

NAME OF ROTATION: IM CTU Junior

FOCUS OF THIS ROTATION

- The goal of this rotation is to provide the junior Internal Medicine trainee (PGY1) with the opportunity to develop basic competencies in the assessment and management of patients with straightforward internal medicine disorders in the emergency department and on the ward

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 block (5 during PGY1)

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

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

Required training experiences included in this rotation TTD Stage:

Clinical training experiences: 1.

1.1. Inpatient medical clinical teaching unit (CTU)

1.2. After-hours coverage for inpatients and internal medicine consultation to the emergency department

Other training experiences: 2.

2.1. Orientation to the clinical and learning environment, to include the following topics: postgraduate education policies, learning resources, assessment system and electronic platform; Internal Medicine program portfolio and resident resources; health and wellness; institutional admitting and discharge processes, and information systems

2.2. Formal instruction in

Topics related to patient safety (e.g. handover, infection control) 2.2.1.

Diagnosis and management of common medical emergencies 2.2.2.

Recommended training experiences TTD stage:

Other training experiences: 3.

3.2. Simulation training experiences in technical procedures

Required training experiences Foundations stage:

Clinical training experiences: 1.

1.1. Internal medicine inpatient service

1.4. Acute care experience with patients presenting to emergency department

1.5. After-hours coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department

Other training experiences: 2.

2.1. Directed and/or independent learning experience, in topics such as medical ethics, critical appraisal, and wellness (e.g. use of journal clubs, online modules, academic rounds)

Recommended training experiences Foundations stage:

Clinical training experiences: 3.

3.3. Care of the elderly

Other training experiences include: 4.

4.1. Instruction or experience in procedural skills (may use simulation)

TTD – Blue **FOD -Green**

EPAs Mapped to this rotation:	Total # of EPAs
TTD1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care	4
TTD2 Identifying and assessing unstable patients, providing initial management, and obtaining help	Do whenever possible
TTD3 Performing the basic procedures of Internal Medicine	Do whenever possible
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	0-1
FOD 2C Managing patients admitted to acute care settings with common medical problems and advancing their care plan: Part C: Handover	0-1
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan	0-1
FOD 4A & B Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings	0-1
FOD 6 Discussing and establishing patients' goals of care	0-1
FOD 1 Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings	2
FOD 2A Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part A: Patient Assessment and Management	1
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	1
FOD 2C Managing patients admitted to acute care settings with common medical problems and advancing their care plan: Part C: Handover	1-2
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan	1-2
FOD 4A & B Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings	1-2
FOD 5 Assessing unstable patients, providing targeted treatment and consulting as needed	Do whenever possible

EPAs Mapped to this rotation:	Total # of EPAs
FOD 6 Discussing and establishing patients' goals of care	1-2
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Gather an accurate and relevant history from the patient in an efficient, prioritized, and hypothesis driven fashion. Performs and interprets accurate, suitably detailed physical examinations	Medical Expert
2.	Demonstrate an approach to and rationale for the investigation and treatment of patients with a wide variety of common internal medicine based diseases	Medical Expert
3.	Complete in a safe and effective manner with/without supervision some technical procedures commonly required on an internal medicine inpatient service	Medical Expert
4.	Establish a therapeutic relationship with patients and families while providing accurate, patient centered and suitably detailed communication to patient and families	Communicator
5.	Provide organized, accurate and timely written admission, progress notes and discharge summaries.	Communicator
6.	Participate in patient handover with clear and relevant communication of the patient's status outlining potential areas of medical concern.	Communicator
7.	Participate in team activities with professionalism, showing respect for interprofessional team members.	Collaborator
8.	Demonstrate an understanding of the impact of socioeconomic factors on patients' health and demonstrate awareness of resources and strategies to address these factors.	Advocate
9.	Demonstrate integrity, honesty, compassion and respect for diversity and maintains patient confidentiality and privacy throughout all aspects of their practice.	Professionalism

Royal College Internal Medicine Competencies emphasized on the CTU Junior 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:

Cardiovascular:	Chest pain 1.4.1.1.1. Syncope 1.4.1.1.4. Shock 1.4.13.1.3.
Respiratory:	Dyspnea 1.4.1.1.2.

Gastrointestinal:	GI bleeding 1.4.4.3.6. Diarrhea 1.4.4.3.2. Undifferentiated abdominal pain 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
General:	Weight loss Fatigue 1.4.6.1.2.
Geriatric:	Frequent falls 1.4.13.6.1.4. Functional decline

Disorders

Knows the general pathogenesis, natural history, common presentations and findings, and principles of inpatient management for the following clinical problems:

Cardiovascular:	Heart failure Coronary artery disease Atrial fibrillation Sudden cardiac death Valvular heart disease Hypertensive emergencies
Respiratory:	Asthma Obstructive airway diseases Pleural effusion Thromboembolic disease Malignant disease Lower respiratory tract infections Interstitial lung diseases
Gastrointestinal:	Peptic diseases Acute and chronic liver diseases and their complications Pancreatitis
Rheumatologic:	Acute monoarthritis Acute and chronic polyarthritis Vasculitis
Hematologic:	Anemia Thrombocytopenia Bleeding disorders Hematological malignancies Lymphadenopathy Splenomegaly
Nephrologic:	Acid base abnormalities Electrolyte abnormalities Acute and chronic renal insufficiency Proteinuria Hematuria
Neurologic:	Stroke Seizures Delirium Dementia (including BPSD) Peripheral neuropathy

Infectious:	Fever of unknown origin HIV infection and its complications 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 Spinal cord compression
General:	Drug reactions Overdose
Ethics:	Capacity assessment, End-of-life care Informed consent Palliative care and medical assistance in dying (MAID)
Geriatric:	Gradual system failure Polypharmacy Falls
Pregnancy:	Diabetes Hypertension Preeclampsia Thromboembolic diseases

Investigations:

Be able to perform in a safe and effective manner, with support and supervision as needed and be able to interpret the results of:

- 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