
# GENERAL INTERNAL MEDICINE FELLOWSHIP PROGRAM

## Trainee Guide 2021-2022

Version 1.1

Updated by Ashley Power April 2021

# General Internal Medicine
# 2021-2022

**Welcome to the General Internal Medicine training program at Memorial University!**

*Our goal is to produce general internal medicine specialists that serve the needs of the province of Newfoundland and Labrador and the Atlantic region.*

Most program information referred to in this guide and any supporting documentation can be found on D2L at https://online.mun.ca or on One45. You will be/have been provided a user name and password.

Please visit http://www.med.mun.ca/PGME/Current-Residents.aspx for general information about postgraduate training at Memorial and specifically the Postgraduate Medical Education Handbook.

## PROGRAM OUTLINE

### Curriculum overview

Our two year program is guided by the Royal College objectives for the subspecialty in general internal medicine. Each rotation has specific objectives that can be considered a subset of the Royal College objectives which have been mapped to the program competencies. The curriculum map highlights the structure of rotations with ample opportunity to allow residents to develop enhanced skills in areas that will meet their future practice needs. See Appendix [X] for a sample curriculum map. The formal curriculum complements clinical experiences and responsibilities, and is designed to enhance rotational objectives and to provide more depth to nonmedical expert CanMEDs roles. See Appendix 1 for an sample overview of the curriculum assessment requirements which will be explained further in detail below.

### Competency By Design

The 2019-2020 academic year was the first to fully implement the competency by design (CBD) framework for medical education at Memorial in both the residency and fellowship postgraduate programs, as mandated by the RCPSC. This framework focuses on 'quality learning' instead of focusing on 'time spent' to produce independent, competent physicians. It is intended to address gaps in knowledge, promote self-assessment and ensure constant evaluation and evolution of skills based on feedback from observed entrustable professional activities (EPAs).

The CBD stages for GIM include:

1. Transition to Discipline
2. Foundations of Discipline
3. Core of Discipline
4. Transition to Practice

Further information on the structuring of each CBD stage as well as specific EPAs, resident expectations, and evaluation requirements can be found below.

For further information on CBD visit https://www.royalcollege.ca/rcsite/cbd/competence-by-design-cbd-e and for CBD at Memorial https://www.med.mun.ca/IMCBME/Home.aspx.

**Academic Half-Day**

The Academic Half Day (AHD) curriculum uses a variety of teaching and learning methods similar to other programs across the country, and encourages independent and self-directed learning. AHD occurs every Wednesday afternoon from 2-5pm and is structured as 1-2 formal staff-led sessions and 2-3 self-directed learning sessions per block. The calendar and additional resources can be located in D2L as well as One45. Any changes will be reflected there. Attendance is mandatory unless excused.

In general, there is one faculty-led session, one journal club session presented by a resident, and two independent learning sessions per block:

- Faculty-led sessions are facilitated by both GIM and other subspecialists and focus on the latest evidence- and guideline- based medicine, as well as covering other CanMEDs roles incorporating leadership, communication, patient safety and quality assurance, and ethics.
- Journal clubs generally take place on the second AHD of the month and are presented by one of the GIM fellows, in a rotating order. Topics often include recent potential practice-changing publications such as those from journals like NEJM or Annals etc. Journal articles are chosen by the presenting fellow, and are submitted to the APA for circulation one week prior to the scheduled journal club. Each session will be facilitated by an internist and a content/methodology expert will also be invited.
    - Note that residents are expected to present three journal clubs per year but participate in all sessions
- Independent learning days are flexible and provide protected time to complete program requirements such as: teaching clinical skills sessions, preparing for journal clubs, completing IHI modules, PMPL course work, facilitating IPST sessions, completing the scholarly project, Masters course work, RCPSC examination study etc.

