

Educational Goals

Combined Internal Medicine and Pediatrics Residency Training Program

This four year combined training program is designed to provide a comprehensive educational experience in both internal medicine and pediatrics such that graduating residents will have acquired the knowledge, skills, and attitudes essential to the effective practice of these two disciplines. Graduates of the program will be able to function as generalists in practice or in academic settings. They will also be sufficiently prepared to enter fellowship training areas shared by the two disciplines.

The Med Peds Program has been constructed on the foundation of two strong programs in internal medicine and pediatrics and provides each med peds resident with the same core skills and experiences as the categorical internal medicine and pediatrics residents. The program structure allows adequate time to meet subspecialty and core requirements while allowing each resident the flexibility to formulate their schedule to suit their individual needs and career goals.

The training program is committed to providing a cohesive, planned educational experience, emphasizing where feasible and appropriate joint pediatric/internal medicine experiences in subspecialties. Because the majority of primary care and subspecialty medicine is practiced in ambulatory settings, this training program places an emphasis on ambulatory block experiences while maintaining an appropriate level of training in inpatient and intensive care settings.

Specific goals, expectations and objectives are provided to the residents and reviewed prior to the start of each rotation on internal medicine and pediatrics. The competency based objectives and content specific learning objectives for each pediatric, medicine and combined rotation are web-based and housed on two servers, Blackboard Vista and E*Value™. Syllabi are presented to guide the residents' learning for each required rotation they encounter. The objectives for each rotation include those that they are expected to learn in order to achieve competence in each area. Contact information, scheduling and clear expectations of residents and faculty are listed for each required rotation. Reading lists, web links, practice parameters, practice cases, etc., are provided to optimize each resident's learning.

Summary of Basic Structure of the Medicine/Pediatrics Residency Program

Since the program inception, the first year of the training program has been structured to provide sequential 6-month blocks of internal medicine and pediatric experiences. As a result of resident and faculty feedback, beginning in 2010-2011, the first year of the residency will be divided into alternating, 3-month blocks on internal medicine and pediatrics. Residents will collectively be assigned to pediatric rotations for the first three months and then transition to internal medicine as a group for the subsequent three months. This pattern will be repeated throughout the intern year. As in prior years, this rotation structure will be continued throughout the following three years of the training program.

Beginning with the PGY-2, rotations are organized throughout the last three years (PGY-2, 3, and 4) of the residency such that approximately every third month is an ambulatory/subspecialty rotation which combines internal medicine and pediatric experiences of a general and/or subspecialty nature. These rotations are known as Med Peds Months. When feasible and appropriate, related internal medicine and pediatric experiences are scheduled together to facilitate cohesive education. Core inpatient rotations and other required patient care experiences are scheduled two months out of every three months throughout the final three years of the residency.

To promote residents' learning of ambulatory medicine and pediatrics, residents have two half days of continuity clinics per week throughout the four years of training. Continuity clinics are located at two University-based, combined med peds clinics. Beginning with the first year, all residents are assigned to each of the two combined internal medicine and pediatric clinic sites. Residents are assigned to one clinic at the University of Utah Health Care Clinic at the Redwood Center (UUHC RWC), and one clinic at the University of Utah Health Care Clinic at the Westridge Center (UUHC WRC). Residents maintain these appointments throughout the four years of training. Both clinic sites are supervised by dually certified clinical faculty in internal medicine and pediatrics. Having each resident appointed to both med peds continuity clinic sites allows the residents the opportunity to interface with two different med peds faculty. In addition to teaching and supervising resident clinics, the faculty orchestrates and facilitates the weekly ambulatory med peds conference series which takes place at the beginning of each Thursday afternoon clinic.

Year 1

As mentioned previously, beginning in 2010-2011, the first year of residency will be structured such that interns will rotate between and medicine and pediatric services on an every three month basis. While rotations between adult and pediatric disciplines will occur more frequently, the overall clinical experiences in the first year of the training program remain the same. As in prior years, residents will spend a total of 6 months caring for pediatric patients, and a total of 6 months caring for adult patients.

