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Welcome to Emory University

Welcome to Emory University and the J. Willis Hurst Internal Medicine Residency program! You are joining a beloved legacy of leadership, clinical excellence, intellectual curiosity, and dedication to service established by the generations of residents.

We have created the Hurst Handbook to help guide you as you get to know our program and help you navigate its diverse clinical settings and experiences. The Hurst Handbook will be updated annually and important updates will be added throughout the year. An online copy of the most current version can always be accessed on Canvas, our Emory IM Internal Website, and by visiting this link: http://bit.ly/HurstHandbook.

J. Willis Hurst, MD

“You may wonder why patients never ask you about your academic standing in medical school, or if you belong to an honor society. In fact, patients rarely ask which medical school you graduated from. Patients don’t seem to worry about those things; they judge you in quite another way. They understand if you are kind and thoughtful to them and their families. They can sense if you care about the and that is how they judge you. They assume you know what you are doing. This leads to the concept that integrity is the basis of good doctoring because you and you alone know if you really know what you are doing.

Consideration of the foregoing will lead you to realize that the practice of medicine is predominantly a humanistic act. Physicians must care about their patients, and they must constantly improve their scientific knowledge about disease. To care and not know is dangerous. To know and not care is even worse. Caring and knowing must be combined to succeed in doctoring.”

J. Willis Hurst, MD
1920 - 2011
Resources

In addition to the Hurst Handbook, the following resources may be helpful to you:

- **Canvas**: Emory’s official Learning Management Software. Rotation descriptions, rotation-specific online modules, and rotation-specific learning resources can be found here. Bookmark [http://canvas-support.emory.edu](http://canvas-support.emory.edu) on your phone and computer.
- **ACGME Website**: [http://www.acgme.org](http://www.acgme.org)
Administrative Staff

The residency’s Program Coordinators are here to support your progress throughout the program. Together, they facilitate all HR, administrative, and curricular operations. This includes: orientation; semi-annual evaluations and milestones; social events; compliance with hospital, ACGME, and ABIM policies; parental leave and sick leave; verifications first post-residency jobs; etc. All Program Coordinators are located on the 4th floor of the Grady Memorial Hospital Faculty Office Building (FOB).

Please see below for their names, areas of responsibility, and contact info:

**Meghan Lane, Program Administrator**
Residency Staff Lead
Milestones, ACGME and ABIM, Parental Leave/FMLA
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Recruitment, Orientation, Visas
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New Innovations Evaluations, Canvas, Online Curricula
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Curriculum and Schedules

Schedules are dynamic as we work to optimize your curriculum while also meeting ABIM and ACGME requirements and facilitating your individual requests. The most up-to-date schedule is always available in New Innovations.

This section will cover the following topics:

● Schedule and Vacation Change Requests
● Conference Attendance
● Criteria for Advancement
● Procedures and Procedure Documentation
● Career Planning
● Distinction Programs
● PRIME
● Elective Planning
● Financial Support for Scholarly Activity

Schedule and Vacation Change Requests

We can consider scheduling requests or changes only if they are \textgreater 90 days out. Requests within the 90-day window cannot be considered.

For general schedule request changes \textgreater 90 days out, please email the scheduling listserv (IM-RESIDENT-SCHEDULING@LISTSERV.CC.EMORY.EDU) which includes the chiefs, Dr. Law and key clinic/ambulatory faculty members. These include vacation week changes, jeopardy week swaps, or rotation swaps (for example - your friend is getting married in May, so you need to switch ambulatory and MICU with someone else so that you can have ambulatory and vacation in May).

With regards to conferences/meetings, we strongly encourage all of you to be involved in scholarly activities. You MUST keep us in the loop as you submit your work for scientific meetings so that we can make a plan for covering your clinical duties. \textbf{When you submit your work for a scientific meeting, notify the scheduling listserv immediately} with the conference dates so that your clinic can be closed 90 days in advance. You will update the listserv once you receive a notification regarding your work. If your work was not accepted, your clinic will be opened. If you do not notify the scheduling listserv until after your acceptance is received, you will be responsible for securing your own coverage if your clinic falls during the conference timeframe. Additional important information regarding submitting your work for scientific meetings and financial support for travel can be found on page 16.
Site-specific requests or overnight call requests should be emailed directly to the site chief > 90 days in advance and we will try our best to make these happen. These include asking for specific days off on wards, or as PGY2s/3s you may request no overnight call on a specific weekend, etc.

The 90-day policy applies to categorical/PC/MedPsych/prelim residents. All requests from TY interns will need to be cleared by Dr. Manning, however if they impact inpatient medicine rotations, we'll also need to discuss those as a group.

**Conference Attendance**

Conference is one of the primary ways we deliver important curriculum throughout your training. Additionally, conferences are critical opportunities for you to network with residents, physicians, and leaders throughout our system, check in with chiefs and leadership, receive important announcements, and contribute to the community of our program. Longitudinal studies have also shown that one of the most important predictors for passing the ABIM Internal Medicine Boards is consistent attendance at conference during residency training.

Bottom line - conference matters and your attendance is part of your educational success and your citizenship in this program.

Depending on the rotation, your ability to attend conference may ebb and flow, as patient care occurs at all hours, and occasionally you may be admitting or stabilizing a patient during conference time. Our expectation is that you attend all conferences, reports, and didactics unless you are post-call, on a day off or are actively providing urgent care for a patient and their family.

We track conference attendance using a card swipe system. You will swipe your Emory badge when reporting to conference within 30 minutes of the conference start time. Your card swipe automatically logs your attendance at the educational activity. For morning report or any other conference that is <30 minutes, you must swipe within the first 10 minutes of conference for your attendance to be counted.

**All residents must achieve greater than 50% attendance at conferences annually** - this includes lunch conferences, reports, etc. This baseline was established when reviewing our conference schedules and also taking into account days off, vacations, nightfloat, and MICU months. We will survey your average conference attendance at 12, 24, and 30 months with the following actions if your average attendance is < 50%:

- At 12 months and 18 months, you and your APD are notified that your attendance is below the minimum expectation. You are expected to make an effort to improve your attendance.
- At 24 months, if your average attendance is below the minimum expectation, you will be assigned the following:
  - A 2-week study program in place of 2 weeks of elective time, in which you will report in person from 8 a.m. – 5 p.m. to FOB to complete coursework assigned to you based on your In-Training Exam report
  - A conference presentation for the housestaff, to be scheduled by the chiefs on a content topic of our choosing based on your In-Training Exam report
- At 30 months, if your average attendance is below the minimum expectation, you will be assigned the following:
  - A conference presentation for the housestaff, to be scheduled by the chiefs on a content topic of our choosing based on your In-Training Exam report

These expectations were developed with the rationale that failure to maintain an acceptable level of attendance at conference also indicates that you have not received the educational curriculum we promise you as part of our program, and are therefore at risk of failing the internal medicine boards certification. Any concerns for professionalism regarding your conference attendance, including repeated low conference attendance after multiple reminders, will be referred to the Resident Clinical Competency Committee for review and potential additional disciplinary action.

Attendings have been notified of this policy and are aware that rounds must end with sufficient time to attend conference. If you have challenges with attending adherence to this policy, please let the chiefs know.

**Criteria for Advancement**

**Advancement from PGY-1 to PGY-2:**

- Successful completion of all PGY-1 rotations with an average faculty rating of satisfactory (3 or higher on a 5-point scale) in each of the six ACGME core competencies and the overall evaluation
- Pass the Continuity Clinic Intern Evaluation/Ambulatory Passport and achieve an average faculty rating of satisfactory (3 or higher on a 4-point scale) in each of the six ACGME core competencies and the overall evaluation
- Satisfactory progress on the ACGME milestones, which are the knowledge, skills, attitudes, and other attributes of each of the ACGME core competencies that are individualized for internal medicine
- Participate in the ACP In-Training Exam (ITE) administered in August/September of intern year, unless exceptional arrangements are made due to scheduling
- Complete Resuscitation Readiness Part I cardiac resuscitation module administered at the end of PGY-1 year
- Pass the Intern OSCE administered at the end of the PGY-1 year*
- Pass the EKG curriculum post-test with a score of >70%*
- Score >13/20 points on the H+P and Note Writing audit during intern year*
- Participate satisfactorily in the EBM curriculum administered during Ambulatory, including successful passing score for Searching and Literature Interpretation Post-Assessment*
- Participate satisfactorily in the Critical Care curriculum administered during MICU*
- Progress towards competence in procedures, focusing on peripheral IVs, arthrocentesis, pelvic exam/pap smears, and arterial puncture

*Additional information regarding Intern Study Guides for the above Intern expectations can be found in Appendix B.

Advancement from PGY-2 to PGY-3:
- Successful completion of all PGY-2 rotations with an average faculty rating of satisfactory (3 or higher on a 5-point scale) in each of the six ACGME core competencies and the overall evaluation
- Successful performance in your individual continuity clinic with an average faculty rating of satisfactory (3 or higher on a 4-point scale) in each of the six ACGME core competencies and the overall evaluation
- Satisfactory progress on the ACGME Milestones
- Register for the USMLE Step 3 Examination
- Successfully complete/pass the Resident Resuscitation Readiness Part II assessment administered during your first critical care month of your PGY-2 Year
- Participate in the ACP In-Training Exam (ITE) administered in August/September of PGY-2 year, unless exceptional arrangements are made due to scheduling
- Participate satisfactorily in the EBM curriculum, including completion of Collaborative IRB Training Initiative Program (CITI) certification in biomedical or social science research, and leading PGY-2 Journal Club with critical appraisal of a peer-reviewed journal article
- Progress towards competence in procedures, with additional focus on central lines, lumbar punctures, paracentesis, and thoracentesis
Completion of Training:

- Successful completion of all PGY-3 rotations with an average faculty rating of satisfactory (3 or higher on a 5-point scale) in each of the six ACGME core competencies and the overall evaluation
- Successful performance in your individual continuity clinic with an average faculty rating of satisfactory (3 or higher on a 4-point scale) in each of the six ACGME core competencies and the overall evaluation
- Satisfactory progress on the ACGME Milestones
- Pass the USMLE Step 3 examination
- Satisfactorily complete a Senior Capstone lecture
- Demonstration of the ability to independently practice general internal medicine based on the sum total faculty based evaluations as well as all competency based evaluations during the PGY1-3 years documented in the resident’s portfolio
- Successful performance of all required procedures, with documentation of competence to perform independently

Each resident’s performance is reviewed at least semi-annually with program leadership, and resident appointments are considered on an annual basis. All residents in good standing in the program who meet criteria for advancement for their PGY level will receive an annual contract supporting continuation of their training. All residents who have received disciplinary actions as defined in Section 7 of the Housestaff Policy and Procedures Manual will have their disciplinary proceedings taken into account in determining whether the resident will receive a reappointment offer.