**Rotation Summary**

Please see the sample curriculum map in Appendix 2 for further details about number of rotations and at which stage of training they occur. In general:

- Transition to Discipline
    - 1 block – GIM ER Consults at SCM
- Foundations of Discipline
    - 1 block – GIM Clinics
    - 1 block – ICU

    - 1 block – Community GIM
    - 1 block – Simulation/Diagnostics
    - 2 blocks – Selective
- Core of Discipline
    - 9 blocks – GIM Wards/Consults
    - 3 blocks – Community GIM
    - 1 block – Obstetrical Medicine
    - 3 blocks – Selective
- Transition to Practice
    - 3 blocks – GIM Wards/Consults

Throughout the Foundations of Discipline and Core of Discipline stages, residents will complete a 2-block-equivalent longitudinal clinic supervised by a GIM staff. In the Transition to Practice stage, this longitudinal clinic becomes essentially an independent clinic. The Transition to Practice GIM Wards/Consults service is also distinct from that in the Core of Discipline stage, as residents will be transitioned into the Internal Medicine on-call staff rotation for the hospital/province and concurrently manage their independent longitudinal clinic as above. Objectives for each rotation can be found on One45.

**Rotation Notes and Expectations**

GIM ER Consults SCM

- This rotation is structured as a 'shift'-based experience at St. Clare's hospital
    - Fellows will be responsible for covering weekly shifts from 8am-4pm and from 4pm-midnight on alternating weeks
    - i.e. one fellow works from 8am-4pm and the other fellow from 4pm-midnight during the same week, and the following week they may switch shifts
    - Fellows should decide between themselves how they want to arrange the schedule so that there is coverage from Monday to Friday 8am-midnight, but the preferred setup is as above
- In addition to completing emergency department and inpatient consults, the fellow is also expected to oversee the on-call team during this period and liaise with the attending on-call.
- If suitable, the patient can be seen in the fellow's longitudinal clinic for follow up.
- Fellows should aim to complete one EPA per day, but at minimum 2-3 per week.
- Preceptor for this rotation is Dr. Dayna Butler

GIM Clinics

- This is an outpatient clinic-based, largely self-directed block, the schedule for which is at the discretion of the learner, based on clinic availability and personal learning goals.
- The fellow should complete ~8 half-day clinics per week, and aim to submit one EPA per preceptor, but at minimum 2-3 per week.

- Fellows should focus on attending GIM clinics, however if scheduling does not permit this or the fellow has an interest in a particular area, they may attend a number of other subspecialty clinics, within reason.
- Clinic schedules can be obtained from the administrative area outside the clinics at SCM or at the administrative office inside clinic 3 at the HSC.
- Preceptor for this rotation should be identified by the fellow as the staff with whom they have worked most over the block.

ICU

- This is a mandatory subspecialty rotation completed at St. Clare's hospital.
- Responsibilities and scheduling should be coordinated by Dr. Sharon Peters, speters@mun.ca, please contact her at least one month prior to the start of your block.
- In general, there is a requirement of one call shift per week and one weekend coverage, however this is home-call.
- Fellows should aim to submit 2-3 EPAs per week.
    - There are a number of critical care-specific EPAs, fellows should review EPAs to determine which ones must be completed during this block as there is only one mandatory critical care experience during fellowship
    - In general, it is a good block to practice procedures, handover, crisis resource management etc.
- Preceptor for this rotation is Dr. Lisa Kenny – she collates feedback from intensivists to one report for submission to One45.

Community GIM

- There are four *'out-of-town'* community GIM experiences over two years, these may be completed at different sites across the province
- Traditionally the primary location for core community rotations has been Grand Falls-Winsor, however we are proud to have recently trained GIM staff in other areas of the province and are excited to offer additional experiences in Clarenville, Gander, and Corner Brook.
- The site of rotation can be agreed-upon by the fellow, program director, and site faculty pending availability. Prior to the start of the rotation, the Community Rotation Approval Form should be submitted to the APA, this can be found on One45.
- Site faculty will work with the fellow to determine responsibilities.
- Fellows should aim to submit 2-3 EPAs per week.
- The document on One45 'Community Base Rotation – info and contacts' should also be reviewed.
    - Note that if accommodations are required, these are organized by MUN Rural Medical Education Network and a request must be submitted by the fellow no later than 8 weeks prior to the start of the rotation

| Clarenville | Gander | Grand Falls-Windsor | Corner Brook |
|---|---|---|---|
| Dr. Evan Wee | Dr. David Carroll | Dr. Rick Lush | Dr. Josh Gould |

