The University of North Carolina
Combined Internal Medicine and Pediatrics
Residency Handbook

2013-14
Introduction

Welcome to the Combined Internal Medicine and Pediatrics Residency Program!

The following represents a collection of material intended to inform residents in the UNC Combined Internal Medicine and Pediatrics Residency Program as to the polices and procedures of Program. Please be aware that due to ongoing changes in the Accreditation Council for Graduate Medical Educations evaluation and accreditation system, many changes are being implemented in this academic year. Therefore, please be aware that this “Handbook” is subject to and will change. Major changes will be communicated in a timely manner to all members of the Program.

Due to the unique nature of the Med/Peds Program where residents are almost always “rotating” within the Department of Pediatrics or the Department of Medicine, this Handbook contains materials specific to Med/Peds educational and clinical experiences.

Please always refer to Policies and Procedures and Goals and Objectives for each Department and for clinical rotations within each component department.
University of North Carolina Combined Internal Medicine and Pediatrics  
Training Program  
Goals and Objectives  
Academic Year 2013-14

Mission: To produce compassionate and scholarly physicians who will become leaders in their chosen field. At the completion of residency our graduates will be superbly prepared to begin a career as a generalist or to pursue further training as a subspecialist in medicine, pediatrics or in combined fields.

Program Goals

- To provide a comprehensive, well-integrated training experience in Internal Medicine and Pediatrics
- To provide a truly combined and robust Internal Medicine and Pediatrics continuity clinic experience where residents serve as the primary physician for a panel of pediatric and adult patients over the course of their training
- To promote evidence based, patient-centered and cost-conscious care practices to residents in training
- To foster compassionate delivery of health care and to offer opportunities to work with underserved populations both locally and internationally
- To provide a collegial environment where residents feel supported, especially as related to their unique individual goals
- To promote an atmosphere of scholarly inquiry where residents participate in quality improvement and research projects
- To promote Med/Peds faculty development and to support the mentoring of Med/Peds residents

Competency-Based Objectives and Curriculum

At the completion of training, our residents will have achieved competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, as defined below by the ACGME.

- **PATIENT CARE** 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.
  
  **Skills** – perform accurate and comprehensive medical interviews, physical examinations, and review of other data; make diagnostic and therapeutic
decisions based on available evidence, sound judgment, and patient preference; perform procedures in a proficient manner that minimizes patient discomfort.

**Didactics** – pre-clinic conferences, attending rounds, morning and noon conference series, simulation lab sessions

**Experience** – inpatient and outpatient rotations

**Evaluation** – Global ratings, mini-CEX, procedure logs, patient/peer/office staff evaluations

**MEDICAL KNOWLEDGE** Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

**Skills** – maintain an exceptional knowledge of basic and clinical sciences, a highly resourceful development of knowledge, and a comprehensive understanding of complex relationships and mechanisms of disease.

**Didactics** – morning and noon conferences, attending rounds, self study

**Experience** – inpatient and outpatient rotations

**Evaluation** – in-training exam, mini-CEX, global ratings

**PRACTICE-BASED LEARNING AND IMPROVEMENT** Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

**Skills** – constantly evaluate one’s own performance, incorporate feedback into improvement activities, use technology effectively to manage information for patient care and self-improvement.

**Didactics** – morning and noon conferences, pre-clinic conferences

**Experiential** – semi-annual self-assessment, inpatient and outpatient rotations, presentations at conferences, patient panel review

**Evaluation** – global rating, peer and student evaluations

**INTERPERSONAL AND COMMUNICATION SKILLS** Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

**Skills** – establish highly effective humanistic relationships with patients and families; demonstrate excellent listening, narrative, and nonverbal skills; provide effective education and counseling to patients, families, and colleagues

**Didactics** – noon conferences, retreats for rising second year residents

**Experience** - inpatient and outpatient rotations, presentations at conferences, patient home visit

**Evaluation** – Global ratings, mini-CEX, peer/patient/staff/student evaluations
· **PROFESSIONALISM** Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. This includes treating everyone (colleagues, faculty, students, patients, families, staff and guests) with respect and demonstrating integrity and honesty.

  **Skills** – demonstrate respect, compassion, integrity, honesty; teach and role model responsible behavior; display a total commitment to self-assessment; willingly acknowledge errors; consistently considers needs of patients, families and colleagues.

  **Didactics** – conferences, continuity clinic discussions

  **Experience** – inpatient and outpatient rotations

  **Evaluation** – global ratings, peer/patient/staff/student evaluations

· **SYSTEMS-BASED PRACTICE** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

  **Skills** – effectively access and utilize outside resources; effectively use systematic approaches to reduce errors and improve patient care; enthusiastically assist in developing systems improvement

  **Didactics** – noon conferences, pre-clinic conferences, QI Project curriculum

  **Experience** – inpatient and outpatient rotations, completion of a QI project

  **Evaluation** – global ratings, peer/patient/staff survey
Internal Medicine and Pediatrics Combined Continuity Clinic Goals, Objectives, and Policies

Overall Educational Goal: The four year Continuity Clinic experience will teach residents the clinical, interpersonal, and administrative skills and knowledge to confidently and competently provide adult and pediatric primary care in the ambulatory setting.