The first three months of the intern year will be dedicated to pediatric medicine, and the following three months will be dedicated to internal medicine. As in years past, of the six months of pediatrics in the PGY1, interns dedicate their time to the care of the general and subspecialty pediatric inpatients, pediatric cardiology, pediatric ambulatory care, well baby nursery and neonatal intensive care. Establishing the knowledge and skills to care for general pediatric and subspecialty pediatric patients is paramount during the first year. To accomplish this residents spend two months on wards at Primary Children's Medical Center caring for general and subspecialty pediatric inpatients. Neonatal intensive care (NICU) experience takes place at the University Hospital in a very high volume, very low birth weight center. During the newborn nursery and NICU rotations, residents focus on resuscitation skills, procedural skills, management of the ventilated infant and establishing a sound working knowledge of the care of the term and preterm infants. Focused experiences in pediatric emergency care, pediatric ambulatory care, and pediatric cardiology are also key components of the intern year.

Of the six months of internal medicine in the PGY 1, interns dedicate their time to adult general medicine inpatient care, ambulatory general medicine and geriatric medicine, critical care and the emergency care of adult patients. The inpatient experience focuses on the care of the general internal medicine patient, and most residents spend one month at the Veterans Hospital and one month on the general medicine service at the University Hospital. Adult Intensive Care exposure is focused at the University Hospital during the first year. The diversity in patient demographics, variety of critical illnesses and rapid turnover offers our residents a broad experience, and is ideal to establish a solid foundation of medical knowledge and experience in adult critical care. Experience in emergency medicine is focused again at the University Hospital in a high volume unit where residents are directly supervised and educated by a large faculty of emergency medicine trained physicians. It is during this time that residents establish the skills of initial assessment, stabilization and treatment of adult emergency patients. Geriatrics and ambulatory general internal medicine experiences complete and balance the interns' introduction to internal medicine.

Sample Schedule PGY1 (Starting 2010-2011):

Ped Cardiology	Ped Ward	Ped Well Baby Nursery	IM Amb Gen Med	IM Ward	IM MICU	IM Amb Gen Med // Ped ED	Ped Ward	Ped NICU	Ped Amb Care	IM Ward	IM Amb Geriatrics	Adult ED
-------------------	-------------	--------------------------------	-------------------------	------------	------------	--	-------------	-------------	--------------------	------------	-------------------------	-------------

Sample Schedule PGY1 (Prior to 2010-2011):

IM Ward	IM Amb Geriatrics	IM Amb Gen Med	IM Ward	IM ED	IM MICU	IM Amb Gen Med // Ped ED	Ped Ward	Ped Cardiology	Ped Ward	Ped Well Baby Nursery	Ped NICU	Ped Amb Care
------------	-------------------------	-------------------------	------------	----------	------------	--	-------------	-------------------	-------------	--------------------------------	-------------	--------------------

Year 2

The second year marks the transition to supervisory duties in internal medicine as well as pediatrics. Residents continue to transition between internal medicine and pediatrics services on an every three month basis. Combined internal medicine and pediatric subspecialty ambulatory months (“Med Peds Months”) assist with the transition between more traditional services in internal medicine and pediatrics, and take place roughly every third month through the final three years of training. By the completion of the four year training program, residents will have had approximately eight to ten months dedicated to combined ambulatory internal medicine and pediatrics subspecialty care. Dedicated months on core subspecialties as a consult resident are also part of the second through fourth years of the curriculum; each resident spends an entire month on each subspecialty service of Cardiology, Infectious Diseases, Nephrology, and Gastroenterology in internal medicine as well as in pediatrics. Infectious Disease, Nephrology and Gastroenterology rotations are established features of the last three years of the combined training program.

PGY 2 residents are allowed more responsibility in patient care duties as they gain independence and demonstrate maturity in their medical decision making. Second year med peds residents supervise and play a key role in the education of more junior residents and medical students for two months on internal medicine inpatient wards, for two weeks as the admitting night float resident, and during a month in the medical intensive care unit. Supervisory opportunities in pediatrics also take place during ward experiences at Primary Children’s Medical Center. During

one of these supervisory months residents establish team leading and teaching skills as they supervise a unique team comprised of four, third-year medical students (the Glasgow Team). Additional supervisory experience is a part of call months in the Well Baby Nursery where residents continue to build on their resuscitation, stabilization, and assessment skills of term infants and refine the teaching of these skills to more junior residents. Further ward experience in pediatrics occurs during one month on the hematology oncology ward. Other pediatric experiences, which are key components of the second year, include month long rotations in Pediatric Emergency Medicine and Pediatric Intensive Care.