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| | | | |
|---|---|---|---|
| ev365382@dal.ca | dscarroll@mun.ca | rick.lush@yahoo.com | joshua.gould@dal.ca |

Simulation/Diagnostics

- This rotation is outpatient-based and encompasses interpretation of specific tests such as ECGs, Holter monitors, 24-h ABPMs, PFTs, sleep studies, exercise stress tests etc.
- The EST lab schedule for SCM will be provided to at the at the start of the rotation, otherwise it is up to the fellow and the preceptor as to how they want to schedule the remaining experiences
    - It is also possible to do some ESTs with the cardiologists at the HSC. The EST lab schedule is written in a book at the admin desk of the outpatient cardio area
- ECGs, ABPMs, and Holter monitors are assigned to GIM staff based on a predetermined schedule. Fellows should ask GIM staff if they can 'interpret' their batch of tests for the week then agree upon a time to review.
    - Dr. J Morkar, Dr. D Butler, Dr. S Iqbal, and Dr. K Saeed are the GIM staff
- Similarly, PFTs and sleep studies can be collected from SCM to 'interpret' and review. This can be coordinated with the help of some of the respirologists.
    - Dr. T Azher and Dr. P Young are the respirology staff
- Fellows should aim to complete one EPA per day, but at minimum 2-3 per week.
    - Note there is are specific EPAs which should be completed during this block i.e. exercise stress test interpretation etc.

Obstetrical Medicine

- This is a *mandatory out-of-province* clinical experience provided through the University of Alberta via a memorandum of understanding with the university.
    - Note that you will need to start the paperwork for licensure at least 8 weeks prior to the start of the rotation – this will be coordinated by the APA.
    - You will require a Certificate of Professional Conduct from CPSNL and a separate copy is required for each provincial jurisdiction.
    - You will likely need a letter from the program director that states you are in good standing academically. Please ensure your electronic portfolio is up to date and all assessment activities are complete.
    - Reimbursement for travel and accommodations must be pre-approved by the department – this can also be coordinated by the APA.
- Local faculty will determine the responsibilities of the fellow during that rotation.
- EPAs should still be completed through the MUNCAT app, and fellows should aim for at least 2-3 per week.

GIM Wards/Consults

- This rotation comprises the majority of the Core training in GIM, and is generally split into 4 or 5 blocks of GIM consults and 4 or 5 blocks of GIM inpatient wards i.e. CTU/MTU.
    - This rotation is also known as the 'Junior Attending' rotation
- Most experiences are provided at SCM however some blocks may be offered at the HSC pending availability.

- *Consults* are either ER or inpatient consults to the internal medicine service and can include perioperative, obstetrical, or critical care patients.
- *Wards* consists of managing an inpatient team of residents/interns, medical students and sometimes other allied health members such as nurse practitioners and pharmacists. This includes after-hours call coverage (1 in 4) in conjunction with the attending physician.
    - Responsibilities on this rotation include but not limited to: reviewing all team patients and developing the plan of care with the team, rounding on all team patients, providing teaching and feedback to junior house staff, liaising with other health care professionals, completing discharge planning with appropriate follow up, reviewing all on-call consults with the team and making recommends to the attending regarding patient follow up.
- Fellows should aim to submit 2-3 EPAs per week.

*Longitudinal Clinic

- Outpatient-based 2-block-equivalent rotation where fellows work with an internist for a minimum of ½ day clinic per week over ~two years.
- New patients may be referred directly to the resident or through the internist supervisor and follow up on discharged patients and inpatient consultations.
- These should incorporate both in-person and virtual appointments where possible.
- Preceptors are sought out by fellows, otherwise a list can be provided by the PD/APA
- Fellows should aim to submit one EPA per clinic day.
    - Note that there are longitudinal clinic-specific EPAs.