OBJECTIVES:
1. To efficiently perform accurate and comprehensive medical and psychosocial assessments of adult and pediatric patients and their families in the primary care setting.
   This includes being able to prioritize problems and recognize and arrange appropriate dispositions/consultations/referrals. Also, this includes eliciting and understanding the priorities of the family and patient and what helps shape those priorities (including diversity in ethnicity, economic status, cultural beliefs, etc.) and then developing a mutually agreed upon plan of care. Implicit in this activity is the development of interpersonal skills and attitudes which inspire patient confidence and trust.

   Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills

2. To understand the rationale for, and the age appropriate scheduling of health maintenance and disease prevention practices for children and adults.
   This includes knowledge of the indications and schedules for immunizations, screening tests, developmental/behavioral assessments, and age appropriate anticipatory guidance counseling.

   Competency: Patient Care, Systems-Based Practice, Medical Knowledge

3. To acquire the medical knowledge necessary to develop evidence-based treatment plans.
   This involves the ability to recognize and appropriately treat the health problems commonly encountered in primary care including both chronic disease management and management of acute health problems. Residents will be able to treat their patient’s conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

   Competency: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement

4. To develop effective counseling skills.

   Competency: Patient Care, Interpersonal and Communication, Practice-Based Learning and Improvement
5. To work as an effective member of the clinic team

**Competency:** Patient Care, Interpersonal and Communication, Systems-based practice

6. To develop the skills to systematically analyze one’s own practice using quality improvement methods and to implement changes with the goal of practice improvement.

**Competency:** Practice-Based Learning and Improvement, Systems-Based Practice

7. To develop the skills needed to coordinate the care of patients who have special needs and require specialized services. This includes developing a knowledge of public and private community resources which provide services to patients and families. Residents will be able to interact with these resources so that patients have access to necessary community programs.

**Competency:** Systems-Based Practice

8. To recruit and maintain a panel of patients sufficient to provide a broad ambulatory adult and pediatric experience and satisfy accreditation standards.

**Competency:** Patient Care

**EVALUATION:**
Competency will be assessed through evaluations by the faculty, staff, and patient evaluations and by the mini-CEX (minimum of 4 per year.) Preceptors are expected to give immediate feedback with each patient encounter, as well. Evaluations will be reviewed twice annually with the program director. Residents evaluate the clinic rotation and the faculty annually.

**LEARNING ACTIVITIES:**
This is a continuity clinic experience where residents will serve as the primary care physician for a panel of patients during the entire 4 years of residency. Residents will have 1 to 2 clinic sessions a week and will be precepted by a Med/Peds trained faculty member. At least twice a year, upper-level residents will have a morning clinic session devoted to pediatric visits. Residents will work one-on-one with a Med/Peds preceptor during the morning pediatric-focused clinic session. While on the newborn nursery rotation, residents will come to the clinic in the afternoon to see newborn follow-up visits. Residents will work one-on-one with a Med/Peds preceptor during the newborn follow-up visits.

Residents will have graded responsibility and supervision. There will be an even balance of pediatric and adult patients and a variety of encounters including well-child checks, adult health maintenance visits, and acute sick visits. The pre-
Policies:
- Residents will read and be familiar with the clinic orientation materials provided at the beginning of the academic year.
- Residents will keep a patient panel list in webcis, the electronic medical record.
- Residents will log any procedures performed in the E*Value electronic system.
- Residents can pair with another resident to share patients who may need to be seen frequently.
- Residents will use webcis to communicate with clinic staff, co-residents, and consultants. Residents are expected to check their webcis account daily and reply promptly to patient concerns.
- Patient correspondence regarding test results will also be performed through webcis. Residents are required to document correspondence for each lab test and xray ordered. Documentation can be through “patient correspondence,” a phone message saved to webcis, or an addendum to a clinic note.
- Residents are expected to dictate or type notes the day of the visit and to sign notes within 7 days of the visit.
- Faculty will review electronic documentation on webcis and provide feedback as indicated.
- During the clinic session, faculty will discuss at least one aspect of each case in depth with the resident.

Additional Objectives and Responsibilities by Post-Graduate Year

PGY-1

Objectives:
1. Become familiar with basic strategies of primary care including:
   - Communication with patients and families
   - Management of visit
   - Knowledge of the principles of health care promotion and disease prevention, chronic disease management, and management of common acute outpatient medical problems.
2. Apply skills of history taking and physical examination learned in medical school to the primary care setting.
3. Begin developing relationships with patients over time by recruiting patients into your continuity practice. This recruitment should occur from the newborn nursery, ED, wards, and from unassigned patients in CC.

