Educational Innovations Project (EIP)

In 2005, the NYMC-WMC Internal Medicine Residency Program was selected from among dozens of well qualified programs as:

- One of 17 programs in the country selected by the ACGME in Phase 1 to re-define Medical Education for Internal Medicine (there are now 21 total)

This status has given the training program:

- Flexibility to create a training program that emphasizes the knowledge, skills and attitudes in the 6 core competencies for physicians of the 21st century

The award winning PDTS Handoff System

The NYMC-WMC EIP initiatives have led to the refinement of the state-of-the-art PDTS computerized handoff system which incorporates unique patient care features such as:

- Paperless handoff using i-touch/i-phone/i-pad or Droid platform
- Sick Patient Risk Stratification
- To do prioritization
  - Verification, reminder prompts, tracking
  - Instant Messaging
- Coverage Reports (for handoff information reference)
- Events reporting
- Faculty Oversight

The faculty oversight module is the first of its kind and ensures that the resident’s handoff information is as refined, accurate and useful as possible. This important concept was described in *Experience with faculty supervision of an electronic resident sign-out system*, Nabors C, Peterson SJ, Lee WN, et al. Am J Med. 2010;123(4):376-381


Other house officers, in conjunction with Medicine Faculty from the General Internal Medicine and Endocrinology Divisions have devised a novel means by which to track quality of patient care through the New Innovations residency management software package. This work formed the basis of a publication, Nabors C, Peterson SJ, Sule S, et al. Tracking outpatient continuity and chronic disease indicators-A novel use of the new innovations clinic module. American Journal of Therapeutics 19(2):76 (2012) PMID 22354126
Hospital Communications in the 21st Century

The faculty and house officers of the Medicine Residency Program are leading the way at Westchester Medical Center in terms of developing the most effective and efficient means by which in-hospital communications are carried out. Currently the PDTS software package is being refined to permit the instant messaging of consult requests and the correct-provider-linked relay of critical laboratory and imaging findings throughout the institution. While most hospitals rely on phone and pager systems to carry out these important communications, NYMC-WMC is committed to make this process even faster and more reliable. By interfacing with the hospital’s electronic “white board” system with PDTS, health care providers always have access to correct provider information, making communications that much more efficient. This permits our clinicians to focus on providing the best patient care possible.

Educational Strategies and the Internal Medicine Curriculum

♦ As the health care system of the 21st century evolves, internal medicine residencies must adapt their curricula to suit the new environment. One of the strategies being employed in the NYMC-WMC program is to use the “educational milestones” to guide our educational activities. These milestones were developed in 2009 by the ABIM/ACGME and NYMC-WMC was one of the first training programs to incorporate the milestones on a large scale into an educational curriculum. The experience was published at Nabors, C, Peterson SJ, et al, Operationalizing the internal medicine milestones – an early status report, Journal of graduate medical education (1949-8349), 5(1), p.130. More recently, the work in milestones
formed the basis for an editorial in the American Journal of Medicine. Peterson, SJ, Nabors, C, Frishman, WH, Milestones: Direct Observation may be the key to accelerated training, Accepted for publication American Journal of Medicine, May 2013