

CORE CURRICULUM
TRANSITIONAL YEAR PROGRAM

MERCY HOSPITAL
ST. LOUIS, MISSOURI

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**Transitional Year Program Manual
Policies and Procedures
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TRANSITIONAL YEAR PROGRAM POLICIES AND PROCEDURES

EDUCATIONAL GOALS AND OBJECTIVES

The transitional year has been designed to fulfill the educational needs of medical school graduates who:

- A. Have chosen a career specialty for which the respective program in Graduate Medical Education has, as a prerequisite, one year of Fundamental clinical education, which may also contain certain specific experiences for development of desired skills; or
- B. Are planning to serve in organizations such as public health service or on active duty in the military as general medical officers or primary flight/undersea medicine physicians prior to completing a program in graduate medical education; or
- C. Desire at least one year of fundamental clinical education prior to entering a career path that does not require broad clinical skill, such as, administrative medicine or non-clinical research.

The objective of the transitional year is to provide a well-balanced program of graduate medical education in multiple clinical disciplines designed to facilitate the choice of and/or preparation for a specific specialty. The transitional year will provide 12 month long rotations, which provide the educational milieu that stimulates and fosters the assimilation of the following basic medical competencies necessary to function as an optimal health care provider.

- a) Patient care that is evidence based, compassionate, and appropriate.
- b) Medical knowledge of established and evolving clinical practices.
- c) Practice based learning and ongoing improvement of Quality patient Care.
- d) Interpersonal and communication, skills that result in effective information exchange with patients, families and other health care professionals.
- e) Professionalism in the practice of medicine
- f) System based practice to provide optimal patient outcomes while being good stewards of resources

In a more specific context, the transitional resident must also utilize the broad-based clinical curriculum and experience to ensure development of the following fundamental clinical skills.

- 1) Obtain a complete medical history
- 2) Perform a complete Physical Exam
- 3) Define the patient problem(s), formulate a differential diagnosis and develop a rational diagnostic plan.
- 4) Implement appropriate Therapy

The transitional year is not meant to be a complete graduate education program in preparation for the practice of medicine.

TRANSITIONAL YEAR RESIDENT RESPONSIBILITIES

Responsibilities and competencies to be demonstrated in the first year of training:

1. Residents will perform accurate histories and physicals of hospitalized and ambulatory patients in various settings. Residents will compile data, identify problems, prioritize problems and develop a differential diagnosis. These tasks will be performed under the supervision of more senior residents and teaching faculty.
2. While rotating in the Emergency Department, Residents will assess patients and perform focused histories and physicals on patients under the supervision of an Emergency Medicine Attending.
3. Residents will enter admitting orders and daily orders for care under the supervision of more senior residents and the attending faculty. Residents may enter orders in the ED, on the various nursing units and within the ICU's.
4. Residents will respond to pages or calls from nursing units about assigned or cross-cover patient problems. Residents will assess the problem and will seek advice from more senior residents or from attending staff, if the problem is beyond the experience and competency of the resident.
5. Residents will document the care provided and the assessments of the treating team in the electronic medical record. Resident documentation will be reviewed by attending staff and he or she will make the appropriate additions and or amendments to the medical record.
6. Residents may have the opportunity to perform procedures under the supervision of either a procedure-credentialed resident or attending. These procedures may include:
 - Lumbar punctures
 - Paracentesis
 - Central Line placement by the subclavian, femoral, or internal jugular approach
 - Thoracentesis
 - Arthrocentesis
 - Bone marrow aspirates and biopsies
 - Arterial puncture and line placement
 - Venous puncture and line placement
 - NG tube placement
 - Urinary bladder catheterization
7. Resident will be BLS and ACLS certified.
8. Residents will verbally present cases to faculty attending physicians in accordance with the accepted format. Presentations will be used to facilitate the supervision of patient care and assess the knowledge and clinical skills of the resident.

TYP Clinical Circumstances requiring Faculty Involvement

IM Inpatient:

1. Faculty must be involved when there is a substantive change in a patient's condition.
2. Faculty must be involved whenever a patient is transferred to a higher level of care (i.e. ICU).
3. Faculty must be involved in every change in code status.
4. Faculty must approve the final discharge plan for each patient.

Ambulatory:

1. The resident will initially see each patient on his/her own, and then see the patient a second time with the attending. As the residents show progress the attending will only see selected patients a second time
2. Faculty must be in the exam room during all office procedures including, but not limited to: joint injection, punch biopsy, cryotherapy for skin lesions, toe nail and callus trimming.

Emergency Medicine:

1. Faculty must be in the exam room during all procedures including, but not limited to: complex lacerations, I&D abscesses, central line placement, intubations, lumbar punctures, chest tube placement.
2. Faculty must be present for CPR and resuscitation of patients with life threatening hemodynamic instability.
3. Faculty must be involved in every change in code status.

Surgery:

1. Faculty must be present for any and all operative procedures.
2. Faculty must be involved in all trauma alerts.
3. Faculty must be involved in any new patient evaluation, particularly in the ED.

Critical Care:

1. Faculty must be involved when there is a substantive change in a patient's condition.
2. Faculty must be involved in all new admissions.
3. Faculty must approve the transfer of all patients out of the ICU.
4. Faculty must be aware whenever an ICU patient leaves the ICU for surgery or a procedure.
5. Faculty must be involved in every change in code status and end of life discussion.
6. Faculty must be in the room during all procedures being performed by a TYP resident, including, but not limited to: intubations, central line placement, lumbar punctures, arterial line placement, and chest tube placement.
7. Faculty must be involved (either in person or virtually) whenever a patient is undergoing CPR.

EDUCATIONAL CONFERENCE ATTENDANCE

- On each monthly rotation, the TYP resident is given the same educational opportunities and responsibilities as all other PGY-1 residents on rotation. Consequently, all TYP residents are expected to attend the educational conferences provided for House Staff on each rotation. Conferences are for categorical residents and TYP residents. .
- An Institutional Lecture Series, covering topics in Patient Safety and Quality Improvement, Professionalism, System Based Practice and Ethics is offered to all residents on the 1st Wednesday of each month in the DePazzi – Bentley Lecture Hall at 12:00 p.m. Attendance for all lectures is mandatory. Attendance will be documented and kept on file with the Program Director.
- Residents are expected to attend daily resident Conferences when on the following Rotations: Internal Medicine Wards, Critical Care, Ambulatory Care, Dermatology and all medicine subspecialty electives.
- Residents are expected to attend Internal Medicine Grand Rounds when they are on Internal Medicine Wards, Ambulatory service, or electives. They attend Surgery Grand Rounds when on Surgery, and attend Critical Care Grand Rounds when on an ICU rotation.
- The last Wednesday of each month at noon, the TYP residents participate in conferences specifically for the TYP class. These conferences will include small group learning modules from the American Academy on Communication in Healthcare (AACH) and interactive learning from the American College of Physicians “Providing High Value Cost-Conscious Care” curriculum.
- The TYP residents will also be invited to participate in “The Healer’s Art” program from the Institute for the Study of Health and Illness. “The Healer’s Art” takes a highly innovative, interactive, contemplative approach to enabling residents to perceive the personal and universal meaning in their daily experience of medicine. Participation in this program, which is led by Dr. Nickole Forget, is voluntary.