Responsibilities:
Every patient must be staffed with the preceptor. The resident presents the history and physical findings and proposes an assessment and plan. During the first six months, the
preceptor sees each patient and repeats critical elements of the history and physical. After the initial 6 months, preceptors see patients depending on the resident’s level of competence and the complexity of the patient. PGY-1 residents will have a minimum of 36 clinic sessions and will see a minimum of 54 pediatric visits and 54 medicine visits per year.

PGY-2
Objectives:
1. Apply your medical knowledge to individual patients followed over time.
2. Increase skills associated with management of chronic diseases over time.
3. Reassess and solidify your core group of patients that will comprise your continuity experience.
4. Develop the ability to manage common problems autonomously.

Responsibilities:
Every patient is staffed with the preceptor and the preceptor repeats items of the history and physical as needed. The preceptor’s degree of involvement depends on the resident’s level of competence and the complexity of the patient. PGY-2 residents will have a minimum of 40 clinic sessions a year and will see a minimum of 72 pediatric visits and 72 medicine visits.

PGY-3 and PGY-4
Objectives:
1. Refine techniques for managing visits of patients where challenges arise to your care (e.g. non-adherent patients or patients who are angry or frustrated.)
2. Develop the ability to care for patients autonomously, including co-management of complex or unusual conditions with subspecialists.
3. Serve as a consultant and advisee to more junior residents in continuity clinic.
5. Effectively apply your knowledge to outpatient consultation for preoperative evaluations and consultations.

Responsibilities:
Every patient is staffed with the preceptor although as residents progress the presentations may be briefer and the resident should have increased autonomy in developing a plan. PGY-3 and PGY-4 residents will have a minimum of 44 clinic sessions a year and will see a minimum of 90 pediatric visits and 90 medicine visits.
Goals and Objectives for Med/Peds Conferences

Med/Peds residents participate in categorical conferences for each department. Please see the departmental websites for goals and objectives for these categorical conferences.

In addition, there are several Med/Peds specific conferences.

Pre-clinic conference
Prior to each clinic, there is a pre-clinic conference that focuses on ambulatory topics from the curriculum of internal medicine and pediatrics. This is a didactic session with the primary goal of increasing residents’ knowledge of internal medicine and pediatric ambulatory practice. While the main focus of this conference is medical knowledge, through the course of a year, this conference will address all six core competencies.

Tuesday Med/Peds Support Lunch
Every Tuesday, from 11:30 to 12, Med/Peds residents gather for a department provided lunch. This is an integral part of helping maintain Med/Peds resident identity. The primary goals of this conference are to provide a forum for residents to discuss challenging residency experiences and to alleviate resident stress.

Monthly Med/Peds Meeting
Monthly Med/Peds meetings include the program director and faculty and serve as a forum to address common program requirements as well as to discuss current Med/Peds topics. These conferences address all six core competencies.

Rotation-Specific Goals and Objectives

Residents are expected to review rotation goals and objectives at the beginning of each rotation. Internal Medicine rotation goals and objectives are found on the Internal Medicine Department website. Pediatric goals and objectives are found on the Pediatric Department website, under the London-Lynch Learning Center link. Goals and objectives for each rotation are also forwarded to each resident prior to the start of a new rotation.
**Med/Peds Education Committee**

The Med/Peds Education Committee consists of the Med/Peds program director, the internal medicine program director, the pediatric program director, Med/Peds faculty members, the categorical chief residents, and the Med/Peds chief residents. This committee meets quarterly to review the annual program assessment and improvement plan and to direct any significant changes to the residency program.

The Med/Peds program director is a member of the Internal Medicine Education Committee and the Pediatrics Education Committee and meets weekly with these groups.

**Med/Peds Program Evaluation Committee**

For the upcoming year, the Med/Peds Education Committee will serve as the Program Evaluation Committee.

**Med/Peds Associate Program Director**

The Associate Program Director is a Med/Peds trained faculty member who assists in program administration.

Specific responsibilities include the following:

1. Membership on the Med/Peds Education Committee
2. Participation in recruitment. The APD assists in selecting applicants to interview, interviewing applicants, reviewing and grading applicant folders, participating in the rank meeting.
3. Participation in unique Med/Peds educational activities including the monthly Med/Peds meeting.
4. Oversight of the pre-clinic conference curriculum.

**Med/Peds Faculty**

The core Med/Peds faculty are those faculty who precept and teach in the one unique Med/Peds rotation, the continuity clinic. The core faculty are dual-certified in internal medicine and pediatrics and practice combined primary care Med/Peds. As directed in the ACGME program specific requirements for Med/Peds, core faculty members must devote at least 20% of their time to the Med/Peds program.

Med/Peds residents work with many other Med/Peds-trained faculty members on the categorical internal medicine and pediatric rotations.
Faculty Development

Clinic faculty meets twice annually and review a topic related to medical education. Categorical faculty members participate in faculty development as directed by their department.