Sample schedule PGY 2:

Ped Ward Heme Onc	Ped EM	MP Month	IM Ward	MICU	MP (Adult Card Adult Cong Heart Dz)	Ped ID	PICU	Ped Ward	MP Month	IM Ward	IM ID	IM NF // IM Elect
-------------------	--------	----------	---------	------	-------------------------------------	--------	------	----------	----------	---------	-------	-------------------

NF= Night Float

Years 3 and 4

In the third and fourth years, residents are determining the ultimate paths for their medical careers. Fellowship pursuits, determinations to focus on hospital based medicine or ambulatory care become evident. During these years residents continue to build on their medical knowledge in internal medicine and pediatrics, as well as continue to refine their skills as educators, team leaders and medical decision makers. Exposure to adult inpatient medicine, pediatric inpatient medicine, neonatal intensive care, adult intensive care, pediatric emergency medicine, subspecialty experiences in nephrology and gastroenterology, adolescent medicine, pediatric behavior and development and a variety of combined ambulatory subspecialty experiences continue through the third and fourth years of the training experience. Ongoing exposure to term infant care is maintained during call months in the Well Baby Nursery. Elective rotations provide the opportunity for residents to focus on areas of interest in internal medicine and pediatrics in years three and four.

Sample schedule PGY 3

Ped Ward	Ped EM	MP Month	IM Ward	IM Elect	IM Renal	MP Month	Ped Renal	NICU	MP Month	IM NF // MICU	IM Ward	Adolescent
----------	--------	----------	---------	----------	----------	----------	-----------	------	----------	---------------	---------	------------

NF= Night Float

Sample schedule PGY 4

MP Month	IM NF // MICU	IM GI	Ped NF // Ped Elect	Ped Ward	NICU	MP Month	IM Ward	IM Ward	Ped Beh-Devel	Ped EM	Ped GI	MP Month
----------	---------------	-------	---------------------	----------	------	----------	---------	---------	---------------	--------	--------	----------

Didactic Education

Med Peds residents participate in all of the same scheduled educational activities as the categorical pediatric and categorical internal medicine residents. In addition, combined med peds conferences occur weekly at the med peds continuity clinic sites and med peds journal club is held monthly. Attendance is expected unless residents are on vacation, post call or otherwise unable to attend due to clinical responsibilities (such as during adult ICU rotations).

Internal Medicine Didactic Conferences

- Morning Report is an outstanding learning opportunity. When on internal medicine services, all ward PGY 1, 2, 3, and 4 residents are expected to attend morning report held daily except Thursdays.
- Grand Rounds is held every Thursday and features a variety of local and nationally acclaimed speakers.
- Noon Conference, held daily, covers a variety of core curriculum topics specific to inpatient and outpatient medicine, in addition to bioethical issues which infiltrate daily practice.
- Morbidity and Mortality conferences are held monthly at all medicine teaching hospitals.
- Journal club meetings are also held regularly throughout the year and engage residents in discussions of current literature and its applicability to their current practice.

Pediatric Didactic Conferences

- Morning Report is held daily except Tuesdays and Thursdays when attendance is focused on Research in Progress (September-June)/Education in Progress (June-August) conferences and Grand Rounds, respectively.
- Morbidity and Mortality conference is the first Monday of each month throughout the academic year and is presented by the house-staff with adjunctive participation of the faculty.
- Noon conference is held daily for all pediatric, med peds and triple board residents. This conference features lectures by general pediatric and subspecialty faculty, interesting case conferences presented by residents and senior lectures prepared by pediatric PGY 3 and med peds PGY 4 residents.
- Journal clubs are also held regularly throughout the year. This takes place during noon conference and engages residents and faculty in discussions of current literature and its applicability to their current practice.
- Intern Lecture Series is held weekly on Friday for the interns in the pediatric, med peds and triple board programs. The lectures are given by members of the intern class, key faculty and chief pediatric residents and focus on topics of high yield for new pediatric physicians.

Combined Med Peds Conferences

- Med Peds Ambulatory Care Conferences are held weekly on Thursday afternoons for 30 minutes prior to the beginning of patient care at the combined med peds continuity clinic. Conferences are prepared and led by the med peds residents and continuity clinic preceptors and are designed to critically review a multitude of topics related to ambulatory internal medicine and pediatrics. Each resident presents 3-4 topics over the course of each academic year. All presentations are posted on the combined training program curriculum website (E*Value™) for indefinite access by all residents. Teleconferencing capabilities at the two sites allow all residents to participate in each Thursday afternoon conference regardless of where the lecture is being delivered.
- Med Peds Journal Club is held monthly and focuses on the critical appraisal of the adult and pediatric literature. Journal clubs are held at resident's homes and are led by the residents in an interactive fashion that incorporates the feedback and insight of the med peds faculty.

