



INTERNAL MEDICINE RESIDENCY PROGRAM DESCRIPTION

GARDEN CITY HOSPITAL
GARDEN CITY, MICHIGAN

1. Overview

- a. The Internal Medicine residency program ("Residency") at Garden City Hospital ("GCH") will provide comprehensive clinical exposure and didactics in Internal Medicine ("IM") supplemented by arranged rotations at affiliated sites.
- b. The Program will be 36 months in duration, inclusive of an IM Track Internship (OGME-1) to be followed by two additional years of residency training (OGME-2 and OGME-3). The completion of the IM Track Internship will provide credit for one year of residency training in accordance with the guidelines of the American Osteopathic Association (AOA) and the American College of Osteopathic Internists (ACOI).
- c. Successful completion of the structured curriculum of 36 months of training in Internal Medicine will meet the requirements for board eligibility through the American Osteopathic Board of Internal Medicine.

2. Program Mission Statement

- a. The purpose of the Residency is to provide the Internal Medicine Resident ("Resident") with a comprehensive clinical and didactic training program in inpatient and outpatient medicine, in order to achieve the knowledge, skills, and professional attributes necessary to be a competent osteopathic internist or sub-specialist.

3. Goals and Objectives

- a. The goals and objectives of the IM Residency Program are:
 - i. To provide the Resident with a strong foundation in General Internal Medicine such that he/she is competent to enter practice or prepared to pursue subspecialty training.
 - ii. To arrange clinical and didactic experiences that allow for integration of the core competencies into the Program's curriculum
 - iii. To define and employ methods of evaluation to assess integration and application across the core competencies

4. Program director and faculty

- a. The program director will be AOA certified in internal medicine, and will be responsible to
 - i. Develop the Residents' schedule of rotations, in collaboration with the Department of Medical Education
 - ii. Evaluate the Residents' performance as defined by ACOI/AOA and submit reports in a timely fashion
 - iii. Attend the ACOI Congress on Medical Education for Resident Trainers as per ACOI guidelines
 - iv. Review and report annually to ACOI on the Residents' progress on the research project or medical manuscript
 - v. Comply with other requirements for program directors as described by AOA and ACOI
- b. The program director will be selected by the Administration of GCH and the Department of Medical Education at GCH. In the event of a change in program director, a written request for approval of the program director's appointment will be submitted by the Department of Medical Education to ACOI and AOA.
- c. Additional program faculty will be identified in accordance with AOA standards and the standing rules of the Department of Internal Medicine at GCH.

5. Program eligibility and prerequisites

- a. Most entrants into the Residency will be selected as an Internal Medicine Track Intern (OGME-1) through the osteopathic internship match. By definition, all track interns are considered to be in combined ("linked") programs and assuming appropriate academic progress, will progress into residency training (OGME-2 and OGME-3) at GCH.
- b. Other applicants, including those who completed other osteopathic internship or residency training, may also apply. Consideration for advanced standing will be given in accordance with the guidelines of the American Osteopathic Association (AOA) and the American College of Osteopathic Internists (ACOI).
- c. Applicants must be enrolled in or have graduated from an AOA-accredited College of Osteopathic Medicine.
- d. Applications will be accepted through the Electronic Resident Application Service (ERAS) and will include the following documents: application form; curriculum vitae; Dean's Letter/Medical Student Performance Evaluation; COMLEX transcript; COM transcript; personal statement; letters of recommendation.
- e. Applicants will be reviewed without discrimination based on race, color, religion, sex, age, national origin, handicap, marital status or other unlawful criteria. Selection of Residents will be in accordance with GCH's policy on House Staff Appointment and Advancement.

6. Resident responsibilities

a. Rotations

- i. In OGME-1, the track intern is responsible for completing the assigned rotations which are based on AOA standards.
- ii. During OGME-2 and OGME-3, the resident is to work with the Program Director to develop a rotation schedule, taking into account rotation requirements of the ACOI/AOA.
- iii. Rotations which are arranged at an institution other than GCH must be requested in writing using the appropriate form. Out-rotation requests must describe the educational rationale for the rotation, and must be signed by the Program Director and the Vice President of Medical Education.
- iv. It is the resident's responsibility to obtain and complete any documentation required by the institution hosting an out-rotation. Materials will be sent to the host institution by the Department of Medical Education staff and copies of all documents will be maintained in the resident's file.
- v. Any changes in the rotation schedule must be approved by the Program Director and Vice President of Medical Education. Under no circumstances should a resident change an assigned rotation without notice and approval.

b. Didactics attendance

- i. OGME-1: Track interns are expected to attend morning and noon conferences. It is understood that some rotation assignments may preclude attendance but every attempt should be made to attend these lectures.
- ii. OGME-1 to OGME-3: All IM house staff are expected to attend Wednesday morning IM didactics when on in-house or local out-rotations.
- iii. All IM house staff are expected to attend the Statewide Campus System Education Days (formerly known as "COGMET Days") and are to abide by the attendance requirements of SCS.

c. Teaching

- i. Residents will be expected to participate in the medical education of residents, interns, and medical students, both on assigned rotations and as part of GCH's program of scheduled lectures.
- ii. Track interns will be required to give an intern presentation during OGME-1 which will be reviewed by the Vice President of Medical Education.

d. Evaluations

- i. It is the responsibility of the track intern/resident to ensure that all required rotations are completed in a timely fashion.
- ii. The following evaluations must be completed for each rotation and submitted to the Department of Medical Education
 1. Evaluation by the supervising physician of the intern's or resident's performance is to be recorded using one of the available forms:

- Intern/Resident Performance Evaluation form
 - Rotational Evaluation of Resident form
 - 2. Evaluation of the rotation and supervising physician(s) by the intern/resident using the appropriate form, available in the Department of Medical Education
 - iii. Resident Performance Evaluation (RPE) The ACOI requires that each IM resident complete this evaluation by the end of OGME-2. See the attachment section for a sample form and instructions. A copy of the RPE will be kept in the resident's academic file.
- e. Logs
- i. OGME-1:
 - 1. Track interns are to keep logs as required by the AOA for each rotation. The logs are to include: patient encounters, procedures performed or observed, educational conferences attended or presented, reading completed, and autopsies attended.
 - 2. The preferred format for the intern logs is through the eLogs system sponsored by the Statewide Campus System. This system utilizes a PDA-based application and a data repository housed at SCS, accessed through an internet connection.
 - ii. Procedure logs are to be kept by all IM house staff. At the completion of residency training, the resident will be responsible to provide a copy of his/her procedure logs to the Department of Medical Education. This copy will be maintained in the resident's academic file.
 - iii. Ambulatory clinic logs are to be kept by all IM house staff. At the completion of residency training, the resident will be responsible to provide a copy of his/her ambulatory clinic logs to the Department of Medical Education. This copy will be maintained in the resident's academic file.
 - iv. Sample log forms may be found in the attachments section.
- f. Annual report
- i. It is the responsibility of each IM intern/resident will complete the online resident annual report through the ACOI website.
 - ii. Current guidelines of the ACOI require that this report be completed within one month of the end of each academic year. For academic years ending June 30, the report is due July 31.
 - iii. ACOI may impose fines on interns/residents who fail to complete the report within the deadlines. Any such fines are the sole responsibility of the resident and will not be the responsibility of the Program Director or the Department of Medical Education.

g. Call

i. OGME-1:

1. During the first six months of OGME-1, the IM track intern will be scheduled for house night coverage on a block and/or rotating assignment.
2. During the second six months of OGME-1, the IM track intern will be assigned to ICU night coverage with a more senior resident providing back-up and supervision.
3. Weekend or night house call duties include admission history and physical examinations; admission orders; and responding to calls on inpatients, including code blues.
4. The IM track intern will be incorporated in the weekend intern call schedule throughout the academic year.

ii. OGME-2 and OGME-3:

1. Resident duties on call include management of patients in and admitted to the Intensive Care Unit; supervising IM track interns assigned to ICU call; assisting interns assigned to house coverage as needed; and responding to code blues.

h. Academic file requirements

i. The intern/resident will be responsible for providing the following to the Department of Medical Education for their academic file:

1. Curriculum vitae, if not submitted through ERAS
2. Copy of driver's license
3. Copy of Social Security card
4. Copy of current BLS/ACLS certification
5. Copy of medical school diploma and/or final transcript showing date that degree was conferred
6. Current mailing address
7. Current email
8. Current telephone number
9. Emergency contact information

ii. The intern/resident may view the contents of his/her academic file at any time.

iii. At the completion of internship and residency, the intern/resident should review his/her academic file to ensure all required logs, evaluations and other documents are in place.

i. Compliance with duty hours

- i. It is the responsibility of the intern/resident to know and abide by GCH's policy and procedures on duty hours.
- ii. Interns and residents are to complete and return duty hours report forms when requested by the Department of Medical Education.
- iii. During OGME-1 (internship), moonlighting is prohibited.
- iv. During OGME-2 and OGME-3, moonlighting requires the permission of the Program Director and compliance with all policies and procedures. In particular, moonlighting must be

included in the resident's total duty hours, which must not exceed 80 hours per week averaged over four weeks.

- v. Copies of policies and forms may be found in the attachments section.

- j. Hospital policies
 - i. As employees of Garden City Hospital, all interns and residents are expected to adhere to Hospital, including but not limited to:
 - 1. Code of Conduct
 - 2. Confidentiality
 - 3. Leave of Absence
- k. Each intern/resident is required to maintain membership in AOA throughout his/her training.

- l. Each intern/resident is required to apply for membership to ACOI.

- m. Each intern/resident is to provide ACOI with a current email address.

7. Advancement

- a. Linked internship: By definition, the IM track internship is considered combined or "linked" to residency training in Internal Medicine. Therefore, IM track interns selected through the osteopathic match will be advanced to OGME-2 position in the IM residency at GCH, assuming that the IM track intern meets the academic and behavioral standards.
- b. Advancement from OGME-1 to OGME-2, and from OGME-2 to OGME-3, will be recommended by the Program Director to the Vice President of Medical Education and will be reviewed by the Physician Education Committee.
- c. Upon successful completion of the residency program, a recommendation for graduation will be made by the Program Director to the Vice President of Medical Education and will be reviewed by the Physician Education Committee.
- d. Should any intern/resident fail to make appropriate academic progress or fail to meet behavioral expectations, the intern/resident will be counseled on those concerns. Depending on the nature of the concern, the Program Director and Vice President of Medical Education may confer on the issue and on a plan for remediation and/or disciplinary action. Such actions will be administered in keeping with the Department of Medical Education's policy and procedures on due process. This will include notification of the intern/resident should a recommendation against advancement in the program be made; notice will be within the time frames specified by AOA.

8. Curriculum

- a. Core Competencies
 - i. The IM Residency Program has as its goal the achievement of competence across the seven core competencies of the osteopathic profession. These are:
 - 1. Osteopathic Philosophy and OMT
 - 2. Medical Knowledge

