Inpatient Medicine Rotation

ACGME Competency Based Goals and Objectives

Internal Medicine Residency Program — (PGY-1, PGY-2, PGY-3)

Program: Opti West / San Antonio Regional Hospital Internal Medicine Residency

Site: San Antonio Regional Hospital (SARH), Upland, CA

Rotation Length: [4weeks]

Rotation Directors: [Team A1-Azhar Majeed, MD; Team A2- Sheebha Anand, MD; Team B- Bilal Rayes, MD (APD); Team C-Timothy Wu, MD]

Reviewed and Approved by the Program Evaluation Committee (PEC): [July,2025]

Updated for Site Visit: [July,2026]

These competency-based goals and objectives are distributed to, reviewed with, and available to residents and faculty members via New Innovations before each rotation (ACGME Internal Medicine Requirement 4.2.b). Milestone mappings follow the ACGME Internal Medicine Milestones 2.0: PC1–PC6, MK1–MK3, SBP1–SBP3, PBLI1–PBLI2, PROF1–PROF4, ICS1–ICS3.

Rotation Purpose: The inpatient medicine rotation is the core clinical experience of internal medicine training. Its purpose is to develop, in a graded fashion across three years, the knowledge, skills, and attitudes required to evaluate and manage acutely ill hospitalized adults; to perform core bedside procedures safely; to lead and teach a ward team; to communicate effectively with patients, families, and the interprofessional team; and to navigate the hospital system to deliver safe, high-value, patient-centered care. Objectives below are stratified by PGY level and mapped to the ACGME Internal Medicine Milestones 2.0.

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Internal Medicine Residency Program Inpatient Medicine Rotation

PGY-1

PATIENT CARE AND PROCEDURAL SKILLS (Milestones 2.0: PC1–PC6)

Residents will provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health, including the prevention of illness.

I. Develops the ability to acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis-driven fashion.

II. Develops the ability to seek and obtain appropriate, verified, and prioritized data from secondary sources such as family and medical records to create a complete patient history.

III. Begins to perform core internal medicine bedside procedures (e.g., peripheral and central venous access, arterial puncture, paracentesis, thoracentesis, lumbar puncture) under direct supervision, after obtaining informed consent, with ultrasound guidance where applicable; procedures are logged in New Innovations. Per current ABIM policy, procedural competence is attested by the Program Director based on documented performance, simulation, and direct observation rather than fixed minimum numbers.

IV. Creates accurate, complete, and timely discharge summaries.

V. Demonstrates the ability to formulate a reasonable diagnostic and therapeutic plan with appropriate supervision.

VI. Uses the electronic health record (EHR) and clinical decision-support tools effectively and safely, including telehealth and remote monitoring data where applicable (PC6 Digital Health).

VII. Develops knowledge of monitoring and following up with patients.

VIII. Develops a differential diagnosis for patients with common conditions.

IX. Demonstrates the ability to recognize patients in critical condition and notify appropriate personnel.

X. Demonstrates the ability to appropriately select and interpret diagnostic and imaging tests/studies.

XI. Performs safe, structured handoffs and transitions of care under supervision (e.g., I-PASS).

Instructional/Training Methods	Evaluation Methods
❖ Didactics ❖ Textbook and journal readings ❖ Simulation training ❖ Participation in rounds ❖ Direct patient care experience ❖ Simulation-based procedure training prior to patient performance	❖ Course completion and test ❖ Simulation training feedback ❖ Observation and feedback on rounds ❖ Direct observation and feedback by attending ❖ Competency-based rating/evaluation form completed by faculty in New Innovations ❖ Mid-rotation formative feedback ❖ Procedure logs (New Innovations) ❖ Semiannual Milestones review by the Clinical Competency Committee (CCC)

MEDICAL KNOWLEDGE (Milestones 2.0: MK1–MK3)

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and apply this knowledge to patient care.

I. Knowledge of anatomy and physiology as it relates to internal medicine.

II. Knowledge and experience with the pharmacologic principles as they relate to internal medicine, such as antibiotic management.

III. Knowledge of radiographic studies, including indications and interpretations, as they relate to internal medicine.

IV. Develops basic skills in interpreting patient history, physical examinations, and diagnostic testing of commonly seen internal medicine-related diseases.