If non-renewal of a resident’s appointment is under consideration, these issues are discussed with the Associate Dean for GME or the Associate Dean’s representative. Written notice of intent not to renew will be provided with as much advance notice as the circumstances will reasonably allow. Residents who are subject to non-renewal of their residency appointment may pursue an appeal by following the grievance procedures as found in section 33 and due process procedures as found in section 34 of the Housestaff Policy and Procedures Manual.

Procedures and Procedure Documentation

Procedure participation and certification begins many steps before the invasive component of the procedure. As a resident physician, you must be competent in the medical knowledge relevant to a procedure, including explaining indications and contraindications, patient preparation methods, sterile technique, pain management, specimen handling, and test results. You must also be competent in your ability to recognize and manage complications of a
procedure, and you must be able to clearly explain all aspects of a procedure necessary to educate the patient and obtain informed consent.

Please see below for our program’s required procedures. Keep in mind, safety is the highest priority. If you have performed the minimum number but still do not feel competent or ready to supervise, you should seek additional procedure experiences beyond the number suggested prior to performing independently or supervising. Similarly, your supervisor may prescribe additional training if needed, even if you have performed the minimum number.

The bolded procedures are designated as Intern Procedures and should be completed during your PGY-1 year. Any procedures not listed here (vascath, Blakemore, subclavian central line, etc.) are not a part of our required curriculum and may only be performed under the direct supervision of an attending physician.

**Required Procedures:**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Minimum successful attempts required for Graduation</th>
<th>Minimum successful attempts required to perform independently and supervise*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal paracentesis - diagnostic OR therapeutic</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Arterial lines/Arterial puncture-no more than 2 arterial punctures (ABGs) can count towards the 5 total</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Arthrocentesis/Joint injection</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>U/S-guided IJ or Femoral Central Line</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Pap smears</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Peripheral IVs/Venous Blood Draws</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Thoracentesis – diagnostic OR therapeutic</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

*To supervise procedures, the minimum number of required procedures must be performed AND logged in New Innovations.
Procedures should be documented in New Innovations. If the procedure supervisor is not a resident or attending physician (i.e. RN, PA, NP, or fellow), you may either document the procedure in New Innovations and list the site Chief Resident as the supervisor, or use the Procedure Log available under “Important Forms” at http://bit.ly/EmoryIM.

**Career Planning**

It’s hard to believe, but the three years of residency training fly by and before you know it, it’s time to start planning for a job. We are here to help you every step of the way. On the resident website you will see a “Career Planning” section which includes timelines for Subspecialty Fellowship, Hospital Medicine and Primary Care careers, as well as other resources. Visit http://bit.ly/IMCareerPlanning to view this resource.

We have also carefully planned and timed the following events to assist your career development:

- **August – September of PGY1 year:** Virtual **Distinction Program Fair** to introduce you to individual programs and faculty contacts.
- **January – February of PGY1 year:** **Scholarship Prep and Elective Planning Night** to introduce you to PRIME, assist you with research mentors, and provide guidance with Elective planning for your PGY2 and 3 year.
- **March – April of PGY2 year:** **Fellowship Prep Night** to prepare you for Subspecialty Fellowship applications.
- **August – November of PGY3 year:** **Mock Interview Program** to help you put your best foot forward, whether interviewing for fellowship, hospital medicine, or primary care jobs.

We know that preparing for the next steps after residency can be daunting. Stay in close contact with your APD and PD - we are here to support you every step of the way.

Finally, we have created an opt-in jobs email listserv, through which we will share all Primary Care and Hospital Medicine job offers that come in. Please email Thedis Carries (thedis.carries@emory.edu) to be added to the listserv at any time.
Distinction Programs

In addition to our established curriculum, the residency program has developed several additional voluntary, specialized education tracks called "distinctions" that allow our residents to gain structured experience in a variety of areas.

All our Distinction Programs have been developed by key faculty members in the Department of Medicine. These leaders serve as mentors and advisors to the residents and facilitate their success in these specialized tracks. Each is structured to allow residents to achieve distinctions within their three-year residency curriculum. Residents that successfully achieve distinctions receive special recognition on their diplomas and at graduation, and find that these experiences afford additional opportunities during fellowship application or when seeking postgraduate employment.

Distinction Program schedules vary by program. A virtual “Distinction Program Fair” with program information and contacts will be distributed to the PGY1 class in the early Fall, to allow you to first get settled into your new roles as interns.

Current Distinction Programs include:

- Teaching & Leadership
- Global Health
- Social Medicine
- HIV Medicine
- Medical Innovation
- Quality Improvement
- Inpatient/Hospital Medicine

PRIME

PRIME is a comprehensive program designed to facilitate the research experience for our residents. Our goal is to make it easier to find and get connected with the best mentors in your area of interest, and to
streamline the process of presenting or publishing your research - all of which will make you more competitive for that job or fellowship you have your eye on. PRIME consists of 4 major components:

1. Faculty mentor matching program
2. Chief/peer mentorship program
3. Scholarship Prep Night in January to fully outline the PRIME program and advise you all toward successful research projects
4. Online database housing recordings of lectures (how to write an abstract, how to organize a poster, etc.) as well as templates for abstracts, cover letters, posters, etc., options for research funding, and important conference dates for each specialty. Visit [http://bit.ly/dom-prime](http://bit.ly/dom-prime) for more information.

The first 6 months of residency should be spent focusing on learning the ropes of being an intern - the medical knowledge, patient care, and systems-based practice that make the learning curve quite steep. As a result, we do not open PRIME for mentor matching until the Fall of your intern year. This timetable has worked well to support residents to develop the skills and knowledge they need to progress in the program, while also allowing for meaningful research experiences and career planning during the 36 months of training.

**Elective Planning* (for PGY2 and PGY3 years)**

*The below information describes the elective process for Categorical and Primary Care residents. Prelim interns can view the elective process for Prelims at: [http://bit.ly/PrelimElective](http://bit.ly/PrelimElective).*

Elective time is designed for you to take deeper dives into clinical areas of interest, or participate in scholarly activities to augment your academic portfolio. Elective rotations are also an opportunity to make connections with faculty in your area of interest in both clinical and research arenas. As PGY3s, electives are an opportunity for you to finish and submit your scholarly work for publication or presentation, or prepare for independent practice with specialty clinic experience relevant to your future career.

Electives may be research-focused or clinically-focused, or one of our pre-defined subspecialty or distinction electives. Please see below for minimum guidelines:

**Research-focused electives:**

- At minimum, 2 half days (or 1 full day) of subspecialty clinic weekly (typically arranged with a research mentor or subspecialty mentor)
- 2 and ½ days of research
- At least one scholarly project that meets the following criteria:
  - A designated faculty sponsor
- Clearly defined goals & objectives
- A plan for publication or presentation at a scientific meeting

**Clinically-focused electives:**

7 half days of clinical experience weekly (may be arranged as 3 full days of clinic, plus one additional half day)

Participation in additional scholarly experiences (teaching/education activities, social medicine activities, community service) may count for half-day experiences if they meet the following criteria:

- A designated faculty sponsor
- Clearly defined goals & objectives

**Subspecialty/distinction electives:**

Several faculty have created full elective blocks you may select for an immersive experience in a specific topic. Residents interested in these electives should contact the faculty sponsor to confirm they can take the elective during their assigned elective month. Some electives are only offered at certain times during the year and will require advance schedule planning to secure your spot.

Residents may also choose to rotate on a specific subspecialty for their entire elective - for example, ID consults, or endocrinology clinic.

Below are subspecialty/distinction electives offered throughout the year:

<table>
<thead>
<tr>
<th>Elective Name</th>
<th>Faculty Sponsor</th>
<th>Months offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatology/Liver Transplant</td>
<td>Joel Wedd</td>
<td>Varies</td>
</tr>
<tr>
<td>Medical Education Elective</td>
<td>Karen Law</td>
<td>March</td>
</tr>
<tr>
<td>Social Medicine Elective</td>
<td>Maura George</td>
<td>February, March</td>
</tr>
<tr>
<td>Advanced Cardiology Elective</td>
<td>Andro Kacharava</td>
<td>Varies</td>
</tr>
<tr>
<td>HIV Distinction Elective</td>
<td>Schuyler Livingston</td>
<td>Varies</td>
</tr>
<tr>
<td>Advanced Ultrasound Elective</td>
<td>Lorenzo Difrancesco, Mikhail Akbashev, EM Faculty</td>
<td>Varies</td>
</tr>
<tr>
<td>Specialty</td>
<td>Instructor</td>
<td>Availability</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Palliative Care Medicine</td>
<td>Ashima Lal</td>
<td>Varies</td>
</tr>
<tr>
<td>Hospital Medicine Elective@ St Joseph's Hospital</td>
<td>Dan Dressler, Michelle Sundar</td>
<td>Varies</td>
</tr>
<tr>
<td>Transplant ID at EUH</td>
<td>Wendy Armstrong</td>
<td>Varies</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>Gerry Lee</td>
<td>Varies</td>
</tr>
<tr>
<td>Medical Genetics</td>
<td>Jaime Vengoechea-Barrios</td>
<td>Varies</td>
</tr>
</tbody>
</table>

**FOR ALL ELECTIVES:**

- 1 full day of continuity clinic/week
- At least two half-days of additional clinical experience (if you are doing a subspecialty or clinically-focused elective, you will likely have more than this)
- One half-day for wellness/week; the typical guidelines for wellness time from ambulatory will apply to your elective wellness time
- 2 overnight calls/month

**Elective Request Timeline:**

- 90 days before your elective month, you will receive an email with the elective guidelines, Google form link and signature sheet
- You must submit your Google form >45 days prior to the start of the elective month
- Elective plans received after the 45-day deadline may not be approved and you may be assigned to a clinical rotation of our choosing
- The signature sheet with faculty signatures is due by the Friday of the first week of your elective, UNLESS your vacation is the first week. If you have vacation the first week, this form is due by the Friday of the second week. This deadline is to facilitate your obtaining their signatures during your face-to-face time. The faculty/attending will also be emailed for final authorizations and will receive evaluations for your elective month.
- Unless special arrangements are made in advance, all clinical duties must occur at one of the 4 GME-sponsored hospitals: EUH, EUHM, Grady, and the VA.

