

**NAME OF ROTATION: IM Trillium Health Partners**

**FOCUS OF THIS ROTATION**

- Senior medical residents, in their PGY 2 and/or PGY 3 years, will complete up to 1 block as the "team senior" on the Internal Medicine ward, working with junior learners and a faculty member.
- Completion of all objectives is expected by the end of the PGY 3 year. Residents are encouraged to prioritize objectives 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:**

- 1 Block

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

- PGY2
- PGY3

**Locations for rotation:**

- THP-Miss
- THP-CVH

**ROTATION PLAN**

**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
- 1.5. After hours coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department
- 1.6. Experience with critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department
- 1.7. Internal medicine in a community based setting

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

- 4.1. Preceptorship in Internal Medicine
- Other training experiences: 5.
- 5.1. Training in point-of-care ultrasound

EPAs Mapped to this rotation:	Total # of EPAs
COD 1 Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	4
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	0-1 (can do)
COD 3B 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	0-1 (can do)
COD 4A Assessing, resuscitating, and managing unstable and critically ill patients: Part A: Patient Care	Do whenever possible

EPAs Mapped to this rotation:	Total # of EPAs
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 6 Assessing capacity for medical decision-making	1
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	1
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 9A Caring for patients at the end of life: Part A: Symptom Management in End of Life Care	Do whenever possible
COD 9BCaring for patients at the end of life: Part B: Discussion about transition away from disease modifying treatment	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. Discuss knowledgably the pathogenesis, natural history, and typical presentations of a wide variety of internal medicine related diseases.	Medical Expert
2. Demonstrate effective clinical decision-making skills for the treatment of patients with a wide variety of internal medicine based diseases	Medical Expert
3. Demonstrate appropriate procedural skills.	Medical Expert
4. Provide clear and concise oral & written reports including discharge summaries and daily notes.	Communicator
5. Work with physicians and other colleagues in the interprofessional team to promote understanding, manage differences, and resolve conflicts.	Collaborator
6. Recognize the key elements of assessing a patient's capacity for decision-making.	Medical Expert
7. Demonstrate effective triage skills in time sensitive environments such as the Emergency Department.	Leader
8. Support colleagues and other trainees through careful hand-over of patient issues, and timely notification of absence from clinical duties.	Leader

### Royal College Internal Medicine Competencies emphasized on the IM\_THP 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
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