August 2024

Goals and Objectives for the Ambulatory Care/Clinics Rotation

The Ambulatory Clinics rotation will take place in GIM and Internal Medicine sub-specialty out-patient clinics. Potential clinic sites include the Health Sciences Centre, St. Clare's Mercy Hospital, Kidney Care Centre at Mount Pearl Square, and Major's Path Clinic sites. Residents will be required to attend at least 7 clinics per week, doing at least one clinic per day. The list of clinics to be attended must be submitted two weeks prior to the beginning of the rotation. The days when the resident is not in clinic the resident will be at academic half-day (Tuesday 2-5 pm in first six months and Thursday 2-5 pm after that), following up on investigations/documentation of patients they have seen in clinic and reading around cases. Residents will be expected to efficiently assess new and follow-up out-patients, come up with a plan using shared-decision making and document/dictate each patient encounter. Specifically, they will become familiar and gain experience managing common out-patient conditions of Internal Medicine, not generally seen in the in-patient setting including managing thyroid disease, hypertension, dyslipidemia, and CKD among others.

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 at the beginning of the rotation via a REAP form. Residents will be evaluated on their patient presentations 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 in each clinic. **Assessment will be carried out through the completion of a MUNCAT EPA encounter in each clinic.** Residents are encouraged to contact clinic faculty in advance of the clinic to facilitate logistical planning of these EPA encounters and to plan clinical encounters that will meet their learning objectives as per their REAP form.

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

Transition to Discipline

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core

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

C2: Assessing and managing patients with complex chronic conditions

MEDICAL EXPERT:

1. To elicit a focused history that encompasses and characterizes the patients presenting problems.
2. To perform a physical examination with elucidation of findings relevant to the patients presenting problem and to understand the physiological and pathophysiological mechanisms responsible for normal and abnormal findings.
3. To be able to synthesize findings on history and physical and to be able to present these findings in an accurate, concise and organized manner.
4. To develop a problem list with a rational cost effective plan for diagnosis and management.
5. Be able to access and synthesize information from medical literature to apply directly to the care of patients.
6. To develop knowledge of conditions that present primarily in the Ambulatory Care setting, including thyroid disease, hypertension, hyperlipidemia, diabetes mellitus, irritable bowel syndrome, HIV, chronic renal failure and any other.

COMMUNICATOR:

1. Establish a therapeutic relationship with a patient and their family, characterized by trust, empathy and confidentiality, which is adequate to enable the physician to effectively and empathetically gather information and guide therapy.
2. To gain skills in communicating with primary care providers and to ensure optimal management of patients.
3. To learn to communicate effectively and efficiently with colleagues both verbally and through written and dictated records.

COLLABORATOR:

1. To know when to consult other specialties and other care givers appropriately.
2. To be able to develop investigations, treatment, and continuing care plans, in partnership with the patient and other care providers.
3. To develop skills in managing chronic conditions as part of the multi-disciplinary team (example: cardiac risk reduction, HIV, hepatitis C, diabetes).

LEADER:

1. To utilize resources efficiently to balance patient care and health care economics.
2. To understand the cost of medications and impact that this has on patients such that the most efficient modalities possible can be utilized to treat them.
3. To start to develop the skills of office management, tracking the lab work, and patient follow-up.

HEALTH ADVOCATE:

1. To identify important determinants of patient's health.
2. To develop effective preventative medicine strategies for patients.
3. To intercede on behalf of patients as the patients weave through the complex health care institutions and services.

SCHOLAR:

1. To demonstrate an understanding of the fundamentals of basic sciences related to General Internal Medicine.
2. To demonstrate an understanding of the fundamentals of critical analysis of the scientific medical literature in General Internal Medicine appropriate to the level of training, as it pertains to patients seen Ambulatory Care.
3. To demonstrate the ability to assess the efficiencies in their own knowledge base and to develop and implement a strategy for continuing medical education.
4. To have a firm grip on the methods of medical informatics.

PROFESSIONAL:

1. To develop the skills to develop the highest quality care of the outpatient setting with integrity, honesty, and compassion.
2. To exhibit appropriate personal and interpersonal professional behavior.
3. To beware of racial, cultural, and societal issues that impact on the delivery of health care.

August 2024

Goals and Objectives for the Cardiology Junior Rotation

The Junior Cardiology Resident rotation takes place at the Health Sciences Centre. Residents will work in a multidisciplinary Cardiology team under the supervision of the Attending Cardiologist and Senior Residents. Residents will be responsible for seeing Cardiology ER consults, managing CCU patients and admitted ward patients. The resident will get exposure to acute cardiac issues including ischemia, arrhythmia, heart failure, valvular disease and cardiogenic shock. Residents will be expected to attend noon Internal Medicine rounds on a daily basis and to lead ECG rounds on Friday mornings.

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 completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. This will also be documented using a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles. Residents will also be evaluated based on their patient presentations, direct observation of physical examination and clinical skills.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

TD2: Identifying and assessing unstable patients, providing initial management, and obtaining help

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F2: Managing patients admitted to acute care settings with common medical problems and advancing their care plans

F5: Assessing unstable patients, providing targeted treatment and consulting as needed

F7: Identifying personal learning needs while caring for patients, and addressing those needs

MEDICAL EXPERT

The learner *MUST* gain and demonstrate an approach to the following cardiac symptoms:

1. Chest pain
2. Dyspnea
3. Palpitations
4. Syncope
5. Edema

The learner *MUST* gain and demonstrate an ability to manage the following common cardiac conditions:

1. Acute coronary syndromes
2. Cardiac and non-cardiac chest pain
3. Congestive heart failure
4. Atrial fibrillation and atrial flutter
5. Brady- and tachyarrhythmias
6. Hypotension and shock
7. Aortic stenosis
8. Mitral regurgitation
9. Prosthetic cardiac valves

The learner *MAY* also gain and demonstrate an approach and /or knowledge of the following cardiac symptoms:

1. Claudication
2. Systemic symptoms such as weight loss/gain, fever or fatigue
3. Anasarca

The learner *MAY* also gain and demonstrate an ability to manage the following cardiac conditions

1. Pericarditis
2. Myocarditis
3. Infective endocarditis
4. Hypertensive urgencies and emergencies
5. Aortic dissection
6. Uncommon complications of cardiac therapies such as critical hemorrhage, anaphylaxis or angioedema.
7. Complications from implantable cardiac devices
8. Genetic cardiac conditions
9. Aortic insufficiency, mitral stenosis or tricuspid regurgitation

The learner *must* gain and demonstrate an ability to interpret the following:

1. 12-lead ECG and rhythm strips interpretation of most common rhythm, arrhythmias and ischemic changes.
2. Chest x-ray interpretation including common conditions relevant to cardiology such as cardiomegaly, heart failure, pneumonia, pneumothorax, central line position and ET tube placement.
3. Interpretation of echocardiogram, coronary angiography, myocardial perfusion imaging, cardiac CT and MRI are not expected, however the learner must show understanding and ability to decipher the meaning of the reports for these modalities.

These objectives will be *Achieved* by the following means:

1. Demonstrate competency and obtain experience in the assessment and management of a wide variety of cardiac problems.

    a. Perform a thorough history with particular emphasis on the detailed history of the presenting problem.
    b. Perform a general physical exam as well as a detailed examination of the cardiovascular system.
    c. Select/seek appropriate investigations including cardiac diagnostic procedures.
    d. Interpret the assessment in a comprehensive manner
    e. Participate in patient management
    f. Understand the indications for cardiac diagnostic procedures
    g. Observe cardiac intervention procedures

2. Gain experience in the management of cardiac conditions in the emergency room, coronary care unit and ward.
3. Demonstrate ability to provide emergency resuscitation efforts and ability to seek appropriate help when caring for complex or unstable patients.
4. To gain in-depth experience in reading ECGs and apply to the diagnosis and management of cardiology patients.
5. To acquire knowledge of the etiology and pathophysiology of cardiac conditions.
6. To gain technical experience in the performance of procedures such as recording the electrocardiogram, venipuncture, intravenous therapy, etc.