Chief Resident

Starting in the 2013-2014 academic year, the Med-Peds program will have a dedicated PGY-5 Med-Peds Chief Resident

1. Attend a hospital-wide leadership retreat for chief residents.
2. Serve as a liason between the residents and the program director and faculty.
3. Participate in the Med/Peds Education Committee and review the annual program assessment and improvement plan.
4. Create the monthly continuity clinic schedule.
5. Coordinate resident participation in pre-interview dinners and interview day lunches and tours. Participate in the interviewing and selection of intern candidates.
6. Coordinate the 3rd year Continuity Clinic Rotation.
7. Participate in the Medicine Program and the Pediatrics Program with regards to Morning Report, Noon conference, and other educational activities.

Mentors

At the beginning of the intern year, Med/Peds residents are assigned a faculty mentor. The mentor and residents meet regularly over the 4 years of residency. The mentor’s role is to offer support and career counseling.
Med/Peds Residency Assessment Plan

Program Evaluation
1. The residents, core faculty, and Med/Peds Education Committee members complete an electronic evaluation of the residency program annually in June.
2. Annually, the residents evaluate the program using the ACGME Resident Survey. Areas of non-compliance are further investigated by the program director and a summary of the survey results with a plan for improvement is presented to the Hospital GME Committee.
3. Annually, graduates of the program are surveyed to identify how well their training prepared them for their career. Graduates are surveyed in June one and two years after they completed their training.
4. Graduate performance on the board certifying exams is followed.
5. A meeting of the residents and faculty is held in June at which time the results of the above surveys are discussed and a program assessment is completed. Any deficient areas are addressed by a written improvement plan. The program assessment and written improvement plans are presented for approval to the Med/Peds Education committee at the August meeting. In addition to the assessment and improvement plans, the program director annually creates a list of goals for the academic year.

Resident Evaluation
1. Semi-annual assessment by the Pediatric, Internal Medicine and Med-Peds clinical competency committees (CCC)
2. Semi-annual self-assessment - competency-based and includes the formation of an individual learning plan
3. Milestone-based evaluations from faculty on each rotation and clinic
4. Observed patient encounters using the mini-CEX form during continuity clinic
5. Simulations and models on select rotations
6. Patient evaluation from the continuity clinic
7. 360 rating by peers
8. 360 rating by clinic office staff and inpatient nurses and case managers
9. Evaluations by medical students
10. In-training exams
11. Procedure logs

Faculty Evaluation
Clinic preceptors are evaluated annually by the residents using a global evaluation form. The program director meets with each preceptor and reviews the evaluations. Faculty identify individual learning goals.

Graduate Evaluation
1. Board scores are reviewed annually.
2. A survey of adequacy of training is sent to all graduates one and two years after residency.
Semi-annual program director meeting – Sept/Oct and Mar/April

1. Resident performs self-assessment
2. All evaluations are reviewed
3. Procedure log is reviewed
4. ITE scores are reviewed
5. Teaching experiences are reviewed
6. Documentation is reviewed
7. Specific goals by training year
   a. PGY-1 Assess transition to intern year, discuss transition to supervisory role
   b. PGY-2 Assess transition to second year, begin discussing career goals, planning for electives/research
   c. PGY-3 Discuss career goals/fellowship applications, review QI project, review board prep plan
   d. PGY-4 Discuss job search strategies, discuss board review plan, review QI project and senior scholarly project
8. Progress towards achieving competencies and goals for next 6 months is reviewed. Residents develop learning plan by identifying three areas that need improvement and formulating three specific improvement strategies. This learning plan is followed up at the next program director meeting.
Med/Peds Clinical Competency Committee

Policy and Procedure

“The ACGME’s definition of a CCC is a committee that should be appointed by the program director, which should be composed of members of the residency faculty. The CCC should have a written description of its responsibilities to the sponsoring institution and to the program director. The CCC actively reviews all resident evaluations by all evaluators and makes recommendations to the program director for resident progress, including promotion, remediation, and dismissal.”

Purpose
The Med-Peds Clinical Competency Committee (CCC) is a group comprised of leadership and faculty from the combined Med-Peds residency program for the purpose of reviewing resident performance. The CCC will meet semi-annually with the goal of reviewing evaluations for each resident. Upon complete review of each resident’s evaluations, the Med-Peds CCC will make recommendations to the program director regarding resident promotion, remediation or dismissal. This committee assures that the residents are demonstrating progress towards achievement of the ACGME general competencies as defined in the common and specialty-specific program requirements.