**NO CHANGES ARE ALLOWED** once your form is submitted. There is a complicated process to ensure your salary is billed to the correct hospital and we use your form responses to support your billing. If unforeseen circumstances result in a different elective than you originally planned, you MUST let us know ASAP.
Remember, these guidelines are a MINIMUM for electives, not a maximum. Electives are a great time to also attend subspecialty didactics/grand rounds, try out clinics or work with attendings that you would like to gain exposure to, or otherwise show your interest in a particular subspecialty or field.

Participation in electives is a privilege that we feel is critical to support your personal and professional development during residency. We expect all residents to adhere to the above guidelines. Violation of these guidelines may result in loss of elective privileges and additional disciplinary action.

**Scholarship and Financial Support for Scholarly Activity**

**Intern Clinical Vignettes:**

As part of your PGY1 training, we ask that you identify at least ONE clinical case that may be appropriate for either presentation at a resident educational conference/Kokko conference, presentation/publication as a clinical vignette, or both.

Most of you will care for DOZENS (hundreds!) of clinical cases during your intern year that will meet the criteria for any of these possibilities. The goal of this requirement is to encourage you to be PROACTIVE about cases - so that when you are caring for a fascinating or educational case on your service, you are thoughtful about relevant history questions, photographs of physical exam findings, lab data, path photographs, etc. That way when you go to present or write up the case, you have everything you need. *Please check with your site Chiefs/APDs regarding how to take and store photos according to hospital policy and HIPAA.*

You will be asked to submit:

1. A descriptive title for your case - This may not be the ultimate title you select, but rather conveys the educational value of your case. Example: "Systemic sclerosis and refractory scleroderma renal crisis"

2. Case description - A summary of presentation, workup, diagnosis, and treatment

3. Teaching points - Why was your case a learning opportunity? These will be adapted into learning objectives if you choose to submit the vignette for publication.

4. Citation from the primary literature that supports your teaching point
Your APD advisors will remind you of the need to submit at least ONE clinical case during your PGY1 year. Whenever you are ready, please submit your PGY1 case vignette at:


Financial Support for Scholarly Activity:

Research and scholarly activity are important components of your internal medicine education. Residents who are involved in research projects reap numerous benefits including exploration of an academic career, development of credentials to strengthen their fellowship or job application, networking with career mentors, and stimulation of intellectual curiosity.

Our residency program strongly encourages and supports your scholarship and research, and we anticipate that during your residency training you will have a poster, abstract, or paper accepted to a scientific meeting or publication. If you are invited to present your work, this policy is in place to support your participation in scientific meetings and balance this opportunity with your clinical duties. Please follow the steps outlined below to gain financial support and schedule clearance for these important scholarly pursuits.

Residents who are invited to present at a scientific meeting may receive financial support for registration, poster printing, hotel and/or travel to the meeting. Residents who are in good standing in the program are eligible for up to $750 for a case report, or $1500 for original research, renewable annually. Each application will be considered based on the following criteria:

- Type of meeting (regional, national, or international)
- Location and relevance of the meeting
- Your good standing in the program. Residents who are on warning or probation per the Residency Clinical Competency Committee may not be authorized for financial support or time away from training
- New research vs. previously submitted research (i.e. the same presentation submitted at a local, regional, and/or national meeting may not be approved at each level)

When you submit your work for a scientific meeting, notify the scheduling listserv immediately with the conference dates so that your clinic can be closed 90 days in advance. You will update the listserv once you receive a notification regarding your work. If your work
was not accepted, your clinic will be opened. If you do not notify the scheduling listserv until after your acceptance is received, you will be responsible for securing your own coverage if your clinic falls during the conference timeframe.

To apply for financial support to attend a meeting:

2. Upload or email a copy of the abstract and a copy of your acceptance letter to Thedis Carries at thedis.carries@emory.edu.

To apply for schedule clearance to attend a meeting:

1. Make sure you are up-to-date with PGY1-3 level criteria for promotion and have satisfactory compliance with logging duty hours, completing evaluations, and maintaining timely hospital medical records
2. Notify the chief residents of your plans to present at a conference as soon as you receive your acceptance, but no later than 90 days in advance. If your acceptance comes with <90 days of notice, let the chiefs know thru the scheduling listserv and they will do their best to help accommodate your schedule.
3. If your travel plans conflict with continuity clinic and you did not notify the scheduling listserv at the time of your submission, and your conference is <90 days away, you will be responsible for finding your own clinic coverage. If you are still >90 days before the conference, you can submit a request through the scheduling listserv.
4. You will use your days off to attend the day of your presentation plus travel time. You may not use more than your allotted days off per month unless you are using vacation time.
5. Notify your team (resident/fellow) as soon as you receive your acceptance to coordinate the team schedule.
6. Jeopardy coverage cannot be used to cover your missed days. If you need coverage, you will be responsible for arranging it.
7. We cannot guarantee that you will be able to attend the entire conference. You can be absent for travel time and presentation time only, and will be able to attend additional conference days if days off, elective time, and/or vacation are available.

Please note: All residents who accept financial support for scholarly activity are REQUIRED to present their work at Emory's Resident Research Day and Grady Resident Research Day. These are the primary local presentation opportunities we focus on for residents, though there are numerous other conferences and symposia sponsored by the DOM and SOM that you can also
submit and present to. We look forward to showcasing your hard work with the Emory community, and giving you additional items for your CV!

Once all the above requirements are met, the chiefs will let you know if your schedule can accommodate your attendance at the meeting, and the program administrators will let you know if you were also approved for financial support. Please email Thedis Carries at thedies.carries@emory.edu if you have any questions.
Employee Duties

As a resident, you are a physician trainee, but are also a full-time employee. For many of you, this might be a new experience. In addition to the many expectations we have for you as a physician trainee, there are several expectations you must meet as an employee. These include timely and professional responses to any communications from program staff, chief residents, or residency leadership. Our primary method of communication is via your Emory email address, and you should check and respond to your Emory emails daily at minimum. The program staff participate in your 360 evaluations and any unprofessional or delayed responses to administrative requests will be noted there.

This section will cover the following topics:
- In case of Illness
- Jeopardy/Back-up Call
- Duty Hours and Evaluations
- New Innovations
- Pager Etiquette
- Social Media Policy
- HIPAA Reminders
- Dress Code

Illness or Unforeseen Circumstances

Sometimes, life happens. If you are absent from duty for any reason, including acute illness or other unforeseen circumstances, you MUST contact a chief resident by phone to notify them of your absence. Together, you will determine if back-up call/jeopardy will be needed to cover your absence. Even if back-up call/jeopardy is not needed, a chief resident MUST be notified by phone regarding your absence. Use your best judgement regarding the timing of your phone call. If it can wait until 7 a.m., do so. If you must leave an overnight shift early or other urgent need arises, you may need to contact the chief resident after hours. Texts or emails are not appropriate in these circumstances - the chief resident MUST be contacted by phone.

Once you have discussed your absence with the chief resident, you should notify your team (attending, fellow, co-residents) by email or by text message after 7 a.m. Use your best judgement regarding timing of this notification; it is proper etiquette to inform them of your absence, but it can likely wait until daytime. Let them know you have discussed your absence with the chief resident, and any plans for back-up/jeopardy coverage, if indicated.
Absences of >24 hours will require a health care provider’s note. The program staff tracks all absences for payroll and benefits purposes. Any pattern of absences that raise concerns will be investigated, and abuse of the back-up/jeopardy system will not be tolerated, as we pride ourselves on our work ethic and commitment to our colleagues and patients.

Jeopardy/Back-Up Call
We have a large program with a robust jeopardy/back-up call system to support you when personal or family illness or other issues arise. This system only works when each member understands and is compliant with the system in full. Please read the below policy carefully and in its entirety.

Being “On Jeopardy” or assigned to Back-up Call:

1. Each resident/intern will be assigned back-up call 2 or 3 weeks out of the year. It will be assigned during either an ambulatory care block, elective month, neurology, or geriatrics.
2. When you are on back-up call you will see your assignment on your schedule in New Innovations. Jeopardy blocks will appear as “Jeo-Res” or “Jeo-Int.” The letter following the assignment has no significance in terms of who provides coverage first; this decision is made by the chief residents after taking into account numerous factors including clinic/rotation schedules, etc.
3. When on back-up call, we have the following expectations:
   a. You must remain within a 20-mile radius of the city of Atlanta
   b. You must return the call or page from the chief resident within 20 minutes of being called, day or night
   c. You must be able to arrive at your assignment within one hour of being called throughout the entire duration of your back-up call assignment
4. When on back-up call, you must be available 24 hours a day, beginning the night before your jeopardy assignment (because the chiefs may call you the night before to notify you of a back-up call need for the next morning). EITHER pager OR cell phone is acceptable, but you must be accessible - ie turn off your “do not disturb” night function on your phone, do not leave your pager in your car, and do not go for a run without your cell phone.
5. When on back-up call, you should refrain from any activity that might interfere with your ability to perform the tasks of a resident physician (i.e. overindulging on alcohol, etc.)
6. When on back-up call, you are not allowed to cover other residents'/interns' duties that might interfere with potential back-up call duties – i.e. while on jeopardy/back-up call,
you cannot also cover an overnight call for a colleague. By the same token, residents should not be moonlighting while on back-up call.

7. If you swap coverage of Jeopardy/Back-up call periods with another resident, you MUST let the chiefs know in advance by emailing the scheduling listserv.