COMMUNICATOR

1. Establish a therapeutic relationship with patients and families.
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals.
3. Communicate effectively with peers and other health professionals.
4. To further develop skills in medical record keeping by recording the case histories of inpatients and writing progress notes. Coronary care patients must have daily progress notes with physical exam findings and clear description of management plan. Ward patients need progress notes every 3 days, after significant investigations are completed or when the housestaff is going off service. Ward patients who are medically discharged or deemed "Alternate Level of Care" do not require notes unless some change is made to their management plan. (IF NOTES ARE NOT WRITTEN AT ADEQUATE INTERVALLS, YOU MAY RECEIVE A FAIL MARK ON YOUR ROTATION)
5. To develop communication skills with primary care providers by completing useful discharge summary indicating to the care provider what issues need specific attention and follow up upon a patients' discharge from hospital.
6. To further develop skills in dictating patient records by dictated letters to referring physicians on patients seen on consultation in the outpatient department.
7. To develop skills in verbal presentation by presenting cases at ward rounds, in the clinic and on occasion at formal teaching conferences.
8. Discuss goals of care with patients/families and appropriately document and complete the Advance Care Planning (ACP) Orders form.

COLLABORATOR

1. The PGY-1 should recognize and integrate into case management, the roles of other health care providers including cardiac surgeons, physiotherapists, dieticians, nurses and social workers.
2. To foster respect for and appreciation of the importance of communication with allied health care workers and referring physicians in the care of patients.

LEADER

1. Demonstrate efficient and effective use of time and resources
2. Demonstrate ability to prioritize and manage tasks particularly related to the service and patient care requirements on the cardiology service.

HEALTH ADVOCATE

1. Recognize and respond to determinants of health that particularly affect the patient's cardiac conditions. These factors may include socioeconomic status, financial resources, social supports and public health issues.
2. Be cognizant to elements of patient safety.

SCHOLAR

1. Demonstrate basic understanding of the principles of Critical appraisal of medical literature as it pertains to managing patients with cardiac disease and conditions.
2. Use of evidence from the literature in clinical decision-making.
3. Facilitate the learning of patients, families, students, residents and other health professionals.
4. Recognize the critical role of self-directed learning and continuing medical education.

PROFESSIONAL

1. Behave in a respectful manner toward patients and families, as well as other health professionals.
2. Consider ethical issues and patients' wishes in making treatment decisions.
3. Adhere to Eastern Health procedures and policies and applies professional standards, including advance health care directives, substitute decision-making and disclosing adverse events
4. Ensure adequate transition of care of patients including assuring proper handover of patients
5. Attend teaching rounds and demonstrate collegiality.
6. Recognize the limits of one's expertise by knowing when to call for help
7. Demonstrate a commitment to improving one's performance by seeking and responding to feedback
8. Answer pages promptly, display punctuality, and complete expected tasks

These objectives will be assessed by the following methods:

1. The trainees knowledge base, clinical skills, and attitudes, will be continually observed during ward rounds, clinics, and in the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated. The accuracy of history taking and physical findings will be assessed in two ways:

    a. By confirming the findings reported in the oral or written case-report.
    b. By direct observation of the trainee during performance of the witnessed complete or partial history and physical examination.
3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves (preferably in writing) as to the diagnosis of management of the specific patient problem prior to them receiving input from more senior trainees or members of the attending staff.
4. Monitoring of attendance at academic half-day, noontime rounds and ECG rounds.
5. 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 health care team. The attending staff may seek opinions from other members of the health care team concerning these aspects of evaluation.
6. The in-training evaluation report (ITER).
7. Direct observation of performance of procedures and completion of the procedure log.
8. Establishing and completing of learning contracts.

INTERNAL MEDICINE RESIDENT CARDIOLOGY ROTATION ORIENTATION

Preamble:

The following is information for orientation of the Internal Medicine Resident on the Cardiology rotation. The Internal Medicine and Cardiology Program recognize that this is a busy service with a heavy patient caseload. The cardiology rotation provides an excellent opportunity for education and clinical experience. At the same time, as employees of the Health Care Corporation, residents are responsible to provide patient care and fulfill their clinical duties. The following is intended to help the resident transition onto the Cardiology Service and provide some general guidance throughout the rotation.

General Information:

1. **Description of the rotation:** The rotation consists of two blocks of cardiology that is usually divided by service on the "active" and "inactive" weeks as outlined below.

2. **Goals and Objectives:** G and O's have recently been revised to be specific for the residents on the cardiology service.

3. **Evaluation:** The cardiology coordinator is to gather input from all supervising cardiologists. The form is completed by coordinator and may be discussed face to face with the resident if there are any issues or upon request. Feedback may be gathered from other sources e.g. nurses as appropriate. A mid-rotation evaluation should be completed particularly if there any concerns are identified with the residents' performance. The resident is expected to specifically seek-out their mid-rotation evaluation (verbal or written). Written ITER on One45 will be completed after the residents' performance has been discussed at the Cardiology Divisional Meeting and individual feedback obtained from relevant cardiologists. To assure timely completion of the ITER, it is the responsibility of the resident to select their attendings in One45 prior to the end of their cardiology rotation.

   Residents provide feedback on individual cardiologists via the faculty evaluation form on One45. Feedback on the rotation is via the cardiology resident coordinator and/or the Medicine Program Director or delegate.

4. **Call and Duty Schedules**: Regular duty hours are defined in the PAIRN collective agreement. The call schedule will also follow the terms outlined in that agreement. The call is in-hospital and is currently a 24-hour duty period with handover of patient responsibilities following the 24th duty hour. The call schedule is made up by the Medicine administrative resident and should be available 2-4 weeks prior to the start of the rotation. The call schedule is on the Medicine Program One45 site.

5. **Vacation and Conference Leave:** As per the PAIRN Collective agreement and Internal Medicine Program policies.

6. **Daily Routine:** Report with assigned team for clinical service and educational activities. Daily clinical duties are generally associated with the resident assignment on active or inactive week.

Active week duties may include covering the patients in CCU, follow-up patients on the cardiology inpatient floor, Emergency Department consults and other consults potentially needing transfer to CCU. During the active week you are expected to show up and start seeing CCU patients at 0800 hours. The cardiologist will show up for CCU rounds between 0800 and 1000 hours generally.

Inactive week duties include care of cardiology in-patients, follow-up patients on the cardiology in-patient floor, inpatient consults who are not destined to CCU, outpatient consults outside the Emergency Department (ie: Preadmission Clinic or Cancer Clinic) and other related duties.

Note this description is not all-inclusive and duties may vary based on patient and other clinical service needs. Workload between Active and Inactive week is highly variable. If one team's consult load is high, the other team's residents are expected to help out. Clinical clerks will also be expected to help out.

7. **Pager Responsibilities**: There are three pagers, the code pager, the Active Team Consult pager and the Inactive Team Consult pager. The pager will be handed down to the next person in the sequence for situation where the active/inactive team resident is post-call or in teaching. (Residents may keep the code pager but the not the consult pager during academic half-day)

    a. The code pager should be handed down according to this sequence:
        i. Resident on active or inactive team
        ii. Off-service medicine resident from on-call medicine team

    b. The consult pager (Active and Inactive) should be handed down according to this sequence:
        i. Resident on active or inactive team
        ii. On-call cardiologist for that team

8. **Call Routine and Duties:** The call duty hours are outlined above. Duties on call may vary depending on patient and clinical service needs. Generally these duties include coverage of all in-patients and the patients in the CCU, emergency and urgent consults, and managing other emergent/urgent cardiology duty/procedures. The resident is responsible to the Cardiologist on-call. It is suggested contact with that individual be made at the beginning of the call duty period to establish a plan for patient management and communication. It is generally expected that most cases if not all cases be reviewed with the on-call cardiologist. This may be negotiated with the specific cardiologist covering call on that day. Patients may not be discharged home without first discussing it with the cardiologist on-call. You are not responsible for outside calls, whether it is for advice or to approve a patient transfer. These calls should be referred to the cardiologist on-call.