V. Develops relevant basic science knowledge of patient problems and applies this knowledge in a clinical setting.

VI. Knowledge of common health screening guidelines.

VII. Demonstrates knowledge of the indications, limitations, costs, and pre-test/post-test reasoning of common diagnostic tests (MK3 Knowledge of Diagnostic Testing).

Instructional/Training Methods	Evaluation Methods
❖ Didactics ❖ Textbook and journal readings ❖ Simulation training ❖ Participation in rounds ❖ Direct patient care experience	❖ Course completion and test ❖ Simulation training feedback ❖ Observation and feedback on rounds ❖ Direct observation and feedback by attending ❖ Competency-based rating/evaluation form completed by faculty in New Innovations ❖ Mid-rotation formative feedback ❖ Procedure logs (New Innovations) ❖ Semiannual Milestones review by the Clinical Competency Committee (CCC)

PROFESSIONALISM (Milestones 2.0: PROF1–PROF4)

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

I. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues that supersede self-interest.

II. Consistently demonstrate behaviors that reflect a commitment to continuous professional development and ethical practice.

III. Gain an understanding of, and act with sensitivity to, diversity including: gender, age, culture, religion, sexual orientation, socioeconomic status, beliefs, behavior, and disabilities, in both patients and professional colleagues.

IV. Demonstrate knowledge of, and adherence to, principles of confidentiality in accordance with HIPAA regulations.

V. Demonstrate and act with commitment to ethical principles pertaining to provision or withholding of clinical care, informed consent, and business practices.

VI. Recognize fatigue and burnout in self and colleagues, employ fatigue-mitigation strategies, and seek help appropriately (PROF4 Well-Being).

VII. PGY-1 level expectation: demonstrates these behaviors reliably in daily clinical work with direct supervision, completes documentation and administrative duties on time, recognizes limits, and requests help promptly (PROF3 Accountability/Conscientiousness).

Instructional/Training Methods	Evaluation Methods
❖ Didactics ❖ Role modeling by attending ❖ Participation in professional workshop ❖ Direct patient care experience ❖ Patient/family conferences	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Rating/evaluation form by patient and family ❖ Self-assessment and reflection form ❖ Semiannual Milestones review by the CCC

PRACTICE-BASED LEARNING AND IMPROVEMENT (Milestones 2.0: PBLI1–PBLI2)

Residents must have the ability to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

I. Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care.

II. Analyze and evaluate practice experiences, and implement strategies to continually improve the quality of patient practice.

III. Develop and maintain a willingness to acknowledge and learn from errors to improve the system or process of care.

IV. Demonstrate the capability to leverage technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education.

V. Analyze practice experience and perform practice-based improvement activities using a systematic methodology.

VI. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

VII. Facilitate the learning of other residents and health care professionals.

VIII. PGY-1 level expectation: acts on direct clinical feedback, completes honest self-assessment, and develops an Individualized Learning Plan (ILP) with the program director (PBLI2).

Instructional/Training Methods	Evaluation Methods
❖ Role modeling by attending ❖ Sessions and ongoing hospital initiatives ❖ Direct patient care experience	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Self-assessment and reflection form ❖ Individualized Learning Plan (ILP) review

SYSTEMS-BASED PRACTICE (Milestones 2.0: SBP1–SBP3)

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

I. Develop an understanding of how individual patient care and other professional practices impact other health professionals, the health care organization, and the larger society, and how these components of the health system impact their own practice.

II. Advocate for patient care and assist patients in dealing with system complexities.

III. Practice cost-effective health care and resource allocation without compromising quality of care.

IV. Understand, access, and utilize the resources, providers, and systems necessary to provide optimal patient care.

V. Collaborate with other members of the health care system to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

VI. Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.

VII. Work in inter-professional teams to enhance patient safety and improve the quality of patient care.

VIII. Identify and address social determinants of health and health care disparities affecting patients and their transitions of care (SBP2).

IX. PGY-1 level expectation: reports patient safety events and near misses through the hospital reporting system and participates in quality improvement initiatives (SBP1).

Instructional/Training Methods	Evaluation Methods
❖ Role modeling by attending ❖ Sessions and ongoing hospital initiatives ❖ Direct patient care experience	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Rating/evaluation form by patient care team members ❖ Self-assessment and reflection form

INTERPERSONAL AND COMMUNICATION SKILLS (Milestones 2.0: ICS1–ICS3)

Residents must be able to demonstrate interpersonal and communication skills that assist in effective information exchange and be able to team with patients, patients' families, and professional associates.