Membership
While the Med-Peds Program Director will appoint a separate CCC membership for Med-Peds residents, the two CCCs for the categorical Medicine and Pediatrics Programs will formally review residents within the Internal Medicine and Pediatrics Program. The Chair of the Internal Medicine CCC and Pediatrics CCC will be appointed by the core categorical program director. The Med-Peds Program Director must be a member of each core categorical CCC. Membership in each categorical CCC will be determined by each Program Director but will consist of a mixture of Internal Medicine, Med-Peds, and Pediatrics trained faculty. The Med-Peds CCC will be comprised of leadership and key faculty from the combined Med-Peds residency. At a minimum membership includes Med-Peds Program Director, Med-Peds Associate Program Directors, representative clinical faculty from both Internal Medicine / Pediatrics, the PGY-5 Med-Peds Chief Resident and the Med-Peds Residency Coordinator. The CCC will be chaired by a Med-Peds Associate Program Director. Core faculty, mentors and clinician-educators will be invited on an ad hoc basis when their input is deemed essential to complete the core purpose of the committee.

Procedure
Each categorical CCC will develop the minimum milestone attainment needed for promotion by PGY level. Both the Pediatrics CCC and Medicine CCC will review all Med-Peds residents semiannually primarily in their specialty. The ACGME milestones used for Internal Medicine and Pediatrics will be used when evaluating the progress of Med-Peds residents on the Internal Medicine and Pediatrics portions of the residency respectively.
The full Med-Peds CCC will meet semi-annually to review each resident in the program based on the primary reviews from each categorical CCC. In addition, a core group of CCC members from the combined Internal Med-Peds Program will meet on an as needed basis to review and update any resident in the program with specific areas of concern and will make recommendations for assistance if problems are evident. If deemed necessary, the core group will recommend a full committee meeting to discuss a specific problem or resident. The committee will report and make recommendation directly to the Program Director.

In conjunction with the categorical CCCs, the Med-Peds CCC will also assist in the development of coaching and remediation plans, evaluate the outcomes of coaching and remediation plans and report its findings to the Med-Peds Program Director, and report issues of concern that include coaching, remediation and dismissal of Med-Peds residents to the other categorical CCC.

The Med-Peds program coordinator will compile all assessment data from the categorical CCC for review by the Med-Peds CCC committee in advance of the semi-annual meetings. The Meds-Peds CCC chairperson shall compose the agenda and ensure distribution of resident evaluations to committee membership for review prior to the meeting. Committee members are expected to attend the meeting ready to discuss resident issues and make determinations regarding promotion, dismissal or remediation. The CCC chairperson will ensure the committee’s recommendations are in compliance with the institutional criteria for selection, evaluation, reappointment and dismissal of residents.

The Program Director has the responsibility to review the CCC findings and recommendations with each resident during their semi-annual evaluations. The Program Director has the responsibility to ensure timely and accurate communication to the sponsoring institution and accrediting institutions regarding resident performance.

**Med/Peds Schedules**

Categorical chief residents create the rotation schedule for the Med/Peds residents using the attached template. This ensures that Med/Peds residents meet the curriculum requirements. The program director monitors each resident’s progress toward meeting curriculum requirements and notifies the rising chief residents each spring of specific schedule needs.

The following are additional scheduling guidelines for the categorical chief residents:

1. Med/Peds residents are assigned an equal proportion per year of night float, residents report and EBM conferences.
2. Vacation time is distributed equally between departments.
3. Med/Peds residents require coverage for four retreats over their four years of residency: Internal Medicine retreat intern year, Pediatric retreat second year,
one senior retreat in the third year, and the other senior retreat in the fourth year (residents can choose which retreat is in 3rd year and which is in 4th year.)

4. Med/Peds residents require coverage for both ITE exams and for both leadership retreats in May of the PGY-1 year.

Resident Benefits

In addition to salary and benefits provided by the GME office, Med/Peds residents receive the following benefits:

1. Membership in the AAP and NMPRA all four years of residency
2. Membership in the ACP for PGY-2 and MKSAP, online or print edition – provided at the end of the intern year
3. A $300 stipend at the end of second year from pediatrics for board review texts
4. A $400 book stipend during the fourth year of residency

Med/Peds Supervision Policy

Chatham Crossing Medical Center - Resident Clinic Supervision Policy

**PGY-1 Level**
Every patient must be staffed with the preceptor. The resident presents the history and physical findings and proposes an assessment and plan. During the first six months, the preceptor sees each patient and repeats critical elements of the history and physical. After the initial 6 months, preceptors see patients depending on the resident’s level of competence and the complexity of the patient.

**PGY-2 Level**
Every patient is staffed with the preceptor and the preceptor repeats items of the history and physical as needed. The preceptor’s degree of involvement depends on the resident’s level of competence and the complexity of the patient.

**PGY-3 and 4 Level**
Every patient is staffed with the preceptor although as residents progress the presentations may be briefer and the resident should have increased autonomy in developing a plan.

Note Chatham Crossing Resident Continuity Clinic and 3rd year Med-Peds Clinic rotation are the only unique Med/peds rotations.
All other rotations are in the Internal Medicine and Pediatric program and follow the supervision policy for that department.