Selective/Elective

- There are five selective/elective blocks throughout the two years of training
- The program has approved selectives in CCU, Infectious disease, Geriatrics, Subspecialty clinics, Research and Palliative care in addition to any of the other core rotations except ICU and Simulation/Diagnostics.
    - A minimum of 5-6 ½ clinics is required during the subspecialty clinic rotation, not including longitudinal clinic.
- Otherwise, should a fellow choose to complete a selective/elective not listed above they may present an alternative rotation to the program, the content and objectives for which is determined by the resident with approval from the Program Director.

**Non-clinical Formal Curriculum (AKA Assessment Requirements)**

**Teaching and Learning**

- Self-directed learning and reflective practice are important components of medical education and as such, three **reflective essays** are required to be submitted during the PGY 4 year.
    - A reflective essay guide and document outlining the requirements can be found on One45.

    - They may be on any topic of the fellow's choosing as long as they follow the requirements above.
- Fellows are required to complete several **online IHI Modules**: QI 101 & 102, TA 101 & 102, PFC 102 & 202 throughout the two-year program.
    - Please visit http://www.ihi.org/education/ihiopenschool/Pages/default.aspx to register and complete the courses.
    - Certificates of completion should be sent to the APA for inclusion in the fellow's electronic portfolio.
- Fellows are expected to complete **The Physician Management & Leadership Program** - ten module accredited certificate program designed to prepare physicians become effective leaders and managers.
    - Please visit https://www.med.mun.ca/physicianleadership/ for more information and to register. Note that the Program covers the cost for this course.
    - Certificate of completion should be sent to the APA for inclusion in the fellow's electronic portfolio.
- Fellows are expected to facilitate two **Interprofessional Education: Skills Training (IPST)** per year. Facilitator training is considered part of academic half day. Assessment of facilitator role is part of the fellow teaching commitment.
    - Please contact Adam Reid directly (adam.reid@med.mun.ca) to arrange suitable time slots.
    - Confirmation of this activity should be sent to the APA for inclusion in the fellow's electronic portfolio.
- Fellows are required to teach at least 5 sessions in **clinical skills** in Phase II/III of the Undergraduate Curriculum. At least one of these sessions will be observed and feedback provided.
    - Emails are frequently sent to residents/faculty requesting facilitators for various clinical skills sessions. Please reply/contact the Clinical Skills Coordinator directly or Melissa Oliver (melissa.oliver@med.mun.ca) to arrange these sessions.
    - Confirmation of this activity should be sent to the APA for inclusion in the fellow's electronic portfolio.
- Upon successful completion of the **core IM RCPSC examination**, fellows are to forward their letter of confirmation from the Royal College to the APA for inclusion in their electronic portfolio.
- As Royal College members/affiliates, fellows are expected to comply with the requirements for the **RCPSC Maintenance of Certification** program. As such, fellows are required to submit semiannual Mainport reports in June and December for inclusion in their electronic portfolio.

**Peer Review**

- PGY 5s must submit to a **peer review assessment** as per The Atlantic Provinces Medical Peer Review, which will reflect the requirements of peer review in practice.
- In a cohort of 2 fellows, generally each fellow does the others' assessment, alternatively it can be done by a PGY4 if a PGY5 is unavailable.

- The fellow submits a list of a minimum of 15 patient charts (i.e. a list of patient identifiers/MCP numbers) to the assessor, and the assessor reviews the patient's file and completes the standardized review form , a copy of which can be found on One45 under Handouts.
- The completed assessment report should be sent to the APA for inclusion in the fellow's electronic portfolio

**Research and Scholarly project**

- All fellows must complete the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – **TCPS 2 Tutorial** and submit the certificate to the APA
    - This can be accessed at https://tcps2core.ca/welcome and can be completed during an independent AHD session
- The minimum requirement is the **knowledge gap project** with submission of a write up of the literature search to address the identified gap.
- It is encouraged that residents all pursue a **QI, education innovation, or research project**.
- Opportunities exist for fellows to pursue a Diploma/Masters – Clinical Epidemiology, Graduate Certificate in Medical Education, and a Certificate in Physician Management and Leadership.