RESIDENT EVALUATIONS

- Residents are evaluated each month by the faculty of each service. The resident is encouraged to meet with his/her evaluator immediately at the end of each rotation to review his/her evaluation. These evaluations are filed in the GME office and will be reviewed with the resident by the program director at scheduled meetings. Individual meetings with the Program Director will occur four times each year.
- Residents also have the responsibility to evaluate each monthly rotation as well as the teaching faculty, the institutional environment and the Transitional Program. Residents will be provided monthly evaluation forms as well as a summative year-end survey. Honest and straight forward evaluations help us improve the training program.
- The PEC is an institutional committee charged with oversight of the TYP Program. It is comprised of the TYP Program Director, TYP Program Coordinator, Designated Institutional Official (DIO), the educational directors (or designee) of Internal Medicine, Emergency Medicine, Critical Care Medicine, Psychiatry, Pediatrics and Surgery as well as two peer selected members of the TYP Residency. The PEC meets four times per year and reviews the TYP curriculum, policies, resident rotations, and resident evaluations.

RESIDENT WORK HOURS

Transitional Residents will assume the same work hours and resident responsibilities as categorical PGY-1 Residents on each service. There is no call from home. Work hours averaged over one month will not exceed 80 hours per week. In house on call responsibilities will last no longer than 16 hours. There will be a minimum 8-10 hour break between work shifts. All residents will receive one 24 hour period per 7 days (averaged over the 30 day rotation) completely free of all clinical responsibilities.

Duty hours are audited by the institution and reported to the Graduate Medical Education Committee twice per year. Residents will be using New Innovations to track their duty hours. The Institution’s detailed policy on duty hours is outlined in the GME Manual. Residents are encouraged to read the policy in its entirety. (GME Policy and Procedure Guide can be found at www.Mercygme.net. The institution, all programs, and all residents are expected to support and comply with these policies. Any violations should be reported to the Program Director, Chairman of Graduate Medical Education, or the GMEC.

MOONLIGHTING

Transitional Residents are not permitted to moonlight.

VACATIONS

A Transitional Year resident is allowed three work weeks of vacation. Vacation must be taken during elective months. The Office of Graduate Medical Education must approve all vacation time. All changes to vacation time must be submitted in writing or electronically on a vacation form to the GME office.

COMMITTEE PARTICIPATION

- a) Graduate Medical Education Committee (Responsible for oversight of all ACGME Approved Residencies sponsored by Mercy St. Louis) Meets four times per year for 1 hour at 7 AM on Monday mornings in the St. John's Board Room. Two peer selected Transitional Residents serve on this committee.
- b) PEC. (Responsible for overseeing the Transitional Residency Program). Meets four times per year, 7:30 AM Monday mornings in the St. John's Board Room. Two peer selected Transitional Residents serve on this committee.
- c) The Resident Committee: All residents are voting members of this committee which meets in quarterly.

Thomas F. Frawley Medical Library Mercy Hospital

The Thomas F. Frawley Medical Library is open to physicians, coworkers, volunteers and patients affiliated with Mercy St. Louis

Location:

The library is located in Tower B, 1st floor, Suite 1000.

Hours:

Monday-Friday, 7:00 AM - 5:00 PM. The Library is closed on weekends and holidays. Physicians and house staff may apply for 24 hour access in person.

Collection:

Books:

- Print volumes: 1300
- Electronic Titles: 70

Journal Subscriptions:

- Print: 189
- Electronic: >300

Web-based resources:

- MEDLINE (1945 to date) with linking to 200 full-text journals
- Evidence-based Medicine (ACP Journal Club, DARE)
- Cochrane (Systematic Reviews, Clinical Trials)
- Psychology and Behavioral Sciences Collection
- HealthSTAR (Health administration and economics)
- MDConsult (Practice Guidelines, Patient handouts, 49 textbooks)
- UpToDate
- Micromedex
- Online Catalog (provides access to library collections)
- Dynamed (Evidence Based)

Services:

- Reference by phone and email
- Document Delivery
- Current Awareness
- Group and Individual instruction

- Contact Information: 314.251.6340 (Tel)
314.251.4299 (Fax)
medlib@mercy.net
<http://www.mercy.net/stlouismo/location/st-johns-mercy-medical-center/medical-library>

Access: At the beginning of the academic year all new residents are emailed user name and pass words so that they have immediate access to library resources.

INTERNAL MEDICINE NIGHT FLOAT ROTATION

PURPOSE: To provide the transitional residents with the educational opportunity to admit new patients and provide cross coverage on the internal medicine service at night. An important part of this educational experience is to learn what aspects of care must be accomplished immediately and what can safely be postponed until moving

OBJECTIVES:

- A. **PATIENT CARE:** The Transitional Resident writes orders and notes on his patients under the supervision of the Hospitalist teaching attending and an upper level resident.
- B. **MEDICAL KNOWLEDGE:** The Transitional Resident will work on challenger curriculum IM question sets which provide immediate feedback and explanation.
- C. **INTERPERSONAL AND COMMUNICATION SKILLS:** The Transitional Resident will learn interpersonal and communication skills by modeling the teaching attending and upper level resident.
- D. **SYSTEM BASED PRACTICE:** The Transitional Resident will utilize the electronic medical record for patient record keeping. He will utilize Up-To-Date to readily address patient care issues.
- E. **PRACTICE BASED LEARNING AND IMPROVEMENT:** The night float resident will complete challenger MC- FP hospital medicine comprehensive survey, self assessment and hospital medicine I,II,III.
- F. **PROFESSIONALISM:** The Transitional Resident will model the professional behavior of his upper level residents and teaching attendings in treating patients, families and staff with courtesy and respect.

RESIDENT DUTIES: During his two months of Internal Medicine, the Transitional Resident will be spend ½ month on night float. and the remaining weeks on days shifts. On the night float shifts, the resident will be supervised by an upper level resident and a hospitalist/nocturnist..

EVALUATION: The Transitional Resident completes a written evaluation of the rotation and the teaching attending monthly. The teaching attending completes a written evaluation of the Transitional Resident monthly and gives verbal feedback throughout the month.

TEACHING FACULTY: Members of the Internal Medicine Hospitalist Teaching Faculty.

AMBULATORY MEDICINE ROTATION

PURPOSE: To expose Transitional Residents to adult and pediatric patient care in an outpatient setting in a multidisciplinary setting involving physicians, nurses, Pharm D's, translators and social workers.

OBJECTIVES:

- A. **PATIENT CARE:** The Transitional Resident sees Internal Medicine and Pediatric patients in an ambulatory setting under the guidance of ambulatory teaching attendings. The resident will do the initial assessment and exam of the patient, develop a care plan, review the case with the ambulatory attending, and then communicate the care plan to the patient and family. (Residents with less pediatric background often opt to shadow the Pediatric Attending until they are comfortable evaluating a child independently; typically after 1-2 days they are doing the initial evaluation independently).
- B. **MEDICAL KNOWLEDGE:** The Transitional Resident will participate in didactic discussions of patients with the ambulatory teaching attendings. He will also attend Internal Medicine noon teaching conferences. He will complete the challenger pediatric comprehensive survey, Childhood curriculum, I and II during the course of the month.
- C. **PRACTICE BASED LEARNING AND IMPROVEMENT:** The Transitional Resident will do a literature search and present a 20 minute lecture on an internal medicine ambulatory topic at the Ambulatory Care Conference at the end of the month. A copy of this presentation is sent by the resident to Sarah Nickerson in the GME office to be placed in the resident's learning portfolio.
- D. **SYSTEM BASED PRACTICE:** The Transitional Resident will participate in a multidisciplinary ambulatory setting involving physicians, nurses, Pharm D's, social workers, translators.
- E. **COMMUNICATION:** The Transitional Resident will learn to effectively communicate via a translator in the Pediatric clinic as a significant portion of the Pediatric clinic patients are Spanish speaking.
- F. **PROFESSIONALISM:** The Transitional Resident will be punctual to clinic, manage his time effectively to limit patient wait times, and treat patients and staff with courtesy and respect. He will model the professionalism of the Faculty in treating an ethnically diverse population with dignity and respect.