8. If you are not reachable during your Jeopardy/Back-up call periods for any reason, you will be cited for unprofessional behavior and will be reviewed by the Resident Clinical Competency Committee, which may entail additional disciplinary action.

Using Back-Up Call

1. Back-up call may be utilized in the case of a family member's death, funeral, or acute/severe illness. This applies to all first-degree relatives and grandparents (per HR policy). All other cases must be approved by the program director.

2. Back-up call may be utilized in the case of personal illness, with the following stipulations:
   1. If a resident/intern is out for greater than 24 hours with an acute illness, he/she must provide a physician's excuse explaining his/her inability to work due to illness (NOTE: Details of the illness are not required; HIPAA compliance applies to this). This excuse must be from a licensed physician, and it may not be from another resident or intern. Failure to provide this documentation will result in one call (or one day of service) for every day beyond 2 days that the resident or intern is out. Please contact the program director or chief resident if you are having difficulty obtaining a physician’s appointment.
   2. If a resident/intern is out due to an acute illness on more than two separate occasions during a year (separate episodes), the resident/intern will be expected to make up one call (or one day of service) for every day that he/she is out, starting with the 3rd discrete episode of illness, unless the absence is approved by the program director, as in the case of a chronic, recurrent illness that might result in expected, periodic absences.

2. To use jeopardy/back-up call - CALL your site chief resident to discuss your situation. DO NOT email or text. Once your plan is confirmed with the chief resident, you should also notify your team members and attending about your absence.

3. There will be NO make-up calls or "paybacks" for back-up call, unless indicated by the program director for specific, exceptional circumstances (see below for policy violations).

4. **A chief resident must be notified of ANY absence from service, regardless of whether back-up call is used to cover the absence.** This is to ensure everyone’s safety in the case of unexplained absence from duties, and to ensure that we maintain compliance with HR policies regarding sick leave. Failure to notify a chief resident of your absence is
considered a lapse in professionalism and will be reported to the Resident Clinical Competency Committee for review.

5. Back-up call/jeopardy is NOT used for absences related to meetings, conferences, interviews, licensing exams, previously scheduled calls, or any absence that you are aware of >one week in advance. If you do not plan for coverage and are absent from your clinical duty for any of these reasons, you will be cited for unprofessional behavior and will be reviewed by the Resident Clinical Competency Committee, which may entail additional disciplinary action.
Policy Violations

1. If you are on back-up call/jeopardy, and you do not respond to a call within 20 minutes, or are not available to report for your back-up call/jeopardy assignment within 1 hour, you will be assigned TWO additional calls (or two days of service) for each back-up call during which you were not available. Ideally, these calls will serve to "pay back" the person pulled in your place, but can be otherwise distributed at the discretion of the chief residents or program director.

2. Abuse of the back-up call/jeopardy system will not be tolerated, as this is a service that sustains the education and clinical care priorities of our program while allowing for life’s emergencies. All suspected abuses of this system will be thoroughly investigated and referred to the Resident Clinical Competency Committee for review and potential disciplinary action.

Duty Hours and Evaluations

The tasks of duty hours and evaluations compliance fall under the umbrella of professionalism. Therefore, your compliance with these tasks is tied to your eligibility for program perks, like financial support for scholarly activity, FreedomPay, and eligibility for moonlighting. Additionally, if you do not maintain compliance in spite of repeated reminders, there are consequences, as noted in the following section.

The easiest way to maintain compliance is to get in the habit of logging duty hours and completing evaluations regularly, ideally daily, but at minimum at least every 2 weeks. If you have any difficulty with completing duty hours and evaluations, ask your site chief. If you receive evaluations that were incorrectly assigned to you, contact Chris Alspaugh at chris.alspaugh@emory.edu with the residency staff.

New Innovations

http://new-innov.com

New Innovations is the official system for resident rotation schedules and tracking resident demographic information. It is also used by residents, fellows, and faculty to complete duty hours and evaluations. The information you enter into New Innovations is the most impactful way we can monitor everything that is important about our program - including tracking your individual progress, and identifying which rotations and teaching faculty are doing well, and which may need additional support. This is also where we pull data and comments to support any letters of recommendation we write on your behalf. In addition, this is an ACGME requirement.
Please familiarize yourself with how to correctly log your duty hours and access evaluations. The chiefs can help you if you have questions. In New Innovations, you will also be able to view your schedule, log procedures, and fill out your self-assessments for your semi-annual evaluations.

The tasks of duty hours and evaluations compliance fall under the umbrella of professionalism. Therefore, your compliance with these tasks is tied to your eligibility for program perks, like financial support for scholarly activity, FreedomPay, and eligibility for moonlighting. Additionally, if you do not maintain compliance despite repeated reminders, there are consequences, as follows:

- All residents are expected to log duty hours regularly and keep these records current.
- All residents are expected to fill out evaluations in a timely manner.
- We perform a compliance check of duty hours and evaluations every quarter. If your last duty hour log was >2 weeks from the date of the compliance check, OR you have >2 weeks of incomplete duty hour records, OR your evaluations compliance is <80%, the following will occur:
  - You will receive a notification from your APD advisor that you need to address your duty hours and evaluations IMMEDIATELY
  - An additional compliance check will be run before the quarterly Resident Clinical Competency Committee meeting 2 weeks later - if your duty hours or evaluations are still incomplete based on the above parameters, you will receive a verbal warning from the committee. At this point, you will not be eligible for program perks for that quarter, including financial support for scholarly activity and eligibility for moonlighting.
  - If you are still noncompliant at a second Resident Clinical Competency Committee meeting, you will receive a written warning from the committee, which is a part of your residency file and may be mentioned in any official letters from our program. At this point we will also reconsider your eligibility for FreedomPay and other consequences. Please don't let this happen.

The easiest way to maintain compliance is to get in the habit of logging duty hours and completing evaluations regularly, ideally daily, but at minimum at least every 2 weeks. If you have any difficulty with completing duty hours and evaluations, ask your site chief. If you receive evaluations that were incorrectly assigned to you, contact Chris Alspaugh at chris.alspaugh@emory.edu with the residency staff.

Pager Etiquette
Receipt of your pager is most certainly a defining moment in your profession, as this is a device that will likely stay with you for the duration of your career. You will experience the spectrum of emotions - excitement, nervousness, irritation, even anger in response to your pager. As you navigate this complicated relationship with your new “work companion,” please keep the below principles in mind.

Our pagers are our primary means of effective, HIPAA-compliant communication as you move throughout the hospital. When you are on wards, MICU, or any service providing inpatient care, your pager should be signed in to you. **It is not appropriate to sign your pager out to a cell phone. It is also not appropriate to use any mobile page-to-cell apps, as you will miss code pages and will experience pager delays when outside of cell reception (i.e. elevators, tunnels, etc.)** Accessibility is a professional expectation while on these services. Any unexplained lapse in pager coverage will be referred for review by the Residency Clinical Competency Committee and may result in disciplinary action.

When you are off, your pager should be covered by the correct covering resident. You may do this via the EHConnect website (https://ehconnect.eushc.org/smartweb) or by calling the Emory main operator at 404-686-1000 and requesting the operator to reassign your pager for you. You should sign out your pager only after you have completed your daily handoff and the covering resident is aware they will be assuming your pager coverage.

When you are on outpatient services, you should still keep your pager with you, as it is also a primary method of communicating important announcements. You may forward your pager to your cell phone during this time. **It is not acceptable to leave your pager signed in, but unattended.**

When you are on vacation, your pager should be assigned to “not on call, not available” or to your cell phone. **It is not acceptable to leave your pager signed in, but unattended.**

When sending a page, please keep in mind the following:
1. Always leave your first and last name
2. NEVER page someone to a pager. Give a call back number and be available at that number for at least 5 minutes.
3. At Emory, most refer to fellows, residents, and students by their first names. Attendings should be referred with their title, i.e. “Dr. Hurst.” When in doubt, err on the side of formality.
4. Include the information the recipient needs - for example, pt name, MRN, why you are paging, and your contact info - best to include a phone number and your pager number in case they can’t call back right away.

**Social Media Policy**

Our program recognizes the importance of social media and social networking. However, use of social media also presents risks and specific responsibilities. Medical schools, residency and fellowship programs, potential employers, and even law enforcement are known to monitor social networking sites for inappropriate materials and behaviors, and **you should expect that any information obtained from social media may be held against you in a variety of contexts.**
As a physician, your ability to maintain a professional image and reputation impacts your career.

To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use. Please ensure your postings are consistent with these policies. Keep in mind that any inappropriate conduct may result in review with the Residency Clinical Competency Committee and additional disciplinary action.

- Principles of integrity, professionalism, and privacy, including HIPAA should be observed when posting online
- Information concerning individual patients, including records, photos, x-rays, or other materials that include any identifiable individual information, should not be posted
- DO NOT share sensitive information or derogatory comments about colleagues, superiors, our program, or the institution. (Always assume that this information will reach them. Nothing ever disappears from the internet!)
- DO NOT discuss illegal activities you enjoy or even legal but inappropriate hobbies you may have
- DO NOT send email messages over listservs without careful consideration. Very often these listservs are shared by program leadership and the department chair, where some of the most innocent messages can give the wrong impression
- ALWAYS ASSUME everyone can see what you’re writing, texting, posting or emailing, or that it will make its way to them at some point
- Recognize that personal information and photos may be discovered by future employers—even after being “taken down” or otherwise removed from sites
- Check your security settings on your social network profiles. They change often. Your career and professional reputation may depend on keeping your privacy protected.

Our program recognizes the importance of social media in community building, information sharing, and networking. We encourage you to freely participate in social media when keeping the above guidelines in mind. This includes engaging with us, as we share announcements, fun photos, and other interesting and important information here.

