Combined Internal Medicine/Pediatrics Residency
Program Requirements 2016-2017

Retreats:

PGY1
1. REQ/COVERAGE PROVIDED: Pediatrics intern retreat
2. REQ/COVERAGE PROVIDED: Internal Medicine intern retreat
3. REQ/COVERAGE PROVIDED: Internal Medicine Transition Session (PGY1 to PGY2)

PGY2
1. REQ/COVERAGE PROVIDED: Medicine PGY2 overnight retreat
2. REQ/COVERAGE PROVIDED: Pediatrics PGY2 to PGY3 transition session

PGY3
1. OPTIONAL: Internal Medicine PGY2 to PGY3 transition session (You must RSVP and you are responsible for arranging coverage for your shift.)
2. REQ/COVERAGE PROVIDED: IM Graduation Dinner (1 evening); Peds Graduation Brunch (1 morning)
3. OPTIONAL: Peds PGY3 Retreat (You must RSVP and you are responsible for making this one of your days off.)

PGY4
1. REQ/COVERAGE PROVIDED: Internal Medicine PGY3 retreat
2. REQ/COVERAGE PROVIDED: Pediatrics PGY3 Retreat
3. REQ/COVERAGE PROVIDED: IM Graduation Dinner and Peds Graduation Brunch

You are expected to attend all of these retreats unless you are on vacation or unless they are noted to be optional. The Med-Peds Chief Resident will work with both the Pediatrics and Internal Medicine Chief Residents to coordinate coverage of your shifts, but it is your responsibility to confirm with the Chief Resident on your service at least one month ahead of time to make sure you are covered for that day. There will be no exceptions to the one month notification rule. Please speak with the Med-Peds Chief(s) first if you encounter any problems getting time off for these retreats. These are all considered mandatory educational experiences (with the exception of the PGY3 Peds retreat) and should not be counted as your day off for the week if coverage has been provided.

Clinical Competency Committee (CCC): The CCC reviews resident evaluations at least semi-annually and is responsible for preparing and assuring Milestones evaluations for submission to the ACGME. The CCC also is
responsible for advising the program director regarding resident progress, including promotion, remediation, probation, and dismissal.

In addition to its regularly scheduled sessions, the CCC convenes on an as needed basis to address concerns related to resident performance. Issues related to professionalism are the leading reason that residents are subject to disciplinary action. Professionalism includes, but is not limited to, the timely completion of all program requirements outlined below.

Note that program directors, associate program directors, and chief resident(s) can generate “Professionalism Memos,” which become part of your New Innovations file. The accumulation of three or more Professionalism Memos in one academic year is one of several triggers for an ad hoc CCC review.

**In-Training Exams (ITE):**

You are expected to take the in-training exams in both Internal Medicine and Pediatrics every year of your residency unless you are on vacation or have some other extenuating circumstance. Anyone who will miss either ITE must discuss this with the Program Director at least 2 months in advance. The Med-Peds Chief Residents will work with both the Pediatrics and Internal Medicine Chief Residents to coordinate coverage of your clinical duties, if necessary. Because of scheduling guidelines, note that you may be required to take the ITE on either a Saturday or Sunday. It is **your responsibility** to inform your resident(s), fellow, and attending on the first day of the rotation that you will need to be excused for the ITE. *Please speak with the Med-Peds Chiefs first if you encounter any problems getting time off for these exams.*

**Educational Blitz and Institutional Requirements:**

You are expected to complete the VCU Health System’s Annual Educational Blitz and all other institutional requirements, including but not limited to Point-of-Care Testing, N95 Fit Testing, other Learning Exchange modules, and annual influenza vaccination. These requirements must be completed by the deadline(s) established by GME. Failure to complete these items may result in GME instituting disciplinary action, including the possibility of withholding your paycheck.

**Procedure Logs:**

You may have difficulty finding opportunities to do procedures in your first year, but this should not prevent you from making an effort to begin logging procedures. You are expected to have procedures logged in every year of your training, increasing in number as you near the end of your residency. It is your responsibility to seek out these opportunities with your attending or residents.