9. **Procedures if unable to reach on-call cardiologist:** The most common reason for not immediately answering a page is because the cardiologist is taking an outside call (we cover cardiology province-wide). Realize that pager technology is sometime imperfect and that there are pager dead-zones within as well as outside the hospital. Known pager dead-zones in the hospital include parts of the cardiac cath lab (Lab 2), the basement cardiology offices and certain rooms in the medical school. During daytime hours, phoning the cardiologist's office or an overhead page are your options. Some cardiologists do not carry a personal pager (see contact list at the end of this document). Afterhours, if repeated pages (2 to 3) go unanswered, you may contact the CCU or Hospital Switchboard for alternate

contact numbers for the cardiologist on-call (home phone or cell). If the on-call cardiologist cannot be reached, then contact the on-call interventional cardiologist. If neither of these cardiologists can be reached, then contact the rotation supervisor, Dr. Fred Paulin. If this fails, contact the Chief of Cardiology, Dr. Sean Connors.

10. **Education:** Residents are expected to attend and participate in rounds, conferences and other education opportunities scheduled on the cardiology service. The schedule is available on One45. It is responsibility of the resident to confirm timing of rounds etc. while on the service. Medicine residents are protected to attend their half-day on Thursday afternoon. ECG rounds are every Friday morning and residents on the active team are expected to bring ECGs for teaching. Residents on other services may bring interesting or problematic ECGs for discussion as well.

11. **Resident Concerns:** Should a resident have any concern pertaining to the cardiology rotation; he/she may bring that to the Cardiology Coordinator or the Internal Medicine Program Director or other appropriate individual as identified in the policies of the Postgraduate Program. Either the Medicine Program or the Postgraduate office can provide direction should the resident not have access to or not be current with such policies.

Points for the resident to note for orientation to the Cardiology Rotation

1. Know the dates of rotation start and finish.
2. Check the call schedule prior to the start of the rotation. Confirm vacation or conference leave if you have it scheduled.
3. Confirm the duty and responsibilities of the resident on the service as well as the daily routines.
4. Review the goals and objectives.
5. Know the evaluation processes and timing.
6. Request a tour of the cardiology department, critical care areas, cath lab etc. If unfamiliar with these areas.
7. Acquire the rounds and teaching schedules. Note when you are expected to present and participate.
8. Introduce self to cardiologists, nurses and other team members as appropriate.
9. Determine best method of communication with attending staff especially when on call.
10. Communicate with supervisory staff and other residents when attending activities off the Cardiology service such as Medicine teaching Rounds.
11. Communicate with supervising staff and cardiology coordinator should there be a need for unanticipated time off such as illness, family emergency etc.
12. Remember that patient care comes first.

Points for Cardiology staff to note for resident orientation to the Rotation

1. Note start date of rotation as the resident may be new to the service.
2. Be aware of the Goals and Objectives, evaluation processes and timing of evaluations.
3. Be aware of rounds and teaching schedules the resident is expected to attend.
4. Discuss with the resident about preferred method of communication on a daily basis and on call.
5. Participate as appropriate in the evaluation process.

August 2024

Goals and Objectives for the Cardiology Senior Rotation

The Senior Cardiology Resident rotation takes place at the Health Sciences Centre. Residents will work in a multidisciplinary Cardiology team under the supervision of the Attending Cardiologist. In general, residents will be responsible for seeing Cardiology ER consults, managing CCU patients and admitted ward patients. Senior residents have the added responsibility of supervising and delegating tasks to the Junior residents and medical students, as well as leading team rounds, under the Attending's supervision. The resident will get exposure to acute cardiac issues including ischemia, arrhythmia, heart failure, valvular disease and cardiogenic shock. Residents will be expected to attend noon Internal Medicine rounds on a daily basis and to lead ECG rounds on Friday mornings.

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 completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. This will also be documented using a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles. Residents will also be evaluated based on their patient presentations, direct observation of physical examination and clinical skills.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Cardiology Senior Rotation. These will depend on the learner's stage of training, progress and individual learning needs. The 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.

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

C11: Supervising junior learners in the clinical setting

MEDICAL EXPERT

The learner *MUST* gain and demonstrate an approach to the following cardiac symptoms:

1. Chest pain
2. Dyspnea
3. Palpitations
4. Syncope
5. Edema

This approach is expected to include a proper and justified differential diagnosis along with a detailed and complete management plan.

The learner *MUST* gain and demonstrate an ability to manage the following common cardiac conditions:

1. Acute coronary syndromes
2. Cardiac and non-cardiac chest pain
3. Congestive heart failure
4. Atrial fibrillation and atrial flutter
5. Brady- and tachyarrhythmias
6. Hypotension and shock
7. Aortic stenosis
8. Mitral regurgitation
9. Prosthetic cardiac valves

The learner is expected to acquire an approach and /or knowledge of the following cardiac symptoms either through the rotation or personal study:

1. Claudication
2. Systemic symptoms such as weight loss/gain, fever or fatigue
3. Anasarca

Although all these conditions may not be encountered on this rotation, it is expected that the learner gain an ability to manage the following cardiac conditions

1. Pericarditis
2. Myocarditis
3. Infective endocarditis
4. Hypertensive urgencies and emergencies
5. Aortic dissection
6. Uncommon complications of cardiac therapies such as critical hemorrhage, anaphylaxis or angioedema.
7. Complications from implantable cardiac devices
8. Genetic cardiac conditions
9. Aortic insufficiency, mitral stenosis or tricuspid regurgitation

The learner *must* gain and demonstrate an ability to interpret the following:

1. 12-lead ECG and rhythm strips interpretation
2. Chest x-ray interpretation.
3. Interpretation of echocardiogram, coronary angiography, myocardial perfusion imaging, cardiac CT and MRI are not expected, however the learner must show understanding and ability to decipher the meaning of the reports for these modalities.

These objectives will be *achieved* by the following means:

1. Demonstrate competency and obtain experience in the assessment and management of a wide variety of cardiac problems.

    a) Perform a thorough history with particular emphasis on the detailed history of the presenting problem.
    b) Perform a general physical exam as well as a detailed examination of the cardiovascular system.
    c) Select/seek appropriate investigations including cardiac diagnostic procedures.
    d) Interpret the assessment in a comprehensive manner
    e) Participate in patient management
    f) Understand the indications for cardiac diagnostic procedures
    g) Observe cardiac intervention procedures

2. To gain experience in the management of acute cardiac emergencies in the emergency room, coronary care unit and ward settings.
3. To gain in-depth experience in reading ECGs and apply to the diagnosis and management of cardiology patients.
4. To acquire knowledge of the etiology and pathophysiology of cardiac conditions.
5. To gain procedural skills with more complicated procedures such as temporary pacemaker insertion, arterial line insertion, central line and Swan-Ganz insertion.