Residency program social networks:

Facebook: Emory Medicine Residents
Instagram: @emoryIMchiefs - Public IG run by the chiefs
          @karen.LL.law - Public IG run by the PD
Twitter: @emoryIMchiefs
Hashtags: #Hurstlife
          #EmoryIMResidents
Department of Medicine social networks:

Facebook: Emory University Department of Medicine
Instagram: @emorydeptofmed
Twitter: @emorydeptofmed
Blog: http://emorydailypulse.com
Flickr: Emory Department of Medicine
YouTube: https://www.youtube.com/user/EmoryDOM
Hashtags: #EmoryDeptofMed

HIPAA Reminders
You receive an in-depth orientation to HIPAA and the importance of safeguarding medical information in your GME orientation. We would like to highlight a few important reminders here:

- You should only access the medical records of patients for whom you are directly involved in their care. We are tracked each time we access a patient record, and Emory has a zero-tolerance policy for unauthorized chart access. A resident in the Emory system was terminated for inappropriately accessing the chart of a patient they were not caring for. Please do not let this happen to you, as their program director was unable to do anything to reverse that decision.
- You ARE allowed to access the chart of a patient for whom you provided care and are seeking follow up for your own education.
- Remember that patient lists contain sensitive information and should be carried with you or disposed of in a secure shredder bin. Occasionally you may have patient lists/patient information that you carry in your white coats and or even bring to your car as you travel between hospitals; please use care in securing these documents out of plain view and disposing of them securely.

Dress Code
Our dress code policy is in place to be respectful of our patients and to maintain the professional and academic atmosphere of our residency program. Appropriate attire reflects to patients and colleagues our commitment to professionalism and fosters trust in the patient-doctor relationship.

White coats and identification tags should be worn in all patient-care areas and for any patient interaction. If a white coat is not worn, dress or business attire may be substituted. White coats should be clean and ID tags should be worn so that the name is easily visible.

Acceptable attire:
Men
Dress shirt and tie with dress or neat casual pants are standard. Open collared shirts may be acceptable in some settings but are not preferred.

**Women**
A dress or skirt/pants with shirt or blouse is standard. Skirts for women should be at least knee length.

**Shoes**
Open toe shoes are not permitted due to safety requirements. Comfortable, neat dress or casual shoes are preferred. For those with foot pain or on overnight call, clean athletic shoes are acceptable.

**Scrubs**
During overnight call and the following morning, scrubs may be worn. These should be clean and in good condition. A white coat should always be worn with scrubs unless you are doing a procedure. Scrubs may not be worn to outpatient clinic, even on call days. T-shirts with any type of logo are inappropriate work attire and should not be worn with scrubs unless underneath a scrub top.

**White Coats**
White coats should be freshly laundered and free of marks or dirt. You receive 2 white coats at orientation, and will receive one replacement white coat annually thereafter.

**Exceptions to the above:**
When working in a laboratory or doing research that does not involve patient interactions, casual clothing may be the norm. If you intend to enter a patient-care area during the day, dress appropriately for that setting.

The above dress code is a minimum requirement. If your attending or other faculty member sets a higher standard for the rotation or clinical setting, please follow the higher standard.

**Unacceptable attire:**
Due to the potential to offend or distract patients, the following are not acceptable at any time: shorts or cut-offs, sweat suits, T-shirts, metallic fabric, jeans, tank/halter/tube tops, warm-up suits, spandex or leggings, mini-skirts, tops that allow for a bare midriff, low or plunging necklines.

Unwashed or unkempt appearance (including purposeful cultivation of an “unshaven” appearance for men) is also not acceptable.
Wellness

Our program is committed to fostering a culture that allows our residents to maintain their well-being as they participate in Emory’s tripartite mission of providing compassionate, patient centered care, engaging in scholarship, and excelling in teaching. The knowledge, skills, and attitudes necessary to maintain resilience and experience joy during training is an essential foundation for future success in the practice of internal medicine.

This mission will be achieved by:
1. Fostering a sense of community with activities in and out of the training environment
2. Participation in a curriculum that focuses on skills that enhance resilience and maintain wellness.
3. Providing dedicated time to engage in activities that promote well-being, personal health (physical, mental, and emotional), and overall wellness
4. Recognition and celebration of citizenship and achievements in scholarship, teaching, and patient care
5. Supporting and encouraging the creation of individualized wellness care plans.

This section will cover the following topics:
- Wellness time
- Faculty Staff Assistance Program
- Transitioning care when fatigued
- Post call transportation
- Parental and medical leave

Wellness Time

What is “Wellness Time?”

Our program recognizes the need for time during business hours, separate from “days off,” to take care of personal needs. We have created “wellness time” to provide each resident with a half-day each week during specific ambulatory and elective months for this purpose. Wellness time allows residents to easily predict opportunities during which they can schedule routine appointments throughout the year and focus on wellness and self-care. During wellness time, residents will engage in at least one of the following wellness activities:
- Healthcare appointment for self or family member
Dentist appointment
Pet/veterinary appointment
Car service appointment
Community service activity
Coaching meetings
Exercise
Meditation activity
Reflective writing
Healthy meal preparation

*Wellness time for residents in the Primary Care track is managed separately with Dr. Higgins and the Ambulatory Chief Resident.

The Emory Office of Graduate Medical Education is equally committed to ensuring that residents and fellows remain physically and mentally healthy, retain their joy in learning and maintain their idealism while completing their training programs. They have compiled several resources to support housestaff wellness needs, including a listing of discounted Emory and private gym memberships, lactation rooms at all hospitals, mental health resources, and Lyft ride services if you are too fatigued to drive home after a shift.

For additional information on wellness, visit http://bitly.com/IMWellness.

**Faculty Staff Assistance Program (FSAP)**

Many of our wellness efforts are supported by FSAP, our Faculty & Staff Assistance Program. FSAP offers a variety of services and programs to support your performance and emotional health, including self-assessments, counseling, and coaching services. FSAP also supports our quarterly wellness curriculum.

Numerous residents and faculty take advantage of the services offered by FSAP regularly, and many have found their supportive counseling services to be extremely helpful. Counseling services through FSAP are covered by your employee benefits, are completely confidential, and their records are kept outside of the Emory EMR. Appointments can be made at 404-727-4328 or online at www.fsap.emory.edu. Your APD and PD can also facilitate referrals to FSAP, if desired.

Attendance at FSAP appointments as well as any other personal medical appointments are excused absences; notify your team and your chief resident and appropriate arrangements for coverage will be made.
Transitioning Care When Fatigued

As a program, we encourage housestaff to use alertness management strategies in the context of patient care responsibilities. One such strategy is “strategic napping.” The ACGME states “strategic napping, especially after 16 hours of continuous duty and between the hours of 10 p.m. and 8 a.m., is strongly suggested.” Naps should not be scheduled but rather should occur based on patient need and resident fatigue.

Overnight call in our program adheres to the 24+4 rule, meaning that residents are on duty for no more than 28 hours at a time. During the first 24 hours they may evaluate and care for new patients; in the remaining 4 hours, residents may not accept responsibility for new patients and are responsible only for transferring care and didactic activities.

When residents are on rotations with overnight call, strategic napping is encouraged under conditions that do not compromise essential patient care functions. In preparing for strategic napping, the resident will communicate with the appropriate charge nurses regarding any non-critical but required ICU functions (e.g., ordering of medication, renewal of an expired order, etc.) The resident will also notify the appropriate covering provider, and that provider will ensure the resident has appropriate time for rest. The resident should provide the covering provider with any notes/sign out related to transitions of care. The resident requesting strategic napping (especially when signing out her/his pager to the covering provider) must provide contact and location information to the covering provider, including call room location and room number, call room phone number, and resident personal cell phone number. During strategic napping, the resident would be contacted if there are emergencies or other changes in patients’ status that would require immediate attention (e.g., Code 99, acute change in vital signs, critical lab value, etc.)

Below is each hospital-specific protocol to safely transition care when fatigued.

- **Atlanta VA Medical Center:**
  - MICU: notify the MICU/CCU fellow and/or attending physician
  - IM wards interns: notify the nightfloat resident

- **Emory University Hospital:**
  - MICU: notify the nocturnist MICU affiliate provider
  - Cardiology: notify the overnight medicine resident

- **Emory University-Midtown Hospital:**
  - MICU: notify the nocturnist MICU affiliate provider
- IM wards interns: notify the nocturnist Hospital Medicine NP (PIC 50673)
- **Grady Hospital:**
  - MICU resident: notify the overnight PCCM fellow or attending
  - MICU interns: notify the co-intern and PGY3 resident

## Post-Call Transportation

For residents who are too fatigued to safely return home post-call, The GME Office has arranged for residents’/fellows’ transportation home with a return trip next day through Lyft.

### To Join:
1. Incoming Residents will receive an email invite from Lyft to join our account. Check your spam or junk email for the invitation). Invites will only be sent to your Emory email.
2. Set up your profile – add name, phone number and Emory email address (do not enter your credit card).
3. Download the Lyft App
4. Assign Emory-GME as the default account for your Business Profile. Your Business Profile will direct bill the Emory-GME account for your ride from hospital to your home.
5. Reminder: The driver will pick up from any affiliated training site at which residents/fellows are rotating. The GME Office will receive monthly invoices which will be used to reconcile with programs that used the service. Program directors will be asked to acknowledge residents/fellows use of the transportation service each month.

For questions or to request another email invite from Lyft, please email Taiwana Mearidy in the GME Office at tmearidy@emory.edu.

## Parental and Medical Leave

Both Emory University and the Department of Medicine support the Family Medical Leave Act, which provides up to 12 weeks of leave for maternity, paternity, adoption, severe illness in a family member, or personal illness. Each situation is unique, and our program will work with each resident to support family leave and ensure ACGME and board requirements are met in a timely fashion, to the best of our ability.

Up to six weeks of paid maternity leave may be arranged. Paid paternity or non-childbearing parental leave is typically arranged with one week at the arrival of the child, followed by two
additional non-contiguous weeks within 1 year on non-essential rotations. This can be adapted based on individual needs.

Our program adheres to the Emory GME policy to support bereavement and funeral leave, medical leave, and other types of leave which can be reviewed in the Emory GME Housestaff Policies and Procedures manual. Each situation is unique, and we are committed to working with each of you to ensure that ACGME and ABIM requirements are met in a timely fashion while also supporting your individual needs.

In the event that you need to take leave time, please contact a chief resident to initiate the request. If your leave time will be maternity leave, we appreciate as much lead time as possible, as this often requires careful schedule planning to ensure your curriculum needs and leave needs are met.