RESIDENT DUTIES: The Transitional Resident will see a maximum of 5 Internal Medicine patients during each Internal Medicine Clinic session. IM clinic sessions are from 8 AM-12 PM Monday, Wednesday, Thursday, Friday and Tuesday from 1PM-4:30 PM. The Transitional Resident will see a maximum of 4-5 Pediatric patients during each Pediatric clinic session. Pediatric clinic sessions are 8 AM-12 PM on Tuesday, and from 1:00-4:30 PM on Monday, Wednesday, Thursday and Friday. The last week of the month, the resident gives a 20 minute PowerPoint presentation on an internal medicine ambulatory topic of his choice.

EVALUATION: The Transitional Resident will write monthly evaluations of the Ambulatory IM and Pediatric Attendings and the Ambulatory rotation. The Ambulatory Teaching Attendings (both Internal Medicine and Pediatrics) will write a monthly evaluation of the resident and also give verbal feedback throughout the month.

TEACHING FACULTY: There are 3 Internal Medicine Ambulatory Teaching Faculty and 1 Pediatric Ambulatory Teaching Faculty.

NEURO TRAUMA ICU ROTATION

PURPOSE: The purpose of the NeuroTrauma ICU rotation is to expose the Transitional Resident to critically ill trauma, neurology and neurosurgery patients. The resident is part of a Critical Care team consisting of Neurointensivist, Surgical Intensivist and a Critical Care Fellow. The team provides primary care for 12-15 Trauma and Neuroscience ICU patients.

OBJECTIVES:

- A. Patient Care: The Transitional Resident will provide primary care of critically ill adult patients under the supervision of a Neurointensivist, Surgical Intensivist and Critical Care Fellow. The resident will interact with the interdisciplinary critical care team consisting of the PharmD's, nurses, critical care advanced practitioners, physical and occupational therapists, palliative care nurse practitioners, respiratory therapists, speech therapists, pastoral care, dietitians and other physicians and residents.
- B. The Transitional Resident will participate in daily teaching rounds with ICU team. He will attend Grand rounds in Depazzi on Tuesday at noon and 1 pm conference in classroom A on the other 4 weekdays.
- C. Interpersonal and Communication Skills: Communication with families of the critically ill is an important facet of critical care medicine. The Transitional Resident will observe communication techniques from the various team members and implement these skills in his own patient and family interactions.
- D. System Based Practice: The resident will participate in the monthly Critical Care QI where patient care quality issues are identified and remedied. He is also required to complete a Daily Goal Sheet checklist in the electronic medical record on each of his patients each day. This goal sheet is part of an ongoing Critical Care Quality Improvement activity that improves compliance with Ventilator Associated Pneumonia (VAP) Bundles to prevent VAP, improves compliance with the Ventilator liberation protocol to decrease the number of days of mechanical ventilation, ensures appropriate GI and DVT prophylaxis in these patients, and supplies a daily Treatment Plan that allows the nurse, patient and family to better understand the ongoing care plan. The resident will also participate in the ICU multidisciplinary healthcare Team approach to patient care.
- E. The TYP resident will complete the assigned challenger Curriculum (Med challenger surgery 9.0, Trauma, Head) during the course of this month. The Transitional Resident will participate in monthly Practice Based Learning and Improvement: Critical Care Journal Clubs with an emphasis on identifying evidence based medicine.
- F. Professionalism: The resident will model the professional behavior of his attendings and fellow. He will treat members of the health care team, patients and patient families with respect.

RESIDENT DUTIES: The Transitional Resident will participate in 5:45 a.m. check out rounds. He will then "pre round" on his/her patients prior to teaching rounds at 8:30a.m. each morning. He will provide primary care to 5-7 Neurotrauma ICU patients under the supervision of his attendings and Fellow. He will present his patients to the attendings on daily teaching rounds. He will leave after 5 PM after check out rounds Monday thru Friday. On non call weekend days, he will leave when patient care is completed for the day.

EVALUATIONS: The Transitional Resident will complete a written evaluation of both the Neuro trauma ICU rotation and the attendings at the end of the month. The attendings will give a verbal evaluation half way through the month and also complete a written evaluation of the Transitional Resident at the end of the month.

MEDICAL SURGICAL ICU ROTATION

PURPOSE: The purpose of the Med-Surg ICU rotation is to expose the Transitional Resident to critically ill medical and surgical patients. The resident is part of a Critical Care team consisting of an Intensivist and Critical Care Fellow. Each team provides primary care for 12-15 ICU patients.

OBJECTIVES:

- A. Patient Care: The Transitional Resident will provide primary care of critically ill adult patients under the supervision of the Intensivist and Critical Care Fellow. The resident will interact with the interdisciplinary critical care team consisting of the Pharm D's, critical care advance practitioners, nurses, physical and occupational therapists, palliative care nurse practitioners, respiratory therapists, speech therapists, pastoral care, dietitians and other physicians and residents.
- B. The Transitional Resident will participate in daily teaching rounds with the ICU team. He will attend Grand rounds in Depazzi on Tuesday at noon. He will attend 1pm conferences in Classroom A on the other 4 weekdays.
- C. Interpersonal and Communication Skills: Communication with families of the critically ill is an important facet of critical care medicine. The Transitional Resident will observe communication techniques from the various team members and implement these skills in his own patient and family interactions.
- D. System Based Practice: The resident will participate in the monthly Critical Care QI where patient care quality issues are identified and remedied. He is also required to complete a Daily Goal Sheet checklist in the electronic medical record on each of his patients each day. This goal sheet is part of an ongoing Critical Care Quality Improvement activity that improves compliance with Ventilator Associated Pneumonia (VAP) Bundles to prevent VAP, improves compliance with the Ventilator liberation protocol to decrease the number of days of mechanical ventilation, ensures appropriate GI and DVT prophylaxis in these patients, and supplies a daily Treatment Plan that allows the nurse, patient and family to better understand the ongoing care plan. The resident will also participate in the ICU multidisciplinary healthcare Team approach to patient care.
- E. Practice Based Learning and Improvement: The Transitional Resident will complete the assigned Challenger Curriculum: IM 2013-2014: IM Critical Care) The pretest will be completed the 1st week of the rotation the modules will be completed through the month and the post test will be completed the last week of the rotation.
- F. Professionalism: The resident will model the professional behavior of his attending and fellow. He will treat members of the health care team, patients and patient families with respect.

RESIDENT DUTIES: The Transitional Resident will participate in 5:45 a.m. check out rounds. He/she will then "pre round" on his/her patients prior to teaching rounds at 8:30 a.m. each morning. He will provide primary care to 5-7 ICU patients under the supervision of his attending and Fellow. He will present his patients to the attending on daily teaching rounds. Monday thru Friday he will leave after 5 pm check out rounds.