I. Create and sustain a therapeutic and ethically sound relationship with patients, their families, and colleagues.

II. Consistently utilize effective listening skills, and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.

III. Work effectively with others as a member and leader of a health care team or other professional group.

IV. Interact with consult physicians in a respectful, appropriate manner.

V. Maintain comprehensive, timely, and legible medical records.

VI. Provide effective and professional consultation to other physicians and health care professionals.

VII. Provide counseling, engage in shared decision making, and obtain informed consent for procedures, including:

a. Risks
b. Benefits
c. Complications
d. Alternatives
e. Peri-operative course

VIII. Perform structured, standardized handoffs (e.g., I-PASS) at shift change and service transfer (ICS3).

IX. PGY-1 level expectation: provides accurate, timely verbal and written handoffs and documents patient updates in real time.

Instructional/Training Methods	Evaluation Methods
❖ Patient/family conferences ❖ Participation in interpersonal and communication workshops ❖ Role modeling by attending ❖ Direct patient care experience ❖ Bedside Rounds	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Rating/evaluation form by patient and family ❖ Rating/evaluation form by patient care team members ❖ Observation and feedback on rounds ❖ Self-assessment and reflection form

PGY-1 Entrustment & Assessment Summary: Target supervision: begins with direct supervision, progressing to indirect supervision with direct supervision available as competence is documented. Expected milestone trajectory: Levels 1–2 by mid-year, approaching Level 2–3 by year end. Priorities: accurate data gathering and presentations, differential diagnosis, timely documentation, structured I-PASS handoffs, early escalation of deteriorating patients. Minimum assessment set per inpatient block: two mini-CEX direct observations (including one observed complete H&P), one observed handoff, procedure logs with sign-off, mid-rotation formative feedback, and an end-of-rotation competency-based evaluation in New Innovations.

PGY-1 Expected Clinical Experience: admits and follows the core inpatient case mix — sepsis and infection, heart failure and ACS rule-out, COPD/asthma exacerbation, GI bleeding, AKI and electrolyte disorders, DKA/HHS, altered mental status and stroke, VTE, and substance withdrawal — with a target of broad exposure across these categories during each block; maintains a patient log sufficient to demonstrate breadth for ABIM and program review.

Internal Medicine Residency Program Inpatient Medicine Rotation

PGY-2

PATIENT CARE AND PROCEDURAL SKILLS (Milestones 2.0: PC1–PC6)

Residents will provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health, including the prevention of illness.

I. Demonstrates progressive skill in acquiring accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis-driven fashion.

II. Demonstrates the progressive ability to formulate differential diagnosis for patients with common and complex conditions.

III. Demonstrates the ability to recognize patients in critical condition, notify the appropriate personnel, and assist in management.

IV. Demonstrates the ability to provide appropriate patient care for disease prevention and health maintenance.

V. Counsel and educate patients and their families on condition and treatment plan.

VI. Demonstrates progressive skill in seeking and obtaining appropriate, verified, and prioritized data from secondary sources such as family and medical records to create a complete patient history.

VII. Continued knowledge and performance of core bedside procedures under appropriate supervision, including but not limited to: arterial line placement, arthrocentesis, lumbar puncture, thoracentesis, paracentesis, and central venous catheter placement.

VIII. Demonstrates progressive skill in creating accurate and complete discharge summaries.

IX. Demonstrates progressive skill in formulating a reasonable diagnostic and therapeutic plan with appropriate supervision.

X. Demonstrates progressive skill in using the electronic health record (EHR) and integrating telehealth and remote monitoring data into patient care (PC6 Digital Health).

XI. Demonstrates progressive skill in monitoring and following up with patients.

XII. Demonstrates progressive skill in managing multiple patient care problems simultaneously.

XIII. Demonstrates progressive skill in supervising patient care activities of students and PGY-1 residents.

Instructional/Training Methods	Evaluation Methods
❖ Didactics ❖ Textbook and journal readings ❖ Simulation training ❖ Participation in rounds ❖ Direct patient care experience ❖ Simulation-based procedure training prior to patient performance	❖ Course completion and test ❖ Simulation training feedback ❖ Observation and feedback on rounds ❖ Direct observation and feedback by attending ❖ Competency-based rating/evaluation form completed by faculty in New Innovations ❖ Mid-rotation formative feedback ❖ Procedure logs (New Innovations)

Instructional/Training Methods	Evaluation Methods
	❖ Semiannual Milestones review by the Clinical Competency Committee (CCC)

MEDICAL KNOWLEDGE (Milestones 2.0: MK1–MK3)

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and apply this knowledge to patient care.

