

**INTERNAL MEDICINE ROTATION PLAN****NAME OF ROTATION: IM –Senior CTU/Medical Consults Experience****FOCUS OF THIS ROTATION**

- Senior medical residents, in their PGY 2 and PGY 3 years, will complete 4 blocks in each year as the "team senior" on the clinical teaching unit. In this time, they will learn to function independently as Internal Medicine consultants in the diagnosis and management of patients with undifferentiated or multisystem disease processes. Each block will include a 2 week experience as ward team leader and a 2 week experience as an internal medicine consultant in multiple settings, including the Emergency Department as well as consultation to other disciplines or to medical subspecialty inpatient units. Completion of all objectives is expected by the end of the PGY 3 year. Residents are encouraged to prioritize goals during their initial clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are expected to demonstrate progressive competency as they move through the training program.

**CBD stage(s) for this rotation:**

- COD

**Length of this rotation:**

- 4 blocks (not continuous)

**PGY Level(s) for this rotation:**

- PGY2
- PGY3

**Locations for rotation:**

- SHSC
- SMH
- SHS (MSH)
- UHN-TGH
- UHN-TWH

**Required training experiences included in this rotation:****Required training experiences (Core stage):**

Clinical training experiences: 1

- 1.1. Internal medicine inpatient CTU. This experience must include being the team leader
- 1.4. Service providing preoperative assessment and perioperative care
- 1.5. After hours coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department as well as consultation to other disciplines or to medical subspecialty inpatient units
- 1.6. Experience with critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department as well as consultation to other disciplines or to medical subspecialty inpatient units

Other training experiences: 2

- 2.1. Formal instruction in
  - Critical appraisal 2.1.1.
  - Patient safety, quality assurance and quality improvement methodology 2.1.2.

**Recommended training experiences (Core stage):**

Other training experiences: 3

- 3.1. Simulation training for internal medicine procedures
- 3.3. Experience in patient safety/quality improvement

**Optional training experiences (Core stage):**

Clinical training experiences: 4

- 4.2. Internal Medicine for specific populations
  - Care for vulnerable/marginalized populations 4.2.1.

CTU Experience – Yellow; Consults Experience - Orange

<b>EPAs Mapped to this rotation:</b>	<b>Total # of EPAs 4+ per block</b>
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management.	0-1 (can do)
COD 2B Assessing and managing patients with complex chronic conditions: Part B: Assessment, Diagnosis,	0-1 (can do)
C5: Performing the procedures of Internal Medicine	Do whenever possible
C6: Assessing capacity for medical decision-making	1 (or C7)
C7: Discussing serious and/or complex aspects of care with patients, families, and caregivers	1 (or C6)
C8: Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
C9A: Caring for patients at the end of life (Part A: Symptom Management in End of Life Care)	Do whenever possible
C9B: Caring for patients at the end of life (Part B: Discussion about transition away from disease modifying treatment)	Do whenever possible
C11A: Supervising junior learners in the clinical setting (Part A – Teaching)	1 (or C11B)
C11B: Supervising junior learners in the clinical setting (Part B - Running the Team)	1 (or C11A)
C1: Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	1 (or C3A)
C3A: Providing internal medicine consultation to other clinical services (Part A - Patient Assessment and Decision-Making)	1 (or C1)
C3B: Providing internal medicine consultation to other clinical services: Part B - Written Communication	0-1 (can do)
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	1
COD 4 Assessing UNSTABLE PATIENTS, providing targeted treatment & consulting as needed: PATIENT CARE	0-1 (can do)
C5: Performing the procedures of Internal Medicine	Do whenever possible
C6: Assessing capacity for medical decision-making	0-1 (can do)
C7: Discussing serious and/or complex aspects of care with patients, families, and caregivers	0-1 (can do)
C8: Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible

	<b>Other assessments during this rotation:</b>	<b>Tool Location / Platform (e.g. POWER, Elentra):</b>
1.	ITAR	POWER

	<b>Key Objectives for this Rotation:</b>	<b>CanMEDS Role(s):</b>
1.	Use their knowledge of the pathogenesis, natural history, and typical presentations of a wide variety of internal medicine related diseases to provide a robust differential diagnosis for a wide variety of complex and/or undifferentiated medical conditions.	Medical Expert

	<b>Key Objectives for this Rotation:</b>	<b>CanMEDS Role(s):</b>
2.	Demonstrate consultancy skills in the assessment and management of patients with acute presentations of complex general internal medical problems in the emergency setting.	Medical Expert
3.	Complete, independently, technical procedures commonly required in the management of patients in the Emergency Department and on an internal medicine inpatient service	Medical Expert
4.	Demonstrate a patient-centred evidence-based approach to the assessment and management of patients in the pre-, peri- and immediate post-operative periods.	Medical Expert
5.	Provide accurate, patient centered and suitably detailed communication to patient and families, including for end of life care	Communicator
6.	Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts.	Collaborator
7.	Demonstrate effective time management and organizational skills reflecting the complex role of the senior resident as team leader, care provider, and learner.	Leader
8.	Ensure patient safety through well-planned transitions of care while in the acute care setting.	Health Advocate Collaborator
9.	Contribute to discussions during clinical and teaching rounds in a manner that facilitates learning of the individual and of colleagues.	Scholar
10.	Demonstrate appropriate professional behaviour, with integrity, honesty, compassion and respect for diversity, while maintaining patient confidentiality and privacy.	Professional