Chief Resident Selection

As you have already seen, our chief residents are giants in our program - typically those who are leaders in patient care, leadership, education, and program engagement. The chief year is an excellent opportunity for career development, networking, and expansion of teaching, leadership, and administrative skills. Each residency program handles their selection of chief residents differently. In our program, we do not solicit applications for several reasons - we don’t want to add extra work and want your primary focus to be learning and engaging with patients; and our chiefs must “walk the walk,” meaning that your day-to-day engagement is more important than an application.

Ideal chief resident candidates are role models within the class that embody the values inherent in our mission statement. In most years, there are more qualified candidates than we have spots for, and this is a heartbreaking reality in a top tier program like ours. Selection of chief residents is a democratic process involving input from APDs and core faculty, chief residents, and extensive review of evaluations, ITE performance, etc. Our advice for those who may be interested in serving as chief resident is to bring your best self every day for your patients and your colleagues, stay intellectually curious and inspire curiosity in others, and invest in our program - participate in report, conferences, and program events to make this the best training experience we can offer. The chief residents are determined in Feb/March of the PGY2 year.
Appendix A: Phone Number and Listserv Listings

Class Listservs:
- DOMPGY1-L@LISTSERV.CC.EMORY.EDU
- DOMPGY2-L@LISTSERV.CC.EMORY.EDU
- DOMPGY3-L@LISTSERV.CC.EMORY.EDU

Schedule Request Listserv:
- IM-RESIDENT-SCHEDULING@LISTSERV.CC.EMORY.EDU

Social Listserv: Our listserv for planning and publicizing residency-sponsored social events
- IM-RESIDENTS-SOCIAL-L@LISTSERV.CC.EMORY.EDU

Email Thedis Carries at thedis.carries@emory.edu if you wish to be added to either of the below optional listservs at any time:

Advocacy listserv: Where we share social advocacy and community service initiatives
- IM-RESIDENTS-SOCIAL-L@LISTSERV.CC.EMORY.EDU

Jobs listserv: We forward all job opportunities in primary care and hospital medicine
- IM-RESIDENTS-JOBS-L@LISTSERV.CC.EMORY.EDU

Helpful Phone Numbers:
- Emory Operator - to call or page someone, or sign out your pager: 404-686-1000
- FSAP - to schedule an appointment for counseling services and other workplace resources: 404-727-4328
- GME Compliance Line for anonymous reporting of a training concern: 1-888-594-5874
- Emory Trust Line for anonymous reporting of a Hospital-related concern: 1-888-550-8850
- Incident Reporting Systems - to report adverse events or near-misses:
  - Emory - Safety Always First at Emory (SAFE) - access through the virtual desktop or EHC intranet
  - Grady - Incident reporting link accessible through GradyNet or at 404-616-8600
  - VA - Electronic Patient Event Report (ePER) - access through the ePER icon on a VA computer
Appendix B: Intern Curriculum

- Critical care curriculum
- EBM curriculum
- ECG curriculum
- H&P and SOAP note expectations
- Primary care/continuity clinic curriculum
- Intern OSCE
- Resuscitation readiness

“The practice of medicine can be divided into 2 parts. One is the acquisition of medical knowledge that keeps changing. Self-learners know that and continually update their knowledge as described above. They can date when they last looked up the answers and will update their knowledge when the need arises.

The second part of doctoring is to know the sick individual as a person. Different patients react to the same disease in very different ways. For example, a trainee should not simply record that the patient’s problem is arthritis on the Problem List. Trainees must state the etiology and record what joints are involved. How much does the arthritis interfere with the patient’s life? The patient’s reaction to the disability must be considered and recorded. Patients need to know that the trainee, as their physician, understands how they view their situation.

Trainees must remember that the purpose of house staff training is for them to learn how to learn. The trainees’ formal training will be over in a few years. Thus the habits and actions of a self-learner must be learned during house staff training because the trainees' teachers will eventually be referred to in past tense.”

J Willis Hurst, MD
1920-2011

Critical Care Curriculum

Your MICU month will be a formative opportunity for you to participate in the diagnosis and management of the critically ill patient. Under close supervision of a senior resident and MICU team, you will learn to recognize emergent conditions, select appropriate interventions and treatment options, and participate in important procedures like endotracheal intubation and
central line insertion. You will also learn to participate in cardiopulmonary arrest as part of a resuscitation team.

To help you prepare, this year we are adding Virtual Critical Care Rounds (VCCR) to your MICU curriculum. The VCCR curriculum is an online series of modules to augment critical care concepts discussed on rounds. Interns will complete a series of 10 VCCR modules throughout their MICU month. Progress will be monitored by the critical care fellow.

You will be provided with login information and a list of assigned modules during your MICU rotation.

Though the focus of the curriculum is formative, interns who do not show adequate progress with critical care medicine topics during their MICU month may be assigned additional modules for further practice. An end-of-year post-test will be administered to ensure competency for all interns.

**Evidence-Based Medicine Curriculum**

The Evidence Based Medicine curriculum offers residents core knowledge, skill and attitudes of practice-based learning and improvement (PBLI) competencies key to the practice of internal medicine using a multi-modal educational approach. Over the course of the PGY1 year, interns will work with expert faculty and medical informationists to learn and acquire skills in finding high quality answers to clinical questions and interpreting the most common study types utilized for the practice of clinical internal medicine. Upper level residents will take part in mentored preparation and presentation of a journal club and a senior capstone presentation.

**Learning Objectives:**
By the end of the sessions, residents will be able to:
- Ask clinical questions in a standardized (PICO) format and access various literature databases to identify answers to clinical questions
- Search the medical literature to identify a clinical trial (RCT) and/or meta-analysis based on a clinical question
- Critically appraise the validity, results, and applicability of therapy (RCT) studies, meta-analysis, diagnosis studies and prognosis studies.
  - Explain the validity criteria and identify these relevant aspects in the critical appraisal of individual studies
  - Calculate the applicable results based on the individual study type
  - Describe the applicability and generalizability of individual studies

**Learning Activities:**
1. During Ambulatory Blocks: Medical Informationist-facilitated searching resources and searching strategies
2. During Ambulatory Block 1: EBM Month 1 Interactive-Didactic Curriculum: RCTs and meta-analysis
   a. Review of validity criteria and practice calculation of results
   b. Intern group critical appraisal presentation
3. EBM Month 2 Interactive-Didactic Curriculum: Diagnosis studies and Prognosis studies
   a. Review of validity criteria and practice calculation of results
   b. Intern group critical appraisal presentation
4. JAMA Evidence is the primary resource recommended (and provided through Emory Medical Libraries) to interns for clinical study interpretation at the point of care:
   http://jamaevidence.mhmedical.com.proxy.library.emory.edu/ (Emory University login ID required)

Recommended Chapters in JAMA Evidence:

JAMA Evidence: Rational Clinical Exam tab
- Chapter 2: What is Evidence Based Medicine?
- Chapter 3: Evidence Based Medicine and the Theory of Knowledge
- Chapter 5: Finding Current Best Evidence
- Chapter 7: Therapy (Randomized Trials)
- Chapter 22: The Process of a Systematic Review and Meta-analysis
- Chapter 23: Understanding and Applying the Results of a Systematic Review and Meta-analysis
- Chapters 16, 18, Diagnostic Tests
- Optional supplemental reading Diagnosis: Chapters 17, 19.1, 19.2
- Chapter 20: Prognosis

Your progress with the EBM curriculum will be assessed with the following:
- Searching strategies pre and post curriculum evaluations - given at orientation and at end of the year
- Study interpretation pre and post curriculum evaluations - given at orientation and at end of the year

In your PGY 2 and 3 years you will co-present at journal club and also participate in a Senior Capstone Presentation. More details on this to follow!

Interns who do not achieve minimum scoring of at least ‘acceptable’ for each of the items on the Searching Strategies Pre-Assessment or Post-Assessment will have an individual improvement session with a medical informationist, followed by re-assessment.
Interns who have not achieved a minimum score on the Study Interpretation Post-Assessment will receive focused improvement reading and (if needed) individualized improvement plan prior to re-assessment.

**ECG Interpretation**

As ECG interpretation is a fundamental practical skill, we recommend that you practice reading 12-lead ECGs systematically on a regular basis, on every patient. During your Hurst/Midtown Cardiology rotation, you will work on refining this skill through a dedicated curriculum focused on developing a systematic approach.

The Hurst Cardiology ECG Curriculum employs a video series, an interactive website of example cases, and biweekly morning report to ensure you are learning a systematic approach to ECG interpretation and progressing toward proficiency. The online resources are accessible on desktop computers and mobile devices. Each intern will view the video curriculum based on the below schedule, along with cases from the Emory ECG website, to prepare for discussion in the Hurst Morning Report.

We encourage you to view these videos before, during, and after your cardiology rotation to continue to refresh and advance your skills.

Hurst Morning Report will be facilitated biweekly by Drs. Morris, Williams, and Wells at Emory University Hospital and Emory University Hospital Midtown. During these sessions, you will have the opportunity to discuss any questions about the week’s curriculum topics and to review the website cases and present your patients and their ECGs for discussion.


**Video Curriculum Outline**

- **Introduction to 12-Lead ECG Interpretation**
- **Method, Rate, Rhythm**
- **All About Intervals**
- QRS Axis, QRS Transition, and R-Wave Progression - **Part 1** and **Part 2**
- Ischemia, Infarction, and the Waveforms Q through U - **Part 1** and **Part 2**
- Chamber Abnormalities - **Part 1** and **Part 2**
- **Bundle Branch Blocks and Secondary ST-T Patterns**

**Curriculum Pacing:**

Before Hurst Cardiology, and no later than Tuesday of week 1:

- Review Video Topics 1-4
- Prepare example ECGs **Case A** and **Case B** for Hurst Morning Report (from the website)

Week 2:
· Review Video Topics 5-7
· Prepare example ECGs Case C and Case D

Week 3:
· Review the following references: Atrial arrhythmias; Junctional tachycardias; Bradycardias and atrioventricular conduction block; Broad complex tachycardia Part I, Part II
· Prepare example ECGs Case E, Case F, and Case G

You will be tested for proficiency at the end of Hurst cardiology and again at the end of your intern year. Any intern not meeting the criteria for passing will be scheduled for a meeting to review your test results and provide additional guidance, followed by interpretation of five additional ECGs to interpret weekly for faculty review, until proficiency is gained.