I. Continued knowledge of anatomy and physiology as it relates to internal medicine.

II. Continued knowledge and experience with the pharmacologic principles as they relate to internal medicine, such as antibiotic management.

III. Demonstrates an understanding of common procedural indications, contraindications, limitations, benefits, and risks.

IV. Demonstrates an understanding of, and discusses, the standard of care along with potential treatment(s) and goal(s) for common conditions seen in internal medicine patients.

V. Manages urgent inpatient complaints (e.g., chest pain, dyspnea, altered mental status, oliguria) with indirect supervision.

VI. Exhibits self-initiative to stay up to date with medical knowledge as it relates to the care and treatment of issues/conditions seen in internal medicine.

VII. Continued knowledge of radiographic studies, including indications and interpretations, as they relate to internal medicine.

VIII. Continued development of skills in interpreting patient history, physical examinations, and diagnostic testing of commonly seen internal medicine-related diseases.

IX. Continued development of advanced science knowledge of patient problems and application of this knowledge in a clinical setting.

X. Demonstrates advanced knowledge of commonly prescribed drugs and possible interactions.

Instructional/Training Methods	Evaluation Methods
❖ Didactics ❖ Textbook and journal readings ❖ Simulation training ❖ Participation in rounds ❖ Direct patient care experience	❖ Course completion and test ❖ Simulation training feedback ❖ Observation and feedback on rounds ❖ Direct observation and feedback by attending ❖ Competency-based rating/evaluation form completed by faculty in New Innovations ❖ Mid-rotation formative feedback ❖ Procedure logs (New Innovations) ❖ Semiannual Milestones review by the Clinical Competency Committee (CCC)

PROFESSIONALISM (Milestones 2.0: PROF1–PROF4)

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

I. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues that supersede self-interest.

II. Consistently demonstrate behaviors that reflect a commitment to continuous professional development and ethical practice.

III. Gain an understanding of, and act with sensitivity to, diversity including: gender, age, culture, religion, sexual orientation, socioeconomic status, beliefs, behavior, and disabilities, in both patients and professional colleagues.

IV. Demonstrate knowledge of, and adherence to, principles of confidentiality in accordance with HIPAA regulations.

V. Demonstrate and act with commitment to ethical principles pertaining to provision or withholding of clinical care, informed consent, and business practices.

VI. Recognize fatigue and burnout in self and colleagues, employ fatigue-mitigation strategies, and seek help appropriately (PROF4 Well-Being).

VII. PGY-2 level expectation: takes professional accountability for team-level decisions, maintains professional boundaries consistently, and gives constructive feedback to interns and students.

Instructional/Training Methods	Evaluation Methods
❖ Didactics ❖ Role modeling by attending ❖ Participation in professional workshop ❖ Direct patient care experience ❖ Patient/family conferences	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Rating/evaluation form by patient and family ❖ Self-assessment and reflection form ❖ Semiannual Milestones review by the CCC

PRACTICE-BASED LEARNING AND IMPROVEMENT (Milestones 2.0: PBLI1–PBLI2)

Residents must have the ability to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

I. Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care.

II. Analyze and evaluate practice experiences, and implement strategies to continually improve the quality of patient practice.

III. Develop and maintain a willingness to acknowledge and learn from errors to improve the system or process of care.

IV. Demonstrate the capability to leverage technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education.

V. Analyze practice experience and perform practice-based improvement activities using a systematic methodology.

VI. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

VII. Facilitate the learning of other residents and health care professionals.

VIII. PGY-2 level expectation: critically appraises the medical literature for journal club, morning report, and bedside decision-making, and tracks and reflects on the clinical outcomes of own patients.

Instructional/Training Methods	Evaluation Methods
❖ Role modeling by attending ❖ Sessions and ongoing hospital initiatives ❖ Direct patient care experience	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Self-assessment and reflection form ❖ Individualized Learning Plan (ILP) review

SYSTEMS-BASED PRACTICE (Milestones 2.0: SBP1–SBP3)

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

I. Develop an understanding of how individual patient care and other professional practices impact other health professionals, the health care organization, and the larger society, and how these components of the health system impact their own practice.

