

Goals and Objectives for PGY1 (Intern) per quarter (Q1-Q4) on FMIS:

INTERNS Q1

- see all of your patients before rounds
- be aware of how much oxygen your patients are requiring, if any
- work with your co-intern to alternate calling the tele team to get the tele reports from overnight for all of our patients
- finish your notes before rounds start and submit them.
- present your patients in SOAP format while ensuring most of your focus goes into your A/P
- your assessment should change every day: it should include what symptoms the patient presented with, what the running diagnosis is, how they are doing (improving, worsening, no change), and any other complications outside of the original sx/diagnoses.
- your plan can be organized by system or problem but must be ordered in terms of highest acuity problems/systems followed by less important problems/systems
- your last problem/system should be a "dispo" section where you state what needs to happen for this patient to leave and where they will be going to
- familiarize yourself with the handoff and follow your tasks for each patient there; work with your senior to learn how to communicate when things are done vs need to be done etc
- run your list of tasks with your senior regularly (at least twice a day) to ensure you are learning the right way to prioritize tasks and how tasks can be delegated
- get comfortable with presenting the entire list to nursing and SW at IDT rounds (you will be accompanied during the first few weeks and the dispo updates will be reviewed internally with the entire team daily before you go to IDT rounds
- you must ensure review and management of your inbox daily OR have someone assigned to do so for you when you are on service

INTERNS Q2:

- start to work with your seniors to complete discharge summaries for your patients, particularly the hospital course and med reconciliation portions of the discharge
- by the end of your second month, you should be able to complete a minimum of 25-50% of the discharges for your patients independently
- start trialing your presentations for existing patients (not new admissions) in an "assessment and plan style"; this involves starting with a brief intro as to who your patient is, what symptoms they presented with, what current ddx are involved, and any additional complications that have been noted in the hospitalization. This is followed by detailing your plan by problem or system and will include relaying objective data (labs/exam etc) within the appropriate systems/problems. A more involved powerpoint detailing this format exists on the website for your reference.
- the goal by the end of your second month is to do all of your follow-up presentations in assessment and plan style.
- in your plans for your follow-up patients, be intentional about suggesting what we should do in the next 24hr and be clear about what needs to happen for your patient to leave the hospital (dispo criteria)

- use your day admissions as opportunities to look up guidelines and clinical questions that are relevant to your patient. In your presentations, tell us what you looked up and teach back what you learned.
- by the end of your second month, you should be updating the handoffs daily for each of your patients
- in the first half of your second month, your seniors should be teaching you how to update the EDD (expected discharge date) tab for your patients; by the end of the second month, your goal should be to independently update the EDD tab for all your patients prior to us running the list for IDR around 10am
- in the first half of second month, attendings will support you in going to IDR while you present to nursing and SW; in the second half of the month you will start going independently to IDR and present the entire list
- you must ensure review and management of your inbox daily OR have someone assigned to do so for you when you are on service

INTERNS Q3:

- by the end of your third month, you should be able to complete a minimum of 75% of the discharges for your patients independently
- in third month it is expected that you will alternate with your co-intern in presenting on IDR independently
- use this month to push yourself in taking as many independent attempts to say what the next stages of the plan should be. In doing this, you should intentionally back up your suggestions with clinical reasoning and/or evidence from the literature (if relevant) that support your decisions
- by the end of your third month, you should feel comfortable with conducting goals of care conversations and assessing for capacity independently
- you must ensure review and management of your inbox daily OR have someone assigned to do so for you when you are on service

INTERNS Q4:

- by the end of your fourth month, you should be able to complete 100% of your patients' discharges independently
- in 4th month it is expected that you will alternate with your co-intern in presenting on IDR independently
- during your fourth month, you should think of your senior as someone who is there in the event of an emergency but in most other circumstances you should be able to handle all the tasks for your patients independently
- During fourth month, you and your co-intern should take opportunities to cross-cover each other's patients while each of you is at clinic.
- During fourth month, each of you will get an opportunity (on a Thursday in the latter half of the month) to practice operating as the senior.
- you must ensure review and management of your inbox daily OR have someone assigned to do so for you when you are on service