COMMUNICATOR

1. Establish a therapeutic relationship with patients and families.
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals.
3. Communicate effectively with peers and other health professionals.
4. The trainee will document clearly and concisely by means of notes, procedure notes and clinical letters, the essential components of all clinical encounters. The analysis and clinical plans should be recorded at a level of sophistication in keeping with the PGY 2 and 3 training. Coronary care patients must have daily progress notes with physical exam findings and clear description of management plan. Ward patients need progress notes every 3 days, after significant investigations are completed or when the housestaff is going off service. Ward patients who are medically discharged or deemed “Alternate Level of Care” do not require notes unless some change is made to their management plan. (IF NOTES ARE NOT WRITTEN AT ADEQUATE INTERVALLS, YOU MAY RECEIVE A FAIL MARK ON YOUR ROTATION)
5. To develop communication skills with primary care providers by completing useful discharge summary indicating to the care provider what issues need specific attention and follow up upon a patients’ discharge from hospital.

6. To further develop skills in dictating patient records by dictated letters to referring physicians on patients seen on consultation in the outpatient department.
7. To develop skills in verbal presentation by presenting cases at ward rounds, in the clinic and on occasion at formal teaching conferences.
8. Discuss goals of care with patients/families and appropriately document and complete the Advance Care Planning (ACP) Orders form. Must be able to discuss difficult situation such as withdrawal of care or futility of care.

COLLABORATOR

1. The trainee with recognize and integrate into case management, the roles of other health care providers, including cardiac surgeons, physiotherapists, dieticians, nurses, and social workers.
2. To foster respect for and appreciation of the importance of communication with allied health care workers and referring physicians in the care of patients.

LEADER

1. To gain supervisory experience by reviewing elective cases with the PGY 1's and the Clinical Clerks in regard to their diagnostic assessments and treatment plans. This will also require writing a resident's summary admission note on these charts.
2. To further enhance experience in emergency care by supervising the PGY 1's and Clinical Clerks on the Cardiology service managing acute problems developing on the inpatient Cardiology service.
3. Supervise PGY 1's and Clinical Clerks perform basic cardiac procedures such as ECG's, venipuncture, central line insertion, and arterial line insertion.
4. To assure that all progress notes and discharge summaries completed by PGY 1's and clinical clerks are of adequate content/quality/frequency.

HEALTH ADVOCATE

1. The trainee should recognize the role played by physicians in the health care system.
2. Recognize and respond to determinants of health that particularly affect the patient's cardiac conditions. These factors may include socioeconomic status, financial resources, social supports and public health issues.
3. Be cognizant to elements of patient safety.

SCHOLAR

1. To develop teaching skills by supervising the junior housestaff and by participating in presentations and discussion at Cardiology conferences.
2. Make reference to the literature in appropriately complex cases.
3. Appreciate the importance of critical appraisal of the literature and the application of the literature in patient care.
4. Recognize the requirement for self-assessment and the critical role of self-directed learning and continuing medical education.

PROFESSIONAL

1. Behave in a respectful manner toward patients and families, as well as other health professionals.
2. Consider ethical issues and patients' wishes in making treatment decisions.

3. Adhere to Eastern Health procedures and policies and applies professional standards, including advance health care directives, substitute decision-making and disclosing adverse events
4. Ensure adequate transition of care of patients including assuring proper handover of patients
5. Attend teaching rounds and demonstrate collegiality.
6. Recognize the limits of one's expertise by knowing when to call for help
7. Demonstrate a commitment to improving one's performance by seeking and responding to feedback
8. Answer pages promptly, display punctuality, and complete expected tasks

These objectives will be assessed by the following methods:

1. The trainee's knowledge base, clinical skills, and attitude, will be continually observed during ward rounds, clinics, and in the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated. The accuracy of history taking and physical findings will be assessed in two ways:
    a. By confirming the findings reported in the oral or written case-report.
    b. By direct observation of the trainee during performance of the witnessed complete or partial history and physical examination.
3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves (preferably in writing) as to the diagnosis of management of the specific patient problem prior to them receiving input from more senior trainees or members of the attending staff.
4. Monitoring of attendance at academic half-day, noontime rounds and ECG rounds.
5. 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 health care team. The attending staff may seek opinions from other members of the health care team concerning these aspects of evaluation.
6. The in-training evaluation report (ITER).
7. Direct observation of performance of procedures and completion of the procedure log.
8. Establishing and completing of learning contracts.

INTERNAL MEDICINE RESIDENT CARDIOLOGY ROTATION ORIENTATION

Preamble:

The following is information for orientation of the Internal Medicine Resident on the Cardiology rotation. The Internal Medicine and Cardiology Program recognize that this is a busy service with a heavy patient caseload. The cardiology rotation provides an excellent opportunity for education and clinical experience. At the same time, as employees of the Health Care Corporation, residents are responsible to provide patient care and fulfill their clinical duties. The following is intended to help the resident transition onto the Cardiology Service and provide some general guidance throughout the rotation.

General Information:

1. Description of the rotation: The rotation consists of two blocks of cardiology that is usually divided by service on the "active" and "inactive" weeks as outlined below.

2. Goals and Objectives: G and O's have recently been revised to be specific for the residents on the cardiology service.

3. Evaluation: The cardiology coordinator is to gather input from all supervising cardiologists. The form is completed by coordinator and may be discussed face to face with the resident if there are any issues or upon request. Feedback may be gathered from other sources e.g. nurses as appropriate. A mid-rotation evaluation should be completed particularly if there any concerns are identified with the residents' performance. The resident is expected to specifically seek-out their mid-rotation evaluation (verbal or written). Written ITER on One45 will be completed after the residents' performance has been discussed at the Cardiology Divisional Meeting and individual feedback obtained from relevant cardiologists. To assure timely completion of the ITER, it is the responsibility of the resident to select their attendings in One45 prior to the end of their cardiology rotation.

   Residents provide feedback on individual cardiologists via the faculty evaluation form on One45. Feedback on the rotation is via the cardiology resident coordinator and/or the Medicine Program Director or delegate.

4. Call and Duty Schedules: Regular duty hours are defined in the PARNL collective agreement. The call schedule will also follow the terms outlined in that agreement. The call is in-hospital and is currently a 24-hour duty period with handover of patient responsibilities following the 24th duty hour. The call schedule is made up by the Medicine administrative resident and should be available 2-4 weeks prior to the start of the rotation. The call schedule is on the Medicine Program One45 site.

5. Vacation and Conference Leave: As per the PARNL Collective agreement and Internal Medicine Program policies.

6. Daily Routine: Report with assigned team for clinical service and educational activities. Daily clinical duties are generally associated with the resident assignment on active or inactive week.

Active week duties may include covering the patients in CCU, follow-up patients on the cardiology inpatient floor, Emergency Department consults and other consults potentially needing transfer to CCU. During the active week you are expected to show up and start seeing CCU patients at 0800 hours. The cardiologist will show up for CCU rounds between 0800 and 1000 hours generally.

Inactive week duties include care of cardiology in-patients, follow-up patients on the cardiology in-patient floor, inpatient consults who are not destined to CCU, outpatient consults outside the Emergency Department (ie: Preadmission Clinic or Cancer Clinic) and other related duties.

Note this description is not all-inclusive and duties may vary based on patient and other clinical service needs. Workload between Active and Inactive week is highly variable. If one team's consult load is high, the other team's residents are expected to help out. Clinical clerks will also be expected to help out.

7. **Pager Responsibilities:** There are three pagers, the code pager, the Active Team Consult pager and the Inactive Team Consult pager. The pager will be handed down to the next person in the sequence for situation where the active/inactive team resident is post-call or in teaching. (Residents may keep the code pager but the not the consult pager during academic half-day)

    a. The code pager should be handed down according to this sequence:
        i. Resident on active or inactive team
        ii. Off-service medicine resident from on-call medicine

    b. The consult pager (Active and Inactive) should be handed down according to this sequence:
        i. Resident on active or inactive team
        ii. On-call cardiologist for that team

8. **Call Routine and Duties:** The call duty hours are outlined above. Duties on call may vary depending on patient and clinical service needs. Generally these duties include coverage of all in-patients and the patients in the CCU, emergency and urgent consults, and managing other emergent/urgent cardiology duty/procedures. The resident is responsible to the Cardiologist on-call. It is suggested contact with that individual be made at the beginning of the call duty period to establish a plan for patient management and communication. It is generally expected that most cases if not all cases be reviewed with the on-call cardiologist. This may be negotiated with the specific cardiologist covering call on that day. Patients may not be discharged home without first discussing it with the cardiologist on-call. You are not responsible for outside calls, whether it is for advice or to approve a patient transfer. These calls should be referred to the cardiologist on-call.

