

**January 2019**

### **Goals and Objectives for the Community GIM Rotation**

The Community GIM rotation can take place at one of the Memorial affiliated Community Sites in Newfoundland (Gander, Grand-Falls, Corner Brook) or by resident request, an approved available site in New Brunswick. Residents will get exposure to, and in experience in, the practice of community-based GIM. The rotation will combine both in-patient and out-patient GIM clinical experience. The experience will include IM consultations from the ER, in-patient IM consultations, and out-patient GIM clinic attendance under the supervision of the staff General Internist. They will be expected to liaise with colleagues and other health care professionals both locally, and in tertiary centres, as required. Residents may also get to manage ICU patients, under the GIM staff's supervision. Residents will also gain an understanding of practice management and for potential career opportunities in community-based GIM.

It is expected that trainees will demonstrate ongoing development in each of the CanMEDS roles such that the depth, sophistication, efficiency and proficiency of their performance increases with experience. Review of rotation objectives will be done in conjunction with creation of a learning contract at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. This will be documented using an end of rotation in-training evaluation report (ITER). In accordance with CBD principles, all residents are required to submit EPA assessments with documented narrative coaching via the MUNCAT app per week to evaluate and guide their progress. This will also be documented using an end of rotation in-training evaluation report (ITER) or longitudinal rotational assessment, depending on the applicable resident curriculum.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Community GIM rotation. These will depend on the learner's stage of training, progress and individual learning needs. The learning contract and rotational goals created at the beginning of the rotation can help specify which EPAs the learner may want to focus on throughout their rotation.

#### **Core:**

C1: Assessing, diagnosing and managing patients with complex or atypical acute medical presentations

C2: Assessing, diagnosing and managing patients with complex chronic diseases.

C3: Providing internal medicine consultation to other clinical services

C4: Assessing, resuscitating, and managing unstable and critically ill patients

C5: Performing the procedures of Internal Medicine

C6: Assessing capacity for medical decision-making

C7: Discussing serious and/or complex aspects of care with patients, families, and caregivers

C8: Caring for patients who have experienced a patient safety incident (adverse event)

C9. Caring for patients at the end of life.

C10: Implementing health promotion strategies in patients with or at risk for disease

### **MEDICAL EXPERT**

1. Demonstrate consultancy skills through performing, documenting, and communicating the results of comprehensive, evidence based medical assessments.
2. Be able to recognize the need for tertiary care referral and, after appropriate assessment and stabilization, arrange appropriate transfer of an ill or unstable patient.
3. Demonstrate an understanding of risk stratification, including appropriate assignment of diagnostic testing and medical treatment according to risk.
4. Identify appropriate discharge timing and arrange safe, effective, and patient centred transitions from acute care to the outpatient setting and between providers.

### **COMMUNICATOR**

1. To be able to provide a concise but appropriate consultation letter to referring physicians.
2. To provide referred patients with a synopsis of the clinical assessment, recognizing the central role of the referring primary care physician.
3. Maintain clear and thorough medical records, including a comprehensive initial assessment and regular updates documenting changes in patient management.
4. Establish a patient centred treatment plan through thoughtful exploration of the patient and their family's goals of care.

### **COLLABORATOR**

1. Work in concert with a senior colleague to provide appropriate care to patients referred for general internal medicine consultation.
2. Understand the role of a general internist as the member of a team of health care team both in the in-patient and out-patient setting.
3. Give appropriate, complete and concise handover.
4. Work with colleagues to appropriately refer/transfer patients requiring subspecialty or tertiary centre care.

### **LEADER**

1. Demonstrate effective management of time in triaging clinical duties, both in the in and out-patient setting.
2. Employ best evidence in patient safety to maximize quality of care.
3. Gain understanding of the office management and general practice management of a general Internal Medicine.
4. Demonstrate socially responsible resource utilization, balancing the needs of each individual patient with system sustainability.

### **HEALTH ADVOCATE**

1. Work effectively and efficiently with other physicians and allied health professionals to optimize patient care in the setting of the community general internal medicine specialist.
2. Recognize and employ preventative measures in patients at risk for hypertension, coronary artery disease, hyperlipidemia, smoking-related lung disease and diabetes mellitus.

3. Assist patients in navigating the health system, taking into account their unique goals of care and social context when attempting to overcome system deficiencies.

## **SCHOLAR**

1. Review and critically appraise literature relevant to the diagnosis and management of patients being cared for.
2. Demonstrate effective self-reflection by recognizing weaknesses and addressing them through a structured learning plan.

## **PROFESSIONAL**

1. Behave in a respectful manner toward patients, families, and other health professionals.
2. Consider ethical issues and patients' wishes in making treatment decisions.
3. Ensure adequate transition of care of patients including assuring proper handover of patients.
4. Recognize the limits of one's expertise by knowing when to call for help.
5. Demonstrate a commitment to improving one's performance by seeking and responding to feedback.
6. Answer pages promptly and display punctuality.

### **These objectives will be acquired by the following methods:**

- Assignment to a designated community rotation hospital in Newfoundland and Labrador, with exposure to both inpatient/outpatient services.
- Direct interaction with the attending physician and discussion of patients on a case-by-case basis.
- As deemed by the minimal teaching requirements, at least one hour of either didactic or interactive teaching per week by the attending physician.
- Attendance at academic rounds, specific to the individual community rotation.
- Participating in continuing medical education activities, unique to the community rotation internist.
- Interacting with primary care physicians and other members of the healthcare staff in the hospital and the community.
- Self-directed learning.

### **These objectives will be evaluated by the following methods:**

- The trainee's knowledge base, clinical skills, and attitudes will be continually observed during ward rounds, clinics, and more formal teaching rounds.
- Oral and written case reports will be evaluated by faculty.
- Direct observation of clinical skills through Mini-CEX or witnessed history and physical.
- Professional attributes, such as communication skills, teaching skills, and interpersonal relations will be assessed on an ongoing basis by observing the trainee interacting with other members of the healthcare team. The attending staff may seek opinions from other members of the healthcare team concerning these aspects of the evaluation.
- In-training evaluation report (ITER).
- Direct observation of performance of procedures and other encounters can be documented in T-RES.