**Med/Peds Program Duty Hour Policy**

The Med/Peds program follows the UNC Hospitals GME policy on duty hours. For our program, the program administrator reviews duty hour reports daily to ensure that residents are actively logging duty hours. If a resident has not logged duty hours in an 8 day period that resident is contacted and is instructed to complete their duty logging immediately. If a resident reaches 10 days without logging duty hours he or she is required to stop their clinical work and come in to the education office to log their hours.

The program director is alerted of any violations when the violation is logged. The program director speaks with the resident to clarify the circumstances when the violation occurred and then reports the violation to the appropriate categorical program (medicine or pediatrics.)

The program director compiles a monthly summary of all duty hour violations and reviews this with the categorical programs.

The program director monitors for the potential for excessive duty hours that may occur during the transition between rotations.

**Moonlighting Policy**

There are no approved moonlighting opportunities in either Internal Medicine or Pediatrics.

**Paid Time Off Policy**

The paid time off (“PTO”) policy for residents of the Combine Internal Medicine and Pediatrics Residency Training Program at the University of North Carolina Hospitals is fifteen (15) Monday through Friday workdays annually. PTO includes all vacation, sick and personal leave. This is currently the standard in both the categorical Medicine and Pediatrics Programs.

Scheduling of all PTO must be made with the approval of the Program Director (or Department Chair, if appropriate), who will take into consideration service responsibilities, call schedules, attendance at professional meetings and holiday schedules.
For current residents requests for PTO are submitted to the rising chief residents with all other scheduling requests for the new academic year. It will be distributed in a two week (10 weekdays plus 4 weekend days) block and a one week (5 weekday and 2 weekend days) block.

Additional leave, if required, may be authorized by the Program Director (or Department Chair, if appropriate) in compliance with the Residency Review Committees (RRC) for Medicine and Pediatrics and Specialty Board requirements of the ABIM and ABP accordingly. Training may need to be extended as a result of extra leave above that granted in this policy.

PTO will not carry over from one academic year to the next.

Please refer to the UNC GME Policies on Family Medical Leave and Serious Illness Leave for other authorized leave.
Procedures

Procedure Guidelines – 7/13

Procedure experience is graduated so that residents build and maintain skills throughout residency.

Residents receive training in required pediatric procedures (wound repair, venous access, bladder catheterization, performance of lumbar puncture, intraosseous line placement, bag-mask ventilation, splinting/casting, arterial puncture) at a special workshop in the medical school simulation lab during the PL-1 orientation week. Once a year the PL-1 residents have a half day workshop practicing skills needed on the neonatal critical care units.

Residents receive training in required internal medicine procedures during a special workshop in the simulation lab during August of the PL-1 year.

Residents are supervised until they can demonstrate the necessary skill for independent practice. As a general guideline, a resident may begin to perform a procedure independently after he/she has successfully performed a procedure 5 times under supervision. Any deficiencies or concerns noted by a supervising resident are brought to the attention of the program director immediately. There is a procedure team, staffed by a hospitalist, that is available to assist with any procedures on internal medicine patients. The pediatric critical care faculty is available to assist with any pediatric procedures.

As part of procedural competence, residents must be able to obtain informed consent and address the pain that is associated with the procedure. They must also understand the indications, contraindications, and potential complications for each procedure.

Resident procedural competence is evaluated by faculty at the end of each clinical rotation. The resident's procedure log is reviewed at the semi-annual program director meeting. An individualized remediation plan is developed if any deficiencies in procedure competence are noted. This may include scheduling a specific elective with a faculty mentor or scheduling additional sessions in the simulation lab.

Residents record all procedures electronically using the e*value system. Residents are required to record the indications, contraindications, and any complications associated with each procedure. The name of the supervising physician must also be recorded.
Internal Medicine
Specific procedure requirements for internal medicine are detailed below in the excerpt from the American Board of Internal Medicine.

**Procedures Required for Internal Medicine**

Safety is the highest priority when performing any procedure on a patient. ABIM recognizes that there is variability in the types and numbers of procedures performed by internists in practice. Internists who perform any procedure must obtain the appropriate training to safely and competently perform that procedure. It is also expected that the internist be thoroughly evaluated and credentialed as competent in performing a procedure before he or she can perform a procedure unsupervised.

For Certification in internal medicine, ABIM has identified a limited set of procedures for which it expects all candidates to be competent with regard to their knowledge and understanding. This includes (1) demonstration of competence in medical knowledge relevant to procedures through the candidate's ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management, proper techniques for handling specimens and fluids obtained, and test results (2) ability to recognize and manage complications and (3) ability to clearly explain to a patient all facets of the procedure necessary to obtain informed consent.

For a subset of procedures, ABIM requires all candidates to demonstrate competence and safe performance by means of evaluations performed during residency training. The set of procedures and associated competencies required for each are listed below.