9. **Procedures if unable to reach on-call cardiologist:** The most common reason for not immediately answering a page is because the cardiologist is taking an outside call (we cover cardiology province-wide). Realize that pager technology is sometime imperfect and that there are pager dead-zones within as well as outside the hospital. Known pager dead-zones in the hospital include parts of the cardiac cath lab (Lab 2), the basement cardiology offices and certain rooms in the medical school. During daytime hours, phoning the cardiologist's office or an overhead page are your options. Some cardiologists do not carry a personal pager (see contact list at the end of this document).

Afterhours, if repeated pages (2 to 3) go unanswered, you may contact the CCU or Hospital Switchboard for alternate contact numbers for the cardiologist on-call (home phone or cell). If the on-call cardiologist cannot be reached, then contact the on-call interventional cardiologist. If neither of these cardiologists can be reached, then contact the rotation supervisor, Dr. Fred Paulin. If this fails, contact the Chief of Cardiology, Dr. Sean Connors.

10. **Education:** Residents are expected to attend and participate in rounds, conferences and other education opportunities scheduled on the cardiology service. The schedule is available on One45. It is responsibility of the resident to confirm timing of rounds etc. while on the service. Medicine residents are protected to attend their half-day on Thursday afternoon. ECG rounds are every Friday morning and residents on the active team are expected to bring ECGs for teaching. Residents on other services may bring interesting or problematic ECGs for discussion as well.

11. **Resident Concerns:** Should a resident have any concern pertaining to the cardiology rotation; he/she may bring that to the Cardiology Coordinator or the Internal Medicine Program Director or other appropriate individual as identified in the policies of the Postgraduate Program. Either the Medicine Program or the Postgraduate office can provide direction should the resident not have access to or not be current with such policies.

Points for the resident to note for orientation to the Cardiology Rotation

1. Know the dates of rotation start and finish.
2. Check the call schedule prior to the start of the rotation. Confirm vacation or conference leave if you have it scheduled.
3. Confirm the duty and responsibilities of the resident on the service as well as the daily routines.
4. Review the goals and objectives.
5. Know the evaluation processes and timing.
6. Request a tour of the cardiology department, critical care areas, cath lab etc. If unfamiliar with these areas.
7. Acquire the rounds and teaching schedules. Note when you are expected to present and participate.
8. Introduce self to cardiologists, nurses and other team members as appropriate.
9. Determine best method of communication with attending staff especially when on call.
10. Communicate with supervisory staff and other residents when attending activities off the Cardiology service such as Medicine teaching Rounds.
11. Communicate with supervising staff and cardiology coordinator should there be a need for unanticipated time off such as illness, family emergency etc.
12. Remember that patient care comes first.

Points for Cardiology staff to note for resident orientation to the Rotation

1. Note start date of rotation as the resident may be new to the service.
2. Be aware of the Goals and Objectives, evaluation processes and timing of evaluations.
3. Be aware of rounds and teaching schedules the resident is expected to attend.
4. Discuss with the resident about preferred method of communication on a daily basis and on call.
5. Participate as appropriate in the evaluation process.

August 2024

Goals and Objectives of the Cardiology Night Float Rotations

The Cardiology Night Float rotation takes place at the Health Sciences Centre. Residents will be responsible for triaging, assessing, and managing Cardiology consults from the Emergency Department and in-patients on the floor from 5 pm to 8 am. They will also be responsible for covering admitted cardiology patients, including the Coronary Care Unit. This will all be under the supervision of the attending cardiologist. They will have supervisory role in reviewing consultations and discussing care plans with junior residents and medical students, and providing feedback on their performance. Throughout their rotation they will show progression towards more independent practice.

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 completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. Verbal feedback will be given at the end of shift. This will also be documented using a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F2: Managing patients admitted to acute care settings with common medical problems and advancing their care plans

F5: Assessing unstable patients, providing targeted treatment and consulting as needed

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

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

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

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 cardiac presentations including ischemia, arrhythmias, syncope and heart failure
    b) Medically unstable patients, including cardiogenic shock
2. Triages patient consults appropriately based on acuity and need
3. Efficiently and accurately take a relevant cardiovascular history
4. Efficiently and accurately performs a focused cardiovascular physical examination
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 cardiac diagnostic procedures and therapies
7. Demonstrate appropriate clinical judgement and management of consulted patients, including supervising juniors in their performance of this role
8. Gain procedure skill, including obtaining informed consent, in complicated cardiology procedures, such as temporary venous pacemaker insertion, under appropriate supervision
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, including review of consults, as well as with 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 Cardiology
4. Demonstrate clear and concise written documentation of Cardiology 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 the attending Cardiologist and health care team members for patients being admitted or those that require follow-up or transitions of care

LEADER

1. Effectively manages time and competing interests

2. Effectively supervise juniors and medical students on the Cardiology team
3. 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. Educate patients on cardiovascular risk factor reduction
3. Identify the determinants of health that can affect the patient's cardiac status

SCHOLAR

1. Identify their own learning needs and appropriate resources to assist them
2. Able to ask a clinical question and perform an focused literature search and critically review the literature
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

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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 (Grand Falls-Windsor, Clarenville, Corner Brook) or by resident request, an approved available site in another province. 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 completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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 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.

August 2024

Goals and Objectives for the Dermatology Rotation

The Dermatology rotation will take place in the in-patient and out-patient setting. Residents will be responsible for seeing in-patient Dermatology consults at both the Health Sciences Centre and St. Clare's Mercy Hospital. They will also attend out-patient clinics, including patch testing, cancer, wound care and phototherapy at Cancer Clinic and Major's Path clinic. Residents are required to attend and participate in weekly Dermatology rounds on Thursday morning at Major Path clinic. Residents will gain experience and expertise in diagnosing and managing common skin disorders, as well as performing the procedures of Dermatology, including skin biopsy.

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 the completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. Residents will also be evaluated on their patient presentations procedural skill, including via direct observation by the attending Dermatologist. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F7: Identify personal learning needs while caring for patients and addressing those needs

Core:

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

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

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

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

MEDICAL EXPERT

1. To perform an appropriate history and physical examination of patients with skin diseases, including multi-system disorders involving the skin.
2. To formulate an appropriate differential diagnosis and management plan.
3. Describe the common signs and symptoms of the most common dermatologic disorders, such as psoriasis, eczema, drug reactions, acne, connective tissue disorders involving the skin, infectious disease of the skin (such as herpes simplex, zoster, scabies), and allergic skin reactions..
4. Develop a broad knowledge of the epidemiology of the common skin disorders.
5. Have an appropriate understanding of the pathophysiologic mechanisms underlying the common dermatologic disorders.
6. Understand the various diagnostic techniques that can be used in the diagnosis of various skin diseases. Malignant and non-malignant skin tumours.
7. Be aware of the most appropriate therapies for the most common dermatologic disorders.
8. Be able to perform a punch biopsy of the skin.

COMMUNICATOR

1. Documents the history, physical examination, and progress clearly and concisely in the medical record.
2. Verbal and oral presentations are accurate, systematic and complete.
3. Develops a therapeutic relationship with the patient to facilitate good understanding of the patient's condition, prognosis, and the management plan.

COLLABORATOR

1. Appreciates the contributions of members of the health care team regarding care of the dermatology patient.
2. Effectively works with other health care professionals to provide optimal care to the dermatology patient.
3. Effectively works with other physician colleagues to provide optimal consultation services when requested.

