Internal medicine ROTATION PLAN (2019-2020)

May 27, 2019

NAME OF ROTATION: IM Medical Consultations

FOCUS OF THIS ROTATION

- This rotation is to provide PGY 2-3 Internal Medicine residents with experience in providing Internal Medicine consultation for patients with more complex clinical problems across multiple settings.
- The goals listed will be completed, in part, during this GIM rotation. Completion of all goals is expected by the end of the PGY 3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize goals during their initial focused clinical exposure to this discipline.

CBD stage(s) for this rotation:
- COD

Length of this rotation:
- 1 block

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:

Core stage:
Clinical training experiences: 1.
1.3. Service providing internal medicine consultation to other disciplines or to medical subspecialty inpatient units
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
1.6. Experience with critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department

Recommended training experiences (Core stage):
Other training experiences: 3.
3.1. Simulation training for internal medicine procedures

Optional training experiences (Core stage):
Clinical training experiences: 4.
4.2. Internal Medicine for specific populations
Care for vulnerable/marginalized populations 4.2.1.
4.4. Methods of delivery of internal medicine care
Interprofessional ambulatory care 4.4.2.

Other training experiences: 5.
5.1. Training in point-of-care ultrasound
### EPAs Mapped to this rotation:

<table>
<thead>
<tr>
<th>Cod</th>
<th>Description</th>
<th>Total # of EPAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>COD 1</td>
<td>Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations</td>
<td>2</td>
</tr>
<tr>
<td>COD 3A</td>
<td>Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making</td>
<td>1</td>
</tr>
<tr>
<td>COD 3B</td>
<td>Providing internal medicine consultation to other clinical services: Part B: Written Communication:</td>
<td>1</td>
</tr>
<tr>
<td>COD 3C</td>
<td>Providing internal medicine consultation to other clinical services: Part C: Oral Communication</td>
<td>1</td>
</tr>
<tr>
<td>COD 4A</td>
<td>Assessing, resuscitating, and managing unstable and critically ill patients: Part A: Patient Care</td>
<td>Do whenever possible</td>
</tr>
<tr>
<td>COD 5</td>
<td>Performing the procedures of Internal Medicine</td>
<td>Do whenever possible</td>
</tr>
<tr>
<td>COD 6</td>
<td>Assessing capacity for medical decision-making</td>
<td>1</td>
</tr>
<tr>
<td>COD 7</td>
<td>Discussing serious and/or complex aspects of care with patients, families, and caregivers</td>
<td>1</td>
</tr>
<tr>
<td>COD 8</td>
<td>Caring for patients who have experienced a patient safety incident (adverse event)</td>
<td>Do whenever possible</td>
</tr>
<tr>
<td>COD 9A</td>
<td>Caring for patients at the end of life: Part A: Symptom Management in End of Life Care</td>
<td>Do whenever possible</td>
</tr>
<tr>
<td>COD 9B</td>
<td>Caring for patients at the end of life: Part B: Discussion about transition away from disease modifying treatment</td>
<td>Do whenever possible</td>
</tr>
<tr>
<td>COD 10</td>
<td>Implementing health promotion strategies in patients with or at risk for disease</td>
<td>0-1 (can do)</td>
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</table>

### Other assessments during this rotation:

<table>
<thead>
<tr>
<th>#</th>
<th>Tool Location / Platform (e.g. POWER, Entrada):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ITAR</td>
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</tbody>
</table>

### Key Objectives for this Rotation:

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>CanMEDS Role(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Integrate detailed knowledge of pathophysiology, natural history and typical and atypical clinical presentations of a wide variety of internal medicine related diseases into all elements of patient care.</td>
<td>Medical Expert</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrate ability to provide a robust differential diagnosis for a wide variety of complex and/or undifferentiated medical conditions in an efficient, prioritized, and hypothesis driven fashion.</td>
<td>Medical Expert</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrate a patient-centred, evidence based approach to the assessment and management of patients with a wide variety of internal medicine based diseases.</td>
<td>Medical Expert</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrate a patient-centred evidence based approach to the assessment and management of patients in the pre, peri and immediate post-operative periods.</td>
<td>Medical Expert</td>
</tr>
</tbody>
</table>
Key Objectives for this Rotation: | CanMEDS Role(s):
---|---
5. Demonstrate a patient-centred evidence based approach to the assessment and management of pregnant patients with medical complications of pregnancy. | Medical Expert
6. Communicate effectively in both oral and written formats, including well organized, timely, succinct and legible orders, progress notes and consult letters. | Communicator Collaborator
7. Effectively collaborates with the interprofessional team and medical staff to coordinate the patient’s care. | Collaborator
8. Ensures patient safety through well planned transitions of care while in the acute care setting. | Health Advocate

Royal College Internal Medicine Competencies emphasized on the Medical Consultation rotation. Numbers refer to items identified in the Royal College Competencies document

**Investigations**
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

**Disorders**
Demonstrates a prioritized differential diagnosis and evidence based approach to the investigation and management of a wide variety of clinical problems including:
- Peri-operative management of hypertension, heart, lung, metabolic, diabetes mellitus, adrenal insufficiency and kidney diseases 1.4.13.2.1.
- Medical complications of pregnancy:
  - Diabetes 1.4.13.5.3.4.
  - Hypertension 1.4.13.5.3.1.
  - Thyroid disease
  - Thromboembolic disease 1.4.13.5.3.6.

**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.