November 2019

Goals and Objectives of the Internal Medicine Night Float Rotation

The Internal Medicine Night Float rotation is completed by senior residents in the Emergency Department at the Health Sciences Centre. Residents will be responsible for triaging, assessing, and managing Internal Medicine consults from the Emergency Physician from 5 pm to 8 am, under the supervision of the attending Internal Medicine staff. Throughout their rotation they will show progression towards more independent practice. They will have supervisory role in reviewing consultations and discussing care plans with junior residents and medical students, and providing feedback on their performance.

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. Residents will be evaluated on their patient presentations, management and procedural skill, including via direct observation by the attending Internist/Subspecialist.

This rotation is not amenable to longitudinal evaluation as residents are supervised by different faculty during each shift. Assessment will be carried out through the completion of a MUNCAT EPA encounter with each shift. This assessment should be completed with faculty immediately after the morning handover. Residents are encouraged to identify an EPA encounter with the faculty over the phone during the shift and begin to document the feedback in advance of the am meeting to facilitate timely assessment. The Learning Contract for this rotation is to be submitted 1 week in advance for review by the Program.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Internal Medicine Night Float 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
- 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
- C11: Supervising junior learners in the clinical setting

MEDICAL EXPERT

- 1. Gain and demonstrate knowledge of, and expertise in, the acute management of patients with:
 - a) Common and complex medical presentations, including acute and chronic conditions
 - b) Undifferentiated acute medical problems
 - c) Diseases affecting multiple medical organ systems
 - d) Unstable patients
- 2. Triages patient consults appropriately based on acuity and need
- 3. Efficiently and accurately take a relevant history or collateral history for patients in the ER
- 4. Efficiently and accurately perform a focused physical examination for patients in the ER
- 5. Effectively synthesizes all available information (history, physical examination, and diagnostic tests) to create a patient-centred care plan
- 6. Utilize clinical guidelines and evidence-based medicine in selecting diagnostic tests and therapeutic plans for patients consulted to Internal Medicine
- 7. Demonstrate an understanding of the clinical indications for admission to CTU
- 8. Demonstrate an understanding of the clinical indications and risks, performance and interpretation of results for the procedures of Internal Medicine including paracentesis, thoracentesis, and arterial puncture for blood gas analysis, among others.
- 9. Understand personal limitations and when consultations to other medical services are required

COMMUNICATOR

- 1. Demonstrate a patient centered approach to communication that develops rapport and trust with patients, families and care givers.
- 2. Demonstrate clear and concise verbal communication with attending staff, ER staff and consulting services as needed
- 3. Demonstrate clear and appropriate medical admission orders, medications and written consultations, as well as discharge instructions for patients who are not admitted to Internal Medicine
- 4. Demonstrate clear and concise written documentation of Intern Medicine consultations
- 5. Provide effective feedback to junior residents and medical students under their supervision

COLLABORATOR

- 1. Engage in shared-decision making with other health care providers, patients, and family members to ensure optimal patient care plans
- 2. Demonstrate appropriate written and verbal hand-over of care to other physicians and health care team members for patients being admitted or those that require follow-up or transitions of care

LEADER

- 1. Effectively lead the Internal Medicine consult team in the Emergency Department
- 2. Effectively supervise juniors and medical students on the consult team
- 3. Effectively manages time and competing interests
- 4. Demonstrate resource stewardship in clinical care

HEALTH ADVOCATE

- 1. Advocate for their patients to access appropriate tests, consultations and interventions in a timely fashion.
- 2. Recognize when patients require additional resources including social work, and protective or addictions services
- 3. Facilitate end of life care

SCHOLAR

- 1. Identify their own learning needs and appropriate resources to assist them [1]
- 2. Able to ask a clinical question and perform an focused literature search and critically review the literature [SEP]
- 3. Demonstrate effective teaching including supervision and teaching of the clinical clerks, patients and families and other health professionals

PROFESSIONAL

The Internal Medicine Resident will demonstrate a commitment to their patients, profession and society though ethical practice.

- 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