LEADER

1. Effectively engage members of the health care team to optimize the care of patients with skin diseases.
2. Demonstrate appropriate use of diagnostic tests, including skin biopsies, (H&E), immunofluoresce, skin culture (bacterial, viral and fungal), dermatological therapies including topical, photo and systemic therapies as well as other health care resource and health care resources in the care of patients with skin disease.
3. Demonstrate the ability to prioritize responsibilities and manage time effectively.
4. Gain understanding in the management of outpatient practice

HEALTH ADVOCATE

1. Recognize the psychosocial impacts of dermatological diseases on patients.
2. Act as an advocate for patients to having access to optimal care, including novel therapies, if appropriate.
3. Identify and address determinants of health as they pertain to dermatologic disorders.

SCHOLAR

1. Demonstrates a commitment to self-directed learning, reading around cases.
2. Reviews the literature and effectively appraises literature of relevance to clinical decisions.
3. Acts as a teacher for patients and their families to help them understand their illness.
4. Effectively teach and delegate responsibility to junior housestaff and medical students.

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. Recognize the limits of one's expertise by knowing when to call for help
4. Demonstrate a commitment to improving one's performance by seeking and responding to feedback
5. Answer pages promptly and display punctuality

August 2024

Goals and Objectives for the Endocrinology Rotation

The Endocrinology rotation primarily takes place in the Health Sciences Centre, but in-patient consults may be seen at St. Clare's Hospital or the Miller Centre as well. The rotation will combine exposure to in-patient and out-patient Endocrinology, with a focus on the latter. Residents are expected to attend a minimum of 3 out-patient clinics per week and are provided with a schedule at the beginning of the rotation. Residents are also responsible for seeing Endocrinology service inpatients (usually thyroid cancer patient for I-131 ablation, Cushing's or hypoglycemia patients admitted for dynamic endocrine testing). They will also be responsible for seeing, managing, and following-up on in-patient consultations, all under the supervision of the attending Endocrinologist.

Residents are also expected to present a case-based noon rounds during the rotation, typically on the last Monday of every block.

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 completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. Residents will also be evaluated on their patient presentations by the attending Endocrinologist. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1. Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

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

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

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

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

MEDICAL EXPERT

1. Gain and demonstrate expertise in the ambulatory management of patients with:
   (1) Diabetes Mellitus, type I and II
   (2) Diabetes in pregnancy
   (3) Thyroid disease including thyroid disease in pregnancy.
   (4) Disorders of lipid metabolism
   (5) Osteoporosis

2. Develop skills in the diagnosis and treatment of other endocrine disorders including:
   (1) Disorders of the pituitary and adrenal glands
   (2) Calcium abnormalities
   (3) Disorders of testicular function including, infertility and hypogonadism.
   (4) Androgen excess syndromes in females.

3. Learn the proper interpretation of laboratory and radiological investigations relevant to endocrinology.

4. Demonstrate expertise in history taking and physical examination in patients with endocrine disorders.

COMMUNICATOR

1. Document and present competently the clinical findings, problem synthesis, and management plans for clinic patients with endocrine disorders.

2. Demonstrate the ability to:
   a) Share information with patients and families and elicit patients' preferences with regard to treatment decisions.
   b) Communicate management plans through effective consultation letters to primary care physicians and other members of the healthcare team.

COLLABORATOR

1. Understand the importance of the multi-disciplinary approach required in the management of endocrine disorders, and contribute effectively to inter-disciplinary team activities.
2. Work effectively with nurses, patient educators, laboratory physicians, and surgeons to optimize patient outcomes.

LEADER

1. Effectively coordinate the ambulatory care of patients with diabetes, thyroid disease, hyperlipidemia, and osteoporosis.
2. Investigate and manage patients with endocrine disorders in a cost-effective manner while focusing on optimal patient care and outcomes.

HEALTH ADVOCATE

1. Identify the medicosocial aspects of health care delivery for chronic endocrine disorders such as diabetes, osteoporosis, and hyperlipidemia.
2. Recognize and respond to opportunities to prevent and treat selective endocrine disorders such as diabetes, lipid disorders and osteoporosis, through patient education and counseling.
3. The endocrine rotation provides an opportunity to develop the role of a health advocate for patients given the exposure to diet and lifestyle related diseases such as diabetes. Residents will be assessed on how well they perform this role as part of the evaluation at the end of the rotation.

SCHOLAR

1. Use patient encounters as a stimulus to further reading and review of the current literature.
2. Develop and apply skills in critical appraisal and the practice of evidence-based medicine.
3. Understand the importance of patient education in the management of many common medical conditions, and facilitate such learning wherever possible.

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 evaluated by the following methods:

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. As a lead in to competency-based education, weekly clinical encounter cards and coaching are used as a formative assessment.

1. Trainee's knowledge based clinical skills and attitudes will be continually observed during ward rounds, clinics and the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated. The accuracy of history taking and physical findings will be assessed in two ways:
   a) By confirming the findings reported in the oral or written case report.

b) By direct observation of the trainee during performance of a witnessed complete or partial history and physical examination.

3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves as to the diagnosis in management of a specific problem prior to them receiving input from the attending staff.
4. Monitoring of attendance at academic half-day, medical grand rounds, noon-time rounds and morning report.
5. 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.
6. The Longitudinal Assessment
7. Direct observation of performance of procedures and completion of procedural log.
8. Evaluation by the attending staff of the trainee for the work-up and management of patients seen during occasional cross coverage of other subspecialties while on-call.

Suggested Reading during the Rotation:

1. Harrison's Principles of Internal Medicine: Endocrinology and Metabolism Section.

2. Recent NEJM Review and Clinical Practice articles on Endocrine topics e.g. Prolactinomas, N Engl J Med 2010; 362:1219-1226; April 1, 2010.

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Goals and Objectives for the Gastroenterology Rotation

The Gastroenterology Rotation will take place at either the Health Sciences Centre or St. Clare's Mercy Hospital. Residents will be responsible for assessing, working-up and managing in-patient GI consults under the supervision of the attending Gastroenterologist. The rotation will also involve out-patient GI clinic experience and residents are expected to attend a minimum of two out-patient GI clinics per week. Resident will be exposed to, and gain expertise in, a wide variety of acute and chronic GI conditions.

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 the completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. Residents will also be evaluated on their patient presentations and procedural skill, including via direct observation by the attending Gastroenterologist. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1. Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F1. Assessing, diagnosing and initiating management for patients with common acute medical presentations in acute care settings

F7. Identify personal learning needs while caring for patients and addressing those needs

Core:

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

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

C5: Performing the procedures of Internal Medicine

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

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

MEDICAL EXPERT

1. Based on the history and physical examination, the trainee will be able to formulate a problem list and a reasonable differential diagnosis.
2. The trainee will have a thorough knowledge of the indications, limitations and major complications of various gastrointestinal procedures, including liver biopsy, UGI endoscopy, colonoscopy, ERCP, and esophageal motility studies.
3. The trainee will be able to identify life threatening GI conditions and organize and execute effective and timely investigations and management taking into consideration the nature of the problem, its prognosis, global health status, and the patient's wishes regarding intervention.
4. The trainee will demonstrate an understanding of the clinical use of various radiographic imaging studies of the gastrointestinal tract and be aware of the indication and limitations of each:
    a) Plain films – differentiate mechanical obstruction verses ileus; perforated viscus.
    b) Understand the use of contrast studies to assess achalasia and to assess for anatomic abnormalities, such as perforation, stricture or fistula
    c) US/CT/MRI scans – Understand the approach in recognizing gallstones, acute cholecystitis, CBD obstruction, pseudocysts of the pancreas, acute pancreatitis, cancer of the liver/pancreas, ascites. Inflammatory bowel disease- understand the appropriate use of CT and MRI to define small bowel anatomy and CT colonography to assess for polyps and mass lesions of the colon
5. The trainee will demonstrate effective, appropriate and timely performance of diagnostic and therapeutic paracentesis and ensure appropriate informed consent, patient safety and follow-up.
6. The trainee will understand the indications and contra-indications for enteral feeding, including the ethical issues pertaining to long term enteral feeding.
7. The trainee will be able to accurately assess and correct any blood and/or fluid loss in a patient presenting with gastrointestinal bleeding or severe extracellular fluid losses.
8. When presented with a patient with a gastrointestinal problem, the trainee will be able to :
    a) Perform a thorough history with particular emphasis on the detailed history of the present problem.
    b) Perform a general physical examination as well as a detailed examination of the gastrointestinal system.
    c) Discuss the significance of any abnormal physical findings related to diseases of the gastrointestinal system.