The following IM procedures are required:
<table>
<thead>
<tr>
<th>KNOW, UNDERSTAND, and EXPLAIN</th>
<th>Indications; Contraindications; Recognition &amp; Management of Complications; Pain Management, Sterile Technique</th>
<th>Interpretation of Results (required by ABIM)</th>
<th>Requirements and Knowledge of Informed Consult (required by ABIM)</th>
<th>VCU IM REQUIREMENT to be deemed competent to perform (# in parenthesis is # needed to perform independently)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Paracentesis</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3 (3)</td>
</tr>
<tr>
<td>ACLS</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
<td>Certification</td>
</tr>
<tr>
<td>Arterial Line Placement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Arthrocentesis</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3 (3)</td>
</tr>
<tr>
<td>CVC Placement (IJ or Subclavian)</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
<td>5 (5)</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Arterial Puncture</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3 (3)</td>
</tr>
<tr>
<td>ECG Interpretation</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>Cards Consults</td>
</tr>
<tr>
<td>I&amp;D of Simple Abscess</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Not defined</td>
</tr>
<tr>
<td>Lumbar Puncture</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Nasogastric intubation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3 (3)</td>
</tr>
<tr>
<td>PIV insertion</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
<td>PIV Skill Session</td>
</tr>
<tr>
<td>Pulmonary artery catheter placement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>5 (5)</td>
</tr>
<tr>
<td>Endotracheal Intubation (non-neonatal)</td>
<td>X</td>
<td>N/A</td>
<td>X (if elective)</td>
<td>3 (3)</td>
</tr>
</tbody>
</table>

**BOLDED** procedures in table are the only procedures that ABIM requires demonstration of technical competency. All other procedure requirements have been defined by the VCU Internal Medicine Residency Program.

The following Pediatric procedures are required:
Note that there may be overlap with some IM procedures, or some procedures not required by IM are required by Pediatrics. Required Pediatric procedures are listed below, along with the number needed to document technical competence. The number in parenthesis (if applicable) is the number needed to perform independently.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bag Mask Ventilation</td>
<td>1 (PALS)</td>
</tr>
<tr>
<td>Bladder Catheterization</td>
<td>1 (1)</td>
</tr>
<tr>
<td>IM/SC/ID Immunizations</td>
<td>1 EACH</td>
</tr>
<tr>
<td>Incision and Drainage of Abscess</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Lumbar Puncture</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Neonatal Endotracheal Intubation</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Peripheral Intravenous Catheter Placement</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Reduction of Simple Dislocation</td>
<td>1</td>
</tr>
<tr>
<td>Simple Laceration Repair</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Simple Removal of Foreign Body</td>
<td>1</td>
</tr>
<tr>
<td>IV Line / IO Line Placement</td>
<td>2 (PALS)</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Temporary Splinting of Fracture</td>
<td>1</td>
</tr>
</tbody>
</table>

The following pediatric procedures have no minimum requirements, but, the resident must be competent in understanding the indications, contraindications, and complications of the following procedures. These procedures should be documented if performed. However, with the exception of arterial puncture, residents may never independently supervise these procedures.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number Needed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial line placement</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Arterial Puncture</td>
<td>0 (1 to supervise)</td>
<td></td>
</tr>
<tr>
<td>Chest Tube Placement</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Circumcision</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Endotracheal Intubation of non-neonates</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

All procedures, regardless of whether performed in Internal Medicine or Pediatrics, must be logged in New Innovations under the Department of Medicine/Pediatrics. Do not log procedures in New Innovation under either IM: Internal Medicine or Peds: Residency Program.

The Program Director will not be able to verify your competency in any given procedure after graduation unless you have properly documented them during your training in New Innovations. Failure to accurately record your procedures may negatively impact your ability to be credentialed by future employer(s).

Core Educators will receive a detailed report of your case log at the end of blocks 3b, 6b, 9b and 13a (to coincide with New Innovation portfolio reviews).
Case Logs:

You are required to log EVERY adult and pediatric patient that you see during Thursday continuity clinics. Do not log patients when assigned to AMBi / AMBr or PGP Outpatient rotations, unless it is your continuity clinic day. Case logs must be entered into the New Innovations Logger (Department of Medicine/Pediatrics), and you must include the patient's medical record number, date of service, primary diagnosis, and if applicable, secondary diagnosis. Case logs will be randomly audited throughout the month to ensure compliance. Residents who fail to regularly log their patient encounters may be issued a Professionalism Memo or referred to the Clinical Competency Committee for further review. Core Educators will receive a detailed report of your case log at the end of blocks 3b, 6b, 9b and 13a (to coincide with New Innovation portfolio reviews).