II. Advocate for patient care and assist patients in dealing with system complexities.

III. Practice cost-effective health care and resource allocation without compromising quality of care.

IV. Understand, access, and utilize the resources, providers, and systems necessary to provide optimal patient care.

V. Collaborate with other members of the health care system to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

VI. Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.

VII. Work in inter-professional teams to enhance patient safety and improve the quality of patient care.

VIII. Identify and address social determinants of health and health care disparities affecting patients and their transitions of care (SBP2).

IX. PGY-2 level expectation: analyzes patient safety events, participates in event review and disclosure of adverse events, and applies cost-conscious, high-value care pathways when leading the team.

Instructional/Training Methods	Evaluation Methods
❖ Role modeling by attending ❖ Sessions and ongoing hospital initiatives ❖ Direct patient care experience	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Rating/evaluation form by patient care team members ❖ Self-assessment and reflection form

INTERPERSONAL AND COMMUNICATION SKILLS (Milestones 2.0: ICS1–ICS3)

Residents must be able to demonstrate interpersonal and communication skills that assist in effective information exchange and be able to team with patients, patients' families, and professional associates.

I. Create and sustain a therapeutic and ethically sound relationship with patients, their families, and colleagues.

II. Consistently utilize effective listening skills, and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.

III. Work effectively with others as a member and leader of a health care team or other professional group.

IV. Interact with consult physicians in a respectful, appropriate manner.

V. Maintain comprehensive, timely, and legible medical records.

VI. Provide effective and professional consultation to other physicians and health care professionals.

VII. Provide counseling, engage in shared decision making, and obtain informed consent for procedures, including:

a. Risks
b. Benefits
c. Complications
d. Alternatives
e. Peri-operative course

VIII. Perform structured, standardized handoffs (e.g., I-PASS) at shift change and service transfer (ICS3).

IX. PGY-2 level expectation: leads family meetings and goals-of-care conversations with support, navigates team conflicts and communication breakdowns, and gives clear feedback to junior learners.

Instructional/Training Methods	Evaluation Methods
❖ Patient/family conferences ❖ Participation in interpersonal and communication workshops ❖ Role modeling by attending ❖ Direct patient care experience ❖ Bedside Rounds	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Rating/evaluation form by patient and family ❖ Rating/evaluation form by patient care team members ❖ Observation and feedback on rounds ❖ Self-assessment and reflection form

PGY-2 Entrustment & Assessment Summary: Target supervision: indirect supervision, with oversight for routine care. Expected milestone trajectory: Levels 2–3, approaching Level 3–4 by year end. Priorities: leading the ward team and supervising interns, triage and management of multiple acutely ill patients, leading family meetings with support, procedural competence, and literature appraisal applied at the bedside. Minimum assessment set per inpatient block: one mini-CEX, one observed family meeting or goals-of-care discussion, one chart-stimulated recall exercise, multisource (360°) input from team members, procedure logs, mid-rotation feedback, and an end-of-rotation evaluation.

PGY-2 Expected Clinical Experience: in addition to the core case mix, triages admissions from the ED, evaluates floor patients for ICU transfer, supervises intern management plans on rounds, performs and logs core procedures, and leads at least one family meeting or goals-of-care discussion per block with faculty observation.

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PGY-3

PATIENT CARE AND PROCEDURAL SKILLS (Milestones 2.0: PC1–PC6)

Residents will provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health, including the prevention of illness.

I. Demonstrates mastery in acquiring accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis-driven fashion.

II. Demonstrates mastery in developing a differential diagnosis for patients with increasingly complex conditions.

III. Demonstrates the ability to stabilize and manage patients with emergent medical conditions.

IV. Demonstrates mastery in the ability to order, select, and interpret appropriate diagnostic, laboratory, and imaging studies.

V. Demonstrates mastery in the ability to counsel and educate patients and their families on conditions and treatments.

VI. Demonstrates the ability to independently manage a variety of clinical encounters in internal medicine, including gender-specific diseases.

VII. Demonstrates the ability to recognize and treat potential complications post-procedure.

VIII. Demonstrates the ability to coordinate the care of increasingly complex patients.

IX. Demonstrates mastery in seeking and obtaining appropriate, verified, and prioritized data from secondary sources such as family and medical records to create a complete patient history.