**H&P and SOAP Note Expectations**

You will participate in a note writing curriculum during orientation during the Intern Wards Workshops. The goal for your notes is to offer a comprehensive view of the patient while showcasing your medical knowledge and clinical decision making. An excellent note will also be succinct enough to support effective patient care while also comprehensive enough to support medical billing. The note checklists below were developed by our own residents, based on the ACGME Note Checklists, to ensure our notes meet all 3 of these priorities.

During the first 6 months of your intern year, one H+P and one progress note will be audited by one of the chief residents, at random, using the checklist. You will be provided with feedback after each audit. Satisfactory performance on the checklist is required for advancement to your PGY-2 year, and additional instruction and note evaluation will be administered until each of you meet this goal.

**J. Willis Hurst IM Residency History and Physical Checklist**

Chief Complaint
1. CC includes the main complaint and duration in the patient’s own words

HPI
2. HPI contains a description of the presenting illness, including the following:
   - Organized by chronology with consistent time reference
   - Describes why presenting now
   - Includes enough positive and negative symptoms to support the ddx it is leading to
   - Includes appropriate details about PMH
   - Includes relevant details about SH ie diet, illicit consumption (ie etoh) and medication adherence hx
• Limits information to history provided by patient and supporting resources (family, caregivers); does not include ED course

3. Reason for hospital admission clearly identified

ROS/PMH/SHx/FHx/Meds

4. Comprehensive ROS included, including at least 10 organ systems that are relevant to patient’s presentation

5. PMH is sufficiently detailed, including details that clarify active problems - ie A1c for DM, NYHA class and most recent TTE for CHF, staging and rx for malignancy exceeds (if all documented as above), meets (if listed but does contain sufficient detail), below (if copied and pasted from another source)

6. Surgical hx documented

7. SHx includes all of the following: living situation, marital status, occupation, exposures/illicit substances, dependencies, PCP if known, sexual history, if relevant, travel hx if relevant, diet hx if relevant

8. FHx is included with pertinent +/- if indicated

9. Allergies listed and described

10. Medications reconciled with patient, not copy/pasted from chart

Physical Examination

11. Physical Examination with pertinent +/-, and general description, vitals, exam of all pertinent +/- systems
   • Vitals include Temp, HR, BP, RR, O2 sat with supplemental O2 if applicable
   • Includes a general description, ie chronically ill-appearing, dyspneic, in pain, etc
   • Includes appropriate additional maneuvers when indicated based on pt’s chief complaint and your ddx - BP in both arms, orthostatics, etc * Lists pertinent negative findings that demonstrate attention to ddx

Labs and Data

12. Edited list of laboratory values, including pertinent tests for ddx and key abnormals that will be discussed in the A/P

13. Edited list of imaging studies incl ECG and their results - interpreted; not copy/pasted

Assessment and Plan

14. For the patient’s primary problem: a summary statement of presentation, including key elements from hx, PE, and Labs to support an adequate differential diagnosis or commitment to a principal diagnosis. exceeds (see above- includes relevant supportive data, hx and exam findings), meets (summary statement present but does not include all relevant supportive data or differential not included), below (summary statement does not include any or the aforementioned information or summary statement not included)
   • Ex: Mr C is a 63yo M with hx CHF, EF 30%, Htn, and T2DM presenting with 1 week SOB, orthopnea, and PND, found with crackles and elevated JVP on exam. Labs and data show increased BNP and pulmonary edema on CXR, most consistent with acute on chronic decompensated heart failure.
   • If the diagnosis is known, state the differential for the etiology
   • Ex: Primary problem is congestive heart failure, differential etiology includes dietary noncompliance and missed medications

15. Adequate diagnostic plan clearly outlined for the patient’s principal problem
16. Adequate treatment plan clearly outlined for the patient’s principal problem
17. A thorough accounting of other active medical issues are discussed, including any additional symptoms, PE findings, or lab/data abnormalities not accounted for in the principal problem
18. DVT prophy, lines and foley catheters considered and documented
19. Code status documented

Professionalism
20. Note written on the date of admission
21. Note includes author’s name and contact information
22. Note does not copy/paste from other note sources, excessively repeat data, or miss key information

J. Willis Hurst IM Residency Progress Note Checklist

Subjective
1. Overnight/interval events mentioned or acknowledgement that there were none
2. Patient’s complaints/symptoms documented or acknowledgement that there were none

Medications
3. Current medications listed, reconciled, and reviewed

Objective: Physical exam
4. Physical exam includes vitals ranges and is focused and relevant to active problems

Objective: Labs and Data
5. Curated list of new laboratory values, including pertinent tests for ddx and key abnormalities that will be discussed in the A/P
6. Curated list of new imaging studies and their results - interpreted; not copy/pasted

Assessment and Plan
7. For the patient’s primary problem: an updated summary statement of presentation, including updated elements from hx, PE, and Labs to support a narrowed differential diagnosis or commitment to a principal diagnosis
8. The degree or absence of clinical improvement is accurately described
9. Problems that are no longer active are removed and/or integrated into the assessment statement when appropriate (ex: hospital course complicated by HAP s/p 7/7 days abx)
10. DVT prophy risk assessment and prevention, lines and foley catheters considered and documented
11. Dispo planning statement included (ex: “Patient’s discharge is pending further diuresis” or “Pt’s discharge is pending evaluation by PT/OT for placement”)
12. Code status documented

Professionalism
13. Note written and signed before noon
14. Note includes author’s name and contact information
Primary Care/Continuity Clinic Curriculum

As part of your evaluation in continuity clinic, you will be evaluated using the Ambulatory Advancement Passport. The Ambulatory Advancement Passport represents the key knowledge, behaviors, and practices we expect of each intern by the completion of their intern year.
Emory University School of Medicine

Ambulatory Advancement Passport

Name: __________________________

Each Learner must complete the advancement criteria before they will be considered eligible to see patients independently under the primary care exception rule. This requires multiple direct observations for most skills and behaviors.

Systems Based Practice:

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<th>SBP2 (1)</th>
<th>Is consistently on time for clinic</th>
<th>Marginal</th>
<th>Competent</th>
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<td>Faculty Signature:</td>
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<td>SBP1 (1)</td>
<td>Is willing to receive feedback</td>
<td>Marginal</td>
<td>Competent</td>
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<td>Faculty/Team Nurse Signature:</td>
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<td>ICS 2</td>
<td>Can identify their specific team members (CMA, nurse) and understands the roles and responsibilities of all team members.</td>
<td>Marginal</td>
<td>Competent</td>
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<td>Nurse/Medical Assistants Signature:</td>
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<td>Consistently and actively engages in collaborative communication with all members of the team — i.e., checks in with the nurse and MA for any patient related updates.</td>
<td>Marginal</td>
<td>Competent</td>
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<td>Performs regular review of their Epic in basket and responds to results and messages in a timely manner</td>
<td>Marginal</td>
<td>Competent</td>
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<td>SBP3 (1)</td>
<td>Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests. Practices high value care.</td>
<td>Marginal</td>
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<td>Understands the importance of workflow - i.e., alters time with patient during encounter depending on number of patients waiting</td>
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<td>Is able to prioritize what can be done after the clinical session</td>
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<td>SBP3 (2)</td>
<td>Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests. Practices high value care.</td>
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### Practice Based Learning Improvement:

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<th><strong>Perform appropriate chart review prior to completing a patient encounter</strong></th>
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<th><strong>Is able to recognize their personal limitations and knows when to ask for help with a complex case or difficult patient encounter</strong></th>
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### Patient Care/Medical Knowledge

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<tr>
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<th><strong>Consistently acquires accurate and relevant histories from patients</strong></th>
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<th><strong>Synthesizes data to generate a prioritized differential diagnosis and problem list for common ambulatory problems</strong></th>
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<td>PC 3</td>
<td>Provides appropriate preventive care in the ambulatory setting</td>
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<th>PC 3</th>
<th>Provides appropriate chronic disease management in the ambulatory setting for common conditions and applies guidelines for ambulatory conditions appropriately</th>
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<th>PC 2</th>
<th>Recognizes situations requiring urgent or emergent intervention</th>
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<th>PC 2/3</th>
<th>Seeks additional guidance and/or consultation as appropriate; advocates for an expedited consultant appointment when needed</th>
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<th></th>
<th>Routinely ensures the patient has enough refills until a follow-up visit and completes any paperwork needed between visits in a timely manner</th>
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<th>Physical exam includes key maneuvers targeted to the problem and identifies key positive physical exam findings</th>
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**Interpersonal Communication**

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<th>Able to set a clear agenda early in the visit</th>
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<th>Solicits the patient’s agenda. Uses open ended questions at the onset of the encounter</th>
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<td>Exceptional</td>
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| 4   | is observed checking for understanding and using the teachback technique | Faculty Signature #1
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #2
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #3
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #4
|     |                         | Marginal  Competent  Exceptional
| 1   | Checks for understanding as it relates to culture and language. Uses an interpreter when appropriate. | Faculty/Interpreter Signature
|     |                         | Marginal  Competent  Exceptional
|ICS 1| Engages patients in shared decision making | Faculty Signature #1
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #2
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #3
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #4
|     |                         | Marginal  Competent  Exceptional
|ICS 3| Health records are organized, accurate, comprehensive and effectively communicates clinical reasoning. Specifically:
|     | 1. Notes (especially the plan) are updated and there is no copying and pasting | Faculty Signature #1
|     | 2. Medication list is updated during each visit | Faculty Signature #2
|     | 3. Problem list is updated | Faculty Signature #3
|     | 4. Identified self as PCP | Faculty Signature #4
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #2
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #3
|     |                         | Marginal  Competent  Exceptional
|     |                         | Faculty Signature #4
|     |                         | Marginal  Competent  Exceptional

**Professionalism**

| 1   | Maintains a positive attitude during stressful situations, willing to help out colleagues | Faculty Signature
|     |                         | Marginal  Competent  Exceptional
| 1   | Works collaboratively with the interprofessional team (PAI, CMA, nurse) | Faculty/Team Nurse Signature
|     |                         | Marginal  Competent  Exceptional
| PROF 2 (1) | Completes administrative and patient care tasks in a timely manner (notes on date of service, returning triage calls, pages) | Faculty/Team Nurse Signature | Marginal Competent Exceptional |
| PROF 1 (4) | Demonstrates empathy, compassion and respect to patients and caregivers in all situations | Faculty/Team Nurse Signature #1 | Marginal Competent Exceptional |
| PROF 3 (4) | Seeks to fully understand each patient’s unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference. Appropriately modifies care plan to account for a patient’s unique characteristics and needs | Faculty Signature #1 | Marginal Competent Exceptional |
|           |                                                                       | Faculty Signature #2         | Marginal Competent Exceptional |
|           |                                                                       | Faculty Signature #3         | Marginal Competent Exceptional |
|           |                                                                       | Faculty Signature #4         | Marginal Competent Exceptional |

This is for Administrative Purposes Only

The ambulatory Learner has completed all the milestones above and I endorse this resident for progression to ambulatory Manager.