To help residents acquire both knowledge and performance competence, ABIM believes that residents should be active participants in performing procedures. Active participation is defined as serving as the primary operator or assisting another primary operator. ABIM encourages program directors to provide each resident with sufficient opportunity to be observed as an active participant in the performance of required procedures. In addition, ABIM strongly recommends that procedural training be conducted initially through simulations. At the end of training, as part of the evaluation required for admission to the Certification Examination in Internal Medicine, program directors must attest to each resident's knowledge and competency to perform the procedures. ABIM does not specify a minimum number of procedures to demonstrate competency; however, to assure adequate knowledge and understanding of the common procedures in internal medicine, each resident should be an active participant for each procedure five or more times.

Competency is required in the following procedures:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Know, Understand and Explain</th>
<th>Perform Safely and Competently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal paracentesis</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Advanced cardiac life support</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Arterial line placement</td>
<td>X</td>
<td>N/A</td>
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<tr>
<td>Arthrocentesis</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Central venous line placement</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Drawing venous blood</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Drawing arterial blood</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Electrocardiogram</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Incision and drainage of an abscess</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Abdominal paracentesis: X
Advanced cardiac life support: X
Arterial line placement: X
Arthrocentesis: X
Central venous line placement: X
Drawing venous blood: X
Drawing arterial blood: X
Electrocardiogram: X
Incision and drainage of an abscess: X
**Pediatrics – ACGME / Pediatric RRC**

Residents must be able to competently perform all medical, diagnostic and surgical procedures considered essential for the area of practice. Residents must be able to competently perform procedures used by a pediatrician in general practice, including being able to describe the steps in the procedure, indications, contraindications, complications, pain management, post-procedure care, and interpretation of applicable results. Residents must demonstrate procedural competence by performing the following:

1. bag-mask ventilation
2. bladder catheterization
3. giving immunizations
4. incision and drainage of abscess
5. lumbar puncture
6. neonatal endotracheal intubation
7. peripheral intravenous catheter placement
8. reduction of simple dislocation
9. simple laceration repair
10. simple removal of foreign body
11. temporary splinting of fracture
12. umbilical catheter placement;
13. venipuncture.
14. must complete training and maintain certification in Pediatric Advanced Life Support, including simulated placement of an intraosseous line, and Neonatal Resuscitation.
QI Project

All third year Med/Peds residents complete a quality improvement project during the Chatham Crossing clinic rotation. There are many additional opportunities for involvement in quality improvement in the pediatric and medicine departments.

Scholarship

Residents are required to participate in a scholarly project. Scholarship includes presentation at a UNC-sponsored research conference or a regional or national conference, publication in a journal, and presentation of a scholarly review of a topic to the pediatric department.

Residents who participate in a “special month” should present their experience at a research day or a noon conference.

All residents are encouraged to present at the Pediatric Evening of Scholarship and the Internal Medicine Research Day. Residents are encouraged to present at regional and national conferences and funding is available to assist with travel costs.

Elective Rotations ("Special Months")

In each specialty, up to two months per specialty off-site is allowed for outside elective experience. Electives should be designed to enrich the educational experience of residents in conformity with their needs, interests, and/or future professional plans. Electives must be well-constructed, purposeful, and effective learning experiences, with written goals and objectives. The choice of electives must be made with the advice and approval of the program director and the appropriate preceptor. All international experiences must follow the UNC GME Policy on International Rotations. Residents participating in special months should present some part of their experience at a research day or noon conference. Special month requirements for Med/Peds residents are in concordance with those of the categorical program within which the rotation occurs.

Special month rotations permit residents to spend time focusing on experiences to further their education, to explore career opportunities, or to develop clinical skills in areas of specific interest.

These experiences include:

- International and Away Rotations
- Research and Scholarly Activity Rotations
- Subspecialty or Procedural Rotations
Special Months are limited to the PL-2, PL-3, MP-2, MP-3 and MP-4 years. Approval of requests will be contingent on the educational value of the rotation. **Requirements for Eligibility:**
1. Special Months will only be approved if residents meet all RRC requirements
2. Residents must demonstrate an overall conference attendance of ≥ 50%
3. A scholarly project or presentation must be done at the end of the Special Month (eg Grand Rounds presentation, poster presentation, noon conference)

**Steps for Approval:**
1. Discuss your plans with the Chief Residents at least three months in advance of the proposed rotation start date. Feasibility of scheduling and requirements for eligibility will be reviewed at that time
2. Once approved, provide the Program Coordinator and Chief Residents with the following information:
   a. Preceptor/Director
   b. Practice/Facility
   c. Practice/Facility Address
   d. Rotation Dates
   e. If applicable, amount of payment from practice
3. Complete the **Goals and Objectives Form**, which the Program Coordinator will send you. Submit this to the Program Director and Chief Residents for approval
4. One month prior to the start of the rotation, the resident must submit an updated summary with detailed plans for the month
   a. Expected Work Hours
   b. Plans for scholarly project or presentation presenting knowledge and experience gained during the month
   c. Summary describing the Goals and Objectives of the activity and the plan to achieve these with the signature of the mentor / preceptor
5. At the completion of the rotation, the preceptor will evaluate each resident based on the above stated Goals and Objectives. **Within one month of completion, residents must submit a summary statement of the experience and then plan a way in which to present their experiences (noon conference, senior talk, Evening of Scholarship, Grand Rounds)**