X. Demonstrates mastery in core bedside procedures, performing them with indirect supervision/oversight per program supervision policy, and supervises junior residents' procedures when credentialed to do so.

XI. Demonstrates mastery and proficiency in creating accurate and complete discharge summaries.

XII. Demonstrates mastery in, and independent creation of, complex diagnostic and therapeutic plans, and seeks assistance when necessary.

XIII. Demonstrates mastery in using the electronic health record (EHR) and digital health tools, including telehealth and remote monitoring data (PC6 Digital Health).

XIV. Demonstrates mastery in monitoring and following up with patients.

XV. Demonstrates mastery in managing multiple patient care problems simultaneously.

XVI. Independently supervises patient care activities of Students and PGY-1 Residents, while seeking assistance when appropriate to the PGY-3 level.

XVII. Consistently role-models the gathering of subtle and reliable information from the patient for junior members of the health care team.

XVIII. Independently demonstrates the ability to act as an internal medicine consulting physician.

Instructional/Training Methods	Evaluation Methods
❖ Didactics	❖ Course completion and test

Instructional/Training Methods	Evaluation Methods
❖ Textbook and journal readings ❖ Simulation training ❖ Participation in rounds ❖ Direct patient care experience ❖ Simulation-based procedure training prior to patient performance	❖ Simulation training feedback ❖ Observation and feedback on rounds ❖ Direct observation and feedback by attending ❖ Competency-based rating/evaluation form completed by faculty in New Innovations ❖ Mid-rotation formative feedback ❖ Procedure logs (New Innovations) ❖ Semiannual Milestones review by the Clinical Competency Committee (CCC)

MEDICAL KNOWLEDGE (Milestones 2.0: MK1–MK3)

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and apply this knowledge to patient care.

I. Demonstrates mastery in independently reading and accumulating knowledge of internal medicine and effectively applies this knowledge in a clinical setting.

II. Demonstrates mastery in knowledge of anatomy and physiology as it relates to internal medicine.

III. Demonstrates mastery and experience with the Pharmacologic principles as they relate to internal medicine, such as antibiotic management.

IV. Demonstrates mastery of radiographic studies, including indications and interpretations, as they relate to internal medicine.

V. Demonstrates mastery in interpreting patient history, physical examinations, and diagnostic testing of commonly seen internal medicine-related diseases.

VI. Independently teaches junior residents and furthers the education of colleagues.

VII. Demonstrates mastery of advanced science knowledge of patient problems and applies this knowledge in a clinical setting.

VIII. Demonstrates mastery of commonly prescribed drugs and possible interactions.

IX. Demonstrates mastery in the diagnosis and management of specific medical problems commonly seen in the perioperative setting, including but not limited to:

a. Anemia
b. Leukocytosis
c. Fever
d. Thrombocytopenia
e. Dyspnea
f. Chest Pain
g. Hypertension
h. Abdominal Pain
i. Uncontrolled Diabetes

X. Demonstrates mastery in the interpretation of standard laboratory tests, including but not limited to:

a. Blood counts
b. Coagulation studies
c. Blood chemistry
d. Urinalysis
e. Body fluid analysis
f. Microbiologic tests

Instructional/Training Methods	Evaluation Methods
❖ Didactics ❖ Textbook and journal readings ❖ Simulation training ❖ Participation in rounds ❖ Direct patient care experience	❖ Course completion and test ❖ Simulation training feedback ❖ Observation and feedback on rounds ❖ Direct observation and feedback by attending ❖ Competency-based rating/evaluation form completed by faculty in New Innovations ❖ Mid-rotation formative feedback ❖ Procedure logs (New Innovations) ❖ Semiannual Milestones review by the Clinical Competency Committee (CCC)

PROFESSIONALISM (Milestones 2.0: PROF1–PROF4)

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

I. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues that supersede self-interest.

II. Consistently demonstrate behaviors that reflect a commitment to continuous professional development and ethical practice.

III. Gain an understanding of, and act with sensitivity to, diversity including: gender, age, culture, religion, sexual orientation, socioeconomic status, beliefs, behavior, and disabilities, in both patients and professional colleagues.

IV. Demonstrate knowledge of, and adherence to, principles of confidentiality in accordance with HIPAA regulations.

V. Demonstrate and act with commitment to ethical principles pertaining to provision or withholding of clinical care, informed consent, and business practices.