### **Royal College Internal Medicine Competencies emphasized on the CTU Senior rotation.**

Numbers refer to items identified in the Royal College Competencies document

#### Symptoms

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for each of the following:

Acute medicine:	Shock 1.4.13.1.3.
Cardiovascular:	Chest pain 1.4.1.1.1. Syncope 1.4.1.1.4.
Respiratory:	Acute dyspnea 1.4.1.1.2. Cough Hemoptysis
Gastrointestinal:	Dysphagia Undifferentiated abdominal pain 1.4.4.1.1. Nausea and vomiting Diarrhea 1.4.4.3.2. Upper and lower gastrointestinal hemorrhage 1.4.4.1.1.
Neurologic:	Decreased level of consciousness 1.4.7.1.2. Headache 1.4.7.1.1. Vertigo 1.4.7.1.3. Focal neurological deficit
Infectious:	Fever 1.4.12.1.11
Geriatric:	Frequent falls 1.4.13.6.1.4. Incontinence Cognitive dysfunction Functional decline

#### Disorders

Demonstrates a prioritized differential diagnosis and evidence based approach to the investigation and management of a wide variety of clinical problems

Acute medicine:	<ul style="list-style-type: none"> <li>Cardio-respiratory arrest</li> <li>Poisoning</li> <li>Overdose</li> <li>Shock</li> <li>Severe adverse drug reaction</li> <li>Immediately life-threatening metabolic, cardiology, pulmonary, neurologic, gastrointestinal, and other organ system dysfunction</li> </ul>
Cardiovascular:	<ul style="list-style-type: none"> <li>Coronary artery disease</li> <li>Congestive heart failure</li> <li>Atrial fibrillation</li> <li>Valvular heart disease</li> <li>Cardiomyopathies</li> <li>Pericarditis</li> <li>Hypertensive emergencies</li> <li>Cardiac tamponade</li> </ul>
Respiratory:	<ul style="list-style-type: none"> <li>Asthma</li> <li>Obstructive airway diseases</li> <li>Pleural effusion</li> <li>Thromboembolic disease</li> <li>Malignant disease</li> <li>Pneumonia</li> <li>Interstitial lung diseases</li> </ul>
Gastrointestinal:	<ul style="list-style-type: none"> <li>Peptic diseases</li> <li>Acute and chronic liver diseases and their complications</li> <li>Pancreatitis</li> <li>Malabsorption,</li> <li>Malignant disease</li> </ul>
Rheumatologic:	<ul style="list-style-type: none"> <li>Acute monoarthritis</li> <li>Inflammatory polyarthritis</li> <li>Osteoarthritis</li> <li>Multi-system rheumatologic disorders such as connective tissue diseases, vasculitis etc.</li> </ul>
Hematologic:	<ul style="list-style-type: none"> <li>Anemia</li> <li>Thrombocytopenia</li> <li>Neutropenia</li> <li>Hypercoagulable states</li> <li>Bleeding disorders</li> <li>Lymphadenopathy</li> <li>Splenomegaly</li> <li>Transfusion medicine</li> <li>Haematologic malignancies</li> </ul>
Nephrologic:	<ul style="list-style-type: none"> <li>Acid base abnormalities</li> <li>Electrolyte abnormalities</li> <li>Acute and chronic renal insufficiency</li> <li>Proteinuria</li> <li>Hematuria</li> </ul>
Neurologic:	<ul style="list-style-type: none"> <li>Altered mental status</li> <li>Stroke</li> <li>Seizures</li> <li>Delirium</li> <li>Dementia</li> <li>Peripheral neuropathy</li> </ul>

Infectious:	Fever of unknown origin HIV infection and its complications Tuberculosis Appropriate use of antibiotics Acute infectious illness (meningitis, encephalitis, pneumonia, endocarditis, gastroenteritis, sepsis, septic arthritis, cellulitis, pyelonephritis) Isolation precautions
Endocrinologic:	Diabetes and its complications Adrenal disorders Thyroid disorders Complications of steroid use Calcium disorders Osteoporosis
Oncologic:	Hypercalcemia Superior vena cava obstruction Febrile neutropenia Approaches to common solid tumours Tumour lysis syndrome Spinal cord compression
Geriatric:	Gradual system failure Polypharmacy Falls
Peri-operative medicine	Peri-operative management of hypertension, heart, lung, metabolic, diabetes mellitus, adrenal insufficiency and kidney diseases 1.4.13.2.1.
Disorders of Pregnancy	Medical complications of pregnancy: <ul style="list-style-type: none"> <li>• Diabetes 1.4.13.5.3.4.</li> <li>• Hypertension 1.4.13.5.3.1.</li> <li>• Thyroid disease</li> <li>• Thromboembolic disease 1.4.13.5.3.6.</li> </ul>

### Investigations:

Performs independently, safely and efficiently, procedures required for the assessment and management of general Internal Medicine patients:

- Arterial puncture for blood gas
- Knee aspiration
- Lumbar puncture
- Paracentesis
- Thoracentesis

Be able to order and interpret each of the following:

- Pre-operative medical risk evaluation including comparing and contrasting peri-operative risk indices
- Peri-operative diagnostic tests

Demonstrates accurate interpretation of:

- EKGs
- Chest radiographs
- Blood Gas Results

### Therapies

- Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of patients perioperatively:
  - Use of anticoagulants and anti-platelet agents 1.4.13.2.2.
  - Prophylaxis for infection, including endocarditis prophylaxis 1.4.13.2.3.
  - Prophylaxis for venous thromboembolism 1.4.13.2.4.