Evaluation

Residents are evaluated in a number of ways over the course of the four year training period. The focus of all evaluation tools is on the areas of the six core competencies with the aim of providing regular, objective feedback to all residents throughout the course of their educational experience at the University of Utah.

During new intern orientation, all incoming residents participate in an objective structured clinical examination (OSCE). During this exercise, residents are directly observed by internal medicine program faculty as they perform a complete history and physical examination. Each resident's skills in interpersonal skills and communication, professionalism, patient care, and medical knowledge are evaluated by the faculty. At the conclusion of each rotation in internal medicine, pediatrics and combined med peds settings, global assessments of resident performance in the areas of the six core competencies are completed by teaching faculty and resident peers. Periodic structured clinical observations and mini-CEXs assess each resident's progress in achieving competency in the areas of patient care, medical knowledge, professionalism, systems based practice and interpersonal skills and communication as part of the continuity clinic performance evaluation process. Multi-source (360°) evaluations also provide residents feedback from patients, families, nurses and medical assistants regarding their skills of interpersonal skills and professionalism in the med peds continuity clinics. Additional multi-source evaluations are part of the adult ICU rotations, the inpatient adult hematology oncology service, and as of 2010, the well baby nursery experience. Also, it is recognized that self assessment is a critical part of resident learning and growth. Individualized learning plans have been incorporated into the resident evaluation process and are completed by all residents with the aim of promoting each resident's ability to self evaluate their areas of strength, identify areas in need of improvement, and make plans for ongoing learning.

At biannual meetings with the program director and co-director, each resident's progress in achieving competency in the six core areas is reviewed. A comprehensive clinical performance review is a part of each semi-annual meeting with the program leadership. At the conclusion of every academic year, residents are evaluated to determine if they have met benchmarks for promotion to the next year of training. At the conclusion of the training program, residents who have made steady progress and achieved competency in the six core areas are then determined to have met the program criteria to practice as independent practitioners in internal medicine and pediatrics.

Scholarly Activity

Although formal research is not a requirement of the program, residents have many opportunities to engage in scholarly work throughout the four year training period. As such, residents regularly investigate and present materials to students, residents and faculty as part of their clinical rotation requirements and program expectations. These activities are summarized below.

- **Senior Talks:** At the end of the training period, all senior residents are required to present a one-hour senior lecture concerning research projects or special topics of interest to fellow house-staff and faculty during noon conference. Residents present separate lectures during the noon conference to their pediatric colleagues and internal medicine colleagues. Often residents choose to present a topic of interest that engages both adult and pediatric practitioners in keeping with their combined training and interest in issues which are specific to both children and adults.
- **Morbidity and Mortality (M&M) Conference:** During the PGY3, med peds residents are required to investigate and present a case and lecture to the Department of Pediatrics faculty and trainees at one of the monthly M&M conferences. Med peds residents are often engaged in patient care events that become the focus of adult M&M conferences. As such, residents are required to prepare their cases and organize learning materials for internal medicine faculty and housestaff for periodic adult M&M conferences.
- **Interesting Case Conference:** Residents are required to present an interesting pediatric case and provide a discussion to fellow pediatric residents and faculty during a noon conference in the second or third year of the training program.
- **Pediatric Intern Lecture Series:** PGY 1 residents are expected to research and present a topic to fellow interns, chief residents and faculty during this conference.
- **Med Peds Ambulatory Care Conference:** All residents are required to select, research, and present lectures on topics specific to ambulatory internal medicine and pediatrics. Each resident will present 3-4 topics during each academic year during the four years of training.
- Additional formal presentations are often required during subspecialty rotations, adult night float rotations, and for morbidity and mortality conferences.
- All residents are encouraged to engage in formal research projects during their training and are encouraged to present the results of their research at local, regional and national conferences. Ample opportunity to identify mentors and devote time to basic science or clinical research is offered during the four year training program. Formal research projects are otherwise not a requirement for promotion or graduation from the training program.

Summary

At the University of Utah Med Peds Program we take care to offer a balanced training experience in outpatient, inpatient and critical care disciplines; the number of combined subspecialty experiences in internal medicine and pediatrics that we offer is a strength. As such, at the conclusion of this four year combined training program, residents will have gained exposure to a wide variety of diseases specific to internal medicine and pediatric patients. At the completion of the program, it is the expectation that residents will have acquired the knowledge, skills, and attitudes essential to the effective practice of internal medicine and pediatrics. Graduates of the program will be well equipped to function as generalists in practice or in academic settings, and will also be sufficiently prepared to enter fellowship training areas in internal medicine, pediatrics, or both.