VI. Recognize fatigue and burnout in self and colleagues, employ fatigue-mitigation strategies, and seek help appropriately (PROF4 Well-Being).

VII. PGY-3 level expectation: models exceptional ethical behavior, mentors junior residents' professional development, manages ethical challenges with independence while seeking consultation appropriately, and models sustainable well-being practices for the team.

Instructional/Training Methods	Evaluation Methods
❖ Didactics ❖ Role modeling by attending	❖ Rating/evaluation form by attending (competency-based, in New Innovations)

Instructional/Training Methods	Evaluation Methods
❖ Participation in professional workshop ❖ Direct patient care experience ❖ Patient/family conferences	❖ Rating/evaluation form by patient and family ❖ Self-assessment and reflection form ❖ Semiannual Milestones review by the CCC

PRACTICE-BASED LEARNING AND IMPROVEMENT (Milestones 2.0: PBLI1–PBLI2)

Residents must have the ability to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

I. Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care.

II. Analyze and evaluate practice experiences, and implement strategies to continually improve the quality of patient practice.

III. Develop and maintain a willingness to acknowledge and learn from errors to improve the system or process of care.

IV. Demonstrate the capability to leverage technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education.

V. Analyze practice experience and perform practice-based improvement activities using a systematic methodology.

VI. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

VII. Facilitate the learning of other residents and health care professionals.

VIII. PGY-3 level expectation: leads case-based teaching for peers and juniors, contributes scholarly activity (quality improvement project, case report, or research), identifies program-level educational gaps, and models lifelong learning and reflective practice.

Instructional/Training Methods	Evaluation Methods
❖ Role modeling by attending ❖ Sessions and ongoing hospital initiatives ❖ Direct patient care experience	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Self-assessment and reflection form ❖ Individualized Learning Plan (ILP) review

SYSTEMS-BASED PRACTICE (Milestones 2.0: SBP1–SBP3)

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

I. Develop an understanding of how individual patient care and other professional practices impact other health professionals, the health care organization, and the larger society, and how these components of the health system impact their own practice.

II. Advocate for patient care and assist patients in dealing with system complexities.

III. Practice cost-effective health care and resource allocation without compromising quality of care.

IV. Understand, access, and utilize the resources, providers, and systems necessary to provide optimal patient care.

V. Collaborate with other members of the health care system to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

VI. Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.

VII. Work in inter-professional teams to enhance patient safety and improve the quality of patient care.

VIII. Identify and address social determinants of health and health care disparities affecting patients and their transitions of care (SBP2).

IX. PGY-3 level expectation: leads a quality improvement project, mentors junior residents in safety-event reporting culture, and advocates for system-level solutions to barriers affecting vulnerable patients.

Instructional/Training Methods	Evaluation Methods
❖ Role modeling by attending ❖ Sessions and ongoing hospital initiatives ❖ Direct patient care experience	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Rating/evaluation form by patient care team members ❖ Self-assessment and reflection form

INTERPERSONAL AND COMMUNICATION SKILLS (Milestones 2.0: ICS1–ICS3)

Residents must be able to demonstrate interpersonal and communication skills that assist in effective information exchange and be able to team with patients, patients' families, and professional associates.

I. Create and sustain a therapeutic and ethically sound relationship with patients, their families, and colleagues.

II. Consistently utilize effective listening skills, and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.

III. Work effectively with others as a member and leader of a health care team or other professional group.

IV. Interact with consult physicians in a respectful, appropriate manner.

V. Maintain comprehensive, timely, and legible medical records.

VI. Provide effective and professional consultation to other physicians and health care professionals.

VII. Provide counseling, engage in shared decision making, and obtain informed consent for procedures, including:

a. Risks
b. Benefits
c. Complications
d. Alternatives
e. Peri-operative course

VIII. Perform structured, standardized handoffs (e.g., I-PASS) at shift change and service transfer (ICS3).

IX. PGY-3 level expectation: provides consultant-level communication to other services, leads difficult conversations around prognosis and end-of-life care, mediates conflicts, and mentors juniors in professional communication.

