

**PHILIPPINE COLLEGE OF PHYSICIANS
SUBCOMMITTEE ON RESIDENCY TRAINING PROGRAM**

**THE REVISED RESIDENCY TRAINING PROGRAM GUIDE 2001
(Effectivity January 2002)**

THE INTERNIST

Definition:

A Doctor of Medicine who is trained to diagnose and treat Adults (from adolescence to senescence) afflicted with medically-treatable diseases and disorders ranging from the common to the rare, from simple to complex; including the puzzling, the chronic and the multiple. He is entrusted to bring to patients an understanding of wellness (health promotion and disease prevention). He is responsible for updating his knowledge in many areas of cardiovascular diseases, cancer, diabetes, gastrointestinal, infections, renal and pulmonary disease; allergology and immunology, hematology, rheumatology; critical care, common problems of the eyes, ears, skin, brain and nerves, reproduction; women's health, mental health and public health; including Clinical Nutrition, Clinical Pharmacology and Therapeutics, Adolescent Medicine, Substance Abuse and Dependence, Geriatric Medicine, Tropical Medicine, Occupational and Environmental Medicine, Physical Medicine and Rehabilitation.

In his role as primary attending physician, he aims to take care of the whole patient for life, in the various settings of the office or clinic, hospital, intensive care and nursing homes. He coordinates care with other medical specialists and manages associated difficult medical problems. Often; in his role of medical consultant, he is referred to as the "doctors doctor."

GENERAL OBJECTIVES:

- Year-level I - Understand and apply Principles of Clinical Problem-solving and Decision-making for patients with common diseases and disorders encountered in Internal Medicine Practice.
- Year-level II - Gain Expertise in the Management of complicated and / or "subspecialty" diseases and disorders seen in Internal Medicine Practice; particularly in the Acute Setting.
- Year-level III - Gain expertise in Clinical Problem-solving and Decision-making for patients with chronic diseases and disorders seen in Internal Medicine ambulatory practice; and management of more complex problems in the Critical Care Setting.
Gain experience in supervision and teaching of junior trainees and exposure to administrative skills

Specific objectives for each year-level may be determined by Program Administrators; guided by the accompanying glossary of diseases and disorders and the incidence of such diseases and disorders in their areas of training.

RESIDENTS' ASSIGNMENTS / ROTATION :

- Level I - at least 80 % of their patient exposure should be in the General wards and Out-Patient setting
- Level II - should have primary responsibility for Medical ER cases
Specialty Rotation – at least 2 months structured rotation in at least 3 of the 4 Major subspecialties (Cardio, Pulmo, ID, GIT)
Rotation to the other medical subspecialties are encouraged

Level III - should have primary responsibility for ICU / CCU cases
Should exercise supervisory function over the care of Medical
Outpatient,
Inpatient and ER cases
**One month elective rotation (subspecialty or other medical fields)
Is encouraged**

RESIDENT CASES

Resident Cases are defined as:

"Cases wherein the resident physician is given major responsibility in the day to day patient problem management, with graduated supervision as necessary from the consultant who must be a PCP Diplomate or Fellow, regardless of whether they are charity, service or private patients."

The minimum number of Resident cases / admissions annually should be:

General Ward admissions - 60 admissions x total number of residents
ICU I CCU - 24 admissions x number of 3rd year residents
OPD - 60 consults x total number of residents
ER - 60 consults x total number of residents

REQUIRED INTER ACTIVE :

Daily - Problem-solving / Decision-making interactions with Senior Resident and/ or Consultant

Weekly Conferences - which may take the ff formats: Grand Rounds, Specialty Conferences, Mortality / Morbidity, Didactics etc

Annually - CPC (this maybe done as a Cluster / Chapter activity)
- Research Forum

Other desirable activities may include : Bioethics conference
Leadership / administrative training

RESEARCH ACTIVITIES :

Each resident is expected to undertake and finish a research activity every year. As per recommendation of the Research Committee, the following is the expected research activity per year level :

First Year Resident - Case Report or Critical Appraisal (CAT) or Review (Meta or Overview or Systematic Review)
Second Year Resident - Research Protocol
Third Year Resident - Completed Research Project

EVALUATION:

Daily : incorporated with Problem-solving / Decision-making interactions with Senior Resident or Consultant-in-service

Clinical Competence of residents should be formally evaluated periodically and documented using standard evaluation forms prescribed by PCP.

Standard forms will be used to assess the ff., (Sample of evaluation forms are attached)

- 1) Data gathering skills
- 2) Clinical Reasoning
- 3) Technical procedures - separate form for each required procedure

Minimum Frequency of Formal evaluation:

Level	Data Gathering	Clinical Reasoning	Technical Skill
I	3 x per year	2 x per year	one satisfactory
II	optional	2 x per year	evaluation for
III	optional	2 x per year	each required Procedure

**Evaluation for Clinical Reasoning should be done at least 2x year, preferably at midterm and near the end of each year level (eg. April - October)
Additional evaluations are recommended if the results are not satisfactory.**

Nature and minimum number of Cases in a year to be used to assess Clinical Reasoning:

First Year: 2 outpatient & 2 Medical ward cases irrespective of Specialty

Second Year: 2 Medical ER cases & 3 subspecialty cases thru which the resident has rotated