COMMUNICATOR

1. The trainee must document clearly and concisely by means of notes, procedure notes and clinical letters, the essential components of all clinical encounters. The analysis and clinical plans should be recorded at a level of sophistication in keeping with the PGY level.

2. Appreciate the importance of effective and clear communication with patients and involved family members.

COLLABORATOR

1. The trainee will recognize and integrate into case management the roles of other healthcare providers, including surgeons, physician specialists, dieticians, speech pathologists, psychiatrists, and social workers.
2. To foster respect for and appreciation of the importance of communication with allied health care workers and referring physicians in the care of patients.

LEADER

1. Based on the differential diagnosis, the trainee will be able to propose logical cost effective investigations that would aid in establishing the diagnosis.
2. The trainee will understand the indications as well as limitations and complications of various radiological and endoscopic investigations of the gastrointestinal tract.
3. The trainee will observe endoscopic procedures on his/her patients and clearly understand the indications for these procedures.

HEALTH ADVOCATE

1. The trainee will recognize the role played by the Gastroenterologist in the health care system.
2. Appreciate the patient autonomy and the religious, ethnic, and psychosocial factors which influence the doctor-patient relationship and to take such factors into account when pursuing problems and understanding patient decisions.
3. The trainee will appreciate the impact of psychosocial factors, such as depression and substance abuse, on the occurrence and management of GI conditions.

SCHOLAR

1. Make reference to the literature in appropriately complex cases.
2. Appreciate the importance of critical appraisal of the literature and the application of the literature in patient care.
3. Recognize the requirement for self-assessment, and the critical role of self-directed learning and continuing medical education.
4. Teaches junior housestaff on the GI rotation, when applicable.

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:

1. Assignment to the gastroenterology service with exposure to inpatient emergency and outpatient component.
2. Direct interaction with the attending Gastroenterologist and discussion of patients on a case-by-case basis.
3. Both didactic and interactive teaching by the attending Gastroenterologist for at least one hour per week as per the Minimal Teaching Requirements.
4. Attendance at academic half-day, medical grand rounds, noon-time rounds, and morning report.
5. Learning about evidenced based medicine and discussion of the relevant literatures surrounding the patients on the Gastroenterology service.
6. Performing appropriate procedural skills under appropriate supervision where possible.
7. Interaction with other members of the healthcare team.

These objectives will be evaluated by the following methods:

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. As a lead in to competency based education, weekly clinical encounter cards and coaching are used as a formative assessment.

1. The trainee's knowledge base, clinical skills, and attitudes will be continually observed during ward rounds, clinics, review of consultations, and the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated.
   The accuracy of history taking and physical findings will be assessed in two ways:
   a) By confirming the findings reported in the oral or written case report
   b) By direct observation of the trainee during performance of a witnessed complete or partial history and physical examination.
3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves as to the diagnosis and management of a specific patient problem prior to them receiving input from the attending Gastroenterologist.
4. Monitoring of attendance at academic half-day, medical grand rounds, noon-time rounds and morning report.
5. Professional attitudes such as communication skills, teaching skills, and interpersonal relations will be assessed on an ongoing basis by observing the trainee's interaction with other members of the healthcare team. The attending staff may seek the opinion from other members of the healthcare team concerning these aspects of the evaluation.
6. In-training evaluation reports (ITER)
7. Direct observation of performance of procedures and Logging procedure completion in T-RES
8. Evaluation by the attending staff of trainees' work-up and management of patients seen during the occasional cross coverage of the other subspecialties on call.

Responsibilities of the Resident

1.	GI inpatient consultations and procedures	Average 3/day	5 half days
2.	GI Emergency Room consultations	Average 1/week	
3.	GI outpatient clinic	2/week	2 half days
4.	GI Procedure lists	2/week	2 half days
		ERCP list	1-2/week

EMS/RMS 1/week

5. Attendance at Morning report, GI rounds as well as Grand Rounds and any visiting lecturers' presentations
6. Attendance at weekly GI ward rounds and teaching session
7. Senior residents have the opportunity to act as senior resident for GI inpatients providing support and teaching for junior CTU housestaff
8. Radiology and/or Pathology component if there is interest and availability

August 2024

Goals and Objectives for the Geriatrics Rotation

The Geriatrics selective rotation will take place in both the out-patient clinic and in-patient consultation setting. Residents will be responsible for seeing Geriatrics consults at St. Clare's Mercy Hospital. They will also regularly attend out-patient Geriatric clinic at the L. A. Miller Centre.

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 the completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care.

Foundations:

F6: Discussing and establishing patients' goals of care

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

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

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

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

C9: Caring for patients at the end of life

MEDICAL EXPERT

1. Recognizes common "atypical presentations in the elderly".
2. Uses knowledge of impact of aging on pharmacology and prescribing.
3. Management of falls.
4. Management of dementia.
5. Management of delirium.
6. Management of incontinence.
7. Management of Behavioural and Psychological Symptoms of Dementia (BPSD)
8. Recognize and differentiate dementia, delirium and depression.
9. Recognizes the unique aspects of depression in elderly patients.
10. Describe the concept and management of frailty.
11. Medically manage illnesses commonly seen in the elderly, i.e., diabetes, pneumonia, etc.
12. Recognize the side effects of commonly used drugs, i.e., neuroleptics, cardiac meds, etc.
13. Demonstrate ability to make a functional assessment with respect to ADLs and iADLs.
14. Recognize the contribution of medical diagnosis to evaluation and functional loss.
15. Describe the societal and environmental factors relevant to the care of the elderly.
16. Asses the role of advance directives and levels of intervention.
17. Recognize the impact of dementia on decision making.
18. Describe the fundamental concept of competency with regard to decision making on health care issues.
19. Be able to manage ethical problems at the end of life, including withdrawing or withholding therapy, advance directive, euthanasia and assisted suicide.
20. Appreciate the impact of dementia and frailty on driving safety and make appropriate referral for driving assessment.

COMMUNICATOR

1. Appropriate history taking with elderly patients.
2. Establishes patient-centered goals.
3. Communication about treatment goals and end-of-life issues.
4. Verbal communication skills.
5. Written communication skills.
6. Consultancy skills.
7. Empathic communication.
8. Communicates effectively with team members.
9. Communicates appropriately wand effectively with primary care practitioners, including family physicians.
10. Composes clear, concise consultation records.
11. Prepares informative discharge summaries.
12. Demonstrates an ability to work with the patient and family to establish common, patient-centered goals of care.
13. Communicate effectively with other team members.

COLLABORATOR

1. Team relationships: works effectively with other inter-professional team members.
2. Consults effectively with other physicians.
3. Participation at team and family conferences.
4. Effective collaboration with community services and other specialized geriatric services.