Instructional/Training Methods	Evaluation Methods
❖ Patient/family conferences ❖ Participation in interpersonal and communication workshops ❖ Role modeling by attending ❖ Direct patient care experience ❖ Bedside Rounds	❖ Rating/evaluation form by attending (competency-based, in New Innovations) ❖ Rating/evaluation form by patient and family ❖ Rating/evaluation form by patient care team members ❖ Observation and feedback on rounds ❖ Self-assessment and reflection form

PGY-3 Entrustment & Assessment Summary: Target supervision: oversight, functioning at the level expected for autonomous practice while using consultation appropriately. Expected milestone trajectory: Levels 3–4 across subcompetencies (the graduation target), with Level 5 representing aspirational expert performance. Priorities: running the full service, code and rapid-response leadership, consultative comanagement, teaching and feedback for juniors, quality improvement leadership, and complex goals-of-care communication. Minimum assessment set per inpatient block: one observed code/rapid-response debrief or simulation, one observed consultation or complex family meeting, 360° leadership evaluation, QI project progress review, procedure logs, mid-rotation feedback, and an end-of-rotation evaluation.

PGY-3 Expected Clinical Experience: runs the full teaching service, responds to and leads rapid responses and codes, provides internal medicine consultation to surgical and subspecialty services (including perioperative risk assessment), teaches structured bedside sessions to interns and students weekly, and completes a quality improvement or scholarly deliverable tied to the inpatient service during the year.

Appendix: Core Inpatient Entrustable Professional Activities (EPAs) Mapped to Milestones 2.0

EPA	Milestones 2.0 Subcompetencies
EPA 1: Admit and manage an acutely ill medical inpatient	PC1–PC4, MK1–MK3
EPA 2: Lead inpatient rounds and supervise a ward team	ICS2, PROF3, SBP2, PBLI2
EPA 3: Transition care safely, including discharge and handoffs	PC4, ICS3, SBP2
EPA 4: Perform core bedside procedures safely with informed consent	PC (procedural), MK3, ICS1
EPA 5: Recognize and stabilize the deteriorating patient; lead resuscitation	PC3–PC4, ICS2
EPA 6: Conduct family meetings and goals-of-care discussions	ICS1, PROF1–PROF2
EPA 7: Provide internal medicine consultation and comanagement	ICS3, MK1–MK3, SBP3
EPA 8: Identify, report, and analyze patient safety events; engage in QI	SBP1, PBLI1–PBLI2

Faculty Quick Reference: Supervising and Assessing by PGY Level

Level	What to Observe Directly	Feedback Focus	Entrustment Cues (ready to advance when…)
PGY-1	Complete H&P; oral presentation; problem list and plan; I-PASS handoff; informed consent; one procedure	Data accuracy and completeness; clinical reasoning out loud; documentation timeliness; when and how to escalate	Presentations are accurate and prioritized without prompting; recognizes sick vs. not sick reliably; escalates early and appropriately
PGY-2	Rounds leadership; triage decisions; supervision and teaching of interns; family meeting; procedure with full independence of setup	Prioritization across multiple patients; delegation and team management; evidence use at the bedside; feedback delivery to juniors	Manages the team day without attending prompting; triage decisions consistently sound; interns report effective teaching and supervision
PGY-3	Service leadership under load; code/rapid-response leadership; consultative recommendations; complex goals-of-care conversation	Judgment under uncertainty; system-level thinking; teaching quality; consultation communication; sustainable practice habits	Functions at the level of a junior attending with oversight only; knows what they do not know and uses consultation wisely; team performs well under their leadership

Early Warning Signs — When Faculty Should Contact the Program Director: a pattern of late or inaccurate documentation; unsafe or repeatedly incomplete handoffs; failure to escalate deteriorating patients; presentations that do not improve with feedback; professionalism lapses (unreliability, boundary issues, disrespect toward staff or patients); team or nursing concern about supervision or safety; and signs of fatigue, burnout, or distress. Early, low-stakes communication with the Program Director enables coaching before formal remediation is needed (see the program remediation pathway), and well-being resources are engaged in parallel — help-seeking is treated as a professional strength.

Document Control: Approval and Revision History

Version	Date	Summary of Changes	Approved By
1.0	[July,2025]	Original document	Program Director-PEC
2.0	[July,2026]	ACGME compliance revision: Milestones 2.0 mapping, 2026 IM Requirements alignment, supervision and work-hour updates, EPA/assessment framework, ABIM blueprint alignment, design standardization	Updated for site visit & PEC pending