**Mentorship**

- A description of the **Mentor Program** is available on D2L under Mentor.
- Fellows should choose a mentor in their first month. If they have difficulty, the discipline can help identify and set up an appropriate mentor.
- A form is available on One45 to record dates of interactions. These can be uploaded into the e-portfolio.

**ASSESSMENT**

In keeping with CBD, we focus on meaningful learning, i.e. EPAs, as opposed to time-spent for assessment and promotion purposes. A variety of tools are used in this program to facilitate our assessment processes:

- Formative Evaluations – EPAs submitted to MUNCAT, journal club assessments, clinical skills observations, midpoint feedback by preceptors during each rotation etc.
- Summative Evaluations – the electronic portfolio overall, EPA progress as outlined in the MUNCAT dashboard, One45 preceptor evaluations for each rotation

The MUNCAT dashboard is an application developed jointly by HSIMS and the eHealth Research Unit at Memorial University to monitor and assess residents. Fellows should download the MUNCAT app to their smartphone and an account will have been set up prior to the start of training. All EPAs should be documented through the MUNCAT app. This is done by selecting the appropriate stage and EPA # from menus, entering rotation/activity details, discussing

feedback, and finally having the preceptor input their PIN prior to submission to confirm the activity. Progress can be updated and synched in real time.

We have introduced electronic portfolios as a collection of assessments and results such as certificates from online modules, reflection papers, and scholarly work. Electronic portfolios are largely managed by the APA based on MUNCAT EPA tracking and other submissions from residents. The portfolios are reviewed every 8 weeks by the Residency Competency Committee to evaluate each residents' progress, after which each resident will be emailed a letter from the Competency Committee outlining their progress to date and whether any outstanding assessment requirements are due. Failure to complete all activities and EPAs may have an impact on progress and promotion.

An assessment requirement document for 2021-2022 will be uploaded to D2L/One45.

## OTHER POINTS AND POLICIES

### Duty hours and call

- In accordance with the PARNL contract duty hours are normally 0800 to 1700, Monday to Friday.
- On-call requirements for subspecialty services (ICU, obstetrics etc.) must be negotiated with the service lead and be in keeping with the level of training and the PARNL contract.
- Community rotation call should be ideally with your main supervisor for that rotation. Any changes should be negotiated with that individual.
- Junior attending call should be in conjunction with the attending physician for a total of 5-6 days/ block with at least one call on a weekend.
- In general, consultation blocks do not have specific call requirements but this should be discussed with the rotation supervisor prior to the start of the block.
- The ER Consults block is structured differently to maximize the experience as outlined above. Given that residents work in shifts, there is no formal 'call' requirement otherwise.

### Vacation and Leave

Resident/fellow vacation and leave are governed by the PARNL contract and PGME policies. In general, there are four weeks of paid vacation per academic year, in addition to other leave days for special circumstances. See the PARNL contract for specific details and requirements. Approval from the Chief/Administrative Resident and the Program Director is required for all leave requests. Leave forms can be found on one45 and completed leave forms should be submitted to either the APA or directly to PGME.

In addition to the above leave, an unofficial one week of study leave may be granted to residents immediately preceding the RCPSC written examination.

### Moonlighting

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As per PGME "The Postgraduate Medical Education office believes that a resident's main responsibility is to the educational requirements and the associated clinical activities of their specialty. However, it is also recognized that resident moonlighting can make a valuable contribution to patient care, while providing residents with additional clinical exposure and experience."

Fellows are permitted to moonlight either for 'On-Call Duties' or as a 'Final Year Subspecialty Locum' . The 'On-Call Duties' locums are usually in Internal Medicine or ICU at SCM, and generally only require that the fellow has completed either a rotation or a locum in the service area within the preceding 12 months. The 'Final Year Subspecialty Locum' is as the MRP and fellows are granted a temporary provisional locum license once the training and certification requirements as per PGME/RCPSC have been met, usually at towards the end of PGY4 training.