Third Year: 2 ICU cases, 1 ward and 1 outpatient

A Comprehensive Evaluation of each resident should be developed by the training institutions to include such aspects as:

- I Clinical competence : data gathering, technical skills, clinical reasoning, medical record review and performance in conferences.
- II Professionalism / attitudes and patient care
- III Written exams and REE results
- IV Research utilization and/or output

Feedback of evaluation should be provided to residents at least semi-annually

TECHNICAL PROCEDURES

The minimum requirement for Technical Procedures which the residents should have performed in the 3 year training are as follows:

REQUIRED SKILLS	Minimum number satisfactorily performed by the Resident without assistance
1) Abdominal Paracentesis	2
2) NGT insertion	5
3) Foley catheter insertion	5
4) ECG technique	5
5) Arterial puncture for ABG	5
6) Thoracentesis	2
7) Setting up Chest tube drainage	2
8) setting up Mechanical ventilator	2
9) Endotracheal Intubation	5
10) Lumbar puncture	2
11) Phlebotomy (Blood bank)	2
12) BLS and ACLS certification required at Level I	

Other desirable skills:

- 1) central venous line placement (percutaneous)
- 2) joint aspiration , injection
- 3) Thyroid aspiration / FNAB
- 4) Bone marrow aspiration
- 5) Peritoneal dialysis
- 6) Chemotherapy administration
- 7) Proctosigmoidoscopy
- 8) Gram stain / AFB smear reading

Documentation required and properly certified by the Medical consultant who supervised the procedure and by the Training Officer

EFFECTIVITY :

This revised Residency Training Program guide will take effect starting January 2002, after it has been approved by the Accreditation Committee and .the PCP Board of Regents and has been presented to the Departments Chairmen of accredited training institutions in May 2001 annual convention, however, training programs are encouraged to start implementing the evaluation tools starting year 2001.

CLINICAL EVALUATION FORMS FOR RESIDENTS

A) Evaluation Form for Observing Data Gathering Skills of First Year Medical Resident

Name of Resident: _____ Hospital: _____
 Date : _____ Time started: _____ Time completed: _____

Instruction: The medical consultant - evaluator should personally observe and evaluate how the First Year resident gathers the History, performs a complete Physical Examination and presents the findings from a patient seen for the first time.

Write down your Observations / Comments on the space provided and make an evaluation based on the ff. criteria

	Poor (10)	Fair (12)	Good (14)	Excellent (16)
1) Professional Bedside Manners _____				
2) Appropriate History Taking Technique _____				
3) Appropriate PE Technique _____				
4) Completeness of Data gathered _____				
5) Accuracy of Data gathered _____				
6) Proper Presentation of Data _____				

Total Score: _____
 (A score of 75 % and above is satisfactory)

 Evaluator's Name & Signature

B) Evaluation Form for Observation of Technical Procedure Skill

Name of Resident: _____ Hospital: _____
 Year Level: _____ Date : _____
 Procedure: _____ Time started: _____
 Time ended: _____

Instructions: The medical consultant - evaluator should personally observe and evaluate how the resident performs the technical procedure without assistance from the consultant.

Write down your Observations / Comments on the space provided and make an evaluation based on the ff. criteria

	Poor (10)	Fair (12)	Good (14)	Excellent (16)
1) Professional Bedside Manners _____				
2) Appropriate Patient Preparation _____				
3) Proper sequence / steps _____				
4) Dexterity / Ease of Performance _____				
5) Patient Comfort / Absence of Complication _____				
6) Adequate Post-Procedure Instructions _____				

Total Score: _____
 (A score of 75 % and above is satisfactory)

 Evaluator's Name & Signature

C) Evaluation Form for Assessing Clinical Reasoning

Name of Resident: _____ Hospital: _____

Year Level: _____ Date : _____

Instructions: The resident will be given about 15 minutes to get the History and PE from a patient, then discuss the case with the consultant – evaluator.

The consultant will put a check mark on the column "agree" or "disagree" and note down his comments. Give a score (0–20) for each category.

	AGREE	DISAGREE	COMMENTS
<p>I. Based on Hx and PE, what is your.. Primary Clinical Impression</p> <p>_____</p> <p>Basis for Clinical Impression:</p> <p>1) 2) 3)</p> <p>Differential Dx:</p> <p>1) 2) 3)</p>			Score: _____ (0 to 20)
<p>II. Diagnostic Approach: Diagnostic tests and rationale</p> <p>1) 2) 3)</p> <p>Interpretation of Diagnostic tests results: (show available lab results)</p> <p>1) 2) 3)</p>			Score: _____ (0 to 20)
<p>III. Final Complete Diagnosis</p> <p>_____ _____ _____</p>			Score: _____ (0 to 20)
<p>IV. Therapeutic Plans and rationale</p> <p>1) 2) 3)</p> <p>Treatment Options:</p> <p>1) 2) 3)</p>			Score: _____ (0 to 20)
<p>V. Follow-up Problems (provide actual or hypothetical scenario)</p> <p>Causes: _____</p> <p>Plans: 1) 2) 3)</p>			Score: _____ (0 to 20)

Total Score: _____

Evaluator's Name & Signature