EVALUATIONS: The Transitional Resident will complete a written evaluation of both the ICU rotation and the attendings at the end of the month. The attendings will give a verbal evaluation half way through the month and also complete a written evaluation at the end of the month.

CORONARY CARE ROTATION

Educational Purpose: This rotation improves the Transitional Resident's ability to identify and treat acute cardiac conditions and also to manage decompensated chronic cardiac conditions.

Objectives:

- A. Patient Care: The Transitional Resident will provide care for 6-8 patients in the Coronary Care Unit under the supervision of an upper level medicine resident and a Cardiology Hospitalist teaching attending.
- B. Medical Knowledge: Knowledge will be gained during teaching rounds with the cardiology attending in addition to didactic sessions with Drs. Stickley and Deane.
- C. Communication/Interpersonal Skills: News of a cardiac condition is startling to both the patient and his/her family and the Transitional Resident will hone his communication skills by quickly developing rapport and trust with the patient and family.
- D. System Based Practice: Coronary Care Unit patients are managed using a Healthcare Team consisting of physicians, surgeons, nurses, physician extenders, respiratory therapists, physical and occupational therapists, pastoral care, social services, and dietary services. The Transitional Resident will learn how to deliver care through this multidisciplinary approach.
- E. Practice Based Learning: The TYP resident will take the challenger IM procedures and Skills Electro-cardio pretest in the first week of the rotation, complete the learning modules during the course of the rotation, then complete the post test the last week of the rotation. The Cardiology attending will instruct the Transitional Resident on how to evaluate the myriad of Cardiology literature to identify which studies are most applicable to his patient population.
- F. Professionalism: The resident will act in a professional manner and treat both patients and members of the health care team with respect.

Resident Duties: The TYP resident will report to the CCU (4th floor of Heart Hospital) at 6:30 AM and pre round on his assigned patients under the supervision of an upper level IM or FM resident. Teaching rounds with the Cardiologist will occur on weekdays from 8-10:30 AM. If there are patients on the CCU service being followed by the Intensivist, those patients will be rounded on at the end of the daily teaching rounds. Dr. Stickley conducts EKG classes on Monday, Thursday and Friday from 12:45 PM-1:30 PM. Dr. Deane conducts cardiology didactic teaching on Monday, Wednesday and Friday from 11 AM-12 PM. Afternoons are spent admitting new patients and caring for preexisting patients. Check out rounds occur at 4 PM.

Evaluations: The resident will give written evaluations of the rotation and of the cardiology teaching attending at the end of the rotation. The cardiology teaching attending will complete a written evaluation at the end of the month and also give verbal feedback throughout the rotation. Dr. Stickley also gives an EKG test at the end of the month and the graded test is returned to the resident.

Teaching Faculty: Selected members of the cardiology attending staff are teaching attendings for this rotation.

EMERGENCY MEDICINE ROTATION

Educational Purposes: The purpose of this rotation is to teach the Transitional Resident how to assess and treat patients in an Emergency Department setting when time is critical.

Objectives:

- A. Patient Care: The Transitional Resident will provide care to patients who present to the Emergency Department under the supervision of an Emergency Medicine Attending. The resident will learn how Emergency Medicine physicians serve as gatekeepers for the Health Care System and must arrange for adequate follow up care for patients in a wide spectrum of health care services.
- B. Medical Knowledge: The Transitional Resident will acquire medical knowledge through discussing the cases he is seeing with the Emergency Medicine Attending and by attending scheduled conferences. 10-12 teaching conferences are scheduled monthly for the residents rotating through the emergency department. Conferences are generally in the early morning, but timing of the conferences is based on the work schedules of the residents to allow them to attend without violating ACGME duty hour rules. Residents also spend one afternoon per month doing simulation learning with Dr. Shaffer and Dr. McGuire.
- C. Interpersonal and Communication Skills: Communication skills are of paramount importance with emergency medicine patients. Whether a patient is being admitted to a Critical Care bed or being discharged home with planned outpatient follow up, it is crucial that the patient and family understand the care plan. The Transitional Resident will learn effective communication skills from observing the Emergency Medicine Attendings and then utilize these skills with the patients he is caring for in the Emergency Department.
- D. System Based Practice: Every emergency department patient is eventually dispatched to another part of the Health Care System, be it a hospital bed or to outpatient follow up. Therefore, the Transitional Resident will learn first hand how the various aspects of the Health Care System interact with each other to provide optimal and efficient care.
- E. Practice Based Learning: The Transitional Resident utilizes information technology from Up-To-Date to quickly educate himself on a patient's condition.
- F. Professionalism: Emergency Medicine is unique in that the physician must gain trust and develop rapport quickly with a patient who is acutely ill and likely distressed. The Transitional Resident will learn these skills from modeling the Emergency Medicine attendings.

Resident Duties: The Transitional Resident works 21-23 ten hour shifts in the course of the month and sees an average of 5-10 patients in a ten hour shift. The resident is permitted to "cherry pick" cases of interest to him and cares for his patients under the supervision of an Emergency Medicine Attending. He is also required to attend 10-12 scheduled lectures on topics in Emergency Medicine. He also participates in one Simulation Learning session during the month.

Evaluation: The Transitional Resident will complete a written evaluation of the rotation and also a written evaluation of one of the Emergency Attendings at the completion of the month. Dr. Chacko will complete a written evaluation of the Transitional Resident at the conclusion of the rotation and will also give verbal evaluations throughout the month. The Simulation Faculty also evaluate the resident; verbal feedback is given during the Simulation session and a written evaluation is reviewed at the end of the simulation session.

Teaching Faculty: All the physicians in the Emergency Medicine Department serve as teaching faculty. Drs. Shaffer and McGuire function as Simulation Faculty.

SURGERY/TRAUMA SURGERY ROTATION

Educational Purpose: The purpose of this rotation is to expose the Transitional Resident to a variety of surgical patients in both an inpatient and outpatient setting.

Objectives:

- A. Patient Care: The Transitional Resident scrubs in on a variety of cases and subsequently provides post op care on these patients daily under the supervision of the surgical attending and the upper level surgical residents. The Transitional Resident will respond to Trauma Alerts in the emergency department and participate in the initial workup of the trauma patient. He will attend wound clinic to care for patients in an outpatient setting.
- B. Medical Knowledge: He will gain medical knowledge through discussing cases with upper level surgical residents and attendings. He will study reading assignments and attend scheduled conferences including. Wednesday 7-8 AM Surgery Grand Rounds in dePazzi Bentley, Wednesday 8-9 AM Surgery Physiology and Socioeconomic Lectures in Tower A 560 office, Friday 7-8 AM Surgery M&M conference in Tower A 560 office.
- C. Interpersonal and Communication Skills: The Transitional Resident will observe the surgeons communication skills in obtaining informed consents (particularly in emergency situations) and practice these skills throughout the month.
- D. System Based Practice: The Transitional Resident will observe how a multidisciplinary team composed of surgeons, residents, nurse practitioners case managers, physical and occupational therapists, dietitians, chaplains and nurses leads to better patient outcomes. Every Friday, the Transitional Resident participates in Surgery M&M with a discussion of their cases from the week.
- E. Practice-based Learning and Improvement: On the 4th Wednesday of the month, the Transitional Resident will present a 15 minute PowerPoint presentation of a case he was involved in and a review of the current literature regarding the case. A copy of this presentation will be sent by the resident to Sarah Nickerson in GME, and added to the resident's learning portfolio.
- F. Professionalism: The Transitional Resident will treat patients, patients' families, and members of the healthcare team with courtesy and respect.