It should be noted that moonlighting requires an extensive amount of paperwork to be completed by the fellow, Program, RHA, and College before privileges are granted, and prior to every locum the 'Moonlighting Request Form' must also be completed and submitted to PGME.

Please see the PGME moonlighting policy at https://www.med.mun.ca/getdoc/0acd72c1-4828-4629-a022-203ec582134e/Moonlighting-Policy.aspx for further details.

**Important Action Items**

- All fellows must complete the Personal Health Information Act module and submit their certificate to the APA.
- Eastern Health offers an online orientation module on D2L that should be completed.
- You are required to join the Royal College of Physicians and Surgeons of Canada as a resident affiliate (free) or member (once you receive certification).
    - http://www.royalcollege.ca/rcsite/membership/join-the-royal-college/become-resident-affiliate-e
- It is strongly recommended that you become a member of the Canadian Society of Internal Medicine (free).
    - http://csim.ca/membership/join-csim/

**Governance**

- The Associate Dean, PGME is the administrative lead for the Postgraduate Medical Education (PGME) Office.
    - Provides oversight of the educational and administrative components of all residency training at Memorial University of Newfoundland.
- The Residency Program Director is appointed by the Dean on the recommendation of the Associate Dean, Postgraduate in consultation with the Discipline chair. The position description is available on D2L.
    - S/he is responsible to the Associate dean, postgraduate, and the discipline chair.
- S/he is supported in their work by the Residency Program Committee (Terms Of Reference is available on D2L) along with minutes of meetings.

  - Residents play an important role in governance and management of the program. One resident is appointed and one is elected and both are voting members of the committee. However with a small number of residents, all are invited to participate.
- All RPC minutes will be available but will be redacted if resident performance is discussed.

**Policies and Procedures**

As an Eastern Health employee you are governed by their policies and procedures and the new PARNL Contract, you should receive an electronic copy from PARNL shortly after becoming a resident/fellow.

With respect to your education, you are governed by the PGME policies and procedures: http://www.med.mun.ca/Medicine/Policy/Policies-and-Procedures/Postgraduate-Medical-Education.aspx

***Please note the following other policies:***

- Resident Safety
  A copy of the PGME policy on resident safety and Blood Borne pathogens is available in D2L as is the discipline's resident safety policy
  A copy of the EH policy *RESPONSE TO OCCUPATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS* is available on D2L
- Learning Environment – Resident Mistreatment
  http://www.med.mun.ca/PGME/Resident-Mistreatment.aspx
  http://www.mun.ca/sexualharassment/
- Statement of Physician Attributes
  http://www.med.mun.ca/PGME/Resident-as-a-Professional.aspx.
- Wellness
  http://www.med.mun.ca/PGME/Current-Residents/Resident-Support-Services-(1).aspx
- Promotion and Appeals
  http://www.med.mun.ca/getattachment/6f710486-ea4d-4960-ae37-53755c515686/Resident-Evaluation,-Promotion,-Dismissal-and-Appe.aspx
- Guidelines
  http://www.med.mun.ca/PGME/Guidelines-(1).aspx
- Social Media
  http://www.med.mun.ca/HSIMS/Health-Education-Technology-Learning/Instructional-Design-(1).aspx
  http://www.med.mun.ca/PGME/docs/Social-Media-Guidelines.aspx

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**IMPORTANT CONTACTS**

| Program Contacts | | |
|---|---|---|
| Ms. Jill Colbourne<br>Academic Program Administrator (APA)<br>Jill.Colbourne@med.mun.ca<br>709-864-2892 | Dr. Jatin Morkar<br>Program Director - GIM | Dr. Sean Murphy<br>Chair - Discipline of Medicine |

| Physician Wellness | Postgraduate Counsellor (for RCPSC residents) |
|---|---|
| Student Wellness Consultant<br>Student Affairs, Room M2M115<br>Medical Education Centre<br>studentaffairs@med.mun.ca<br>T 1-877-794-9740 or 709-864-6333<br>F 709-864-636 | Dr. Susan Avery<br>Family Physician<br>savery@mun.ca<br>709-864-6548 (office) |

| Eastern Health | |
|---|---|
| Security - Pallidin<br>709-777-7280 | Parking - Indigo<br>709-777-1766 |