Evaluations, e-Curriculums, & Portfolio Reviews in New Innovations:

All evaluations assigned to you through New Innovations must be completed within two weeks, unless otherwise specified. These evaluations include, but are not limited to, evaluations of peers, faculty, fellows, and rotations. Institutional and ACGME policy requires that all evaluations must be completed within two weeks of completing a rotation. Compliance is tracked by your core educator through New Innovations.

In addition, for each clinical rotation, you must review and acknowledge the electronic curriculum on New Innovations within 3 days. 100% compliance with this requirement is expected, and compliance will be tracked by your core educator. If you have not acknowledged the curriculum within 3 days, a reminder message will be generated by New Innovation on the 7th day. After receiving that reminder, you then have only a limited time to review and acknowledge the curriculum. Once this extension expires, you will no longer have the ability to acknowledge the curriculum. Note that there are some rotations without an e-curriculum (goals / objectives), and these appear as an “N/A” in New Innovations. For these rotations, you do not need to take any action.

Each resident will also have 4 Portfolio Reviews per year. At your core educator discretion, two of these reviews (approximately block 3b and 9b) may be virtual reviews. All residents will have at least two in-person reviews per year (approximately blocks 6b and 13a). Reports for your New Innovation mid-year and end-of-year reviews are generated on January 1st and June 1st. Therefore, all requirements must be completed by these dates, in order to be available to your core educator.

You must acknowledge by electronically signing all Portfolio Reviews within two weeks of your Core Educator completing the review. You have the option of adding comments to your review before adding your electronic signature. If you
do not sign the review within the 2 week timeframe, it will be administratively
signed for you. In this circumstance, it is assumed that you are in full agreement
with the review's assessment and that you will complete any action items
recommended by your Core Educator.

**Conference Attendance:**

PGY1 residents are expected attend a minimum of 100 conferences. This
number should include at least at least 12 Ambulatory IM Morning Reports, 40 IM
Core Conferences, and 15 IM Intern Conferences

PGY2, PGY3, and PGY4 residents must attend a minimum of 150 conferences.
This averages to ~ 12 conferences per block.

Residents track and record attendance for IM conferences themselves through
New Innovations (Conferences → My Attendance). Attendance for Pediatric
conferences is tracked and recorded by Pediatric program staff; therefore,
PLEASE DO NOT LOG YOUR OWN PEDIATRIC (or MEDPeds)
CONFERENCE ATTENDANCE. Conference tracking and recording methods
are subject to change within an academic year, based on feedback and audits
regarding ease of use, compliance, and/or misuse.

Please be aware that ANY falsification of conference attendance when self-
logging will result minimally in a Professionalism Memo issued to your permanent
file. In addition, the matter will be referred to the Clinical Competency Committee
for consideration of more formal disciplinary action.

A resident may request an update regarding their conference attendance from
the Program Coordinator at any time. Conference attendance will be discussed
as part of your mid-year and end-year evaluations. If minimum yearly
requirements are not met, a memo will be placed in the resident file reflecting the
professionalism considerations as well as the loss of educational opportunities.
This will be considered in the overall competency score of professionalism that is
submitted annually by the Program Director to the ABIM, ABIM and (via the
Milestone Project) the ACGME.

**Duty Hours:**

You are required to clock in and out using the Kronos swipe or call-in
system for all rotations on both Internal Medicine and Pediatrics. This
ensures that our program has the proper documentation to meet ACGME duty
hour requirements. If you miss clocking in or out, please email the Program
Coordinator with your time for the day(s) you missed. As a general rule, you
should NOT regularly be contacting the Program Coordinator to enter duty hours
if your current rotation is on MCV campus, as the Kronos system is readily
available.
Schedule Change Requests:

Changes to your Internal Medicine or Pediatric block schedule will only be considered during specific times during the academic year. These “Open Request” periods occur in July, October, and January. Each “Open Request” period lasts for 7 days. All requests must be made through the Red Cap survey that is emailed at the beginning of the “Open Request” period. Please be sure to submit requests through the Med-Peds Red Cap Survey. Note that submitting a request does not guarantee that the request will be granted. The Med-Peds program director will first review the request to ensure that it is programmatically possible with respect to ACGME requirements. If appropriate, the request will then be forwarded to the appropriate categorical chief resident to determine if the change is logistically possible within the context of the overall schedule.