Faculty Signature

The ambulatory advancement committee approves the above Learner for progression to ambulatory Manager.

Faculty Signature
Intern OSCE Study Guide

As part of your residency training each of you will participate in two observed patient encounters (OSCEs) at the end of intern year. This is an important event for us to directly observe each of your clinical skills and monitor your progress towards independent, skillful practice. To help each of you get the most out of this valuable learning experience, we have put together the following study guide. We strongly recommend that you read the guide in its entirety and use it to guide your study and patient interactions. We deliberately share this guide in advance, so that you have ample time to discuss any concepts or maneuvers that are unclear with your attendings and senior residents during your rotations.

The Intern OSCE will assess your skills in patient care, medical knowledge, and Interpersonal & Communication Skills. You will see two cases. A patient communication case will evaluate your ability to establish rapport with a patient, discuss a diagnosis, and provide patient education. A second case, the physical exam case, will evaluate your ability to deploy appropriate physical examination skills, using proper technique and draping, and interpret their meaning in the formulation of your assessment. You will use general history taking, physical examination, and communication skills on both cases, but the emphasis is as described above. You will know in advance which case you are seeing.

Patient Communication Case
During the Patient Communication Case, you will see a patient with a newly diagnosed medical problem. You will be tasked with disclosing the new medical problem in a caring, patient-centered way, addressing the patient’s questions and concerns, and providing patient education and follow up plans.

Questions to consider as you prepare for the patient communication case:

- What are important strategies to remember when establishing rapport with patients? This includes both verbal and nonverbal strategies.
- What are important strategies to employ when breaking bad news to a patient?
- Remember to avoid medical jargon

Physical Exam Case
The Physical Examination Case will assess your skills in one of the following five areas of concentration for your PGY-1 year, based on our program’s subspecialty CEX rubrics:

- Advanced cardiac examination
- Advanced pulmonary examination
- Advanced abdominal examination
- Multisystemic evaluation: Bacteremia
- Multisystemic evaluation: Diabetes Mellitus
- 10-minute neurologic examination

You will be assessed on determining which maneuvers are indicated, performing the maneuvers correctly, and understanding the results of your exam. The chief complaint and history will lead you to which of the five exam areas to perform. Some chief complaints may suggest more than one area of focus, but a careful history will clarify this. You are allowed to perform more than one set of maneuvers, but only the relevant set will be assessed by the OSCE.

The table below is meant to guide your study and focus your practice in the five key areas of the **Physical Exam Case**. Your examination of patients on inpatient or outpatient rotations may be more or less comprehensive, depending on their issues. These maneuvers were selected to represent the basic expectations for intern proficiency, both in determining which maneuvers are indicated, performing the maneuvers correctly, and understanding the results of your exam. You will also write your Assessment and Plan for the patient after your encounter.

<table>
<thead>
<tr>
<th>Case Focus</th>
<th>Physical Exam Maneuvers</th>
<th>Questions these maneuvers should help you answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Cardiac Examination</td>
<td>- Inspection of precordium</td>
<td>- Does the pt have signs of decompensated right- or left- sided heart failure?</td>
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<tr>
<td></td>
<td>- Palpation of precordium incl estimation of apical impulse, and evaluation for lifts,</td>
<td>- Does this patient have a pathologic murmur? Can you characterize it?</td>
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<td>heaves, thrills</td>
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<tr>
<td></td>
<td>- Auscultation for murmurs and extra heart sounds</td>
<td>- Does the pt have evidence of an irregular heart rhythm?</td>
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<td>- Assessment of the jugular venous pulsation</td>
<td>- How do these maneuvers help you to evaluate a pt with a cc of SOB?</td>
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<tr>
<td></td>
<td>- Hepato-jugular reflux</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Examination of arterial pulses</td>
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</tr>
</tbody>
</table>
| Advanced Pulmonary Examination | · Evaluation for peripheral edema  
· Appropriate draping, positioning, and attn to patient modesty | · Is this patient in respiratory distress?  
· Does the exam suggest consolidation or effusion?  
· How do these maneuvers help you to evaluate a pt with a cc of SOB? |
|--------------------------------|-------------------------------------------------|------------------------------------------------------------------|
|                               | · Inspection/observation of the respiratory cycle and work of breathing  
· Palpation of the chest wall to test for symmetric expansion  
· Pulmonary auscultation in all lung fields (including ant and RML)  
· Lung percussion, tactile fremitus, egophony, and whispered pectoriloquy  
· Appropriate draping, positioning, and attn to patient modesty | |

| Advanced Abdominal Examination | · Abdominal auscultation and palpation  
· Evaluation for peritoneal signs  
· Estimation of liver and spleen size  
· Evaluation for fluid wave, shifting dullness, and Murphy’s sign  
· Estimation of abdominal aorta diameter and auscultation for bruits | · Does the exam suggest ascites?  
Cholecysitis? Peritonitis?  
· Does the pt have evidence of hepatomegaly, splenomegaly, or portal hypertension?  
· Does the exam suggest chronic liver disease?  
· How do these maneuvers help you to evaluate a pt with a cc of SOB? |
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<tbody>
<tr>
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<tr>
<td>Multisystemic Examination for Suspected Bacteremia</td>
<td>Multisystemic Examination for Suspected Diabetes Mellitus</td>
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<tr>
<td>- Evaluation for stigmata of chronic liver disease</td>
<td>- Blood pressure and orthostatic vital signs</td>
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<tr>
<td>- Appropriate draping, positioning, and attn to patient modesty</td>
<td>- Observation of respiratory rate and pattern</td>
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<tr>
<td>- Cardiac auscultation to assess for murmurs</td>
<td>- Eye exam to assess for diabetic retinopathy</td>
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<tr>
<td>- Skin exam to evaluate for primary source of infection and vascular/immunologic phenomena</td>
<td>- Skin exam to evaluate for acanthosis, xanthoma, cutaneous infections, etc</td>
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<tr>
<td>- Eye exam to assess for subconj hemorrhage or Roth spots</td>
<td>- Examination of arterial pulses</td>
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<tr>
<td>- Large joint exam to assess for inflammatory arthritis</td>
<td>- Does the pt have evidence of microvascular or macrovascular damage? How does the PE help to estimate glycemic control?</td>
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<tr>
<td>- Assessment of vertebral tenderness</td>
<td>- Does the pt have evidence of DKA/HHNK?</td>
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<tr>
<td>- Neurologic exam to assess for evidence of epidural abscess or embolic stroke</td>
<td>- Does the pt have evidence of DM-related complications?</td>
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<tr>
<td>- Does the exam suggest a source of bacteremia?</td>
<td>- Does the pt have evidence of bacterial endocarditis? Which of the Duke’s criteria can be assessed by PE?</td>
<td></td>
</tr>
<tr>
<td>- Does the pt have evidence of bacterial endocarditis? Which of the Duke’s criteria can be assessed by PE?</td>
<td>- Does the pt have evidence of autonomic neuropathy?</td>
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</tbody>
</table>
Residents who do not perform satisfactorily on the Intern OSCE will be assigned additional observed experiences depending on their needs. For residents needing additional instruction on physical examination skills, additional CEX’s will be assigned. For residents needing additional instruction on communication skills, additional observed communication encounters will be assigned.

**Resuscitation Readiness Study Guide**

Though the thought of codes may intimidate you now, within the next six months you should feel comfortable participating in and understanding codes, and by the end of intern year, you should feel comfortable leading a resuscitation team. To help you prepare, you will participate in our Resuscitation Readiness curriculum at the end of intern year. The afternoon is fun and informative with the goal of giving each of you the tools you need to be effective code leaders. The content of the curriculum is below. We strongly encourage you to read the guide in its entirety and use it to guide your study and debrief any codes you participate in throughout the year.
As end-of-year interns, you will spend an afternoon in the Emory Simulation Center in the School of Medicine learning effective practical skills for managing cardio-pulmonary arrest (Code Blue) and leading a resuscitation team. Your afternoon will consist of rotating through 3 skills stations followed by hands-on simulation scenarios where you will each lead a team during a resuscitation effort and receive in-depth feedback as a group.

Resuscitation Readiness Schedule:
1:00-2:30 Teaching stations (Airway, CPR quality, defibrillator management, Intraosseous/IO device placement)
2:30-2:45 Break
2:45-5:00 Code simulation and feedback

You must review the following items PRIOR TO the session:
2. Take the Rhythm Recognition pre-test and achieve a passing score of >85%. The test consists of 38 questions and you have 60 mins to complete. Please complete the Rhythm Pre-Test individually (i.e. without assistance of others). You may retake the test if you do not initially achieve >=85% bit.ly/ACLSPretest
3. Review procedure for I/O insertion. Follow the link below and watch the 8 short videos (approximately 15 minutes total) bit.ly/IOinsert

Though the focus of the curriculum is formative, interns who do not show adequate preparation or engagement with Resuscitation Readiness will be assigned additional supervised practice to ensure competency. Additionally, residents who desire additional personal instruction may make arrangements with the Resuscitation Readiness faculty. As a PGY2/3, you will undergo formal assessment of the skills learned during this session during your ICU rotations.