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Appendix 1 Formal Curriculum Assessment Requirements (Sample)

**Academic Year 2020-21**

Definitions:

| | |
|---|---|
| ITARS | In-Training Assessment Report |
| Clinical Experience | Rotation or similar |
| OSCE | Objective Structured Clinical Exam |
| IHI | Institute for Healthcare Improvement |
| PMLP | Physician Management and Leadership Program |
| Strat Plan | Strategic Planning |
| OS | Organizational Structures |
| IPST | Interprofessional Education Skills Training |
| PE | Program Evaluation |

| Postgraduate Year | Assessments | Due Date (if any) |
|---|---|---|
| **PGY IV** | - OSCE x 2<br>- RC IM Exam<br>- Clinical Skills teaching (5 sessions)<br>- ITARs<br>- IHI Modules (QI 101 & 102)<br>- PMLP x 2<br>- IPST facilitator x 2<br>- Reflection papers x 3<br>  ○ Accreditation and 2 others<br>- Journal Club<br>- Maincert[1]: self-directed learning (MOC)<br>- Resident teaching evaluations | - Nov 15th., 2019 and spring 2020 Spring 2020<br>- Winter (Phase II), 2019<br>  ○ 2 observed<br>- End of clinical experience<br>- Certificate due October 2019<br>- March 2020 (Strat Plan and OS) (certificate)<br>- December 2019 (student feedback)<br>- June 1, 2020<br>- 3 presentations (presentation assessed)<br>- Report uploaded December and June |

| Postgraduate Year | Assessments | Due Date (if any) |
|---|---|---|
| **PGY V** | - Peer review x 1<br>- PMPL – PE<br>- Scholar report<br>- ITARs<br>- Journal club or course grades (masters)<br>- Resident teaching evaluations<br>- IHI – TA 101 & 102<br>- IHI – PFC 102 & 202 | - April 2021<br>- April 2021 certificate<br>- March 2021<br>- End of clinical experience<br>- End of May 2021 or JC presentation assessment<br>- February 2021 certificate<br>- May 2021 |

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| Year One | Block 1 | Block 2 | Block 3 | Block 4 | Block 5 | Block 6 | Block 7 | Block 8 | Block 9 | Block 10 | Block 11 | Block 12 | Block 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **TTD** | **Foundations** | | | | | | **Core** | | | | | |
| Rotation | GIM consults | GIM clinics | Community | Selective | Selective | ICU | Simulation Diagnostics | GIM Consults/Wards | | | | Community | Obstetrics |
| AHD | learning plan formualtion; Maincert, | Topics: journal club, obstetrics, Evidence informed medicine (critical care, edocrine and CVS, neurology), perioperative, intro to patient safety/QI, leadership, | | | | | | exam refresher, journal club, initate QI project, leadership, evidence informed (Respiratory, Hematology, nephrology, ID), practice audit | | | | | |
| Clinic | | | | | | | | | | | | | |
| Projects/Procedures | simulation day | | | | | | | | | | | | |
| Career | revise mentor PD | | | | | | | | | | | | |

| Year Two | Block 1 | Block 2 | Block 3 | Block 4 | Block 5 | Block 6 | Block 7 | Block 8 | Block 9 | Block 10 | Block 11 | Block 12 | Block 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Core** | | | | | | | | | | **Transition to Practice** | | |
| Rotation | GIM Consults/Ward | | | | Selective | Selective | Selective | Community | | Selective | attending on call rota | | |
| AHD | | Bioethics, teaching and learning, palliative care, counselling techniques, chronic disease management, media training, | | | | | | | | | practice management, health systems, health funding | | |
| Clinic | | | | | | | | | | | independent clinic | | |
| Projects/Procedures | | | | | | | | | | | | | |

Appendix 2