

## INTERNAL MEDICINE ROTATION PLAN

**NAME OF ROTATION:** IM4 Community GIM

### FOCUS OF THIS ROTATION

- This senior rotation (PGY 4) is aimed at maturing residents' consultant skills and independence in the context of busy community-based in-patient, outpatient, and emergency room General Internal Medicine care. The overall goal is the ability to work as an independent consultant after completion of the year.
- The objectives listed will be completed, in part, during this community rotation. Completion of all objectives is expected by the end of the PGY 4 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize objectives during community rotation.

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

- TTP

### Length of this rotation:

- 1 block is mandatory; TEHN offers 2 contiguous blocks.

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

- PGY4

### Locations for rotation:

- THP-CV
- SJHC
- TEHN (Michael Garron)
- NYGH
- Southlake
- Elective Community Sites

### Required training experiences included in this rotation:

- **Required clinical training experiences (Transition to Practice PGY4):**
  - TTP 1.1 Inpatient Internal Medicine
    - TTP 1.1.2 Inpatient consult service in the role of a junior attending, to include emergency department
- **Recommended training experiences (Transition to Practice PGY4):**
  - TTP 4.1 Instruction in practice management
  - TTP 4.2 Guided development of a plan for lifelong learning

EPAs Mapped to IM4 Medical Consults	Total # of EPAs 4+ per block
1. TTP-1A Managing an In-patient medical service - Overall Patient Care	3
2. TTP-1B Managing an In-patient medical service - Interprofessional Care	1 – Summation of 10 observers (MSF)
3. TTP-3 Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment	0-1
4. TTP-4 Providing consultation to off-site health care providers	1
5. TTP-5 Initiating and facilitating transfers of care through the health care system	1
6. TTP-6 Working with other physicians and health care providers to develop collaborative patient care plans	0-1 (MSF)

<b>EPAs Mapped to IM4 Medical Consults</b>	<b>Total # of EPAs 4+ per block</b>
7. TTP-7 Identifying learning needs in clinical practice, and addressing them with a personal	0-1

	<b>Other assessments during this rotation:</b>	<b>Tool Location / Platform (e.g. POWER, Entrada):</b>
<b>1.</b>	ITAR	POWER
<b>2.</b>	MSF	e-Portfolio

	<b>Key Objectives for IM4 Medical Consults:</b> By the end of the rotation the resident should be able to ...	<b>CanMEDS Role(s):</b>
<b>1.</b>	Provide a focused differential diagnosis for a wide variety of complex and/or undifferentiated medical conditions in an efficient, prioritized, and hypothesis driven fashion, at the internist level.	Medical Expert
<b>2.</b>	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
<b>3.</b>	Complete, independently, technical procedures commonly required in the management of patients on an internal medicine ambulatory service.	Medical Expert
<b>4.</b>	Demonstrate time management skills to provide effective patient care in a timely and sustainable fashion.	Leader
<b>5.</b>	Identify socioeconomic and psychosocial barriers to equitable patient care and develops plans to overcome them (including for patients with no health care coverage and/or no drug coverage).	Health Advocate
<b>6.</b>	Use self-reflection to promote stewardship in their practice.	Professional
<b>7.</b>	Ensure patient safety through well planned transitions of care while in the acute care or the outpatient setting.	Collaborator Health Advocate
<b>8.</b>	Demonstrates 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 IM Community 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.
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:	Cardio-respiratory arrest Poisoning Overdose Severe or adverse drug reaction Immediately life-threatening metabolic, cardiology, pulmonary, neurologic, gastrointestinal, and other organ system dysfunction
Cardiovascular:	Coronary artery disease Congestive heart failure Atrial fibrillation Valvular heart disease Cardiomyopathies Pericarditis Hypertensive emergencies
Respiratory:	Asthma Obstructive airway diseases Pleural effusion Thromboembolic disease Malignant disease Pneumonia Interstitial lung diseases
Gastrointestinal:	Peptic diseases Acute and chronic liver diseases and their complications Pancreatitis Malabsorption, Malignant disease
Rheumatologic:	Acute monoarthritis Inflammatory polyarthritis osteoarthritis Multi-system rheumatologic disorders such as connective tissue diseases, vasculitis etc.
Hematologic:	Anemia Thrombocytopenia Hypercoagulable states Bleeding disorders Lymphadenopathy Splenomegaly Transfusion medicine Haematologic malignancies
Nephrologic:	Acid base abnormalities Electrolyte abnormalities Acute and chronic renal insufficiency Proteinuria Hematuria

Neurologic:	Altered mental status, stroke, seizures, delirium, dementia, peripheral Stroke Seizures Delirium Dementia (including BPSD) Peripheral neuropathy
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)
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 Delirium
Pregnancy:	Diabetes Hypertension Preeclampsia Thromboembolic diseases

Investigations:

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

- Arterial puncture for blood gas
- Insertion of central and peripheral venous lines
- Knee aspiration
- Lumbar puncture
- Paracentesis
- Thoracentesis

Demonstrates accurate interpretation of: EKGs; Chest radiographs; Blood Gas Results