Resident Duties: The Transitional Resident will start rounding at 7 AM on his post op patients. Typically he will provide primary post op care on 3-5 cases that he has scrubbed in on. He will discuss care plans with the upper level surgical residents and surgical attendings. He will spend the remainder of the day scrubbing in on selected cases. The first two weeks of the month he will scrub in on a variety of General Surgery cases. The last two weeks of the month he will scrub in on cases of particular interest and those related to his planned specialty. He will attend the Hyperbaric and Wound Clinic one Tuesday a month from 9 AM-12 PM at the Hyperbaric and Wound Treatment Center.

Evaluation: The Transitional Resident will give a written evaluation of the rotation and of a Surgical Attending at the end of the rotation. One of the Surgical Attendings will write an evaluation of the Transitional Resident at the end of the month and also give verbal feedback throughout the month. Specifically, the resident is given verbal feedback immediately after his Grand Rounds Case Presentation on the last Wednesday of the month by Dr. Troop.

Teaching Faculty: Drs. Troop, Srivastava, Peick, Marquez, Gildehaus and Rhee

Conferences: Wednesday 7-8 AM Surgery Grand Rounds in dePazzi Bentley, Wednesday 8-9 AM Surgery Physiology and Socioeconomic Lectures in Tower A 560 office, Friday 7-8 AM Surgery M&M conference in Tower A 560 office.

PSYCHIATRY CARE ROTATION

Educational Purpose: The purpose of this rotation is to increase the Transitional Resident's awareness of common psychiatric disorders and to familiarize the resident with current therapeutic interventions.

Objectives:

- A. Patient Care: The resident will interview psychiatric patients independently and with the attending psychiatrist in both inpatient and outpatient settings. A care plan will be discussed with the attending psychiatrist and subsequently implemented. The resident will interact with an interdisciplinary team consisting of nurses, social workers, pastoral care, physical and occupational therapists, as well as other physicians.
- B. Medical Knowledge: The resident will read journal articles on psychiatric topics provided by Dr. Harry Meyer. The resident will also have didactic sessions with multiple psychiatry attendings throughout the month where specific psychiatric disorders will be discussed.
- C. Interpersonal and Communication Skills: Communication is paramount to the practice of Psychiatry. The resident will observe the clinicians communication skills and work on improving his own skills as he interacts with patients and families on the service.
- D. System Based Practice: The resident will learn how a team approach is most effective in the care of psychiatry care patients.
- E. Practice-based learning and improvement: The resident will research a psychiatry topic and make a presentation on the topic to Dr. Harry Meyer during the course of the month. The resident will send a copy of the power Point presentation to Sarah Nickerson in the GME office so that it can be added to the resident's learning portfolio.
- F. Professionalism: The resident will act in a professional manner, be punctual, and treat both patients and members of the health care team with respect.

Evaluation: The resident will give a written evaluation of the rotation and Dr. Meyer at the end of the rotation. Dr. Meyer will give a written evaluation of the resident at the end of the month.

Teaching Faculty: Twelve members of the Psychiatry staff are teaching attendings for this rotation in addition to Gail Hurt ANP

ANESTHESIOLOGY ROTATION

Educational Purpose: The purpose of the rotation is to teach the Transitional Resident airway management, conscious sedation, general anesthesia principles, and resuscitation principles.

Objectives:

- A. Patient Care: The Transitional Resident will spend each day in the operating room with an anesthesiologist or CRNA providing anesthesia and intraoperative care.
- B. Medical Knowledge: The Transitional Resident will gain knowledge through providing care under the supervision of the anesthesia teaching attending. Ongoing didactic instruction will be provided in the operating room by the anesthesiologist. At the end of the month, Dr. Gibbons will test the resident's understanding of general anesthesia principles by observing the resident provide anesthesia care to a patient. The resident will also attend anesthesia conference the 3rd Wednesday of the month from 7-8 am.
- C. Communication/Interpersonal Skills: Quickly developing rapport and trust with a patient and his/her family minutes before putting the patient under general anesthesia requires unique interpersonal and communication skills. This rotation will give Transitional Residents going into Anesthesiology an opportunity to observe and hone these skills.
- D. System Based Practice: The operating room is a unique microcosm of the healthcare system which requires the input of multiple specialists (surgeons, anesthesiologists, nurses, surgical techs, respiratory therapists, pharmacists, x-ray techs, and secretaries) in order to function effectively. The Transitional Resident will gain perspective into how all these roles interrelate to provide surgical care.
- E. Practice Based Learning: The Transitional Resident will utilize Up-To-Date to quickly address patient care issues.
- F. Professionalism: The resident will act in a professional manner and treat both patients and members of the health care team with respect.

Resident Duties: The resident will report to the operating room at 6:30 AM to assist the anesthesiologist with setting up the first case. He will spend the whole day in one operating room working with an anesthesiologist. The day generally ends by 5 PM.

Evaluation: The resident will complete a written evaluation of the rotation and of Dr. Gibbons at the completion of the rotation. Dr. Gibbons will give a written evaluation of the resident at the end of the month. Teaching anesthesiologists will give verbal feedback throughout the month.

Teaching Faculty: Selected members of the Western Anesthesia group

DERMATOLOGY

Educational Purpose: The purpose of this rotation is to expose the Transitional Resident to a variety of adult and pediatric dermatologic conditions in an outpatient setting.

Objectives:

- A. Patient Care: The Transitional Resident will see adult and pediatric patients with a variety of dermatologic conditions in an outpatient setting. The resident will be involved in the diagnosis and treatment plans, including office procedures.
- B. Medical Knowledge: Teaching methods and materials. The main method of teaching will be through discussing cases in the course of seeing them in the outpatient setting. However, time will be set aside for the resident to study The American Academy of Dermatology clinical teaching slides which are available in Dr. Duvall's office. The study program consists of 50 sets of 50 slides on CD and provides a comprehensive presentation of dermatologic conditions. The resident will also attend weekly Dermatology Grand Rounds at St. Louis University with Dr. Duvall or Dr. Huang.
- C. Communication/Interpersonal Skills: A unique challenge to dermatology practice is the treatment of pediatric patients in a consultative manner. Developing rapport with a pediatric or teenaged patient, while adequately addressing the concerns of the parent requires specialized communication skills. The Transitional Resident will observe and model this communication skill.
- D. System based practice: The Transitional Resident will understand how a predominantly consultative outpatient service functions within the healthcare system. He will learn how to provide timely feedback to referring physicians and follow up to chronic patients.
- E. Practice Based Learning: The Transitional Resident will use Up-To-Date to readily address patient care questions.
- F. Professionalism: The Transitional Resident will treat the patients and dermatology office staff with courtesy and respect.

Resident Duties: The resident will see patients with Dr. Duvall or Dr. Huang in his office from 8 AM-5 PM Monday through Friday. The resident will review teaching slides during the course of the day. . On Thursday morning from 8-10 AM the resident will attend Dermatology Grand Rounds at St. Louis University.

