## TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS INTERNAL MEDICINE RESIDENCY Upper level resident mid-year meeting graduation requirements form

## **REQUIRED ROTATIONS**

Categorical resident must complete a	all – mark as completed/scheduled for	this year/planned for next year
1 month of Ambulator	y Medicine	
<ul><li>1 month of Infectious</li></ul>	Diseases	
1 month of Cardiology		
<ul><li>1 month of Nephrolog</li><li>1 month of Endocrino</li></ul>		
<ul><li>1 month of Neurology</li></ul>	,	
1 month of Gastroente	erology	
<ul><li>1 month of Pulmonary</li><li>1 month of Geriatrics</li></ul>	/ Medicine	
<ul><li>1 month of Rheumato</li></ul>	ology	
1 month of Hematolog	gy-Oncology	
i month palliative, pa	in, addiction	
	<u>PROCEDURES</u>	
Categorical resident must complete		
	Exams (Ambulatory Clinic/wards)	
<ul><li>5 Code Blues (Wards/ ICU) _</li><li>5 Peripheral IV Insertions (ER</li></ul>	rotation/ICU)	
250	- 4 D 0 1 / 0 0 1 0 1 4 D 1 V 4 0 T 1 / 1 T V D 5 (	)
Categorical resident must complete a	EARCH/SCHOLARLY ACTIVITY REC	QUIREMENTS
	·	
	ct or Poster presentation at a ACP or r	
	ase presentation article provement Project	
C qualifying quality inip	70 voment 1 reject	
QU	IALITY IMPROVEMENT AND PATIEN	NT SAFETY
During the three years of residency, ca		
Participate in the following committees	s for 3 months and attend at least two	monthly meetings:
IPAC(inpatient Physician advi		ege.
Division of the second committees		
Plus 2 of these 3 committees		
O Peer review		
<ul><li>Sepsis</li><li>QIPSC(Quality improvement a</li></ul>	and nations and atu)	
QIP3C(Quality improvement a	and patient salety)	
AND Participate in at least one F	Root cause analysis project	
AND Present a safety story prior	r to starting residents conference durin	ng noon conference
AND Present two Mortality and r	morbidity conferences	
,	,	
5	STEP 3 REQUIREMENT	
Step three must be taken during PGY2 year as a requirement for graduation to PGY3 year		
Optional		
<ul><li>Ethics</li><li>CAUTI/CLABSI meetings</li></ul>		
OAO I I/OLABOI IIIEEIIIIIgs		
Name of regident	olene et une	dete
Name of resident	signature	date