



## **Grandview Hospital Internal Medicine Residency**

### **PROGRAM DESCRIPTION**

Welcome to Grandview Hospital and its internal medicine residency program. This description and the accompanying policies are meant to familiarize you with the institution and the educational opportunities available during the next three years.

The resident is encouraged to become familiar with the basic standards document published and updated regularly by the American College of Osteopathic Internists. This document is available on-line for you to review at the ACOI website ([acoi.org](http://acoi.org)).

A complete internal medicine core competency plan is available as a separate document that provides additional description of the competency-based education program and its requirements. This document is provided annually to the residents during orientation in an electronic format.

### **OVERVIEW**

For over 80 years, Grandview Hospital has been offering quality osteopathic healthcare to the residents of west central Ohio. The department of internal medicine and its associated residency-training program has been an integral part of that community service.

Now a member of the larger Kettering Health Network, an association of four hospitals consisting of over 1000 beds and more than 700 physicians, Grandview Hospital remains one of the largest osteopathic teaching hospitals in the United States. It is located in Dayton, Ohio, a mid-sized city with a long history of innovation.

Grandview Hospital has been the recipient of many quality awards over the past decade. The department of internal medicine is particularly proud of being named for three years by U.S. News & World Report as one of the top fifty respiratory hospitals in the country. As a result of the care provided by graduates of this program, our hospital is listed with some of the most recognized teaching and research facilities in the world.

The Grandview Hospital internal medicine residency program is approved by the AOA for eight residents. Our teaching panel consists of over 50 board certified or board eligible DO/MD faculty members. The faculty is composed of highly motivated individuals who contribute significantly to the growth and development of our residents.

The Grandview Foundation provided the internal medicine program with a five-year development grant (ending 2007) that resulted in much of the program we have today. Appropriate funding was allocated to develop a faculty system, where the highest level

(consisting of the program director and the program coordinators) provide approximately 100 contact hours per month in the areas of administration, academics, research, ambulatory care, osteopathic principles, and professional leadership/business management.

Accompanying this improved residency program structure is an exciting new curriculum.

Opened July 2003, the 13,000 square foot Cassano Community Health Center houses the internal medicine clinic. This state of the art building allows us to provide quality care to the citizens of the city of Dayton. It includes on site facilities for education, radiology and laboratory services. We share this facility with family medicine, neurology, ENT, surgery, obstetrics, and orthopedics.

Our board certification rate remains high and numerous graduates of the program have obtained quality positions in AOA and ACGME subspecialty training programs. Many of our graduates have chosen to practice as 'traditional' Osteopathic internists, providing excellent office and hospital based care.

## **PURPOSE**

The mission of the Grandview Hospital internal medicine residency program is to provide the highest quality post-doctoral training available to graduates of osteopathic colleges of medicine who desire to practice within the field of internal medicine or to prepare them for additional training in an internal medicine subspecialty. It is our primary interest to graduate highly qualified osteopathic internists who will provide care to patients living in the GVH service area.

In addition, it is recognized that the program must serve to train and graduate physicians who will represent the profession throughout the United States as leaders in the application of skills related to healthcare delivery systems, business management, and information technology.

## **DESCRIPTION**

Grandview Hospital offers a three year general internal medicine training program with strong emphasis upon the unique role of the osteopathic internist as a 'bridge' between primary care and specialty care physicians. The role of the osteopathic internist as a consultant is of significant concern, and preparation of the resident to provide both ambulatory and hospital-based consultation is a primary goal of the training program.

The training program offers individuals a career that combines ambulatory and hospital medicine and can be used as an endpoint for practice or as a bridge to subspecialty training.

Highly dedicated volunteer faculty support the program. The core faculty consists of eight board-certified or board-eligible general internists. In addition, a number of board certified/eligible subspecialty physicians participate on a regular basis, including:

- cardiology (7)/electrophysiology (1)
- nephrology (5)
- oncology (3)
- pulmonary (3)/critical care (1)
- rheumatology (1)
- infectious disease (2)
- dermatology (2)
- neurology (5)
- allergy (1)
- endocrinology (2)

Four compensated board-certified general internists support the ambulatory continuity care clinic, which operates one day per week.