Evaluations: The resident will give a written evaluation of the rotation and of the attending at the completion of the rotation. The attending will write an evaluation of the resident at the end of the rotation in addition to giving verbal feedback throughout the month.

Teaching Faculty: Dr. Duvall and Dr. Huang

DERMATOPATHOLOGY ROTATION

Educational Purpose: This rotation is designed for Transitional Residents going into dermatology. The purpose of the rotation is to learn to read dermatopathology slides with dermatopathologists who are prominent in their field and often called in for a second opinion.

Objectives:

- A. Patient care: The Transitional Resident will spend the bulk of the rotation reading current patient slides with the dermatopathologists. The resident will also “preview” slides to be read by the dermatopathologist and then compare his interpretation of the slide with the reading of the dermatopathologist. The dermatopathologist will carry out ongoing discussions of the cases being reviewed with the Transitional Resident via a three headed teaching scope.
- B. Medical Knowledge: The Transitional Resident going into dermatology will gain knowledge of dermatopathology through reading current literature provided by the dermatopathologists, by reading teaching slides maintained in a library, and by discussing cases as they are read by the dermatopathologist.
- C. Communication and Interpersonal Skills: These Dermatopathologists interpret slides for dermatologists all over the world, often as a second opinion. This role requires a unique ability to communicate effectively and collegially with physicians one has never met. The resident will gain the special communication skills required when rendering a second opinion in a complex case.
- D. System Based Practice: To observe how an internationally known dermatopathology practice renders pathology readings for patients around the world.
- E. Practice-based learning and improvement: The resident attends weekly Dermatology Grand Rounds at St. Louis University or Barnes/Jewish Hospital
- F. Professionalism: The Transitional Resident will be punctual, conscientious, and courteous to the staff. The Rotation takes place at WCPlaboratories.

Resident Duties: From 9 -10 AM the resident will read current literature in the dermatopathology library, review teaching slides, and preview that day’s cases. From 10 AM until 12 PM and from 1-5 PM he will read slides with the dermatopathologist using a three headed teaching scope. On Thursday AM, he will attend Dermatology Grand Rounds at St. Louis University or Barnes/Jewish Hospital.

Evaluation: The resident will give a written evaluation of the rotation and also either Dr. Santa Cruz or Dr. Hurt at the end of the rotation. Dr. Hurt will write an evaluation of the resident at the completion of the month and also give verbal feedback throughout the month.

Teaching Faculty: Drs. Daniel Hurt, Sarah Walsh, Amy Parson, James Zhu and Weldon Schott

<http://www.wcplaboratories.com/>

2326 Millpark Drive

Maryland Heights, MO 63043

314-991-4470

Contact: Sheri Fischer Email: Sfisher@wpcplaboratories.com

ONCOLOGY ROTATION

PURPOSE: The purpose of the Oncology Rotation is to expose Transitional Residents to Oncology patients in both the inpatient and outpatient setting.

OBJECTIVES:

- A. Patient Care: The Transitional Resident will see patient's in the Oncologist's office under the direction of the attending. He may also follow patients on the oncology floor.
- B. Medical Knowledge: The Transitional Resident will gain knowledge of Oncologic diseases through didactic discussions with the attending and through reading articles recommended by the attending. The resident will also attend Internal Medicine noon conferences and Grand Rounds.
- C. Communication/Interpersonal Skills: Providing care for oncology patients requires special communication skills with emphasis on support and empathy. The Transitional Resident will model the skills of the attending.
- D. System Based Practice: The resident will work within a health care delivery team consisting of physicians, therapists, pharmacists, nurses and support staff.
- E. Practice Based Learning: The Transitional Resident will access "Up-To-Date" to study patient conditions in real time.
- F. Professionalism: The resident will model the professional behavior of the attending. He will treat all members of the health care team, patients and patient families with courtesy and respect.

EVALUATIONS: The Transitional Resident will complete a written evaluation of both the rotation and the attending at the end of the month. The attending will give a verbal evaluation half way through the month and also complete a written evaluation at the end of the month.

OPHTHALMOLOGY ROTATION

Educational Purpose: The purpose of the rotation is to expose the Transitional Resident going into ophthalmology to a variety of ophthalmology patients and to expose them to the workings of a busy practice.

Objectives:

- A. Patient Care: The resident will evaluate ophthalmology patients in the office with the attending and also observe ophthalmologic surgeries throughout the month.
- B. Medical Knowledge: The resident will gain knowledge through textbooks provided in the office and also through discussing cases with the attending physician. The resident will also log onto the website <http://www.medrounds.org/ophthalmology-board-review/exam/> He will do the interactive courses provided on the website, complete the on line test, and submit the text results to Sarah Nickerson in the GME office.
- C. Communication/Interpersonal: Loss of eyesight is traumatic for both the patient and his family. The Transitional Resident will learn and model the ophthalmologist's ability to communicate medical information in a compassionate and caring manner that is readily understandable by the patient and his family.
- D. Systems Based Practice: An important facet of the rotation is for the Transitional Resident going into ophthalmology to learn the inner workings of an ophthalmology office and to understand the work flows of the practice.
- E. Practice Based Learning: The Transitional Resident will use on line learning to assess his knowledge base and to quickly find information he requires for patient care and education.
- F. Professionalism: The Transitional Resident will treat patients and office staff with courtesy and respect.

Resident Duties: The resident will see patients in the office from 8 AM-12 PM and again in the afternoons from 1-5 PM. On certain days he will accompany the ophthalmologist to the operating room and observe cases.

Evaluation: The resident will give a written evaluation of the rotation and of the ophthalmology attending at the conclusion of the rotation. The ophthalmology attending will give a written evaluation of the resident at the completion of the rotation.

Teaching Faculty: Drs. Amato, Donahoe, Gira

NEUROLOGY

PURPOSE: The purpose of the neurology rotation is to expose the Transitional Resident to neurology patients in both inpatient and outpatient settings.

OBJECTIVES:

- A. Patient Care: The Transitional Resident will see inpatient initial consults and also see patients in the neurologist's office under the supervision of the Neurology teaching faculty.
- B. Medical Knowledge: The Transitional Resident will learn through didactic discussions with the neurology attending and will read literature recommended by the neurologist. The resident will also attend Internal Medicine noon conferences and Grand Rounds. He will also attend institutional Neuroscience meetings with the neurologist.
- C. Communication/Interpersonal Skills: Special skills are required to communicate therapeutic plans with a patient who may be neurologically impaired. The resident will learn this skill through modeling.
- D. System Based Practice: The resident will participate in a multidisciplinary team consisting of physicians, therapists and nurses in caring for neurology patients.
- E. Practice Based Learning and Improvement: The Transitional Resident will locate and assimilate evidence based articles related to the neurological problems of the patients seen. Up-to-date will be used to read about patients conditions in real time.
- F. Professionalism: The resident will model the professional behavior of the attendings and treat patients and all members of the healthcare team with courtesy and respect.

EVALUATIONS: The resident will complete a written evaluation of both the Neurology rotation and the Neurology attending at the end of the month. The Neurology attending will give a verbal evaluation half way through the month and also complete a written evaluation of the resident at the end of the month.

RADIATION ONCOLOGY ROTATION

PURPOSE: The purpose of the Radiologic Oncology Rotation is to expose Transitional Residents to Radiation Oncology patients primarily in an outpatient setting.