<table>
<thead>
<tr>
<th>Period</th>
<th>Open Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 1</td>
<td>Early July</td>
<td>For Blocks 5 – 13</td>
</tr>
<tr>
<td>Period 2</td>
<td>Early October</td>
<td>For Blocks 8 – 13</td>
</tr>
<tr>
<td>Period 3</td>
<td>Early January</td>
<td>For Blocks 11 - 13</td>
</tr>
</tbody>
</table>

ACC clinic scheduled can be cancel and reschedule clinics if notified at least 60 days in advance. If a schedule change occurs for any reason with less than 60 days’ notice, the resident will be responsible for obtaining coverage for all clinic duties. All changes to continuity clinic must be approved by both the Med-Peds program director and the appropriate categorical chief resident.

Individual Learning Plan and Individualized Study Plans:

You are required to complete an individual learning plan twice a year and to review it with your core educator. You may incorporate all (Peds and IM) goals into the American Academy of Pediatrics’ Pedialink site. You will log in to Pedialink using your AAP ID number. You should submit a copy of this plan to the Med-Peds coordinator by the end of blocks 2 and 10 and should have a copy with you at each of your face-to-face evaluations with your Core Educator throughout your residency to review with your advisor.

In addition, if you score below the national mean on the Pediatric ITE, you will need to develop an individualized study plan for Pediatrics. Similarly, if your percentile rank is below the 30% on the Medicine ITE, you will need to develop a Medicine-specific individualized study plan. These study plans must be submitted to your Core Educator via New Innovations and will be reviewed at your mid-year and end-of-year evaluations.
Direct Observations/Mini CEXs:

The Clinical Evaluation Exercise (mini-CEX) is an ABIM developed tool for direct observation, evaluation and feedback of resident clinical skills. Each Med-Peds intern must complete four mini-CEXs during the first 12 months of training. Two of these must be completed during blocks 1 - 4, and the other two must be completed by the end of block 13b. The CEX must be observed by core educator (Internal Medicine or Med-Peds) and can be completed in either the inpatient or outpatient setting. The mini-CEX form is available on-line at: http://www.abim.org/pdf/paper-tools/mini-cex.pdf. However, the evaluator will document your performance on the CEX through an ad hoc entry in New Innovations. No intern will be allowed to advance to the second year of training without documenting these exercises.

You are also required to perform 4 directly observed histories / exams in Pediatrics during the MP2 – MP4 years. 2 of these must be performed in the MP2 year (1 during blocks 1 – 4, and the other during blocks 10 – 13). Thereafter, 1 directly observed H&P must be performed in the MP3 year (blocks 5 – 9) and 1 in the MP4 year (blocks 1 – 4). It is your responsibility to complete these in either the outpatient setting (PGP) or inpatient setting (Pediatric Hospitalist). The form for pediatric directly observed is available through New Innovations: “More” → “Resources” → “Rotation Info” → “Outpatient”

Note that reporting your history and exam findings does not satisfy the mini-CEX or observed H&P requirement(s). An attending physician must physically be present and directly observe your clinical skills, as well as provide feedback.

History & Physical:

You are required to submit a copy of one history & physical that you have performed in your file per year. For PGY 1 and 3 you will submit an H&P from an IM patient and PGY 2 and 4 you will submit an H&P from a Pediatric patient. These should be submitted to the Med-Peds Program Coordinator no later than your mid-year evaluation each year.

Scholarly Project:

You are required to complete a minimum of one scholarly project during your residency. This project MUST reflect original scholarship conducted during your four years of residency.

