patient's status or condition that cannot adequately be addressed by an assigned fellow.
- If the PGY-3 believes a patient needs urgent evaluation by another service and that service is unable or unwilling to provide consultation
- Patients whose unexpected death appears imminent (or patients who have died unexpectedly)
- If a patient has a major change of clinical status (such as unexpected escalation to intensive care or unexpected major invasive procedures such as an operation)
- Patients whose code status changed.
- Before any patient can be discharged from the Emergency Department by the Medicine Service (if the PGY-1 has been called to admit the patient).

PGY-4

The PGY-4 resident represents the mature Med/Peds physician and has successfully mastered all procedures particular to both internal medicine and pediatrics. They have continued to mature their supervisory skills in both patient care and teaching and have shown competency in handling both emergent and chronic health problems including pediatric emergencies and ICU conditions and management.

Specific goals and objectives to be achieved by the completion of the PGY-4 year include:

- Demonstrate competency through specific assessment tools in all competency domains as defined by the ACGME: Patient Care, Medical Knowledge, Interpersonal Communication Skills, Professionalism, Practice Based Learning and Improvement, and System Based Practice in both Internal Medicine and Pediatrics
- Be able to adequately care for both adults, children, and transitional patients with acute illnesses and chronic health problems
- Complete scholarly activity including presentations at "classics", pediatric case conference, IM CASE presentation, Pediatrics Grand Rounds warm-up, and the ACP-ASIM Associate's Presentations or its equivalent
- Participate in departmental/interdepartmental/GMEC committees and responsibilities

- Provide program feedback on curricular development and program changes
- Demonstrate commitment to life-long learning through development of personal reading, self-study, and critical evaluation methods
- Communicate clearly and concisely with referring physicians, attending physicians, and resident colleagues in the care of patients across inpatient and outpatient settings

Each PGY-4 resident must meet semiannually with the program director to review progress in achieving these goals across the span of training. Graduation from the residency occurs after 12 months of satisfactory performance at the PGY-4 level and achievement of all outlined goals and objectives for the PGY-4 year. A final interview will be conducted to assure documentation of all training goals and objectives have been met. Summary evaluations are maintained in the resident's files for future use in credentialing.

Residents must speak with the faculty in the following situations:

- If the PGY-4 has unanswered questions or ongoing concerns about a patient's status or condition
- If the PGY-4 believes a patient needs urgent evaluation by another service and that service is unable or unwilling to provide consultation
- Patients whose unexpected death appears imminent (or patients who have died unexpectedly)
- If a patient has a major change of clinical status (such as unexpected escalation to intensive care or unexpected major invasive procedures such as an operation)
- Patients whose code status changed.
- Before any patient can be discharged from the Emergency Department by the Medicine Service (if the PGY-1 has been called to admit the patient).