The program is approved by the AOA for eight residency positions. We currently have eight positions filled:

- (2) PGY1 interns
- (2) PGY2 resident
- (3) PGY3 residents

Based upon the success of the program, it is our desire to increase the number of positions to twelve should additional funding be acquired.

## **COMPETENCY-BASED CURRICULUM**

The seven domains of competency identified by the AOA include:

1. Medical Knowledge
2. Osteopathic Principles and Practice
3. Communications and Interpersonal Skills
4. Professionalism
5. Practice-based Learning
6. Systems-based Practice
7. Patient Care

The curriculum has been designed around these domains, but also includes an eighth institution specific competency, the Business of Medicine.

A separate Internal Medicine Core Competency Plan (IMCCP) has been created for this training program. A digital copy of this plan is provided to the interns and residents at

the beginning of each academic year. The IMCCP details expectations of the intern/resident as they relate to the core competencies.

## GENERAL OBJECTIVES

At the completion of the training program, the graduate shall:

- A. Accurately identify potential medical problems
  1. describe the medical problems presented
  2. define information in the patient record which aids in said description
  3. elicit and record appropriate history which defines the problem
  4. perform an accurate physical examination to identify and confirm the problems
  5. utilize and interpret laboratory and ancillary testing to define or discover problems
- B. Accurately diagnose medical problems
  1. describe potential etiologies for each presenting problem
  2. identify signs and symptoms for each problem
  3. prioritize findings with respect to potential etiologies
  4. rank potential disorders by likelihood based on presence or absence of findings
- C. Confirm the diagnosis of the problem
  1. Describe the diagnostic resources for each disorder
  2. Generate a diagnostic plan to appropriately confirm the disorder
  3. Perform diagnostic procedures where appropriate
  4. Properly interpret results of testing, recognizing the relative sensitivity and specificity of the tests
  5. Understand cost effective diagnostic planning
- D. Competently treat the problem
  1. Define the needs and circumstances of the patient
  2. Describe the conventional and alternative therapies for each problem
  3. Generate treatment plans which are cost-effective
  4. Respond to initiated treatment, including appropriate follow-up testing if needed
  5. Determine efficacy of chosen treatment
- E. Communicate effectively
  1. Use standard English effectively
  2. Use accepted medical terminology appropriately
  3. Develop listening skills for patient, family, and ancillary providers
  4. Effectively and sensitively respond to patient questions and fears or concerns
  5. Record data and plans clearly and completely in progress notes, summary reports, history and physical reports, and procedure reports
  6. Develop prompt responsiveness to requests for confirmation or explanation

7. Demonstrate reasonable facility in use a computer network information and record keeping systems
- F. Demonstrate professionalism
1. Be characterized as competent, approachable, empathetic, conscientious, and cooperative
  2. Develop sensitive yet definitive leadership capabilities when dealing with house staff, students, or ancillary staff
  3. Demonstrate honesty, reliability, and morality
  4. Develop a commitment to the medical community and the advancement of medical care in the population
- G. Develop strong work habits
1. Demonstrate ability and commitment to use of continuing medical education tools, such as journals, computer assisted instruction, and involvement in conference activities both as learner and instructor
  2. Recognize personal limitations and obtain a proper assistance when necessary
  3. Perform all record keeping activities promptly and thoroughly
  4. Understand requirements of operating in a managed-care environment, and how to maximize efficiency
  5. Recognize the medical-legal aspects of care and manage risks appropriately

Further details regarding the capability expectations for our residents upon completion of the program are found in the overview of the internal medicine core competency plan.

The changes we have made to this program require greater resources than those that were available in the past, including the coordination of 36 rotations (for a maximum of 12 residents), multiple educational experiences, and support for over 50 participating physicians. Unique solutions and opportunities have been necessary in order to attract future quality applicants to the program.

We believe that the future of medical education should focus upon incorporating strong business and information management skills into the process of delivering quality patient care. To that end, we have introduced a special program designed to familiarize the residents with basic knowledge in these areas.

We acknowledge the need for an interactive, two-way learning environment in the program, as modern mentoring recognizes the need for trainers to learn certain skills from their students.

A well-structured transition to this new paradigm has allowed the *osteopathic* internal medical residency program at GVH to lead the profession into a new era of healthcare delivery on par with any medical institution in the United States. Modernization of the existing program from a preceptor model of education to a more formalized training system has been a critical component of this transition. The preceptor model will not be completely abandoned in order to maintain a component of individuality to the resident

training. We have included conversion from a volunteer faculty to a partially-paid faculty in this process. New emphasis has been placed upon ambulatory clinic services, clinical research, evidence-based medicine, information technology, and the business of medicine, as noted above.

## **FACULTY**

The current structure creates a core faculty, which includes the program director, and the program coordinators. The department of medical education, the department of internal medicine, and suggestions from the resident physicians, selects the former, while the latter are selected by the program director with input from the department of internal medicine and suggestions from the resident physicians.

The program director is directly responsible for the oversight of the academic curriculum and the ambulatory care experience.

The program coordinators include:

Business of Medicine Coordinator  
Clinical Reasoning Program Coordinator  
Osteopathic Principles & Practice Coordinator

The associate faculty includes approximately 20 physicians who participate at the request of the program director or the program coordinators. Their participation includes:

attending board/book review  
attending grand rounds  
attending journal club  
attending lectures/tumor board  
providing lectures/tumor board

The affiliate faculty is selected from GVH/SVH medical staff. This group provides the rotation-based resident inpatient/outpatient resident training.

Faculty development is an ongoing process and includes such areas as:

mentoring skills/leadership/personal development skills  
basic science/evidence-based clinical knowledge  
billing/coding/documentation  
information technology and business management skills  
funding medical education  
adult education strategy

Faculty development activities are held at the beginning of each quarterly housestaff evaluation meeting, as planned activities through the department of medical education and during learning activities such as the information management and learning process

review (journal club). The department of medical education also provides weekly teaching tips utilizing email delivery.

## **RECRUITING, RECOGNITION & AWARDS**

It is understood that a successful program includes functions that promote it to potential applicants and teaching physicians. These functions include:

- recruiting dinners/functions
- recruiting letters/literature
- conventions/displays
- hospital day programs
- faculty recognition dinners

Several awards are offered by the department of internal medicine and the training program.

The M.D. Carter award was created by the department of internal medicine to honor one of its founders. It is awarded annually to the outstanding intern who is not pursuing a residency in internal medicine. The award includes a plaque and five hundred dollars.

The John Knox, DO award was created by the department of internal medicine to honor one of its long time members who avidly promoted collegiality and humanism among housestaff. It is awarded annually to the outstanding internal medicine intern, resident or fellow. The award includes a plaque and five hundred dollars.

The ERAS application system is utilized by the program to accept, review, and grant interviews to interested applicants. The program has traditionally used a formal interview on a fixed date that involves core faculty and key department members. This interview is a two day process including a dinner/interview and participation in the weekly learning activities the following day. The interview uses a modified targeted selection process and includes a single patient care case for the applicant to discuss. We are primarily interested in how the applicant performs with regard to answering the questions, rather than the actual correctness of the answer. This year may see the introduction of a rolling interview system to broaden our ability to interview a greater number of candidates. The formal interview is typically held in early November with an alternate date in early December. Rolling interviews will likely begin in September and end in December. The AOA residency match program is used to extend an offer to join the program and a contract is offered within ten days of the match date.

In general, the following is/are considered:

The applicant will be a graduate of an osteopathic medical school. He/she should have completed a rotation at our facility for highest consideration, but letters of recommendation from program graduates also receive attention.

A strong interest in osteopathic principles and practice is desirable. Specifically, individuals completing a pre-doctoral fellowship are of interest to the program leadership. In general, board scores in the upper quartile and class rank in the upper fifty percent are likely to result in an interview.

The program leadership attempts to identify individuals who can bring a particular quality to the residency. This is often identified through the personal statement.

## **RESIDENT SUPPORT**

A resident education fund has been established through the Grandview Foundation that can be used by the residents for select educational materials, programming, or equipment when approved by the program director. Additions to this fund come from various solicited sources.

## **POLICIES**

### **Internal Medicine Ambulatory Care Experience Policy**

The internal medicine resident will be present for the ambulatory experience throughout the three years of training with the following exceptions:

- Approved non-work days
- Mandated education days
- Legitimate patients care emergencies
- Out of house/off call elective greater than 25 miles from Dayton

The number of clinic sessions completed must meet ACOI requirements for the ambulatory care experience. It is the responsibility of the residents to provide 'coverage' for patients seen as part of the ambulatory experience in a fashion reflecting clinical practice, so as to avoid issues of abandonment. If a 'clinic' patient is in need of medical care outside of usual hours, the primary resident physician should be contacted first (to whom the patient is assigned). The resident on call should be contacted if this individual cannot be located in an appropriate amount of time (see below). Under circumstances when a resident is not on call, it will be the duty of that resident to assign a contact individual for the clinic. The default contact will be a member of the internal medicine teaching faculty should all other modalities fail.

In general, it will be assumed that the primary resident to whom a patient is assigned will be responsible for continuity of care unless otherwise specified. This will serve to enhance the quality of care and to increase patient satisfaction with clinic services.

The following are considered to be appropriate resident response times:

Emergency	30 minutes
Urgency	1 hour
Routine	4 hours

### **Internal Medicine Residency Non-Work Day Policy**

The American Osteopathic Association allows for a maximum of twenty non-work days during the academic year. The use of these non-work days is not specified, but may include vacation, professional development (not mandated by the program), holidays, and sickness. Following internship (PGY1), there is no difference in the number of non-work days as related to post-graduate year of training.

It is recommended (not mandated) that the resident should attend at least one professional program during each year of training. A critical care program is recommended during PGY1 year and a general medicine update program is recommended during PGY2 year.

It is expected by the department of internal medicine that an intern or resident will provide in-house coverage during the major holidays (Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving, Christmas, and New Years), but the choice to not work is charged against the resident's non-work day account.

The senior residents (PGY3) will attend an organized board review course, held each spring by the ACOI, at the expense of the program. The number of days required for attendance will not be charged against the non-work day account as the program has mandated attendance.

The chief resident will attend the annual ACOI Scientific Convention and Exhibit, held during the fall of each year, at the expense of the institution. The number of days required for attendance will not be charged against the non-work day account as the college mandates attendance in the basic standards.

Non-work days should (when used for elective vacation or courses) be scheduled during one-month rotations only and with at least 90 days of notice. It is preferable that they not be scheduled during IM core rotations.

Non-work days used for vacation and courses may not be requested in excess of five consecutive days. Non-work days apply only to weekdays. There is no rollover from academic year to academic year.

### **Internal Medicine Resident Call Policy**

The following has been established as the suggested numbers for call nights during each year of training for the GVH internal medicine residency:

PGY1            MAXIMUM 80 nights per year  
PGY2            MAXIMUM 60 nights per year  
PGY3            MAXIMUM 40 nights per year

The PGY1 intern will take call accompanied in-house (as much as possible) by an upper level resident during the first six months of their internship. If sufficient progress has been made during the first six months of training, the intern may assume independent call under the supervision of the attending physicians within the department of internal medicine.

PGY2 residents will not (in general) be responsible for the supervision of PGY1 fast track interns during the first three months of their second year of training.

Residents will be off call during their specified electives.

A primary duty of the internal medicine resident is to oversee the care of the patients in the intensive care units at GVH. The resident should be available for admissions, procedures, and emergencies. In addition, the on-call resident will be responsible for non-ICU admissions at the personal request of internal medicine faculty, but in general, non-ICU cases should first be handled by non-IM PGY1 interns.

Under all circumstances, the IM resident will be available as a reference source to other house-staff who are responsible for the care of patients admitted to the internal medicine faculty.

Call hours are:

7:00PM to 7:00AM (12 hours) during Monday through Friday  
7:00AM to 7:00AM (24 hours) on Saturday and Sunday.

The call hours will always be considered within the scope of the eighty-hour (limited) work week.

### **Journal Club Format and Policy**

During the 2007-2008 academic year, Journal Club will be held on the fourth Tuesday of the month from 6:30PM to 9:00PM. These evening meetings will typically be accompanied by dinner.

The journal club meetings follow a specific format. The format is reviewed annually during an organizational meeting held each July. The interns/residents are provided with a copy (printed and electronic) of the template for their use during assigned presentations.

The chosen format promotes a review of the available literature and where possible promotes the use of evidence-based medicine principles. In general, a specific question is proposed prior to the literature club meeting and an attempt is made to answer this

question from the literature presented. A previously identified person serves as the moderator for the meeting. By the end of the event, the material presented should be summarized in a manner that determines if it will affect practice behavior and patient care.

The question/topic should be finalized no less than two weeks before the assigned date.

We hope that the approach to journal club will provide an outstanding interactive learning session.

We encourage journal clubs that involve other area of medical practice in order to enhance their overall value. Examples include joint internal medicine-surgery meetings or joint internal medicine-obstetric/gynecology meetings. Such meetings should focus upon issues that are important to physicians practicing in both areas.

### **Internal Medicine Missed Activity Policy**

The internal medicine resident is expected to be present for all activities of an academic nature.

The following are exceptions to this rule:

- Off call/out of network rotation during which the resident is greater than 25 miles from Dayton
- Approved use of a non-work day
- Unexpected emergency
- Care of an unstable patient
- Conflict with rotation expectations vouched for by attending physician

A resident not present for a scheduled/sanctioned function and without a valid excuse will be charged ½ of a work day from their non-work day account or must complete a presentation related to the missed topic within 90 days of the unexcused absence.

## **SCHEDULES**

### **Internal Medicine Academic-Clinic Master Schedule 2007-2008**

A daily morning report takes place at Grandview Hospital. In general an educational activity follows the patient report.

Monday

7:15-7:45

8:00-12:00

1:00-5:00

Morning Report/Ambulatory Medicine lectures

AM Ambulatory Clinic Session

PM Ambulatory Clinic Session

\*the clinic operates minimum 48 weeks per year

Tuesday

7:15-8:00

Morning Report/DVD series Care of the Hospitalized Patient or Perioperative Patient

6:00-9:00

Clinical Reasoning/Journal Club (3<sup>rd</sup> week only)

Wednesday

Week 1

7:15-8:00

Morning Report

8:15-9:15

MKSAP Textbook Review

9:15-10:00

MKSAP Board Review/Mini-lectures

10:15-11:45

Business of Medicine

12:00-12:50

Tumor Board

Week 2

7:15-8:00

Morning Report

8:15-9:15

MKSAP Textbook Review

9:15-10:00

MKSAP Board Review/Mini-lectures

10:15-11:45

Clinical Reasoning/Patient Care or Discharge Summary

12:00-12:50

Internal Medicine Lecture

Week 3

7:15-8:00

Morning Report

8:15-9:15

MKSAP Textbook Review

9:15-10:00

MKSAP Board Review/Mini-lectures

10:15-11:45

Business of Medicine

12:00-12:50

Internal Medicine Lecture

Week 4

7:15-8:00

Morning Report

8:00-8:50

MKSAP Textbook Review

9:15-10:00

MKSAP Board Review/Mini-lectures

10:15-11:45

ExamMaster Review

12:00-12:50

Grand Rounds

5:00-7:00

Clinical Reasoning/Mortality Process Review

Week 5

7:15-8:00

Morning Report

8:00-10:00

Coordinator's Meeting/Resident Mortality Review

10:00-12:00

Quarterly Evaluations

12:00-12:50

Miscellaneous

Thursday

7:15-8:00

Morning Report

Clinical Reasoning/Admission Process Review

Friday  
7:15-8:00

Morning Report  
EM/IM interface

### **Evening Internal Medicine Events**

When scheduled, evening events related to the internal medicine residency program will typically be held on a Tuesday from 6:30 to 9:00PM.

The events will center around these areas of interest:

Journal Club  
Social/Recruiting Events  
Special Interest Events  
Interviews

Social/Recruiting events will always be accompanied by an educational component. This component is likely to reflect issues of leadership and development or the business of medicine, in order to demonstrate the broad nature of our training program.

Special interest events include lectures by recognized speakers, interactive journal clubs, or other areas of education deemed beneficial by the residents and attending physicians.

July	Organizational Journal Club
August	Journal Club
September	Social/Recruiting Event Journal Club
October	Journal Club
November	Interviews Journal Club
December	Social Event
January	Journal Club
February	Journal Club
March	Journal Club
April	Journal Club
May	Journal Club
June	Social/Recruiting Event

## **CURRICULUM DEFINED**

### **Internal Medicine Rotations and Educational Programs**

#### **General Medicine**

Internal Medicine  
Tyner, Volk, Brown

Internal Medicine  
Reid

Internal Medicine  
Hanshaw

Internal Medicine  
Zapf

Internal Medicine  
Meltzer

**Specialty Medicine**

General Intensive Care Medicine  
Reid/Volk/Tyner/Brown/Zapf/Hanshaw

Cardiopulmonary Intensive Care Medicine  
Bellus/Sickinger/Lytle/Ruff/Bulow/Young/Laws

Cardiology-EKG/Stress Test Interpretation  
Laws

Pulmonary-Airway Management/Conscious Sedation  
Cain/Henry

Nephrology  
Klein/Oxman/Doerr/Kaufold/Calao

Neurology  
Pugar/Valle/Schoonover/Merryman

Gastroenterology  
Stone

Infectious Disease  
Bernstein/Bachelor

Palliative Medicine and End-of-Life Care  
Gordon/Sherman

Allergy and Immunology  
Parker

Rheumatology

Wolfe

Endocrinology  
Glowienka

Osteopathic Principles and Practice  
Dr. Schoen

Women's Health  
TBD

Hematology/Oncology  
Gordon/Sherman

Clinical Cardiology  
Ruff/Bulow/Lytle/Young

Clinical Pulmonary Medicine  
Bellus/Sickinger

Clinical Nephrology  
Klein/Oxman/Doerr/Kaufold/Calao

Clinical Hematology/Oncology  
Gordon/Sherman

Clinical Gastroenterology  
TBD

Clinical Endocrinology  
TBD

Intensive Care Medicine  
Bellus/Lytle

Hospital Medicine  
SVH IM Staff

**Internal Medicine Selectives (in-house electives, on-call)**

Enterostomal Therapy  
ET Nurse Staff

Dermatology  
Conte/Cortez

Medical Imaging  
GVH Radiology Staff

Pharmacology  
Kauflin

Women's Health  
TBD

Cardiodynamics  
GVH Subsection of Cardiology

Gastrointestinal Endoscopy  
GVH Department of Internal Medicine

Library/Research  
TBD

Managed Care/Medical Practice Management  
TBD

Pathology  
Fox

Anesthesiology  
Henry

Ophthalmology  
Peets

Family Medicine  
Murphy

### **Educational Programs**

Clinical Reasoning  
Mortality Review  
Cain

Clinical Reasoning  
Discharge Summary Review  
Cain

Clinical Reasoning  
Patient Care  
Cain

MKSAP Board Review  
Volk/Meltzer

MKSAP Textbook Review  
Volk/Meltzer

Journal Club  
(Clinical Reasoning, Information Management Review)  
Cain/Volk/Schoen

Internal Medicine Grand Rounds  
Cain/Volk

Internal Medicine Lecture Series  
TBD

### **Ambulatory Clinic Experience**

First Year Internal Medicine Intern/Resident Clinic  
Volk

Second Year Internal Medicine Resident Clinic  
Volk

Third Year Internal Medicine Resident Clinic  
Volk

### **Hospital Committee Experience**

Quality Improvement  
Mortality Review  
Pharmacy and Therapeutics  
Utilization Review  
Post-graduate Education  
Infection Control

### **Non-Internal Medicine Rotations**

General Surgery for the Internal Medicine Intern

Emergency Medicine for the Internal Medicine Intern