Options that meet the scholarly project requirement are research projects, abstracts, poster presentations, etc. All Scholarly Projects are subject to the approval of your Core Educator and should be completed by Resident Research Day of PGY4 year. All scholarship must be documented in New Innovations (Portfolio —> Scholarly Activity).
All MP2 residents and above must participate annually in quality and safety initiatives. This project (or projects) may be done in conjunction with other residents (i.e. group project), as part of a committee assignment, or independently. You should work with your Core Educator early in your residency to identify an area of interest and develop a project. You are required to develop a work product and present your findings and results in your MP3 or MP4 year at the annual Pediatric Quality and Safety Grand Rounds or a similar forum.

Certifications & Compliances:

You are required to maintain current certification in **ACLS, PALS and NRP** throughout your training. The Office of Graduate Medical Education and the Med-Peds Residency Program will at least partially cover the cost of each recertification one time during your training. You are responsible for arranging your ACLS recertification; coverage will not be provided. Information related to ACLS recertification is available at [http://www.ctcce.vcu.edu/acls/html](http://www.ctcce.vcu.edu/acls/html). The Pediatric Chief residents will coordinate PALS and NRP recertification, and they will arrange coverage if necessary.

All residents MUST take and have received a passing grade on USMLE 3 (or COMLEX 3) by December 31 of your PGY2 year. GME will not offer you a PGY3 contract without satisfying this requirement.

Research for Residents and Fellows Summer Course

You will be required to participate in this course and successfully complete it during the summer of your PGY3 year. The course usually runs weekly on Wednesdays (early evening) for 10 weeks from July to early September and meets for 75 minutes per class.

Educational Stipend

- **PGY1**: $0 (Challenger + Harriet Lane + Business Cards + 1 Med-Peds embroidered vest)
- **PGY2**: $100 (plus Challenger Subscription)
- **PGY3**: $100 (plus Challenger Subscription)
- **PGY4**: $150 (plus Challenger Subscription)

The following expenditures will be reimbursable from your stipend for 2016-2017:
- Professional association memberships
- Conference travel expenses such as registration, transportation, lodging and meals as allowed by VCU / or MCVP Finance Department
- Certifying exams/Board Exams/Certification fees and renewals
- CME Transcripts
Educational Courses
CME Preparation Material

The following expenditures are not reimbursable for 2016-2017:
- Laptops/computers/iPads
- Digital cameras
- Cell phones, devices, monthly service
- Books (electronic or hard copy)
  **Approval must first be granted by the Department of Pediatrics prior to submission of re-imbursement. All requests for book reimbursement must be submitted prior to January 1, 2017.
- Out-of-state medical license
- Requests for reimbursements (from the date of the invoice / original receipt) that are older than 120 days (this is an IRS regulation and not an internal policy).
- Employee parking
- Software purchases
- CHoR Apparel
- Dry cleaning of lab coats

All requests for reimbursement out of the educational stipend must be submitted to the Med-Peds Coordinator for processing no later than June 16th, 2017. This will allow time to process before the end of the fiscal year. Please note that any unused educational funds within the academic year cannot be carried forward to the next academic year and cannot be transferred to another individual.

If you have any questions about your educational stipend, please contact the Med-Peds Residency Program Administrator at 828-6685.

**Med-Peds Leave Policy:**
Please carefully read the Med-Peds Leave Policy and ensure that you are fully familiar with the requirements and types of leave permitted.

**Other:**
All other policies and procedures, not specifically delineated here as unique to the Medicine-Pediatrics program, shall default to those requirements established by the categorical programs.
Challenger Curriculum Internal Medicine-Pediatrics, 2016-2017

1) An individualized Program Specific website for Challenger has been created for our Internal Medicine - Pediatrics Residency Program. It is located at: www.chorpedschallenger.com

2) Each resident will be assigned an individual log in to the program and will have access to ALL Pediatric and Internal Medicine modules.

3) Residents will be assigned specific tasks within Challenger by year of training.

4) Failure to complete the requirements may lead to disciplinary action including letter of concern, probation or delay of promotion or graduation.