OBJECTIVES:

1. Patient Care: The Transitional Resident will see Radiation Oncology patients in the Cancer Center under the direction of the Radiation Oncologist. He may also follow patients on the oncology floor.
2. Medical Knowledge: The Transitional Resident will gain knowledge of the treatment of Oncologic diseases utilizing radiation therapy through didactic discussions with the attending and through reading articles recommended by the attending. The resident will also attend Internal Medicine noon conferences and Grand Rounds.
3. Communication/Interpersonal Skills: Providing care for oncology patients requires special communication skills with emphasis on support and empathy. The Transitional Resident will model the skills of the attending.
4. System Based Practice: The resident will work within a health care delivery team consisting of physicians, radiation therapists, pharmacists, nurses and support staff.
5. Practice Based Learning: The Transitional Resident will access “Up-To-Date” to study patient conditions in real time.
6. Professionalism: The resident will model the professional behavior of the attending. He will treat all members of the health care team, patients and patient families with courtesy and respect.

EVALUATIONS: The Transitional Resident will complete a written evaluation of both the rotation and the attending at the end of the month. The attending will give a verbal evaluation half way through the month and also complete a written evaluation at the end of the month.

RHEUMATOLOGY ROTATION

PURPOSE: The purpose of the Rheumatology Rotation is to expose Transitional Residents to Rheumatology patients, predominantly in an outpatient setting.

OBJECTIVES:

1. Patient Care: The Transitional Resident will see patient's in the Rheumatologist's office under the direction of the attending. He may also do inpatient Rheumatology consults.
2. Medical Knowledge: The Transitional Resident will gain knowledge of Rheumatologic diseases through didactic discussions with the attending and through reading articles recommended by the attending. The resident will also attend Internal Medicine noon conferences and Grand Rounds.
3. Communication/Interpersonal Skills: Providing care for the chronically ill requires special communication skills with emphasis on support and empathy. The Transitional Resident will model the skills of the attending.
4. System Based Practice: The resident will work within a health care delivery team consisting of physicians, therapists, pharmacists, nurses and support staff.
5. Practice Based Learning: The Transitional Resident will access "Up-To-Date" to study patient conditions in real time.
6. Professionalism: The resident will model the professional behavior of the attending. He/she will treat all members of the health care team, patients and patient families with courtesy and respect.

EVALUATIONS: The Transitional Resident will complete a written evaluation of both the rotation and the attending at the end of the month. The attending will give a verbal evaluation half way through the month and also complete a written evaluation at the end of the month.

Mercy Hospital
Graduate Medical Education
Evaluation by Transitional Year Residents of Rotation and Attending

Step 1: complete the online survey below **Step 2:** Save **Step 3:** Forward or Send to: pericm@mercy.net

<i>Rotation Information</i>	
Rotation Name	Attending Name:
Rotation Month	Supervising Resident/Fellow:

A set of written goals and objectives for this rotation was made available to you? YES NO

<i>ATTENDING</i>					
	1 = Poor	2 = Fair	3 = Good	4 = Very Good	5 = Excellent
Attending's availability, promptness in returning calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending's promptness and adherence to schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending's compliance with duty hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending's teaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending's ability to engage house staff participation in a nonthreatening manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SUPERVISING RESIDENT/FELLOW</i>					
Supervising resident/fellows availability, promptness in returning calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising resident/fellow's teaching ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising resident/fellow's sharing of work load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PROFESSIONALISM/INTERPERSONAL & COMMUNICATION SKILLS</i>					
Attending served as role model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending's sensitivity and caring toward patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending's respect for house staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising resident/fellow served as a role model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising resident/fellow's treatment of TYP resident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL KNOWLEDGE

	1 = Poor	2 = Fair	3 = Good	4 = Very Good	5 = Excellent
Attending's overall knowledge base.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending's knowledge of current literature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising resident/fellow's patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIENT CARE					
Quality of attending's patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of supervising resident/fellow's patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilization of evidence-based medicine in patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you given the opportunity to assess patients and develop a care plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Your level of responsibility for patient care was...	Too Little <input type="checkbox"/>	Appropriate <input type="checkbox"/>	Too High <input type="checkbox"/>		
PRACTICE-BASED LEARNING & IMPROVEMENT					
Attending's encouragement of further learning and review of current literature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising resident/fellow's encouragement of further learning and review of current literature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>System based practice</i>					
Physician teams focus on decreasing errors and improving patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

RETURN COMPLETED FORMS BY EMAIL TO: Chris Pericich in the GME OFFICE at: PERICM@MERCY.NET

GME - TRANSITIONAL RESIDENT EVALUATION FORM

Resident's Name:

Rotation Name:

Attending's Name:

Rotation Period:

Evaluation Date:

In evaluating the *resident's performance*, use as your standard the level of knowledge, skills and attitudes expected from the clearly satisfactory resident at this stage of training. **For any component that needs attention or is rated a 4 or less, please provide specific comments and recommendations on the back of the form.** Be as specific as possible, including reports of critical incidents and/or outstanding performance. Global adjectives or remarks, such as "good resident," do not provide meaningful feedback to the resident.

<p>Patient Care: In-completed, inaccurate medical interviews, physical examinations, and review of other data; incompetent performance of essential procedures; fails to analyze clinical data and consider patient preferences when making medical decisions. <input type="checkbox"/> Insufficient contact to judge</p>	<p style="text-align: center;">Unsatisfactory Superior Satisfactory</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;"><input type="checkbox"/> Performance needs attention</p>	<p>Superb, physical procedures, therapeutic judgment</p>
<p>Medical Knowledge: Limited knowledge of basic and clinical sciences; minimal interest in learning' does not understand complex relations, mechanisms of disease. <input type="checkbox"/> Insufficient contact to judge</p>	<p style="text-align: center;">Unsatisfactory Superior Satisfactory</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;"><input type="checkbox"/> Performance needs attention</p>	<p>Exceptionally highly comprehensive mechanisms</p>
<p style="text-align: center;">Practice-Based</p> <p>Learning/Improvement: Fails to perform self-evaluation; lacks insight, initiative; resists or ignores feedback; fails to use information technology to enhance patient care or pursue self-improvement. <input type="checkbox"/> Insufficient contact to judge</p>	<p style="text-align: center;">Unsatisfactory Superior Satisfactory</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;"><input type="checkbox"/> Performance needs attention</p>	<p>Constant feedback, technology, self-improvement</p>
<p>Interpersonal and Communication Skills: Does not establish even minimally effective therapeutic relationships with patients and families; does not demonstrate ability to build relationships through listening, narrative or nonverbal skills; does not provide education or counseling to patients, families, or colleagues. <input type="checkbox"/> Insufficient contact to judge</p>	<p style="text-align: center;">Unsatisfactory Superior Satisfactory</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;"><input type="checkbox"/> Performance needs attention</p>	<p>Established with patients, relationships, nonverbal, patients, "interpersonal"</p>
<p style="text-align: center;">Professionalism</p> <p>Lacks respect, compassion, integrity, honesty; disregards need for self-assessment; fails to acknowledge errors; does not consider needs of patients, families, colleagues; does not display responsible behavior <input type="checkbox"/> Insufficient contact to judge</p>	<p style="text-align: center;">Unsatisfactory Superior Satisfactory</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;"><input type="checkbox"/> Performance needs attention</p>	<p>Always honest; committed; errors; all colleagues</p>
<p>System-Based Learning: Unable to access/mobilize outside resources;</p>	<p style="text-align: center;">Unsatisfactory Superior Satisfactory</p>	<p>Effective uses systems</p>