**Research/Scholarly Activity Rotation**
The purpose of a Resident Research/Scholarly Activity rotation is to enable a resident to pursue a specific research or scholarly activity project by having a dedicated block of time with the mentorship of an interested faculty advisor.
1. Follow the Steps for Approval as above.
2. The preceptor will be a faculty advisor who is willing to assist with mentorship. This individual must be identified at least 3 months in advance.
3. The resident and faculty advisor must complete the “Research/Scholarly Proposal Form” at least two months prior to the start date and turn it in to the Program Coordinator and Chief Residents.
4. The resident and faculty advisor should meet regularly during the rotation to make sure progress is being made.
5. **At the conclusion of the rotation, there should be tangible evidence of scholarly accomplishment.**

**International and Away Rotation**

International and Away Rotations permit residents to gain special clinical and educational experiences which may not be available locally by taking rotations in other accredited training programs or at other approved sites.

1. Follow the Steps for Approval as above.
2. When working at another facility other than those under UNC GME, additional paperwork is necessary which will be sent to residents by the Program Coordinator. This includes a Letter of Agreement and Confirmation of Employment.
3. Once all appropriate paperwork is completed and preceptor approval arranged, the GME office must approve of all off-site rotations before they can occur.
4. At the conclusion of the rotation, residents must present their experiences (noon conference, senior talk, Evening of Scholarship, Grand Rounds).
5. **All international experiences must be in compliance with the UNC GME Policy for International Electives:**
### UNC Med/Peds Schedule Template

#### PGY-1

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Duration</th>
<th>Pediatrics</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHEC Ward</td>
<td>4 weeks</td>
<td>NICU</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4 weeks</td>
<td>AHEC Clinic</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>4 weeks</td>
<td>Newborn Nursery/Clinic</td>
<td>2 weeks + 1 week</td>
</tr>
<tr>
<td>UNC Ward</td>
<td>4 weeks</td>
<td>Peds ED</td>
<td>4 weeks</td>
</tr>
<tr>
<td>MICU</td>
<td>4 weeks</td>
<td>UNC Ward (green)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective</td>
<td>4 weeks</td>
<td>UNC Ward (other)</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

#### PGY-2

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Duration</th>
<th>Pediatrics</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHEC Ward</td>
<td>4 weeks</td>
<td>NICU</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4 weeks</td>
<td>AHEC Ward</td>
<td>4 weeks</td>
</tr>
<tr>
<td>UNC Ward</td>
<td>4 weeks</td>
<td>Newborn Nursery/Clinic</td>
<td>2 weeks + 1 week</td>
</tr>
<tr>
<td>Clinic</td>
<td>4 weeks</td>
<td>Heme/Onc Ward</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Ambulatory Elective</td>
<td>4 weeks</td>
<td>PICU</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective</td>
<td>4 weeks</td>
<td>Elective</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

#### PGY-3

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Duration</th>
<th>Pediatrics</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHEC Ward</td>
<td>4 weeks</td>
<td>Peds ED</td>
<td>4 weeks</td>
</tr>
<tr>
<td>MICU</td>
<td>4 weeks</td>
<td>AHEC Clinic</td>
<td>4 weeks</td>
</tr>
<tr>
<td>UNC Ward</td>
<td>4 weeks</td>
<td>Adolescent</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Med/Peds Clinic</td>
<td>4 weeks</td>
<td>Elective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Ambulatory Elective</td>
<td>4 weeks</td>
<td>Elective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective</td>
<td>4 weeks</td>
<td>Jeopardy</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

#### PGY-4

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Duration</th>
<th>Pediatrics</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHEC Ward</td>
<td>4 weeks</td>
<td>UNC Ward (green)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>UNC Ward</td>
<td>4 weeks</td>
<td>AHEC Ward</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Clinic</td>
<td>4 weeks</td>
<td>Behavior</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Ambulatory Elective</td>
<td>4 weeks</td>
<td>Elective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective</td>
<td>4 weeks</td>
<td>Elective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective</td>
<td>4 weeks</td>
<td>Elective</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

**Vacations**

On Peds, 1 week of vacation during the first two years should be taken from the newborn nursery/clinic experience. If a resident has two weeks of vacation on Peds, the other week is taken from the peds ED month or the elective. Medicine vacations are taken from the elective and clinic months.
Special months – Each resident can complete up to two special months on pediatrics and 2 special months on internal medicine. These would occur in place of an elective.