PGY 1 Med-Peds Residents

a. PGY 1 residents MUST complete at least 4 Exam Simulations and/or Baseline Exams
   i. Block 1: **IM**: 100 – Question Baseline Exam.
   ii. Blocks 2-4: **IM**: Board Exam Simulator
   iii. Blocks 5-9: **PEDS**: 100 Question Baseline Exam
   iv. Blocks 10-13: **IM Board Exam Simulator**

b. PGY 1 residents MUST complete 4 modules within Challenger including pre-test, all material within the module and post-test. These modules will include the following:
   i. **PEDS**: Fetus/Newborn
   ii. **PEDS**: Preventive Pediatrics
   iii. **IM**: Critical Care: Signs, Symptoms, and Presentations
   iv. **IM**: Medical Ethics and Law

c. Two of the above modules MUST be completed prior to your mid-year evaluation and the remaining two MUST be completed prior to your end-year evaluation.

PGY 2 Med-Peds Residents

a. PGY 2 residents MUST complete 4 Exam Simulations and/or Baseline Exams
   i. Block 1: **PEDS**: 100 – Question Baseline Exam.
   ii. Blocks 2-4: **PEDS**: Board Exam Simulator
   iii. Blocks 5-9: **IM**: 100 Question Baseline Exam
   iv. Blocks 10-13: **PEDS Board Exam Simulator**

b. PGY 2 residents MUST complete 5 modules within Challenger including the pre-test, all material within the module and the post-test. These modules will include the following:
   i. **PEDS**: Adolescent Medicine
   ii. **PEDS**: Hematology / Oncology
   iii. **IM**: Cardiovascular Disease
iv. IM: Geriatric Medicine
v. 1 module which is based on a rotation you are assigned.
c. Three of the above modules MUST be completed before your mid-year evaluation and the remaining two MUST be completed prior to your end-year evaluation.

PGY 3 Med-Peds Residents

a. PGY 3 residents MUST complete 4 Exam Simulations and/or Baseline Exams
   i. Block 1: IM: 100 – Question Baseline Exam.
   ii. Blocks 2-4: IM: Board Exam Simulator
   iii. Blocks 5-9: PEDS: 100 Question Baseline Exam
   iv. Blocks 10-13: IM Board Exam Simulator
b. PGY 3 residents MUST complete 6 modules within Challenger including the pre-test, all material within the module and the post-test. These modules will include the following:
   i. 2 modules which are chosen based on areas of weakness identified during testing sessions (In-Training Exams). This should be discussed and reviewed with faculty Core Educator.
   ii. 2 modules which are based on rotations you are assigned.
   iii. 2 modules of your choice
c. Three of the above modules MUST be completed before your mid-year evaluation and the remaining three MUST be completed prior to your end-year evaluation.

PGY 4 Med-Peds Residents

a. PGY 4 residents MUST complete 4 Exam Simulations and/or Baseline Exams
   i. Block 1: PEDS: 100 – Question Baseline Exam.
   ii. Blocks 2-4: PEDS: Board Exam Simulator
   iii. Blocks 5-9: IM: 100 Question Baseline Exam
   iv. Blocks 10-13: PEDS Board Exam Simulator
b. PGY 4 residents MUST complete 6 modules within Challenger including the pre-test, all material within the module and the post-test. These modules will include the following:
   i. PEDS: Behavior and Development
   ii. 2 modules which are chosen based on areas of weakness identified during testing sessions (In-Training Exams). This should be discussed and reviewed with your Core Educator.
   iii. 2 module which are based on rotations you are assigned
   iv. 1 module of your choice
c. Three of the above modules MUST be completed before your mid-year evaluation and the remaining three MUST be completed prior to your end-year evaluation.
Attestation:
By signing this document, the trainee acknowledges that he or she has read and understood the contents of and agrees to adhere to the requirements listed in the Combined Internal Medicine/Pediatrics Residency Program Requirements 2016-2017. The trainee also acknowledges that failure to meet these requirements can result in: 1) convening a disciplinary committee meeting, 2) issuance of a letter unprofessionalism and submission of the letter to their official file, or 3) actions taken outlined in the Assessment, Promotion, Discipline and Dismissal Policy. Completion of all program related documentation and satisfactory fulfillment of duties listed in this document are required for program directors to certify successful completion of training.

Signatures:

___________________________________    ________
Resident (Signature)       Date

____________________________________      _________
Program Director (Signature)      Date