activity resists efforts to improve systems of care; does not use systematic approaches to reduce error and improve patient care. <input type="checkbox"/> Insufficient contact to judge	<table border="0"> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5 6</td> <td style="text-align: center;">7 8 9</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> Performance needs attention</td> </tr> </table>	1 2 3	4 5 6	7 8 9	<input type="checkbox"/> Performance needs attention			patient c systems'			
1 2 3	4 5 6	7 8 9									
<input type="checkbox"/> Performance needs attention											
Fundamental Clinical Skills: History Taking Physical Exam Differential Diagnosis Clinical Decision Making <input type="checkbox"/> Insufficient contact to judge	<table border="0"> <tr> <td style="text-align: center;">Unsatisfactory</td> <td style="text-align: center;">Superior</td> <td style="text-align: center;">Satisfactory</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5 6</td> <td style="text-align: center;">7 8 9</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> Performance needs attention</td> </tr> </table>	Unsatisfactory	Superior	Satisfactory	1 2 3	4 5 6	7 8 9	<input type="checkbox"/> Performance needs attention			
Unsatisfactory	Superior	Satisfactory									
1 2 3	4 5 6	7 8 9									
<input type="checkbox"/> Performance needs attention											
Resident's Overall Clinical Competence in rotation:	<table border="0"> <tr> <td style="text-align: center;">Unsatisfactory</td> <td style="text-align: center;">Superior</td> <td style="text-align: center;">Satisfactory</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5 6</td> <td style="text-align: center;">7 8 9</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> Performance needs attention</td> </tr> </table>	Unsatisfactory	Superior	Satisfactory	1 2 3	4 5 6	7 8 9	<input type="checkbox"/> Performance needs attention			
Unsatisfactory	Superior	Satisfactory									
1 2 3	4 5 6	7 8 9									
<input type="checkbox"/> Performance needs attention											

Attending's Comments:

Signatures: Resident's _____ **Attending's**

Return to: Graduate Medical Education
phone : 314-251-6930
 Attn: Joan Shaffer, M.D.
fax: 314-251-4288
 St. John's Mercy Medical Center
 615 South New Ballas Road
 St. Louis, MO 63141
 TYP Resident Eval Form by Physician 06.doc

PHYSICIAN IMPAIRMENT

A seminar by Robert Bondurant, from the Missouri Physicians Health Program will occur on an annual basis. The goals and objectives of this seminar are to familiarize the house officer with the signs of alcoholism/chemical dependency in physicians; how to refer to the Missouri Physicians Health Program; the types of treatment available for physicians; as well as the relationship of the MPH Program to regulatory agencies in Missouri.

Outside Elective Rotation Request Form

(You must have your program director approval prior to submitting this form.)

Residents wishing to do an away rotation will need to complete the following form and email it to the GME office after you have the following completed. This office will need 2 to 3 months advance notice. (this will allow time for an agreement to be completed within Mercy and then to the area of your rotation and review by both areas attorney's)

Resident Name: _____

- Your Program Director Approval – email is fine from program Coordinator**

- The Program Director Approval where you are going to do the rotation**

If both programs agree then you will need the following information for our attorney, so that we can start the affiliation agreement between the two facilities:

- Who will you be doing the rotation with: Physician (s) Name, Address, email address, phone numbers and fax numbers.**

- Is the physician at Mercy Physician or Private Practice or?**

- Will you be working at one location or multiple locations (address and phone numbers to all locations)**

- Dates that you will be rotating, hours you will be working**

- Who will be responsible for you while on the rotation?**

- Duties that you will be performing while on their campus.**

- Information for their office contact: name - phone numbers and email address**

Please type directly on to this form complete all questions and email this directly to Chris Pericich in the GME office and “cc” your program coordinator.

Chris Pericich – pericm@mercy.net

314-251-6930 office –

G:\WkGrps\GME\GME Office\Forms\Away Rotation Request Form 9-2012.doc

2015-16 HOUSEWIDE LECTURE SERIES
FIRST WEDNESDAY EACH MONTH 12-1
PM
DEPAZZI BENTLY

Revised 7/2/2015

Date	Lecture Topic	Presenter
July 1st	Ethics Panel Discussion	Drs. Heyl, McGuire & Shaffer
August 5th	Patient Safety & Quality	Dr. Katherine Garland & Kat Nelson
September 2nd	Fatigue & Sleep Deprivation Management	Dr. Sara Wood
October 7th	Care of the LGBT patient	Sherrill Wayland PROMO
November 4th	How to avoid fraud with your EMR documentation	Dr. Katherine Garland
December 2nd	“Ask the Missouri Board of Healing Arts”	Dr. Tannehill et al
January 6th	How to Identify an Impaired Physician in Your Midst	Bob Bondurant from Mo. Impaired Physician
February 3rd	How to Avoid the Professional Pitfalls of Social Media	Dr. Sara Wood & Bethany Pope
March 2nd	IRB review, the Devil is in the Details	Dr. Ponzillo
April 6th	Ethics Panel Discussion	Drs. Heyl, McGuire & Shaffer
May 4th	What to do when you get sued.	Debby Hutton, Risk Mgmt
June 1st	Pt Safety and Quality	Dr. Garland and Kat Nelson

MY MISTAKE

What happened?
(Describe the event)

Why did it happen?
(Where did the system break down?)

How could it have been prevented?
(How can the system be fixed to avoid this error in the future)

ROOT CAUSE ANALYSIS (RCA) SUMMARY:

***Please do not use names. For instance, say “the Neurosurgeon called the Critical Care fellow about the 53 y/o laminectomy patient” rather than “Dr. Yoon called Dr. Tannehill about Mary Roberts**

A. What was the error? (Include a brief history of the event)

B. Why did the error occur?

C. What will the hospital do to prevent this error in the future?

Your Name: _____ Date: _____

Research Rotation Elective Form

Step 1: Rotation Must be pre-approved by Dr. Joan Shaffer

Step 2: Please have the Mentor/Supervisor or attending send a letter or complete this form with the following information to the GME –

1. Resident’s Name _____
2. Month/Year of Rotation _____
3. Mentor/Supervisor’s Name _____
4. Mentor/Supervisor’s Address, phone number and e-mail address
5. Please describe what/where the Transitional Resident will be working:
 - Where will the work be done?
 - What hours will the resident be working?
 - What are the educational goals of the rotation?
6. What publication/abstract/etc is expected to result from this work? Or N/A

*Please note that Mercy St. Louis will need to be listed on any publication that results from this rotation.

*The Transitional Resident will give the rotation supervisor an evaluation which must be filled out by the supervisor and returned at the end of the month.

Please return this form to Dr. Joan Shaffer either by e-mail Joan.Shaffer@mercy.net or via mail at GME Office, 615 S. New Ballas, Admin 3rd floor, St. Louis, MO 63141

THIS FORM MUST BE IN THE GME OFFICE ONE MONTH PRIOR TO THE ROTATION STARTING DATE.

Approved by Joan Shaffer, M.D.	Date:
Transitional Year Resident Signature	Date:
Approved by: Mentor	Date: