



Graduate Medical Education

Internal Medicine Residency Program

Program Director, Charbel Salem, M.D.

University of Kentucky (Ashland)

2201 Lexington Ave.

Ashland, KY 41101

RESIDENCY HANDBOOK 2026-2027

This manual serves as a supplement to the University of Kentucky GME Resident manual and provides policies and training specific to UK King's Daughters based in Ashland, KY. Unless otherwise noted, policies provided in the University of Kentucky GME Resident Manual will also apply to residency training for the ACGME Internal Medicine Program at UK King's Daughters.

Table of Contents

I.	INTRODUCTION.....	1
A.	Mission Statement.....	1
B.	Program Aims.....	2
C.	Program Description.....	2
II.	GENERAL.....	3
A.	Ashland-based Residency Administrative Staff.....	3
B.	Resident Selection.....	3
C.	Resident Salary and Benefits.....	4
D.	Grievance Procedure for Residents.....	4
E.	Vacation and Leave Policies.....	4
F.	Family Medical Leave (FML).....	4
G.	TDL/Sick Leave.....	8
H.	Moonlighting.....	8
I.	Resident Learning and Work Environment.....	8
J.	Meals.....	13
K.	Dress Code.....	13
L.	Parking Permits.....	14
M.	Electronic Communication.....	14
N.	Mailboxes / Lockers.....	14
O.	Tablet PC.....	14
P.	Residency Space.....	14
III.	EDUCATIONAL.....	14
A.	Libraries.....	14
B.	Educational Conferences.....	14
C.	Mentoring.....	15
D.	Documentation of Clinical Experiences.....	15

E.	In-Training Exam	16
F.	Research.....	16
G.	Direct Observation.....	16
IV.	INTERNAL MEDICINE PROGRAM DETAILS	16
A.	Program Curriculum.....	16
B.	Facilities	17
C.	Supervision.....	17
D.	EHR Workflow.....	23
E.	Patient Reports	23
F.	Rotation Goals and Objectives	24

I. INTRODUCTION

A. Mission Statement

Our mission is to cultivate a new generation of internal medicine physicians equipped not only to excel in diverse clinical environments but also to lead and innovate in their chosen paths, be it in service to our local community or in pursuit of academic and clinical excellence. We commit to offering a comprehensive and real-world internal medicine experience, deeply rooted in both hospital-based and ambulatory settings, to navigate the complex clinical challenges an internist faces throughout their career. Our program places a strong emphasis on the clinical coordination of care across various medical disciplines, fostering collaboration with a multidisciplinary team of healthcare professionals to achieve the best outcomes for both acute and long-term patient care. Integral to our mission is the commitment to understanding and addressing the social determinants of health, ensuring our residents are well-versed in delivering compassionate, patient-centered care to those suffering from chronic or terminal illnesses. We prioritize a value-based, individualized approach to treatment, engaging patients and their appointed caregivers in meaningful and supportive interactions. Our goal is to empower our residents with the knowledge, skills, and empathy required to lead with integrity and excellence, driving forward the field of internal medicine for the betterment of individual and community health.

B. Program Aims

1. **Comprehensive Patient Care Coordination:** our program will equip residents with essential skills to coordinate comprehensive patient care plans effectively. We emphasize the importance of interdisciplinary communication and collaboration to achieve optimal patient outcomes. By mastering these competencies, our residents are prepared to navigate complex healthcare environments and deliver superior care.
2. **Faculty Development and Lifelong Learning:** we prioritize faculty development and the cultivation of a culture of lifelong learning among our faculty. We are dedicated to fostering an environment that encourages continual professional development and innovation.
3. **Patient Centered and Analytics Based Health Delivery:** our program is actively involved in refining patient-centered and analytics-based health delivery models. By integrating our residents into significant health care initiatives, residents participate in performance improvement projects that enhance patient care and improve population health outcomes. This hands-on experience is vital in preparing residents to implement effective health delivery strategies in their future roles.
4. **Population Health Curriculum:** the program will integrate ongoing research and precision public health efforts into the curriculum, leveraging a collaboration with UK College of Public Health. By incorporating cutting-edge research and data-driven public health techniques, we prepare residents to become leaders in a rapidly evolving healthcare landscape, fostering a deeper understanding of the interplay between individual patient care and population health. Our program is dedicated to producing not only excellent clinicians but also visionary leaders in public health and preventive medicine. Our curriculum emphasizes the importance of panel-based and population-based analysis.

C. Program Description

UK King's Daughters (Ashland) Internal Medicine Program's curriculum emphasizes scientific rigor in internal medicine topics alongside a review of the latest literature in acute and chronic condition management. Beyond the technical and scientific aspects, the program is rooted in the philosophy of fostering the humanistic approach to medicine. We aim to cultivate compassionate and well-rounded physicians who excel not only in clinical acumen but also in the art of patient care.

Residents work with the program director and coordinators to develop their clinical schedule. Some of the options available for our residents' core subspecialty rotations include addiction medicine, ambulatory, cardiology, endocrinology, family medicine, gastroenterology, geriatrics/palliative care, gerontology, hematology-oncology, gynecology, infectious disease, nephrology, neurology, oncology, pulmonology, and rheumatology. Off-site geriatrics/palliative care rotations will be 50% at Kingsbrook Lifecare Center, and other local nursing homes with Kari Shields, M.D., and nurse practitioners with UK King's Daughters.

All residents will participate in weekly noon conferences, morning report, and case presentations. Ground Rounds take place monthly.

II. GENERAL

A. Ashland-based Residency Administrative Staff

Residency Program Director

Charbel Salem, M.D., MBA, CPE

The Program Director (PD) is responsible for administering and maintaining an educational environment conducive to educating the Internal Medicine residents in each of the ACGME competency areas. These responsibilities include development, scheduling, administration and supervision of rotations and curriculum. The PD performs with oversight and direction from the DIO at the University of Kentucky Graduate Medical Education.

Residency Program Leadership

Kayla Bailey, M.D., UK King's Daughters Internal Medicine – Core Faculty
Nikki Christian, M.D., UK King's Daughters Internal Medicine – Core Faculty
Kylie Rice, D.O., UK King's Daughters Internal Medicine – Core Faculty
Diane Settles, M.D., UK King's Daughters Internal Medicine – Core Faculty

GME Residency Coordinator

Charli Stevens

Charli.Stevens@kdmc.kdhs.us

(606) 408-4264

The Residency Coordinator is responsible for the operational management of the residency program including: maintain resident files for all current and past residents; collaborate with accreditation processes; coordinate resident rotations, vacations, leave; serve as point of contact for voluntary faculty, faculty, residents, applicants; manage resident evaluations and coordinate residency conferences.

B. Resident Selection

The University of Kentucky (Ashland) Internal Medicine Residency Program accepts applications through Electronic Residency Application Service (ERAS®). ACGME applications are initially screened by the PD and UK KD GME program leadership. Selected applicants will be invited for an interview. First round interviews will be virtual and all applicants interested in a second look are invited to a structured interview in Ashland. The Ashland faculty with input from the administrative staff will provide ratings and recommendations to the Program Director to develop rank order. The Program Director formulates the ordered rank list after collaborating with the faculty and staff. The rank list is submitted to the National Residency Matching Program (NRMP). It is the goal of UK King's Daughters (Ashland) Internal Medicine Residency Program to fill three residency positions through the Match each year.

C. Resident Salary and Benefits

UK King's Daughters (Ashland) IM Residents are employees of the University of Kentucky. Comprehensive resident salary and benefit details can be viewed at any time on the UKY GME website at: <https://medicine.uky.edu/sites/gme/current-residents-and-fellows>. Additional benefits are provided by UK King's Daughters (Ashland) including access to physician lounge with daily salad bar and healthy dietary options, discounts at local fitness centers, and resident parking at no cost.

D. Grievance Procedure for Residents

UK King's Daughters (Ashland) Internal Medicine Residency Program offers multiple confidential channels for residents to express their concerns without fear of retribution. The Program Director maintains an open-door policy, encouraging residents to address issues directly. Should residents prefer not to engage with the Program Director, they can escalate concerns through UK KD's established chain of command which includes the Chief Medical Officers and ultimately the CEO. Since the program is under the auspices of UK GME office, residents also have access to multiple avenues to report concerns via the Sponsoring Institution. If the resident does not wish to discuss the matter within the program or primary clinical site, or satisfactory resolution is not achieved within program, they may take any concern or question to the UK GME Office and University of Kentucky Designated Institutional Official (UKDIO). The UKDIO is available as a resource to any trainee to voice concerns. Concerns may be submitted to the UKDIO/UKGME Office via use of anonymous reporting link: <https://medicine.uky.edu/sites/gme/resources>.

Concerns are triaged, investigated, and addressed by either the program or the entity to which the concern is reported with resident confidentiality prioritized throughout the process.

E. Vacation and Leave Policies

The Resident contract outlines vacation and holiday leave. Residents at all PGY levels receive 15 days of vacation for the contract year. Residents also receive 10 holidays (11 during a presidential election year), and 5 floating or "bonus" days per year. Residents will receive a compensation day off for any holiday worked. Vacation policies can be viewed any time at UK GME Leave Benefits site: <https://medicine.uky.edu/sites/gme/benefits-0>

Leave days are provided in accordance with University of Kentucky GME policy.

- The months residents have vacation have been predetermined based on their master schedule.
- Using MedHub, vacation and leave requests are to be submitted to the GME Residency Coordinator for review and approval from the Program Director, 14 weeks prior to the requested leave.

F. Family Medical Leave (FML)

As required by the Federal Family and Medical Leave Act (FMLA), the University of Kentucky GME allows eligible residents to take up to 12 weeks of leave in a 12-month period for the occurrence(s) of serious health conditions involving either the University employee or a qualified family member. The 12-month period begins on the first day of approved FML leave. FML includes two options: continuous and intermittent leave. Residents are eligible to request FML if they have been employed by UK for at least 12 months and have worked at last 1,250 hours during the previous 12-month period. Qualifying events for resident FML requests are:

- Because of the birth of a child of the employee and in order to care for that child;
- Because of the placement of a child with the employee for adoption or foster care;
- In order to care for a spouse, sponsored adult dependent, child, sponsored child dependent, or parent of the employee who has a serious health condition;
- Because of a serious health condition that makes the employee unable to perform the functions of his/her job;
- Because of a qualifying exigency arising out of the fact that the employee's spouse, sponsored adult dependent, son, daughter, sponsored child dependent, or parent is a military member on covered active duty in the Armed Forces.
- Twenty-six work weeks of leave during a single 12-month period to care for a covered military service member with a serious injury or illness if the eligible employee is the service member's spouse, sponsored adult dependent, son, daughter, sponsored child dependent, parent, or next of kin (military caregiver leave).

FML for a "serious health condition" requires verification by an authorized treating health care provider via the GME UK FML form and may include:

- Inpatient care in a hospital, hospice or residential medical care facility.
- Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:
 - A period of incapacity for more than three consecutive calendar days and treatment that involves:
 - Treatment two or more times by a health care provider within the first 30 days, the first visit occurring within the first 7 days, or
 - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment.
- A period of incapacity due to pregnancy or for prenatal care.
- A period of incapacity or treatment due to a chronic serious health condition which:
 - Requires periodic visits (defined by at least twice per year) for treatment by a health care provider,
 - Continues over an extended period of time, and
 - May cause episodic rather than continuing period of incapacity

- A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective.
- A period of absence to receive multiple treatments by a health care provider or care provider of healthcare services under orders of or on referral by a health care provider, either for restorative surgery after an accident or injury, or for a condition that would likely result in a period of incapacity for more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer, severe arthritis or kidney disease.

A “health care provider” is defined as a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices, a podiatrist, a dentist, a clinical psychologist, an optometrist, a chiropractor (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist), a nurse practitioner, a nurse midwife, a physician assistant, a Christian Scientist practitioner, a clinical social worker, or other persons determined by the United States Secretary of Labor to be capable of providing health care services.

Payment of Leave during FML – “Paid FML”

All residents will have a one-time allotment of 30 days (6 work weeks) paid leave per training program for an approved, qualified Family Medical Leave (FML) event. This leave time is referred to as “Paid FML.” Paid FML leave is in addition to paid vacation, holiday, floating “bonus” days, and Temporary Disability Leave (TDL) days. Paid FML leave is available to any resident with an approved, qualified FML event, at any time during a training program, starting the first day the resident is required to report for training for the program. Paid FML is available once, and only once, per employee, per training program. After the period of **Paid FML** is exhausted, accrued paid leave time (TDL, Holiday, Vacation, and Floating “Bonus” days) will be applied to any approved FML, unless the learner requests that it be used at a later date in the contract year. In the event that all accrued leave time has been exhausted, the remainder of the FML will result in FML without pay status. During FML the status of an employee’s benefits are as follows:

- The University shall continue the employee’s health plan at the same level and conditions of coverage as if the employee had been in employment continuously for the duration of the leave.
- The University shall continue to cover the cost of employer’s credit portion toward the employee’s health insurance plan.
- The University shall continue to cover the cost of the employee’s basic life insurance.
- The University shall continue to cover the cost of the employee’s enrollment in the long-term disability plan.

FML longer than 12 weeks

On rare occasions, a GME Resident has faced an extenuating circumstance involving their own or a qualified family member's serious health condition lasting longer than 12 weeks. As GME Residents are enrolled in and expected to complete a GME training program, it is in the interest of both the GME Resident and their GME training program to support the GME Resident's successful completion of the training program, even if extension of training is required.

For situations in which a GME Resident requests to continue leave past 12 weeks, the program director must consult with the DIO regarding whether supporting additional leave time is feasible for the training program. In most cases, specialty board requirements necessitate the GME Resident extending their training time for part or all of the leave time taken to ensure successful completion of the program/attainment of eligibility for specialty board certification. In some cases, the disruption of leave (whether continuous or intermittent) upon the GME Resident's training experience may necessitate repeating rotations or even an academic year.

When a GME Resident extends their training, the Institution and Program Director must ensure that adequate clinical and educational opportunities are available to all learners in the program. In the case of FML extending past 12 weeks, consideration must be given to whether continuation of leave might result in a negative educational impact to other GME Residents in the Program (e.g., necessitate overhaul of the call schedule or rotation structure, result in decreased clinical case exposure across the program) during or after the continued leave.

The Program Director and DIO will jointly counsel the GME Resident regarding the risks and benefits of continued leave. If the Program and DIO determine that the Program is unable to support additional leave past 12 weeks due to inability to continue to support the GME Resident's continuing training after extensive absence from the program, the program director and DIO will provide the GME Resident with documentation in writing of the concerns regarding their continued absence from the Program, the date the Program expects GME Resident to return to training, and the consequences of the GME Resident's not returning including the risk of nonrenewal of contract and/or immediate termination of contract. If the GME Resident declines to return to the Program by the specified date, the Program Director and DIO will make every attempt to counsel and support the GME Resident to allow continuation of training. If the GME Resident is unable to/declines to return to training, the Program Director and DIO will offer the opportunity to the GME Resident to resign and/or proceed with nonrenewal of contract and/or immediate termination. In situations in which a GME Resident, the Program Director, and DIO mutually agree on a resignation at the end of the contract year, the GME office will continue to financially support the GME Resident in a "no pay" status (after leave is exhausted) to allow employer support of health, life, etc. benefits through the end of the contract year.

Comprehensive information regarding Resident FML can be located at any time by accessing the GME Policy and Procedures manual at:

<https://medicine.uky.edu/sites/gme/resources>

G. TDL/Sick Leave

Residents receive 12 days of TDL/sick leave per contract year. Unused TDL carries over into the next contract year. TDL days are available upon the first day of employment. The Program Director or their Attending and copy the GME Program Coordinator, notifying of a request for sick leave by no less than 1 hour prior the start of their shift. The Program Director may request a resident to undergo medical evaluation to confirm the need for sick leave. Total absence in excess of 30 calendar days may result in extension of the resident's duration of training by the length of leave over 30 days.

H. Moonlighting

Moonlighting is defined as professional and patient care activities that are external to the educational program and may be external or internal to the training institution. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by residents in external or internal moonlighting must be counted towards the 80 hour maximum weekly limit.

The residency does not allow moonlighting during any year of training.

I. Resident Learning and Work Environment

Clinical and Educational Work Hours

Internal Medicine (IM) residents and faculty members are educated concerning the professional responsibilities of physicians to support patient safety and assume personal responsibility by assuring fitness for duty, appropriate management of their time, recognition of impairment including fatigue, monitoring of patient care performance, and commitment to lifelong learning.

Work hours are defined as all clinical and educational activities related to the training program, including scheduled academic/educational conferences at which attendance is required, clinical work performed from home, and all moonlighting activities (refer to moonlighting policy). Work hours must be logged in the residency management system, MedHub, every week.

Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house clinical and educational activities, clinical work performed while on at-home call, including time spent in the hospital and work done at home (i.e. taking phone calls or entering notes into the electronic health record), and all moonlighting activities (refer to moonlighting policy).

Maximum Hours of Clinical and Educational Work per Week

The clinical and educational schedules of the IM residents are designed to allow for reasonable opportunities for rest and personal well-being. As such, they should have eight hours off between scheduled clinical duty and educational activities. However, there may be circumstances when the residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free. These circumstances must be monitored by the program director.

The IM residents must be scheduled for a minimum of one-day-in-seven free of clinical duty and required educational activities when averaged over four weeks. Call from home must not be assigned on these days.

Maximum Duty Period Length

Residents must have at least 14 hours free of clinical work and education after 24 hours of in house call. However, within the UKKD Internal Medicine program, residents do not participate in house call. Maximum work hour periods will typically be 12 hours. The program does not assign residents to 24-hour shifts.

Maximum In-House On-Call Frequency

The Internal Medicine Residency Program does not utilize an in-house call system.

At-Home Call

At-home call is defined as call taken from outside the assigned rotation site. The IM residency program does not utilize at-home call.

Documentation of Work Hours

You must document your work hours in MedHub weekly. You will have two weeks in which to document your duty hours after which you will be locked out. Lockout occurs at 12:01am EST Sunday morning. You will still have a full week to document duty hours for the previous week. If you are locked out, you must immediately submit documentation of each day's duty hours to Charli Stevens, who will ensure your hours are entered. If you repeatedly forget to log them, this will be seen as unprofessional behavior. Clinical and Educational Work hours are monitored by the GME Residency Coordinator and the Program Director.

Procedures

You are required to enter your procedures in a timely manner for faculty's review/approval. See required procedures section for requirements and detailed instructions.

Evaluations

You must complete all evaluations that are delivered to you in MedHub unless you did not work with an individual at all.

USMLE Step 3

You must submit a copy of your USMLE Step 3 to the residency office and/or the GME office, to be uploaded to your file in MedHub.

ACLS Certification ACLS/PALS Certification and Recertification

All residents must be American Heart Associated (AHA) accredited training to meet the GME/hospital requirements for certification. ACLS certification must be current/unexpired in order to have training contracts renewed for the next academic year. You must provide a SIGNED copy of the FRONT and BACK of your ACLS card to the residency office after completion of training.

Fatigue Mitigation

The IM residency program educates all faculty members and trainees to recognize the signs of fatigue and sleep deprivation as well as alertness management and fatigue mitigation processes. Residents receive sleep deprivation, fatigue recognition, alertness management and fatigue mitigation training along with physician impairment training during their GME orientation. Faculty and residents may also participate in fatigue awareness and mitigation training.

Sleep facilities are accessible to Residents at any time.

Trainees who feel too fatigued to drive safely from the hospital to home should arrange for transportation with King's Daughters transportation services or shuttle.

Cards displaying King's Daughters' transportation telephone number are distributed to trainees during orientation and are prominently posted throughout the facility and parking areas. Information desk staff are available to call transportation services on request.

Please be aware these services are not to be used as routine daily transportation or for personal trips; however this service is a resource to transport home from King's Daughters when too fatigued to drive.

Patient Care Coverage

In the event a resident is unable to perform their patient care responsibilities due to excessive fatigue, illness, family emergencies, or any other reason, the attending of record will relieve the resident of his or her responsibilities and will assume all patient care responsibilities. Transportation home for the resident will be arranged if needed. If unable to perform patient care responsibilities, the resident must immediately notify their attending physician and may do so without fear of negative consequences.

Harassment

It is the responsibility of the IM residency program to provide an inclusive learning and working environment that is free from harassment, verbal and/or physical abuse. Faculty, residents and staff are required to participate in annual web-based training addressing topics of diversity, equity, inclusion, bias and harassment, as well as other personnel training sessions as offered by the Department, Institution and/or Graduate

Medical Education Office. Refer to the GME Policy & Procedure Manual for details on how to raise and resolve issues and other resources:

<https://medicine.uky.edu/sites/default/files/2025-06/2025-2026%20Policy%20and%20Procedures%20Manual.pdf>

Resident Concerns

The program monitors faculty and residents for signs and symptoms of burnout, depression, substance abuse, suicidal ideation, and/or potential for violence. The Program Evaluation Committee (PEC) will review the annual ACGME Faculty and Resident Wellness Surveys as well as feedback provided on program surveys as a part of their annual program evaluation process. Residents and faculty are also encouraged to alert the program or other designated personnel or programs regarding any signs of distress and/or harassment for themselves, other learners and/or faculty members.

Well-Being Education & Resources

The program, in partnership with the GME Office, educates faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This includes education in recognizing those symptoms in themselves and how to seek appropriate care.

Formal evaluation and/or counseling services from the [Lexington Medical Society Physician Wellness Program](#) are available for the residents through the GME Office. Emergent psychiatric services are available via UK King's Daughters Emergency Department.

IF at any time a resident develops an emergent concern about another resident (an immediate safety of another resident, others or patient safety), the expectation is that the resident will immediately contact their direct supervisor and report their concern. Should the concern not be emergent or urgent in nature, it is recommended that the resident contact the Program Director, Program Coordinator or Wellness Champion in order to raise the issue. All issues are dealt with in a confidential manner.

Patient Safety – all residents are expected to actively participate in evaluating patients' safety. Should a concern arise, it is expected that the resident will contact their direct supervisor to address the issue. If there is insufficient resolution to the concern, it is recommended the resident contact the Program Director to escalate the matter. Should the issue remain unresolved following the report to the Program Director, it is recommended the resident contact UK Graduate Medical Education office.

In the event that those efforts do not bring resolution to the reported concerns, or if the Chief Resident is not comfortable bringing forth issues within the program, then there are alternative support systems which are described in UK Resident's Handbook which can be accessed by the Chief Resident.

GME Office

Resident Counsel
Resident Academic Ombudspersons
Counseling Services
Resident Crisis Referral Program
Impaired Physicians Program
Human Resources at the University of Kentucky
Risk Management
Patient Safety

Discrimination, Harassment, Safety

UK King's Daughters (Ashland) Internal Medicine Residency Program values the contribution of members including Resident, Faculty, staff, visitors and community. Your safety is a priority.

File an anonymous report by calling ext. 89787 (8WPVP)

UK King's Daughters is commitment to both the physical and psychological safety of our workforce. If you witness, or are the victim of workplace violence, please consider reporting it. Incident reporting can be accomplished by calling ext. 89787, or by completing an RL6. Both resources for reporting are available 24/7.

All reports will be thoroughly investigated by the hospital's multidisciplinary workplace violence response team. Not only will the information be used to address the reported issue, but also it will allow us to develop best practices in combating workplace violence. Violence is not, nor should it ever, be considered the norm.

The Joint Commission definition of workplace violence:

An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.

If you witness or experience any of the above, please report it. For emergencies, please call 911 or contact Security Dispatch at ext. 84487.

For questions concerning reporting, please contact Risk Manager Jazel Kitchen at ext. 80186, or Security Supervisor Craig Williams at ext. 80479.

If a compliant is in regards to University of Kentucky employee, please consult the University of Kentucky GME Policies and Procedures Manual.

III.B. The University of Kentucky is committed to Resident engagement in and oversight of:

III.B.1. Patient safety, including access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free

from reprisal; and opportunities to contribute to root cause analysis or other similar risk-reduction processes.

III.B.2. Quality improvement, including access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and opportunities to participate in quality improvement initiatives.

III.B.3. Transitions of care, including facilitating professional development for Program Directors, Core Faculty Members and Resident regarding effective transitions of care; and ensuring a standardized transitions of care consistent with the setting and type of patient care.

III.B.4. Supervision of Resident that is consistent with institutional and Program-specific policies and mechanisms by which Resident can report inadequate supervision in a protected manner that is free from reprisal.

III.B.5. Clinical and educational assignments, fatigue management, and use of mitigation strategies consistent with the Common and specialty/subspecialty-specific Program Requirements; addressing areas of non-compliance in a timely manner; promoting systems of care and learning in working environments that facilitate fatigue management and mitigation for Resident; and educational programs for Resident and Faculty Members in fatigue management and mitigation.

III.B.6. Professionalism through provision of systems for education in and monitoring of Resident and Core Faculty Members' fulfillment of educational and professional responsibilities, including scholarly pursuits; accurate completion of required documentation by Resident. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, Residents, Faculty, and staff.

J. Meals

Residents have access to physician lounge with daily salad bar and healthy dietary options at no cost during breakfast and lunch hours. Meals are also available at the UK King's Daughters cafeteria at routine breakfast, lunch and dinner hours. Additional dining and vending options are available throughout the UK KD campus.

K. Dress Code

Residents are expected to present themselves in manner, projecting a professional image to patients, visitors and other staff. Residents must adhere to UK King's Daughters dress code policy. The Graduate Medical (GME) office will supply each resident with a white coat and scrubs. Residents will also have access to on-site scrub machines.

L. Parking Permits

UK King's Daughters Graduate Medical Education office will issue dedicated resident physician parking passes to be used in Physician Parking Areas. Physician parking is located in both parking garages and is also labeled on the UK KD campus map. It is also acceptable to park in any parking area designated "Open Parking."

M. Electronic Communication

Residents are expected to have a phone capable of using secure electronic communication. Appropriate applications and secure devices will be installed by information technology in order to provide for this secure electronic communication.

N. Mailboxes / Lockers

Mailboxes and lockers are provided to each resident in the Internal Medicine Program (Ashland) – in the GME Workspace.

O. Tablet PC

Tablet PCs will be provided to each resident for their use as it relates to residency work and education. Use is subject to UK KD IT policies.

P. Residency Space

UK King's Daughters furnishes a secured resident workspace available to residents 24 hours per day, seven days a week. Telephone, desktop computer and printing capabilities for residents are provided. Also located in the workspace is a break area with a couch, television and storage lockers for the safekeeping of personal belongings. This workspace is badge accessed and centrally located on campus across from the hallway from the physician lounge.

III. EDUCATIONAL

A. Libraries

Residents have 24-hour access to the UK King's Daughters Medical Library, located on the main floor of the Lexington Avenue Parking Garage Lobby. In addition to the on-site library, residents can access library materials online through UK Link Blue. Residents may email, copy and print material using technology in the UK KD Medical Library or the Residency Workspace.

B. Educational Conferences

Required Residency Didactic conferences occur each Monday, Wednesday and Thursday at 12PM (Noon Conference). Protected time is provided to each resident to participate in this activity. A schedule of these didactic conferences will be posted each month to MedHub as well as emailed to the residents. It is understood that patient-care related issues which conflict with this scheduling may, at time, arise; however every opportunity should be made to preserve this time for education. Attendance is tracked at each conference. These conferences are intended to augment the practice-based learning, occurring on wards and on specialty rotations, and they are a requirement of the Accreditation Council for Graduate Medical Education (ACGME).

As adult learners, Residents are expected to make every effort to attend departmental conferences. All Residents are required to attend 100% of the conferences when they are available. Conference attendance will be reviewed as part of overall Residency performance. Disciplinary action will be taken, including forfeiture of CME days, educational funds, or academic probation for those who fail to comply.

C. Mentoring

UK King's Daughters (Ashland) IM Program has assigned 2 dedicated general internal medicine faculty members as longitudinal clinic supervising attendings. These faculty members will play a pivotal role in overseeing the residents' clinic experiences throughout their training. This structure ensures that residents will maintain a consistent mentoring relationship with the same supervising attending throughout their educational journey, fostering a stable and supportive learning environment.

Our program will facilitate resident scholarly activity through existing research collaborations, access to robust electronic health record (EHR) data sets, and opportunities to collaborate with faculty mentors on scholarly work products.

D. Documentation of Clinical Experiences

All patient care encounters and procedures will be tracked by Epic and residents are expected to utilize per training, guidelines and policies.

Residents are required to document in MedHub procedures to be verified by the Attending Physician in a timely fashion.

Residents are required, in order to meet ACGME requirements, to track/document the following encounters into MedHub, no exceptions:

- **A minimum of 10 EKGs**
- **Observe 5 stress tests**
- **Observe 5 echocardiograms**
- **A minimum of 10 central lines insertion**
- **A minimum of 5 paracentesis**

E. In-Training Exam

Residents will be required to complete the in-training exam (ITE) each year during the month of August. Scores from the ITE are used to determine educational needs and the Program Director with the Resident will develop an Individualized Learning Plan to meet the educational needs of the Resident based on the ITE scores and evaluations.

F. Research

The UK KD Internal Medicine Program requires, encourages and promotes the research efforts of faculty and residents. As research is a mandatory requirement, there will be a didactic/educational series discussing current and important topics. The UK KD IM residency program has partnered with the University of Kentucky College of Public Health (CPH) faculty for research data within our electronic health record. This initiative allows residents to select topics of interest and engage in quality improvement projects or retrospective data analyses focusing on specific patient demographics. Residents may initiate investigations of particular research topics with Program Director approval or they may become involved in ongoing projects of the faculty at UK KD.

G. Direct Observation

UK KD faculty members directly observe residents during interactions in both inpatient and outpatient settings, providing immediate feedback to refine their communication skills. During team rounds, faculty monitor communication styles and provide real-time guidance, allowing for iterative improvements. This hands-on approach ensures that residents continuously enhance their ability to communicate effectively with patients and their families.

IV. INTERNAL MEDICINE PROGRAM DETAILS

A. Program Curriculum

Year 1

- 12 Weeks of General Internal Medicine (Wards)
- 4 Weeks of Cardiology Consults
- 4 Weeks of Pulmonary Consults
- 4 Weeks of ICU
- 4 Weeks of Nursing Home (Geriatrics/Palliative)
- 8 Weeks of Ambulatory
- 4 Weeks of Nephrology
- 4 Weeks of Night Float
- 4 weeks of Endocrinology Ambulatory
- 4 Weeks Gastroenterology Consults

Years 2 and 3

- 16 Weeks of General Internal Medicine (Wards)

- 4 Weeks of Gastroenterology Consults
- 4 Weeks of Cardiology Consults
- 4 Weeks of Infectious Disease Consults
- 4 Weeks of Ambulatory Rheumatology
- 8 Weeks of ICU
- 8 Weeks of Ambulatory
- 4 Weeks of Hematology / Oncology
- 8 Weeks of Night Float
- 4 Weeks of Pulmonary Consult
- 4 Weeks of Addiction Medicine
- 4 Weeks of Neurology
- 4 Weeks of Emergency Medicine
- 4 Weeks of Nephrology
- 24 Weeks of Individual Educational Experience

B. Facilities

The Internal Medicine program provides resident office space and/or work stations for every rotation, secured resident work space with break area, access to the physician lounge with food, medical library, conference room and lactation spaces proximate to resident work areas.

C. Supervision

Each patient will have an identifiable and appropriately credentialed and privileged attending physician who is responsible and accountable for the patient's care. This information must be available to residents, faculty members, other members of the health care team, and to patients. When providing direct patient care, residents and faculty members must inform each patient of their respective roles in that patient's care.

The degree of contact and duration of faculty supervision assignments must be sufficient to assess both the knowledge and skills of each resident, and to delegate the appropriate level of patient care authority and responsibility. To demonstrate appropriate oversight of resident supervision, while providing for graded authority and responsibility, the Internal Medicine (IM) Residency Program will use the following classifications of supervision as per the Accreditation Council for Graduate Medical Education (ACGME) Common and Internal Medicine Program Requirements:

DIRECT SUPERVISION:

The supervising physician is physically present with the resident during the key portions of the patient interaction, or the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

PGY-1 residents must initially be supervised directly with the attending physically present. A supervising physician must be immediately available to be physically present for PGY-1 residents on inpatient rotations who have demonstrated the skills sufficient to progress to indirect supervision. Interns are primarily responsible for the care of patients under the guidance and supervision of the attending physician and senior residents. Interns should be the point of first contact when questions or concerns arise about the care of their patients. However, when questions or concerns persist, the attending physician should be contacted. Interns may provide care for inpatients, outpatients, or patients in the emergency department.

INDIRECT SUPERVISION:

The supervising physician does not provide physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

OVERSIGHT:

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Graduated Levels of Responsibility

To ensure oversight of resident supervision and graded authority and responsibility, faculty members, functioning as supervising physicians, will delegate portions of care to residents, based on the needs of the patient and the skills of the resident. For many aspects of patient care, the supervising physician may be a more senior resident or fellow. Supervision will be based on each resident's level of training and ability, as well as patient complexity and acuity. The program director evaluates each resident's abilities based on specific criteria guided by the Milestones.

The privilege of progressive authority and responsibility, conditional independence and a supervisory role delegated to each resident is outlined as follows:

*****Note: The term "Intern" refers to any PGY-1 and "upper-level resident" to any PGY2-3 Internal Medicine Trainee.***

The IM residency program will ensure that all patient care is supervised by qualified faculty. Faculty schedules will be structured to provide residents with continuous supervision and consultation. Attending supervision should be adequate to provide quality patient care, and at times will require the daily examination and evaluation of the patient. At other times, this supervision may be accomplished by discussion during teaching rounds. A resident may request the physical presence of an attending at any time and is never to be refused. Attendings will be available for immediate consultation by pager/phone 24 hours a day.

Refer to the following definitions for physicians providing supervision:

- Attending of Record: Faculty member responsible for the service to which a patient is assigned
- On-call Attending: Faculty member working as a nocturnist between the hours of 7pm and 7am and immediately responsible for the care of hospitalized patients
- Supervising Physician: Attending or upper-level resident who is directly or indirectly supervising the patient care activities of interns

Duties that require a verbal discussion may be performed but should be discussed prior with the supervising physician, except in the case of an emergency. The supervising physician will then decide if the resident should perform this duty with indirect or direct supervision. The ultimate decision always rests with the attending of record or on-call attending physician.

Duties that require direct supervision are performed with the supervising physician present with the patient.

INTERN (PGY1) SUPERVISION REQUIREMENTS

	Indirect Supervision	Direct Supervision
Patient Care	<ul style="list-style-type: none"> *Evaluate unstable patients *Perform a history and physical *Order routine medications *Order diagnostic tests 	<ul style="list-style-type: none"> Administration of anti-arrhythmics Make a DNR order Resuscitation from shock Transfer a patient to the ICU Ventilator management
Procedures	<ul style="list-style-type: none"> *Intravenous line placement *Nasogastric tube placement *Pap smear and endocervical culture *Urinary catheter placement *Venous blood draw 	<ul style="list-style-type: none"> Incision and drainage of abscess Arterial blood draw Arterial line placement Arthrocentesis Bone marrow biopsy Central venous line placement Endoscopy Lumbar puncture Paracentesis Pulmonary artery catheter placement Thoracentesis

**Interns must successfully perform and document at least five (5) of each procedure listed under direct supervision prior to progression to performance of procedures with indirect supervision. When an intern is performing a procedure with indirect supervision, an upper-level resident that has achieved indirect supervision status on a procedure or attending/supervising physician competent in the procedure must be physically present in the same building.*

All interns are required to be certified in Advanced Cardiac Life Support (ACLS), and should perform all procedures within the ACLS protocol, required regardless if the supervising physician is present during emergent situations such as when responding to a CODE.

Circumstances/events in which interns must communicate with the supervising faculty members include:

1. Significant change in patient condition:
 - Transfer of the patient to the intensive care unit
 - Need for rapid increase of FiO2 or any positive pressure ventilator support
 - Cardiac arrest or significant changes in hemodynamic status
 - Development of significant neurological changes
 - Development of major wound complications
 - Any significant clinical problem that will require an invasive procedure or operation
2. Patient death (expected or unexpected).
3. Treatment error or complication.
4. New patient admission to the hospital or patient transfer from another facility.
5. Patient requesting to leave the hospital against medical advice (AMA).
6. Patient or family request for a discussion with supervising physician.

UPPER-LEVEL RESIDENT (PGY2 and PGY3) SUPERVISION REQUIREMENTS

	Oversight	Indirect Supervision (*verbal discussion)	Direct Supervision
Patient Care	Evaluate unstable patients Perform a history & physical Order routine medications Order diagnostic tests	Administration of anti-arrhythmics Resuscitation from shock Ventilator management Make a DNR order	
Procedures	Arterial blood draw Incision and drainage of abscess Intravenous line placement Nasogastric tube placement Pap smear & endocervical culture Urinary catheter placement Venous blood draw	Arterial line placement Arthrocentesis Central venous line placement Endotracheal intubation Lumbar puncture Paracentesis Thoracentesis	Bone marrow biopsy Endoscopy Pulmonary artery catheter placement

**Verbal discussion takes place with the supervising attending prior to and immediately after the procedure has taken place.*

Upper-level residents coordinate all patient care for the patients on the service and serve as the primary supervisors of the intern(s) on their service. Upper-level residents should always be available to the intern on service and in their absence will assume all primary caregiver responsibilities. At times, upper-level residents will also carry their own patients, for whom they serve as primary caregivers. In these situations, they will not only supervise the intern but also serve as primary caregiver to their own patients. Upper-level residents are directly responsible to the attending of record, and should maintain open, continuous lines of communication regarding the status of the patients on the teaching team. As residents progress through upper-level months, increasing responsibility and autonomy are provided by the attending on service, such that by the final inpatient months of training, each resident should essentially be functioning as an attending with regards to medical decision-making.

In the setting of an intern being supervised by an upper-level resident, it is expected that the supervising resident will examine and evaluate each patient on the service at least daily. The upper-level resident and intern should maintain clear communication about the patient's care.

Circumstances/events in which upper-level residents must communicate with the supervising faculty members include:

1. Significant change in patient condition:
 - Transfer of the patient to the intensive care unit
 - Cardiac arrest
 - Any significant clinical problem that will require an urgent invasive procedure or operation
2. Patient death (unexpected).
3. Major treatment error or complication.
4. New patient admission to the hospital or patient transfer from another facility:
 - Stable Patients: Upper-level residents should contact the attending of record or the on-call attending after their initial evaluation is complete and at the earliest time convenient, that does not interfere with his/her patient care duties.
 - Unstable Patients: If after evaluation and assessment an unstable patient is identified, the attending of record or the on-call attending should be notified promptly (guideline of 15 minutes) by one of the team members, unless all the team members are needed to stabilize the patient's condition or coordinate transfer to the ICU. If such a delay is required then a call should be placed as soon as feasible.
5. Patient requesting to leave the hospital against medical advice (AMA) with a high risk of harm.

6. Patient or family request for a discussion with the supervising physician.

INPATIENT SUPERVISION

Residents' responsibilities must be limited to patients for whom the teaching team has diagnostic and therapeutic responsibility. Non-physician faculty members must not supervise internal medicine residents on inpatient rotations. Residents from other specialties must not supervise internal medicine residents on any internal medicine inpatient rotation. The resident team and each attending physician must have the responsibility to make management rounds on their patients and communicate effectively with each other at a frequency appropriate to the changing care needs of the patients. Residents must write all orders for patients under their care, with appropriate supervision by the attending physician. In those circumstances when another attending physician or consult writes an order on a resident's patient, the attending or consult must communicate the action to the resident in a timely manner.

PGY-1 residents must not be assigned more than five new patients per admitting day; an additional two patients may be assigned if they are in-house transfers from other medical services. PGY-1 residents must not be assigned more than eight new patients in a 48-hour period. PGY-1 residents must not be responsible for the ongoing care of more than 10 patients.

When supervising more than one PGY-1 resident the PGY-2 or PGY-3 supervising resident must not be responsible for the supervision or admission of more than 10 new patients and four transfer patients per admitting day or more than 16 new patients in a 48-hour period; care of more than 14 patients or the ongoing care of more than 20 patients.

OUTPATIENT SUPERVISION

Residents must be taught and supervised by faculty members with whom they have developed a longitudinal relationship. Faculty members must maintain a ratio of residents or other learners to faculty preceptors not to exceed four to one. Faculty members must not have other patient care responsibilities while supervising more than two residents or other learners.

AMBULATORY SUPERVISION OF ALL RESIDENTS

In clinic, both interns and upper-level residents serve as the primary caregivers to each patient and are immediately responsible to the attending with whom he/she is working. Each resident has an increasing degree of responsibility commensurate with his/her level of training. It is important to remember that, while the training program emphasizes resident responsibility for patient care as a principle of learning, the physician who is legally responsible for what happens to a patient is the attending physician of record.

Each patient evaluated by a resident in the UKKD ambulatory practice has a member of the medical staff as his/her attending physician who is physically present and readily available during the entire clinical encounter. Residents will perform a history and physical examination on the patient and review these findings with the supervising attending physician. The resident will develop an assessment and plan for the patient, and this will be discussed with the supervising attending. A plan of care for the patient will be agreed upon and the resident will enact this care plan assisted by the attending physician. Interns in their first 6 months of residency will review the patient's care plan in the attending physician's physical presence. After successful completion of the first 6 months of residency, the attending physician will decide which patients he/she must physically see prior to discharge from clinic. Residents will generate a problem-based note summarizing the history, physical examination, assessment and plan for the patient. Each note will be reviewed and signed by the supervising attending. Residents will provide continuity of care for their patients with the guidance of the supervising attending.

Each resident and program faculty must know the limits of resident scope of authority, and the circumstances under which they are permitted to act with conditional independence. The Internal Medicine Residency Program Director, with the guidance of the program's faculty through the Clinical Competency Committee (CCC), evaluates Resident members over the course of their training using specific criteria, including ACGME Milestone data, to ensure each assumes progressive involvement and independence in patient care activities at graduated levels of responsibility and supervision commensurate with their advancing skill and knowledge base.

D. EHR Workflow

Residents will utilize Epic EHR and are provided onboarding and training prior to their first day of clinical rotation.

- a. All patient encounters should be documented at the time of encounter and submitted to the attending for review.
- b. Attending will then addend the note and co-sign.
- c. Problem lists, medication lists, health maintenance log, and immunization records within the EHR should be kept up-to-date.

In compliance with Centers for Medicaid and Medicare Services (CMS) Teaching Physician Guidelines Modifier –GC will be attached for all billing submitted for services provided by a Resident under the supervision of a Teaching Physician for Medicare patients, except E/M coded 99201-03 and 99211-13 which will be submitted with Modifier-GE.

E. Patient Reports

Prompt and appropriate attention to patient information, reports, laboratory studies, radiologic studies, diagnostic studies and consultant opinions is critical to the ongoing

evaluation and management of patients. To ensure maximal patient safety and quality of care, the following process will be utilized:

1. Incoming patient reports, consults, labs, radiology reports will be directed to the resident's inbox.
2. Residents are expected to check their Epic inbox at least daily during regular workdays.
3. The resident's inbox will be attached to their longitudinal clinic mentor.
4. When residents are unavailable for more than two consecutive days, they must make formal arrangements, with collaboration with their mentor for daily coverage and access to their Epic inbox during the duration of their absence.

F. Rotation Goals and Objectives

University of Kentucky King's Daughters Internal Medicine Residency

Inpatient Wards Rotation

PGY 1 Competency-based Goals and Objectives

Educational Experience

Description of Rotation: The rotation is structured as a 4-week block, where the resident will be integrated into a team-managing patient admitted under the hospital's teaching service. Typically, the rotation will include a PGY1 resident paired with either a PGY2 or PGY3 resident. The team will also include the attending hospitalist physician, as well as the pharmacist assigned to the floors where the teaching team patients are admitted.

The resident will receive comprehensive training in the evaluation and management of conditions necessitating hospitalization, generally through the emergency department or direct admissions from office settings. Hospitalization indications will encompass a wide range of internal medicine areas, including cardiovascular, pulmonary, gastrointestinal, and other diagnoses.

Training will include reviewing pre-admission data, such as medications and patient history, and formulating a differential diagnosis. Residents will learn to order diagnostic labs, imaging, or procedures in a judicious and cost-effective manner. They will be supervised to place admission orders, including necessary therapeutics.

During daily rounds with the multidisciplinary team, the resident will continually evaluate and manage the patient's initial differential diagnosis, participating in the adjustment of diagnostic or therapeutic procedures for individual patients. Emphasis will be placed on understanding social determinants of health, delegating responsibilities to the multidisciplinary care management team, and preparing for post-acute care transitions.

Residents will also receive training on addressing topics like code status and reassessing goals of care, especially in terminal illness or palliative care situations. Interaction with medical and surgical consultants will be emphasized, with residents learning to communicate professionally, relay consultant recommendations to the teaching team, and place appropriate orders.

Rotation Goals and Objectives

Patient Care

Goals: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must be able to perform all medical and diagnostic procedures considered essential for the area of practice.

Objectives: Approach each patient with a comprehensive understanding of the patient's value system and care preferences.

- Dedicate sufficient time during admission and daily rounds to actively listen to patients, addressing both medical and social health concerns.
- Review detailed medications history and ensure accurate medication reconciliation.
- Utilize data from the admission and previous diagnostic studies to develop a differential diagnosis.
- Order appropriate, focused, and cost-effective testing.

Medical Knowledge

Goals: Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care. Residents are expected to demonstrate a level of expertise in the knowledge of those areas appropriate for the internal medicine specialist.

Objectives:

- Develop critical thinking skills and formulate comprehensive differential diagnoses and treatment plans.

Specific areas of focus, though not exhaustive, will include:

- Assessment and treatment of pneumonia
- Assessment and treatment of chest pain
- Assessment and treatment of shortness of breath
- Assessment and treatment of possible/probable sepsis
- Assessment and treatment of cardiovascular acute illnesses, including congestive heart failure, worsening or new onset coronary artery disease, and peripheral vascular disease
- Assessment and treatment of fever of unknown etiology
- Assessment and treatment of complications of chemotherapy and cancer patients
- Assessment and treatment of acute kidney injury

- Assessment and treatment of focal weakness with appropriate diagnostic measures to rule out CVA or other neurological conditions
- Approach these topics with an open mind, acknowledging knowledge gaps and considering evolving research and concepts in internal medicine.
- Utilize an evidence-based approach to diagnostics and therapeutics, thoroughly reviewing both established and emerging literature on these subjects.

Systems-Based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context of system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.

Objectives:

- Assess the complex interaction between social determinants of health and healthcare outcomes using the electronic medical records' standardized social determinants of health questionnaire, direct patient interviews, and feedback from the social work and case management teams.
- Delegate specific tasks to team members and collaborate effectively within the multidisciplinary team to ensure appropriate post-acute care.
- Coordinate transportation services for patients facing transportation challenges, a responsibility typically managed by social workers.
- Identify patients requiring extensive rehabilitation after discharge and collaborate with nursing home administrators and social workers to ensure proper information transfer.
- Ensure follow-up and communication of specific medication changes during the transition to the rehabilitation center or nursing home.
- Work within a multidisciplinary team comprising experts in case management (usually individuals with a nursing background), social workers, community health workers, the pharmacy team, and navigators for specific chronic illnesses (such as the congestive heart failure clinic navigator and the oncology navigator).

Practice-Based Learning and Improvement

Goals: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Objectives:

- Apply evidence-based principles to all aspects of the patient care plan, considering the latest literature, including expert opinions, randomized controlled trials, meta-analyses, and retrospective data analyses pertinent to specific diagnoses and topics.
- Integrate self-mindedness into personal development, focusing on medical knowledge, professional growth, and communication skills.

- Utilize self-mindedness techniques to identify blind spots, seek feedback from the program director and faculty, and enhance soft skills. Utilize available resources, including internal medicine board review questions, to identify gaps in medical knowledge. Develop a personalized reading and curricular plan with the assistance of the program director and core faculty.
- Focus on acquiring the necessary skills to multitask and prioritize duties effectively throughout the internal medicine training program.

Professionalism

Goals: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

Objectives:

- Consistently uphold ethical conduct, demonstrating compassion, integrity, and respect for patients, their families, colleagues, and other healthcare providers.
- Exhibit accountability by promptly responding to team members and respecting the authority of senior residents and attending physicians.
- Serve as a role model within multidisciplinary teams, maintaining calm and poise in stressful situations, and practicing active listening, especially when patients or their caregivers are experiencing grief or disappointment.
- Possess a thorough understanding of available healthcare system resources, collaborating with senior residents and attending physicians to utilize these resources effectively, such as involving legal, quality, or compliance teams when necessary.
- Ensure timely attendance at conferences.
- Review diagnostic labs, imaging results, and consultant notes promptly.
- Complete progress notes in a timely manner, emphasizing clear communication of care plans and acknowledging the importance of patient access to these open notes.
- Advocate for patients and their families, promoting shared decision-making and involving them actively in the care process.

Interpersonal and Communication Skills

Goals: Residents must be able to demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to collaborate with them to assess their care goals, including, when appropriate, end-of-life goals.

Objectives:

- Develop effective listening skills to understand patients and their caregivers, and be able to respond compassionately in situations of overwhelming

acute or terminal illness that may impact the psychology of both the patient and caregiver.

- Be cognizant of personal, cultural, and other forms of bias, and understand their impact on interactions with patients and other healthcare providers.
- Cultivate an awareness of knowledge and communication gaps that frequently result in misunderstandings of specific instructions given to patients.
- Interact respectfully with the nursing team, especially when giving verbal orders over the phone, and ensure that proper procedures are followed to confirm that orders are well understood. Respond promptly to nursing team concerns about patients' progress or changes in health status.
- Communicate promptly with senior residents and/or attending physicians regarding detailed care plans and the formulation of therapeutic or diagnostic procedures.

University of Kentucky King's Daughters Internal Medicine Residency

Intensive Care Unit (ICU) Rotation

Competency-Based Goals and Objectives (PGY-1 Levels)

Educational Experience

Description of Rotation: The ICU rotation is structured as a 4-week block designed to provide residents with comprehensive training in the evaluation and management of critically ill patients. During this rotation, residents will be integrated into the multidisciplinary ICU team under the supervision of intensivists. The team includes physicians, advanced practice providers (APRNs), pharmacists, respiratory therapists, social workers, and case managers. Residents will actively participate in daily rounds, contribute to care planning, and develop expertise in managing life-threatening conditions.

Residents will not attend their longitudinal internal medicine clinic during this rotation, ensuring full immersion in ICU patient care.

Rotation Goals and Objectives

Patient Care

Goals: Residents must be able to provide compassionate, appropriate, and effective care for critically ill patients, incorporating advanced medical and procedural interventions to improve patient outcomes.

Objectives:

- Perform thorough assessments of critically ill patients, including history, physical examination, and diagnostic evaluation.
- Develop proficiency in managing ventilatory support, including invasive and non-invasive mechanical ventilation, oxygen therapy, and spontaneous breathing trials.
- Initiate and adjust vasopressor and inotropic support based on hemodynamic monitoring.
- Gain experience in procedural skills, including:
 - Central venous catheter insertion
 - Arterial line placement
 - Endotracheal intubation
 - Bedside ultrasound for hemodynamic assessment and procedural guidance
- Participate in daily multidisciplinary ICU rounds, contributing to patient care discussions and management plans.
- Develop expertise in sedation, analgesia, and delirium management in ICU patients, incorporating both pharmacologic and non-pharmacologic strategies.
- Manage patients with cardiogenic, septic, and distributive shock, including the use of advanced circulatory support devices when applicable.

- Collaborate with palliative care specialists to discuss goals of care, particularly in terminal illness and end-of-life decision-making.

Medical Knowledge

Goals: Residents must demonstrate comprehensive knowledge of the pathophysiology, diagnosis, and management of critical illness, incorporating evidence-based practices into patient care.

Objectives:

- Recognize and manage life-threatening conditions, including:
 - Acute respiratory distress syndrome (ARDS)
 - Severe pneumonia and sepsis-related respiratory failure
 - Massive pulmonary embolism and hemodynamic instability
 - Acute heart failure and cardiogenic shock
 - Drug overdose and toxin-induced respiratory failure
 - Post-cardiac arrest care and targeted temperature management
- Develop a strong understanding of ICU-specific infection control measures, including:
 - Ventilator-associated pneumonia prevention bundles
 - Central line-associated bloodstream infection (CLABSI) prevention strategies
 - Sepsis recognition and management, including early goal-directed therapy
- Learn the principles of fluid resuscitation, including the appropriate selection of intravenous fluids and volume expansion strategies.
- Gain expertise in the selection and titration of vasopressors and inotropes in the management of circulatory shock.
- Understand the indications for enteral versus parenteral nutrition and the management of nutritional support in critically ill patients.
- Develop knowledge of endocrine emergencies in the ICU, including adrenal crisis, diabetic ketoacidosis (DKA), and thyroid storm.
- Learn antibiotic selection and dose adjustments in critically ill patients, considering organ dysfunction, particularly in patients with hepatic and renal impairment.
- Develop an understanding of the management of acute and chronic renal failure in the ICU setting, including indications for renal replacement therapy.

Systems-Based Practice

Goals: Residents must demonstrate an awareness of healthcare system complexities and work effectively within the ICU team to optimize patient care.

Objectives:

- Work under the supervision of the PGY-2/3 resident and attending intensivist, following guidance for patient care decisions.
- Promptly report acute changes in patient condition to the senior resident and attending.

- Coordinate care with emergency department physicians and facilitate appropriate ICU admissions.
- Communicate effectively with ICU nursing staff to ensure timely interventions and seamless care delivery.
- Work closely with respiratory therapists to optimize mechanical ventilation strategies and weaning protocols.
- Engage with case managers and social workers to plan transitions of care, including post-ICU rehabilitation and discharge planning.
- Collaborate with rapid response teams (RRT) and code teams for the stabilization of deteriorating patients outside the ICU.

Practice-Based Learning and Improvement

Goals: Residents must engage in continuous learning, using medical literature, clinical guidelines, and quality improvement initiatives to enhance their practice.

Objectives:

- Utilize clinical decision-making resources such as UpToDate, ICU protocols, and evidence-based algorithms for managing critically ill patients.
- Apply standardized algorithms for shock management, resuscitation, and post-resuscitation care.
- Review ICU management bundles and protocols for reducing hospital-acquired infections and improving patient safety.
- Participate in debriefings after major resuscitations to enhance learning and improve future performance.
- Engage in self-assessment, seeking feedback from intensivists, nurses, and respiratory therapists to refine clinical skills.

Professionalism

Goals: Residents must demonstrate professionalism by maintaining ethical conduct, composure under high-stress situations, and respectful interactions with patients, families, and healthcare teams.

Objectives:

- Exhibit professionalism during high-stress situations such as rapid response activations, code blue events, and discussions of poor prognoses.
- Maintain clear and compassionate communication with families of critically ill patients, particularly regarding prognosis, treatment options, and goals of care.
- Demonstrate respect and sensitivity when engaging in palliative care discussions and end-of-life decision-making.
- Uphold ethical principles in medical decision-making, including patient autonomy and beneficence.
- Be accountable for timely documentation, including progress notes, procedural notes, and handoff communications.
- Maintain punctuality and preparedness for rounds, conferences, and ICU teaching sessions.

Interpersonal and Communication Skills

Goals: Residents must be able to communicate effectively with patients, families, and multidisciplinary teams to ensure optimal patient-centered care.

Objectives:

- Develop clear and concise verbal and written communication skills when presenting patients during ICU rounds.
- Engage in shared decision-making with patients and families, ensuring that their concerns and preferences are addressed.
- Communicate effectively with consulting services and facilitate appropriate specialty referrals when necessary.
- Utilize structured handoff tools such as to ensure safe transitions of care.
- Foster a collaborative team environment by actively participating in multidisciplinary rounds and respecting input from all team members.

University of Kentucky King's Daughters Internal Medicine Residency

Intensive Care Unit (ICU) Rotation

Competency-Based Goals and Objectives (PGY-2 and PGY-3 Levels)

Educational Experience

Description of Rotation: The ICU rotation is structured as a 4-week block designed to provide residents with comprehensive training in the evaluation and management of critically ill patients. During this rotation, residents will be integrated into the multidisciplinary ICU team under the supervision of intensivists. The team includes physicians, advanced practice providers (APRNs), pharmacists, respiratory therapists, social workers, and case managers. Residents will actively participate in daily rounds, contribute to care planning, and develop expertise in managing life-threatening conditions.

Residents will not attend their longitudinal internal medicine clinic during this rotation, ensuring full immersion in ICU patient care.

Rotation Goals and Objectives

Goals: Residents must be able to provide compassionate, appropriate, and effective care for critically ill patients, incorporating advanced medical and procedural interventions to improve patient outcomes.

Objectives:

- Perform thorough assessments of critically ill patients, including history, physical examination, and diagnostic evaluation.
- Develop proficiency in managing ventilatory support, including invasive and non-invasive mechanical ventilation, oxygen therapy, and spontaneous breathing trials.
- Initiate and adjust vasopressor and inotropic support based on hemodynamic monitoring.
- Gain experience in procedural skills, including:
 - Central venous catheter insertion
 - Arterial line placement
 - Endotracheal intubation
 - Bedside ultrasound for hemodynamic assessment and procedural guidance
- Participate in daily multidisciplinary ICU rounds, contributing to patient care discussions and management plans.
- Develop expertise in sedation, analgesia, and delirium management in ICU patients, incorporating both pharmacologic and non-pharmacologic strategies.
- Manage patients with cardiogenic, septic, and distributive shock, including the use of advanced circulatory support devices when applicable.

- Collaborate with palliative care specialists to discuss goals of care, particularly in terminal illness and end-of-life decision-making.

Medical Knowledge

Goals: Residents must demonstrate comprehensive knowledge of the pathophysiology, diagnosis, and management of critical illness, incorporating evidence-based practices into patient care.

Objectives:

- Recognize and manage life-threatening conditions, including:
 - Acute respiratory distress syndrome (ARDS)
 - Severe pneumonia and sepsis-related respiratory failure
 - Massive pulmonary embolism and hemodynamic instability
 - Acute heart failure and cardiogenic shock
 - Drug overdose and toxin-induced respiratory failure
 - Post-cardiac arrest care and targeted temperature management
- Develop a strong understanding of ICU-specific infection control measures, including:
 - Ventilator-associated pneumonia prevention bundles
 - Central line-associated bloodstream infection (CLABSI) prevention strategies
 - Sepsis recognition and management, including early goal-directed therapy
- Learn the principles of fluid resuscitation, including the appropriate selection of intravenous fluids and volume expansion strategies.
- Gain expertise in the selection and titration of vasopressors and inotropes in the management of circulatory shock.
- Understand the indications for enteral versus parenteral nutrition and the management of nutritional support in critically ill patients.
- Develop knowledge of endocrine emergencies in the ICU, including adrenal crisis, diabetic ketoacidosis (DKA), and thyroid storm.
- Learn antibiotic selection and dose adjustments in critically ill patients, considering organ dysfunction, particularly in patients with hepatic and renal impairment.
- Develop an understanding of the management of acute and chronic renal failure in the ICU setting, including indications for renal replacement therapy.

Systems-Based Practice

Goals: Residents must demonstrate an awareness of healthcare system complexities and work effectively within the ICU team to optimize patient care.

Objectives:

- Supervise PGY-1 residents, ensuring they promptly report acute changes.
- Serve as first-line responders to ICU nursing concerns and escalate critical issues to the attending.

- Promptly report acute changes in patient condition to the senior resident and attending.
- Coordinate care with emergency department physicians and facilitate appropriate ICU admissions.
- Communicate effectively with ICU nursing staff to ensure timely interventions and seamless care delivery.
- Work closely with respiratory therapists to optimize mechanical ventilation strategies and weaning protocols.
- Engage with case managers and social workers to plan transitions of care, including post-ICU rehabilitation and discharge planning.
- Collaborate with rapid response teams (RRT) and code teams for the stabilization of deteriorating patients outside the ICU.

Practice-Based Learning and Improvement

Goals: Residents must engage in continuous learning, using medical literature, clinical guidelines, and quality improvement initiatives to enhance their practice.

Objectives:

- Utilize clinical decision-making resources such as UpToDate, ICU protocols, and evidence-based algorithms for managing critically ill patients.
- Apply standardized algorithms for shock management, resuscitation, and post-resuscitation care.
- Review ICU management bundles and protocols for reducing hospital-acquired infections and improving patient safety.
- Participate in debriefings after major resuscitations to enhance learning and improve future performance.
- Engage in self-assessment, seeking feedback from intensivists, nurses, and respiratory therapists to refine clinical skills.

Professionalism

Goals: Residents must demonstrate professionalism by maintaining ethical conduct, composure under high-stress situations, and respectful interactions with patients, families, and healthcare teams.

Objectives:

- Exhibit professionalism during high-stress situations such as rapid response activations, code blue events, and discussions of poor prognoses.
- Maintain clear and compassionate communication with families of critically ill patients, particularly regarding prognosis, treatment options, and goals of care.
- Demonstrate respect and sensitivity when engaging in palliative care discussions and end-of-life decision-making.
- Uphold ethical principles in medical decision-making, including patient autonomy and beneficence.
- Be accountable for timely documentation, including progress notes, procedural notes, and handoff communications.

- Maintain punctuality and preparedness for rounds, conferences, and ICU teaching sessions.

Interpersonal and Communication Skills

Goals: Residents must be able to communicate effectively with patients, families, and multidisciplinary teams to ensure optimal patient-centered care.

Objectives:

- Develop clear and concise verbal and written communication skills when presenting patients during ICU rounds.
- Engage in shared decision-making with patients and families, ensuring that their concerns and preferences are addressed.
- Communicate effectively with consulting services and facilitate appropriate specialty referrals when necessary.
- Utilize structured handoff tools such as to ensure safe transitions of care.
- Foster a collaborative team environment by actively participating in multidisciplinary rounds and respecting input from all team members.

University of Kentucky King's Daughters Internal Medicine Residency

Addiction Medicine and Wellness Recovery Rotation

Competency-Based Goals and Objectives (all PGY levels)

Educational Experience

Description of Rotation: The Addiction Medicine rotation is structured as a 4-week block designed to provide residents with in-depth exposure to the evaluation and management of substance use disorders (SUDs). During this rotation, students will be integrated into the multidisciplinary UK KDMC Addiction Medicine Department, Wellness and Recovery team, gaining hands-on experience with both inpatient and outpatient teams.

Inpatient Experience: During the first two weeks, residents will work with the inpatient team and select high-acuity patient cases focused on the induction of medication for opioid use disorder (MOUD), medication for alcohol use disorder (MAUD), and withdrawal management. The learners will staff those cases with the attending physician(s) on service. 1-2 days of the rotation will be dedicated to reviewing high yield review articles related to addiction medicine, specifically SUD inductions, MOUD, and withdrawal management for opioids, alcohol, stimulants, and benzodiazepines. Articles will be sourced from ASAM and other scholarly sources for in-depth study.

Outpatient Experience: During weeks three and four, students will rotate through the outpatient addiction medicine clinic, where they will follow a provider and engage with patients who have a dual diagnosis of SUD and mental health disorders. The resident will present a chosen patient cases to the attending physician for discussion and collaboration on the treatment plan, conducting research to optimize the care plan. 1-2 days of the rotation will be dedicated to reviewing scholarly articles and evidence-based treatments for addiction medicine.

Rotation Goals and Objectives

Patient Care

Goals: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must be able to perform all medical and diagnostic procedures considered essential for the area of practice.

Objectives:

- Develop competency in assessing and managing SUDs in both inpatient and outpatient settings.
- Formulate and implement comprehensive addiction treatment plans, including MOUD and MAUD.
- Ensure safe withdrawal management using evidence-based protocols.

- Coordinate follow-up care and appropriate referrals for patients transitioning between inpatient and outpatient settings.

Medical Knowledge

Goals: Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care. Residents are expected to demonstrate a level of expertise in the knowledge of those areas appropriate for the internal medicine specialist.

- Gain proficiency in recognizing and managing SUDs, withdrawal syndromes, and relapse prevention strategies.
- Get familiarized with ASAM guidelines and current addiction medicine literature.
- Understand the pharmacology and appropriate use of medications (such as Buprenorphine, Naltrexone, Disulfiram, Acamprosate, Naltrexone) for substance use disorders.

System-Based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context of system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.

Objectives:

- Develop an understanding of how addiction treatment integrates into the broader healthcare system, including access to specialized services and barriers to care.
- Collaborate with social workers, case managers, and community health resources to address the social determinants of health affecting addiction recovery.
- Utilize harm reduction strategies and medication-assisted treatment (MAT) approaches to provide individualized care that aligns with best practices.
- Identify gaps in addiction services and develop an appreciation of and advocacy for these services in the resident's future practice as an internist.

Practice-Based Learning and Improvement

Goals: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Objectives:

- Engage in self-reflection and continuous improvement by evaluating personal clinical performance and seeking feedback from faculty.

- Stay current with addiction medicine research and incorporate new evidence-based practices into clinical decision-making.
- Utilize case-based learning and literature reviews to critically assess treatment protocols and refine therapeutic approaches for SUDs.
- Contribute to educational sessions by participating in discussions on recent addiction medicine research and clinical guidelines.

Professionalism

Goals: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

Objectives:

- Demonstrate integrity, accountability, and ethical decision-making in the care of patients with SUDs.
- Advocate for patients facing stigma and discrimination, ensuring they receive compassionate and equitable care.
- Uphold confidentiality and sensitivity when discussing addiction-related issues with patients and their families.
- Foster a respectful and collaborative working environment among the multidisciplinary team.

Interpersonal and Communication Skills

Goals: Residents must be able to demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.

Objectives:

- Develop strong communication skills to effectively engage patients in discussions about substance use, treatment options, and harm reduction strategies.
- Establish trust with patients by using motivational interviewing techniques to support behavioral change and treatment adherence.
- Collaborate with mental health professionals, social workers, and community outreach teams to ensure comprehensive, patient-centered care.
- Practice clear and concise documentation to improve care coordination and continuity of treatment across inpatient and outpatient settings.

University of Kentucky King's Daughters Internal Medicine Residency

Emergency Department Rotation

Competency-Based Goals and Objectives (all PGY levels)

Educational Experience

Description of Rotation: The Emergency Department (ED) rotation is structured as a 4-week block designed to provide residents with exposure to the evaluation and management of a diverse patient population presenting with a wide range of acute illnesses. During this rotation, residents will work within a multidisciplinary team, including emergency medicine attendings, residents, advanced practice providers, nurses, case managers, and social workers. The experience aims to develop residents' expertise in triaging and managing patients in the acute care setting, making critical decisions about admission or discharge, and facilitating safe transitions of care.

Rotation Goals and Objectives

Patient Care

Goals: Residents must provide compassionate, appropriate, and effective care for patients presenting with acute illnesses in the ED setting. They should be able to assess and manage a broad spectrum of conditions and make informed decisions regarding patient disposition.

Objectives:

- Perform thorough patient evaluations, including comprehensive histories and focused physical examinations, tailored to acute presentations.
- Engage effectively with patients and their families to ensure understanding of medical conditions and care plans in a fast-paced setting.
- Develop skills in recognizing different levels of acuity and appropriately triage patients for admission, discharge, or observation.
- Initiate timely and evidence-based management for acute conditions commonly encountered in the ED.
- Facilitate seamless transitions of care by coordinating with admitting physicians and ensuring appropriate discharge instructions.

Medical Knowledge

Goals: Residents must demonstrate knowledge of acute illnesses, including their pathophysiology, diagnosis, and management. They must apply this knowledge to real-time patient care scenarios in the ED.

Objectives:

- Develop critical thinking skills to formulate differential diagnoses and treatment plans for emergency conditions.

- Gain proficiency in managing common acute illnesses, including:
 - Sepsis
 - Soft tissue infections
 - Upper respiratory infections (URI)
 - Hypertensive urgency
 - Shock
 - Chest pain and myocardial infarction (MI)
 - Stroke
 - Dizziness
 - Suicidal ideation and psychiatric emergencies
- Utilize evidence-based medicine to guide the treatment of acute conditions, staying updated with current emergency medicine guidelines.
- Recognize the indications for immediate interventions such as advanced airway management, resuscitation, and procedural sedation.

Systems-Based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger healthcare system and collaborate with various teams to provide optimal emergency care.

Objectives:

- Interact effectively with admitting physicians to ensure appropriate patient placement within the hospital system.
- Communicate with primary care physicians (PCPs) to facilitate safe transitions of care for discharged patients.
- Collaborate with case managers and social workers to address social determinants of health and ensure appropriate follow-up care.
- Work closely with ED nursing staff to optimize workflow and ensure timely interventions for critically ill patients.
- Understand the role of hospital resources, including specialty consults, radiology, and laboratory services, in the ED setting.

Practice-Based Learning and Improvement

Goals: Residents must continuously evaluate their patient care practices, utilize resources effectively, and engage in lifelong learning to enhance their emergency medicine skills.

Objectives:

- Utilize clinical resources, such as UpToDate and emergency medicine algorithms, to aid in formulating differential diagnoses.
- Improve learning by reviewing key articles and guidelines for the management of acute illnesses in the ED.
- Seek and apply feedback from attendings, peers, and nursing staff to enhance clinical performance.
- Engage in case-based learning discussions to solidify diagnostic and management strategies for commonly encountered ED conditions.

Professionalism

Goals: Residents must demonstrate professionalism, ethical conduct, and sensitivity to the unique challenges of emergency medicine.

Objectives:

- Maintain composure and professionalism in high-stress situations, ensuring effective teamwork and patient-centered care.
- Communicate respectfully and effectively with patients, families, and the ED team, particularly during emotionally charged encounters.
- Uphold ethical standards in medical decision-making, including issues related to capacity, consent, and end-of-life care.
- Advocate for patient safety and quality improvement initiatives within the ED.
- Ensure timely documentation of assessments, orders, and disposition plans to support continuity of care.

Interpersonal and Communication Skills

Goals: Residents must be able to effectively communicate with patients, families, and healthcare professionals to facilitate efficient and safe emergency care.

Objectives:

- Develop strong communication skills to convey critical information to patients and their families in understandable terms.
- Use shared decision-making approaches, particularly when discussing options for admission versus discharge.
- Foster collaborative relationships with consultants and inpatient teams to optimize patient outcomes.
- Respond promptly and effectively to nursing and ancillary staff concerns regarding patient care.
- Practice active listening skills to ensure accurate patient history-taking and avoid miscommunication in the fast-paced ED setting.

University of Kentucky King's Daughters Internal Medicine Residency

Endocrinology Rotation

Competency-Based Goals and Objectives (all PGY levels)

Educational Experience

Description of Rotation: The endocrinology rotation is a four-week ambulatory block designed to provide residents with comprehensive exposure to the evaluation and management of endocrine disorders. During this rotation, residents will work alongside an endocrinologist in the clinic, gaining hands-on experience in patient care. Occasionally, the teaching endocrinology team may also include another resident or a medical student, fostering a collaborative learning environment.

In the clinic, residents will evaluate new endocrinology consults and follow up on established cases under the direct supervision of endocrinology faculty. They will also have the opportunity to engage with the multidisciplinary team, including advanced practice providers and dietitians, to gain a well-rounded understanding of endocrinology care.

Rotation Goals and Objectives

Patient Care

Goals: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must be able to perform all medical and diagnostic procedures considered essential for the area of practice.

Objectives:

- Conduct thorough patient evaluations, including history and physical examinations focused on endocrinology conditions.
- Review detailed medication histories and ensure accurate medication reconciliation, especially for medications used to treat endocrine conditions such as diabetes and thyroid abnormalities.
- Develop and implement comprehensive care plans, including:
Ordering appropriate diagnostic tests (e.g., diabetes screening and testing, hyperthyroid workup, imaging for suspected adrenal abnormalities). Interpreting test results to guide treatment.
- Manage common endocrinology conditions relevant to internal medicine, particularly diabetes and obesity.
- Collaborate with other specialties involved in the treatment of endocrinology conditions, such as: General surgery, Cardiology, Nephrology and Primary care

Medical Knowledge

Goals: Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.

Residents are expected to demonstrate a level of expertise in the knowledge of those areas appropriate for the internal medicine specialist.

Objectives:

- Develop critical thinking to formulate differential diagnoses and treatment plans for endocrinology patients.
- Gain proficiency in managing conditions such as: Diabetes mellitus type I, Diabetes mellitus type II, Cushing's disease, Hypothyroidism, Hyperthyroidism, Pituitary axis abnormalities
- Utilize evidence-based medicine by reviewing milestone literature and guidelines in endocrinology to inform clinical decisions.
- Engage with resources such as UpToDate and endocrinology textbooks to enhance understanding of endocrine pathways and pathophysiology.
- Develop an understanding of diabetes medications, including: commonly used medications, side effects, drug interactions, indications and contraindications
- Learn the complex interactions between endocrinological abnormalities and cardiovascular disease, including their impact on outcomes.
- Understand advanced diagnostic tests for adrenal disorders, such as dexamethasone suppression testing.
- Master the interpretation of thyroid function tests, including: proper use of TSH, free T4, and free T3, autoimmune testing for thyroid abnormalities

Systems-Based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context of system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.

Objectives:

- Assess the complex interaction between social determinants of health and healthcare outcomes using the electronic medical records' standardized social determinants of health questionnaire, direct patient interviews, and feedback from the social work and case management teams.
- Delegate specific tasks to team members and collaborate effectively within the multidisciplinary team to ensure appropriate post-acute care.
- Coordinate with advanced practitioners and dietitians in the management of diabetes and other endocrinological conditions.
- Collaborate with the vascular surgery and interventional radiology team to obtain dialysis access.
- Ensure follow up and communication of specific medication changes and treatment plan recommendations to other specialists or primary care.

Practice-Based Learning and Improvement

Goals: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Objectives:

- Apply evidence-based principles to all aspects of the patient care plan, considering the latest literature, including expert opinions, randomized controlled trials, meta-analyses, and retrospective data analyses pertinent to specific diagnoses and topics.
- Integrate self-mindedness into personal development, focusing on medical knowledge, professional growth, and communication skills. Utilize self-mindedness techniques to identify blind spots, seek feedback from the program director and faculty, and enhance soft skills.
- Utilize available resources, including internal medicine board review questions, to identify gaps in medical knowledge. Develop a personalized reading and curricular plan with the assistance of the program director and core faculty.
- Focus on acquiring the necessary skills to multitask and prioritize duties effectively throughout the internal medicine training program.

Professionalism

Goals: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

Objectives:

- Consistently uphold ethical conduct, demonstrating compassion, integrity, and respect for patients, their families, colleagues, and other healthcare providers.
- Exhibit accountability by promptly responding to team members and respecting the authority of senior residents and attending physicians.
- Serve as a role model within multidisciplinary teams, maintaining calm and poise in stressful situations, and practicing active listening, especially when patients or their caregivers are experiencing grief or disappointment.
- Possess a thorough understanding of available healthcare system resources, collaborating with attending physicians to utilize these resources effectively, such as involving legal, quality, or compliance teams when necessary.
- Ensure timely attendance at conferences.
- Review diagnostic labs, imaging results, and consultant notes promptly.
- Complete progress notes in a timely manner, emphasizing clear communication of care plans and acknowledging the importance of patient access to these open notes.
- Advocate for patients and their families, promoting shared decision-making and involving them actively in the care process.

Interpersonal and Communication Skills

Goals: Residents must be able to demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.

Objectives:

- Develop effective listening skills to understand patients and their caregivers, and be able to respond compassionately in situations of overwhelming acute or terminal illness that may impact the psychology of both the patient and caregiver.
- Be cognizant of personal, cultural, and other forms of bias, and understand their impact on interactions with patients and other healthcare providers.
- Cultivate an awareness of knowledge and communication gaps that frequently result in misunderstandings of specific instructions given to patients.
- Interact respectfully with the nursing team, especially when giving verbal orders over the phone, ensuring that proper procedures are followed to confirm that orders are well understood. Respond promptly to nursing team concerns about patients' progress or changes in health status.
- Communicate promptly with senior residents and/or attending physicians regarding detailed care plans and the formulation of therapeutic or diagnostic procedures

University of Kentucky King's Daughters Internal Medicine Residency

Gastroenterology Rotation

Competency-Based Goals and Objectives (all PGY levels)

Educational Experience

Description of Rotation: The gastroenterology rotation is a 4-week block designed to provide residents with comprehensive exposure to inpatient and outpatient gastroenterology. Residents will gain experience in evaluating and managing a broad spectrum of gastrointestinal (GI) diseases, developing proficiency in endoscopic procedures, and coordinating care for patients with complex liver disease.

- **Inpatient Experience:** Residents will spend two weeks rounding with the gastroenterology consult team, evaluating hospitalized patients for whom a GI consult is deemed necessary. They will participate in daily rounds, learning diagnostic and therapeutic strategies for managing GI and liver diseases, including coordination with intensive care, interventional radiology, and transplant teams.
- **Outpatient Experience:** Residents will spend two weeks in the gastroenterology clinic, evaluating new consultations and following up on established patients. They will develop skills in managing chronic GI conditions and working in collaboration with primary care and specialty providers.

Rotation Goals and Objectives

Patient Care

Goals: Residents must be able to provide patient care that is compassionate, appropriate, and effective in the treatment of gastroenterological disorders.

Objectives:

- Conduct thorough history-taking and physical exams focused on gastrointestinal and liver conditions.
- Develop and implement diagnostic and therapeutic care plans, including ordering and interpreting relevant lab tests, imaging studies (e.g., CT abdomen, MRCP), and endoscopic procedures.
- Gain proficiency in medical management of liver cirrhosis, including complex diuretic use, vasopressors, and indications for diagnostic and therapeutic paracentesis.
- Manage acute and chronic GI conditions, including inflammatory bowel disease, peptic ulcer disease, GI bleeding, and functional GI disorders.

- Learn the indications and timing for procedures such as esophagogastroduodenoscopy (EGD), colonoscopy, endoscopic retrograde cholangiopancreatography (ERCP), and CT abdomen.
- Coordinate care for patients with decompensated liver cirrhosis, ensuring appropriate communication with transplant services for evaluation and listing.
- Provide compassionate care to patients with end-stage liver disease who are not candidates for transplant.

Medical Knowledge

Goals: Residents must demonstrate knowledge of established and evolving biomedical and clinical sciences related to gastroenterology and apply this knowledge effectively in patient care.

Objectives:

- Develop a strong foundation in the pathophysiology, diagnosis, and treatment of esophageal disorders, including dysphagia, esophageal strictures, motility disorders (achalasia), gastroesophageal reflux disease (GERD), and esophagitis (infectious, eosinophilic, and medication-induced).
- Understand the approach to dyspepsia, peptic ulcer disease, *Helicobacter pylori* infection, gastroparesis, and gastric polyps.
- Learn diagnostic and treatment strategies for diarrhea, constipation, irritable bowel syndrome, malabsorption syndromes, bacterial overgrowth, short-bowel syndrome, and celiac disease.
- Gain expertise in the management of inflammatory bowel disease (Crohn's disease and ulcerative colitis), diverticular disease (diverticulitis and diverticulosis), and ischemic bowel disease.
- Develop knowledge of GI malignancies, including colorectal cancer screening, Barrett's esophagus, gastric cancer, and pancreatic or biliary malignancies.
- Understand the evaluation and management of upper and lower GI bleeding, including indications for procedural interventions.

Systems-Based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the healthcare system, optimizing the coordination of care for patients with GI disorders.

Objectives:

- Understand how social determinants of health impact the management of chronic GI diseases and liver cirrhosis.
- Coordinate multidisciplinary care, including ICU, interventional radiology, and endoscopy teams for patients with GI bleeds or hepatobiliary diseases.
- Facilitate transitions of care for patients discharged from the hospital, those needing long-term outpatient follow-up, and patients requiring transfer to transplant centers.
- Recognize the role of nutritionists, pharmacists, and social workers in the comprehensive management of GI conditions.

Practice-Based Learning and Improvement

Goals: Residents must develop skills in self-directed learning, utilizing the latest research and clinical guidelines to improve patient care.

Objectives:

- Identify and manage gastroenterological emergencies requiring urgent intervention, such as GI bleeds, acute liver failure, and bowel obstructions.
- Learn indications for EGD, colonoscopy, ERCP, MRCP, and CT imaging in the evaluation of GI diseases.
- Review literature on endoscopic interventions, liver disease management, and GI oncology to integrate the latest evidence into clinical decision-making.
- Utilize clinical resources such as MKSAP and UpToDate for continuous learning and board preparation.
- Develop critical appraisal skills to evaluate and apply algorithms for treating acute and chronic GI conditions.

Professionalism

Goals: Residents must demonstrate professionalism through ethical conduct, sensitivity to diverse patient populations, and commitment to patient advocacy.

Objectives:

- Maintain ethical integrity, showing compassion and respect for all patients and healthcare team members.
- Communicate effectively and empathetically with patients and families, particularly when discussing complex diagnoses, poor prognoses, or palliative care options.
- Ensure timely documentation of consultations, procedural findings, and follow-up plans.
- Collaborate with colleagues across disciplines, providing respectful and timely communication in multidisciplinary care settings.
- Advocate for patients requiring access to liver transplant evaluation, specialized care, and endoscopic interventions.

Interpersonal and Communication Skills

Goals: Residents must demonstrate effective communication skills that foster collaboration with patients, families, and healthcare teams.

Objectives:

- Develop skills in explaining complex GI conditions and treatment plans in an understandable manner to patients and families.
- Ensure prompt communication with transplant teams when patients with decompensated liver cirrhosis are hospitalized and undergoing evaluation.
- Work closely with primary care providers, specialists, and the gastroenterology office to coordinate outpatient follow-ups and ensure continuity of care.

- Develop team-based communication skills, ensuring clear and concise handoffs during transitions of care.
- Be aware of personal biases and cultural influences that may affect communication with patients from diverse backgrounds.

University of Kentucky King's Daughters Internal Medicine Residency

Nephrology Rotation

Competency-Based Goals and Objectives (all PGY levels)

Educational Experience

Description of Rotation: The nephrology rotation is structured as a 4-week block designed to provide residents with in-depth exposure to the evaluation and management of renal diseases. During this rotation, residents will be integrated into a multidisciplinary nephrology team, which typically includes a nephrology attending physician and one to two residents, and occasionally a medical student. This experience aims to develop the residents' expertise in both inpatient and outpatient nephrology care.

Inpatient Experience: Residents will be actively involved in the consult team providing care of hospitalized patients with a variety of acute and chronic kidney conditions. They will participate in daily rounds with the nephrology team, which includes comprehensive discussions on the pathophysiology, diagnosis, and management of renal diseases.

Outpatient Experience: In the outpatient setting, residents will have the opportunity to manage patients with chronic kidney disease (CKD), hypertension, and post-transplant care.

Residents will spend a total of 2 weeks on the inpatient consult service. The remaining 2 weeks will be dedicated to the outpatient chronic kidney disease/hypertension clinic. Throughout the 4-week block, the resident team will be paired with one attending nephrologist, ensuring continuity of mentorship and allowing for consistent guidance and feedback.

Rotation Goals and Objectives

Patient Care

Goals: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must be able to perform all medical and diagnostic procedures considered essential for the area of practice.

Objectives:

- Conduct thorough patient evaluations, including history and physical examinations, focused on renal conditions.
- Review detailed medication histories and ensure accurate medication reconciliation, especially for nephrotoxic drugs.

- Develop and implement comprehensive care plans, including ordering appropriate diagnostic tests (e.g., renal ultrasound, lab tests) and interpreting results.
- Manage acute and chronic kidney diseases, electrolyte imbalances, and hypertension.
- Participate in the management of dialysis patients, including peritoneal dialysis and hemodialysis.
- Review detailed medication histories and ensure accurate medication reconciliation, especially for nephrotoxic drugs.
- Ensure meticulous attention to the transition of care of patients moving between inpatient and outpatient settings from hospital to home.

Medical Knowledge

Goals: Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care. Residents are expected to demonstrate a level of expertise in the knowledge of those areas appropriate for the internal medicine specialist.

Objectives:

- Develop critical thinking skills to formulate differential diagnoses and treatment plans for nephrology patients.
- Gain proficiency in managing conditions such as acute kidney injury, chronic kidney disease, glomerulonephritis, nephrotic syndrome, and renal transplant complications.
- Utilize evidence-based medicine to inform clinical decisions, staying updated with current nephrology literature and guidelines.
- Engage with resources such as UpToDate and nephrology textbooks to enhance understanding of renal pathophysiology and treatment options.
- Develop an understanding of the indications for dialysis in acute and critical care settings, as well as the preparation for dialysis in outpatient settings for chronic kidney disease patients approaching dialysis.
- Learn the complex interaction between hypertension medications, diuretics, and the metabolic and electrolyte abnormalities associated with these medications.
- Understand the importance of close monitoring and follow-up for patients requiring frequent adjustments in blood pressure medications or diuretics.
- Develop knowledge of the IV fluids used in the management of electrolytes and kidney diseases.
- Acquire knowledge about common electrolyte deficiencies seen in the hospital setting, such as hypokalemia and hypomagnesemia, and strategies for replacing these deficiencies.
- Develop an understanding of the serological and urine testing workup for electrolyte deficiencies and hyponatremia.
- Develop a fund of knowledge on the frequent serological tests used to workup glomerulonephritis as well as the indication for kidney biopsy both in inpatient and outpatient settings.

Systems-Based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context of system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.

Objectives:

- Assess the complex interaction between social determinants of health and healthcare outcomes using the electronic medical records' standardized social determinants of health questionnaire, direct patient interviews, and feedback from the social work and case management teams.
- Delegate specific tasks to team members and collaborate effectively within the multidisciplinary team to ensure appropriate post-acute care.
- Coordinate the initiation of dialysis in the hospital with the inpatient acute dialysis nursing team.
- Collaborate with the vascular surgery and interventional radiology team to obtain dialysis access.
- Identify patients requiring continuing dialysis after hospitalization and collaborate with the social work team to place those patients appropriately.
- Ensure follow up and communication of specific medication changes, especially upon discharge, by communicating recommendations to the primary hospitalist or surgical team.

Practice-Based Learning and Improvement

Goals: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Objectives:

- Apply evidence-based principles to all aspects of the patient care plan, considering the latest literature, including expert opinions, randomized controlled trials, meta-analyses, and retrospective data analyses pertinent to specific diagnoses and topics.
- Integrate self-mindedness into personal development, focusing on medical knowledge, professional growth, and communication skills. Utilize self-mindedness techniques to identify blind spots, seek feedback from the program director and faculty, and enhance soft skills.
- Utilize available resources, including internal medicine board review questions, to identify gaps in medical knowledge. Develop a personalized reading and curricular plan with the assistance of the program director and core faculty.
- Focus on acquiring the necessary skills to multitask and prioritize duties effectively throughout the internal medicine training program.

Professionalism

Goals: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

Objectives:

- Consistently uphold ethical conduct, demonstrating compassion, integrity, and respect for patients, their families, colleagues, and other healthcare providers.
- Exhibit accountability by promptly responding to team members and respecting the authority of senior residents and attending physicians.
- Serve as a role model within multidisciplinary teams, maintaining calm and poise in stressful situations, and practicing active listening, especially when patients or their caregivers are experiencing grief or disappointment.
- Possess a thorough understanding of available healthcare system resources, collaborating with attending physicians to utilize these resources effectively, such as involving legal, quality, or compliance teams when necessary.
- Ensure timely attendance at conferences.
- Review diagnostic labs, imaging results, and consultant notes promptly.
- Complete progress notes in a timely manner, emphasizing clear communication of care plans and acknowledging the importance of patient access to these open notes.
- Advocate for patients and their families, promoting shared decision-making and involving them actively in the care process.

Interpersonal and Communication Skills

Goals: Residents must be able to demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.

Objectives:

- Develop effective listening skills to understand patients and their caregivers, and be able to respond compassionately in situations of overwhelming acute or terminal illness that may impact the psychology of both the patient and caregiver.
- Be cognizant of personal, cultural, and other forms of bias, and understand their impact on interactions with patients and other healthcare providers.
- Cultivate an awareness of knowledge and communication gaps that frequently result in misunderstandings of specific instructions given to patients.
- Interact respectfully with the nursing team, especially when giving verbal orders over the phone, ensuring that proper procedures are followed to confirm that orders are well understood. Respond promptly to nursing team concerns about patients' progress or changes in health status.
- Communicate promptly with senior residents and/or attending physicians regarding detailed care plans and the formulation of therapeutic or diagnostic procedures.

University of Kentucky King's Daughters Internal Medicine Residency

Infectious Disease Rotation

Competency-Based Goals and Objectives (all PGY levels)

Educational Experience

Description of Rotation: The infectious disease rotation is a 4-week block designed to expose residents to the spectrum of infectious diseases in both inpatient and outpatient settings. The rotation includes three weeks on the inpatient consult service and one week in the outpatient infectious disease clinic.

Inpatient Experience: During the three inpatient weeks, the resident will be part of the infectious disease consult team, working closely with an attending physician and an infectious disease nurse practitioner. The resident will round on a variety of cases across the hospital including the medical, surgical, and intensive care units.

Emphasis will be placed on hospital-acquired infections, immunocompromised hosts, and post-operative infections. Residents will also interact with the hospital's microbiology and pathology labs, especially when reviewing stains, cultures, and biopsies for diagnostic clarification.

Outpatient Experience: The one-week outpatient experience includes managing follow ups from hospital discharges and new referrals. Conditions commonly seen include resistant urinary tract infections, soft tissue infections, HIV, hepatitis B and C, and other travel-related or chronic infectious conditions managed by the infectious disease department.

Rotation Goals and Objectives

Goals: Residents must provide compassionate, appropriate, and effective care for patients with infectious diseases.

Objectives:

- Perform comprehensive evaluations focusing on infectious exposures, including medical, surgical, social, and travel histories.
- Evaluate patients with a wide range of infections: community-acquired, hospital-acquired, post-operative, and opportunistic infections in immunocompromised individuals.
- Build and narrow a differential diagnosis of bacterial, viral, fungal, and parasitic infections.
- Initiate empiric therapy based on clinical presentation and local antibiograms.
- Identify interactions between antibiotics and comorbidities, including renal failure and immunosuppression.
- Coordinate multidisciplinary care for complex infections requiring surgical intervention or prolonged antibiotic therapy.

Medical Knowledge

Goals: Residents must demonstrate knowledge of biomedical and clinical sciences relevant to infectious diseases.

Objectives:

- Describe the pathophysiology, diagnosis, and management of:
Common soft tissue and skeletal infections (e.g., cellulitis, osteomyelitis, septic arthritis)
 - Community-acquired and healthcare-associated pneumonia
 - Bacteremia and endocarditis
 - Mycobacterium tuberculosis and latent TB infection
 - Fever of unknown origin
 - Tickborne illnesses (e.g., Lyme, ehrlichiosis, RMSF)
 - Malaria and other travel-related illnesses
- Understand the principles of HIV management, including antiretroviral therapy and opportunistic infection prophylaxis.
- Interpret common laboratory and microbiologic tests (e.g., blood cultures, stains, serologies) and imaging in the evaluation of infections.

Systems-Based Practice

Goals: Residents must be aware of healthcare system complexities and use system resources effectively.

Objectives:

- Coordinate with medical and surgical services for consults, procedures, and discharge planning.
- Plan transitions of care for patients requiring outpatient IV antibiotic therapy.
- Identify and address barriers to outpatient infectious disease treatment, such as insurance coverage and social support.
- Work collaboratively with social work and case management to ensure follow-up and adherence.
- Ensure effective communication and documentation of recommendations to primary teams, especially when making changes to the medication regimen.
- Understand the indications for patient isolation, including contact, droplet, and airborne precautions, and demonstrate correct donning and doffing of personal protective equipment (PPE) in accordance with hospital infection control policies.

Practice-Based Learning and Improvement

Goals:

Residents must be capable of self-evaluation, evidence appraisal, and lifelong learning.

Objectives:

- Utilize UpToDate, IDSA guidelines, and primary literature to support diagnostic and therapeutic decisions.
- Engage in case-based discussions with attendings to review rare or complex presentations.
- Analyze diagnostic algorithms for workups such as fever of unknown origin, suspected endocarditis, and tuberculosis.
- Review the diagnostic approach to interpreting blood cultures, specialized stains, and serologies.
- Reflect on clinical decision-making and seek feedback to improve performance.

Professionalism

Goals: Residents must demonstrate integrity, respect, and a commitment to ethical practice and responsibility.

Objectives:

- Consistently demonstrate compassion, integrity, and respect in interactions with patients, families, and healthcare providers.
- Maintain professionalism in high-stress environments such as the ICU or when managing septic patients.
- Exhibit accountability by responding promptly to consult requests and completing documentation and orders in a timely fashion.
- Role model professional conduct, especially when interacting with nursing staff and allied health professionals.
- Maintain respectful and culturally sensitive communication in diverse patient populations.
- Attend scheduled conferences and educational sessions regularly and punctually.
- Collaborate with healthcare teams to ensure clarity in goals of care and infection management plans.

Interpersonal and Communication Skills

Goals: Residents must communicate effectively with patients, families, and healthcare professionals.

Objectives:

- Conduct patient interviews with attention to cultural, linguistic, and educational differences that may affect understanding of infections and treatments.
- Clearly explain diagnoses, testing strategies, and treatment plans, including antibiotic risks and resistance.
- Communicate effectively with consulting services, nurses, and case managers to support collaborative care.
- Demonstrate active listening and empathy, especially when managing patients with chronic infectious diseases such as HIV or hepatitis.

University of Kentucky King's Daughters Internal Medicine Residency

Neurology Rotation

Competency-Based Goals and Objectives (all PGY levels)

Educational Experience

Description of Rotation: The neurology rotation is structured as a 4-week block designed to provide residents with in-depth exposure to evaluating and managing neurological disorders. Residents will be integrated into outpatient and inpatient neurology services to gain experience diagnosing and treating a wide spectrum of neurological conditions.

Inpatient Experience: Residents will be part of the neurology consult team, which manages hospitalized patients with neurological conditions. They will actively participate in daily rounds, evaluate new consults, and see follow-up patients. The team also responds to stroke alerts, and residents will play a role in rapid stroke evaluations and acute management.

Outpatient Experience: Residents will be integrated into the outpatient neurology clinic, working alongside attending neurologists. They will see new consults and established patients, gaining exposure to a wide variety of neurologic disorders, including but not limited to cerebrovascular disease, headaches, movement disorders, neuropathies, seizure management, and others. The outpatient team may include a medical student.

Residents will spend 2 weeks in the outpatient clinic and 2 weeks in the inpatient consult service.

Rotation Goals and Objectives:

Patient Care

Goals: Residents must be able to provide compassionate, appropriate, and effective patient care in neurology. They must be able to perform and interpret neurological examinations and integrate findings with imaging and diagnostic studies to guide management.

Objectives:

- Collect detailed medical history, perform thorough neurological examinations, and correlate findings with imaging and other diagnostic tests.
- Develop proficiency in recognizing stroke syndromes and initiating acute stroke management.
- Participate in stroke alerts, learning indications and contraindications for thrombolytics, mechanical thrombectomy, and secondary prevention strategies (e.g., statins, aspirin, antiplatelet therapy).
- Evaluate and manage patients with movement disorders, including Parkinson's disease.

- Diagnose and manage seizure disorders, including medication selection and side effect monitoring.
- Recognize and manage neuropathies, understanding appropriate diagnostic workup and treatment options.
- Identify demyelinating autoimmune disorders, such as Guillain-Barré syndrome and paraneoplastic syndromes, and determine indications for lumbar puncture and other diagnostic tests.
- Recognize and address medication interactions that can exacerbate encephalopathy and other neurological conditions.
- Understand the interplay between neurological and psychiatric symptoms and their impact on treatment plans.

Medical Knowledge

Goals: Residents must develop a strong foundation in neurological disorders, incorporating evidence-based medicine and evolving scientific knowledge into their clinical practice.

Objectives:

- Develop differential diagnoses for headaches and learn the management of migraines and other headache syndromes.
- Gain proficiency in diagnosing and treating movement disorders, including Parkinson’s disease and related conditions.
- Understand the management of seizure disorders, including indications for EEG and medication selection and adjustment.
- Learn inpatient stroke evaluation, including imaging interpretation and management decisions regarding thrombolytics, antiplatelet agents, and secondary stroke prevention.
- Understand demyelinating disorders in hospitalized patients, including Guillain-Barré syndrome, and the indications for cerebrospinal fluid analysis and other diagnostic studies.
- Recognize and manage medication-induced encephalopathies and neurological complications of systemic diseases.
- Review literature on physical exam techniques for diagnosing cerebrovascular accidents (CVA) and movement disorders.
- Stay updated on treatment guidelines for common neurological conditions using medical literature and evidence-based resources such as UpToDate.

Systems-Based Practice

Goals: Residents must develop an awareness of how social determinants of health impact neurological care and learn to work within the healthcare system to optimize patient outcomes.

Objectives:

- Collaborate with emergency department providers, hospitalists, and referring physicians to ensure coordinated stroke care and other urgent neurological evaluations.

- Assess social determinants of health that affect neurological care, including barriers to medication adherence, transportation for follow-up, and access to specialty services.
- Work with case management and social work teams to optimize transitions of care for patients discharged with complex neurological conditions.
- Participate in discussions regarding rehabilitation options for patients recovering from strokes or neuromuscular disorders.

Practice-Based Learning and Improvement

Goals: Residents must continuously evaluate their clinical performance and integrate new learning to improve patient care.

Objectives:

- Review stroke care algorithms and national guidelines on acute and preventive stroke management.
- Study milestone articles on physical exam techniques for diagnosing cerebrovascular and movement disorders.
- Utilize online resources and literature to enhance clinical decision-making.
- Seek feedback from attending physicians and incorporate it into daily practice to improve diagnostic accuracy and management strategies.

Professionalism

Goals: Residents must demonstrate professionalism, ethical behavior, and respect for patients, families, and colleagues.

Objectives:

- Exhibit professionalism in urgent situations, such as responding promptly to stroke alerts and consult requests.
- Maintain respectful and effective communication with all healthcare team members, including EEG technologists, nursing staff, and other specialists.
- Uphold ethical principles in patient care, including informed consent for procedures such as lumbar punctures and shared decision-making in treatment plans.
- Display empathy and cultural sensitivity when discussing neurological diagnoses with patients and their families.

Interpersonal and Communication Skills

Goals: Residents must develop strong communication skills to interact with patients, families, and healthcare teams effectively.

Objectives:

- Communicate neurological diagnoses and treatment plans clearly to patients and families, ensuring comprehension and addressing concerns.
- Provide concise and structured presentations during rounds, highlighting key neurological findings and management plans.

- Develop teaching skills by guiding medical students and junior residents in neurological exam techniques and case discussions.
- Ensure timely documentation of consults, including clear and structured assessments of neurological findings and recommendations.

University of Kentucky King's Daughters Internal Medicine Residency

Nursing Home and Palliative Care Rotation

Competency-Based Goals and Objectives (all PGY levels)

Educational Experience

Description of Rotation: The Nursing Home and Palliative Care rotation is a 3- to 4-week experience that offers internal medicine residents exposure to long-term care, post-acute rehabilitation, and end-of-life care. Residents will spend **2 to 3 weeks at the nursing home**, working closely with the **nursing home medical director** and the **multidisciplinary care team**. This includes nurse practitioners, physical and occupational therapists, administrative leaders, and wound care specialists. The remaining **1 to 2 weeks** will be dedicated to **palliative care** services in the hospital, working alongside **palliative care attendings and advanced practice providers**.

The balance between the nursing home and palliative care components may vary depending on staffing and the resident's overall schedule.

Nursing Home Experience

Residents will:

- Round on nursing home patients with the medical director and nurse practitioners.
- Observe and manage inpatient-to-outpatient transitions in nursing home care.
- Spend one day each with:
 - Physical and occupational therapy teams.
 - The wound care physician specialist.
 - Administrative leaders to understand nursing home regulations, compliance, and billing.

Palliative Care Experience

Residents will:

- Participate in rounds and consults with the palliative care team.
- Engage with patients and families facing terminal illness or transitioning to comfort-focused goals.
- Observe and manage inpatient-to-outpatient transitions in palliative care.

Rotation Goals and Objectives

Patient Care

Goals: Provide patient care that is compassionate, appropriate, and effective for long-term, rehabilitative, and end-of-life conditions.

Objectives:

- Engage patients and families in meaningful conversations regarding **goals of care**, advanced directives, and transitions to comfort care.
- Perform comprehensive medication reconciliation, especially during **transitions from hospital to nursing home**.
- Identify and manage **polypharmacy** and drug interactions common in geriatric populations.
- Administer and titrate medications used in **comfort care** during the **end-of-life** phase.
- Evaluate patients for wound healing, mobility potential, and participation in rehabilitation therapy.
- Manage patients with multiple chronic conditions
- Determine age-appropriate health maintenance screening and vaccination

Medical Knowledge

Goals: Demonstrate in-depth knowledge relevant to geriatric and palliative care medicine.

Objectives:

- Understand various dementia syndromes, frailty, and fall risk assessment.
- Identify criteria for nursing home or rehabilitation placement.
- Develop familiarity with medications used during end-of-life care, including indications and side effects.
- Gain an understanding of chronic disease trajectories and how they inform transitions to palliative or hospice care.

Systems-Based Practice

Goals: Recognize and utilize system resources effectively to deliver coordinated, high-quality care.

Objectives:

- Collaborate with interdisciplinary teams in both nursing home and hospital settings.
- Understand the regulatory, compliance, and billing frameworks of nursing home care.
- Coordinate post-acute care transitions, including physical therapy and social work planning.
- Recognize the role of hospice and palliative care programs in community and inpatient settings.
- Determine decision making capacity.
- Understand legal terms such as guardian and conservator.

Practice-Based Learning and Improvement

Goals: Continuously reflect on and improve personal practice based on self-assessment and emerging evidence.

Objectives:

- Engage in self-reflection when discussing sensitive topics like terminal illness and end-of-life care.
- Use case-based learning to explore up-to-date geriatrics and palliative care literature.
- Identify knowledge gaps in managing older adults and those with terminal conditions and develop a personalized learning plan.

Professionalism

Goals: Uphold ethical principles, demonstrate sensitivity, and maintain professionalism in emotionally and ethically complex situations.

Objectives:

- Exhibit empathy and integrity when communicating with elderly patients and their families during critical decision-making.
- Respect cultural and personal values that influence end-of-life decisions.
- Maintain punctuality, follow through on responsibilities, and contribute to team collaboration.
- Be an advocate for patients navigating complex long-term care or palliative decisions.

Interpersonal and Communication Skills

Goals: Communicate effectively with patients, families, and healthcare professionals, especially during emotionally charged or complex discussions.

Objectives:

- Develop effective listening and communication skills for goals-of-care discussions.
- Practice clear, compassionate dialogue with patients and caregivers experiencing grief or uncertainty.
- Ensure respectful and accurate communication with the nursing, therapy, and administrative staff.
- Promote shared decision-making through patient- and family-centered care, especially in palliative transitions.
- Develop techniques for communicating with elderly patients who are hard of hearing.
- Develop effective ways of communicating with patients with dementia and their caregivers