

**November 2019**

**Goals and Objectives for the St. Clare's Mercy Hospital GIM Rotation**

The Community GIM rotation at St. Clare's Hospital fulfills the requirement for one block of Community GIM experience as per the Royal College. Residents will get exposure to, and experience in, the practice of community-based GIM. Residents. They will gain an appreciation for the challenges and nuances of community Internal Medicine practice. Residents are expected to gain further understanding in practice management as well as an appreciation for career opportunities in community based GIM. They will get exposure to both in-patient and out-patient GIM care. Residents will complete two of their four weeks on CTU working as a senior resident under the supervision of a GIM staff. They will do in-house call with their team until midnight during this period. The second two weeks will be spent doing a **minimum of three exercise stress testing half-days with GIM staff and three half-day clinics with GIM or subspecialty staff. Residents should contact Dr. Dayna Butler ([daynab@mun.ca](mailto:daynab@mun.ca)) at least two weeks prior to the schedule start of the rotation to get your team assignment and rotation schedule.** Attendance is expected as Morning Report (Tuesday, Thursday, Friday at 8 am), where the resident should help lead the case discussion. Residents are also expected to lead Friday noon ECG rounds. Attendance at Medical Grand Rounds on Wednesday from 1230-1330 is also expected.

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 SCH GIM community 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
- 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 patient who have experienced a patient safety incident (adverse event)
- C9. Caring for patients at the end of life.

## C10. Implementation 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 workers.

### **LEADER**

1. Demonstrate effective management of time in triaging clinical duties.
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 internist.
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. Demonstrate a professional approach to other healthcare staff and patients.
2. Demonstrate respectful relationships with patient, families, allied health professionals and other physicians.