5. Describe the roles of other disciplines in providing care of the elderly.
6. Recognize the roles of informal and formal caregivers.
7. Demonstrate ability to put systems in place to support function failure, i.e., home care, home making, aids.
8. Demonstrate ability in working with a multi-disciplinary team to effectively manage functional losses.

LEADER

1. Time management.
2. Management of multiple medical issues.
3. Assumes leadership role where appropriate.
4. Appropriate use of diagnostic resources.
5. Appropriate use of therapeutic resources.
6. Appropriate balance of service and learning needs.
7. Efficient personal and professional time management.
8. Effective use of information technology.
9. Recognize the changing demographics of our society, and its implications for future health care provision needs.
10. Describe the systems of care in place for the care of frail elderly, i.e., long term care, home care, etc.
11. Explain the impact of hospitalization of the elderly.
12. Describe the interface of nursing home, hospital and home.

SCHOLAR

1. Knowledge and application of evidence in geriatric care.
2. Self-directed learning.
3. Critical appraisal skills.
4. Evidence based practice.
5. Active participation in scheduled learning.
6. Uses and evaluates the literature.
7. Demonstrates ability in educating patients and families.
8. Demonstrates ability in educating team members and colleagues.
9. Access the relevant literature in helping to solve clinical problems in geriatrics.
10. Apply critical appraisal skills to literature in geriatrics and palliative care.

HEALTH ADVOCATE

1. Identify important determinants of health in geriatric patients
2. Recognizes and responds appropriately in advocacy situations.
3. Utilization of health care resources.
4. Prevention and recognition of iatrogenic illness.
5. Recognize the role of the physician as an advocate for care of the elderly.
6. Recognize the role of the physician in supporting family care givers.

PROFESSIONAL

1. Sense of responsibility.
2. Self-assessment skills.
3. Ethical approach to care.
4. Performance under stress.

5. Behaves in a professional and ethical manner, showing respect for patients, families, colleagues and other health professionals.
6. Shows integrity, honesty and compassion in care delivery.
7. Communicates in a professional and respectful manner to patients and team members.
8. Respects fellow residents and participants in problem solving strategies regarding administrative issues as they arise.
9. Acceptance and constructive use of supervision and feedback.

August 2024

CTU- Junior Resident General Internal Medicine Goals and Objectives

The Clinical Teaching Units are a locus of care for, and education related to, patients who require hospitalization for a wide variety of acute medical problems. Four multidisciplinary teams, who admit patients from the Emergency Room on a one-in-four rotation schedule, share the ~80-inpatient beds allocated to the CTU's at the Health Sciences Centre.

Junior residents will function under the supervision of a senior medical resident and attending physician. They will be responsible for the daily assessment, follow-up, and documentation, and contribution to multidisciplinary rounds for assigned ward patients. They will have supervisory and teaching responsibilities to the medical students assigned to the CTU. Throughout their rotations they will show progression towards more independent practice. CTU teaching will consist of expected attendance and contribution at morning reports, ECG and noon rounds, as well as formal and informal ward activities.

Residents in Internal Medicine will be expected to demonstrate appropriate knowledge of the common presentation of clinical problems on the CTU and have an approach to problems that have an undifferentiated presentation. The resident will show the ability to collect and synthesize data to arrive at a diagnosis and propose a treatment plan.

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 completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described.

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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

TD2: Identifying and assessing unstable patients, providing initial management, and obtaining help

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F2: Managing patients admitted to acute care settings with common medical problems and advancing their care plans

F3: Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

F5: Assessing unstable patients, providing targeted treatment and consulting as needed

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

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

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

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

C11: Supervising junior learners in the clinical setting

MEDICAL EXPERT

1. Gain and demonstrate knowledge of, and expertise in, the in-hospital management of patients with:
    a) Common medical presentations, including acute and chronic conditions
    b) Undifferentiated acute medical problems
    c) Diseases affecting multiple medical organ systems
2. Demonstrate the ability to perform a complete patient assessment including:
    a. Obtain a history and physical exam of appropriate scope for the patient problem(s)
    b. Use appropriate diagnostics and therapeutics in the management of acute medical patients
    c. Correctly interpret data to come up with a patient problem list and differential diagnosis.
    d. Prioritize and summarize clinical assessment in written and oral form

    e. Recognize when concurrent treatment is required in an unstable patient
3. Utilize clinical guidelines and evidence-based medicine in selecting diagnostic tests and advancing therapeutic plans for CTU patients.
4. Negotiate care plan in the context of patient wishes.
5. Demonstrate an understanding of the clinical indications and risks, performance (under appropriate supervision) and interpretation of results for the procedures of Internal Medicine
6. Demonstrate the ability to provide targeted treatment for unstable patients
7. Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered.
8. Demonstrate appropriate use of consultative and allied health services
9. Formulate and facilitate discharge planning and transition of care.
10. Deliver compassionate care at the end of life.
11. Be familiar with the medical-legal and ethical requirements of practice on the CTU such as informed consent, goals of care, confidentiality, among others.

COMMUNICATOR

The Internal Medicine Resident will demonstrate appropriate communication skills in the care of the CTU patients. This includes oral communication for the direct purpose of caring for the patient and documentation including progress notes, discharge summary, special authorization requests and medication reconciliation on admission, discharge and transfer.

1. Demonstrate a patient centered approach to communication that develops rapport and trust with patients, families and care givers.
2. Demonstrate the ability to accurately elicit and synthesize relevant information from patients, families, colleagues and other professionals and is able to communicate this in a succinct manner.
3. Demonstrate the ability to accurately convey care plan and respond to questions, as needed, with patient, families, colleagues and other professionals.
4. Demonstrate a structured approach to written communication, including admissions, consultations, progress notes, orders, procedures, transfers and discharge summaries.
5. Demonstrate compassion and sensitivity and a structured approach to specific communication scenarios including:
    a. Informed consent
    b. Communication of treatment plan
    c. Breaking bad news
    d. Capacity assessment
    e. Disclosure of adverse event
    f. Addressing goals of care

COLLABORATOR

1. Understand the role of the various health care team members in the care of the CTU patient.
2. Demonstrate respectful attitudes towards others
3. Make appropriate use of the scope and expertise of other HCPs
3. Work effectively with the health care team, including primary care providers, consultants and patients and their families to assess, plan and provide care for patients
4. Participate and contribute to multidisciplinary rounds
5. Ensure the handover of care to the most appropriate HCP

LEADER

1. Demonstrate appropriate time management including effectively balancing demands of patient care, educational activities and personal matters
2. Demonstrate the ability to prioritize tasks
3. Demonstrate resource stewardship in clinical care
4. Understand the role of the CTU in the broader context of local and regional health care delivery
5. Establish clear leadership in resuscitative efforts

HEALTH ADVOCATE

The Internal Medicine Resident must demonstrate the ability to advocate on behalf of their patients to improve their overall health. They must demonstrate knowledge of issues in patient safety and prevention of adverse events on the CTU.

1. Advocate for their patients to access appropriate tests, consultations and interventions in a timely fashion.
2. Identify opportunities to educate patients about health promotion and disease prevention.
3. Contribute to initiatives to improve care and safety of CTU patients

SCHOLAR

1. Identify their own learning needs and appropriate resources to assist them
2. Able to ask a clinical question and perform a focused literature search and critically review the literature
3. Demonstrate effective teaching including supervision and teaching of the clinical clerks, patients and families and other health professionals
4. Ensure safe learning environment for all members of the CTU
5. Participate in the evaluation of the rotation, as well as junior and senior team members.

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 and families, as well as other health professionals.
2. Consider ethical issues and patients' wishes in making treatment decisions.
3. Adhere to Eastern Health procedures and policies and applies professional standards, including advance health care directives, substitute decision-making and disclosing adverse events
4. Ensure adequate transition of care of patients including assuring proper handover of patients
5. Attend teaching rounds and demonstrate collegiality.
6. Recognize the limits of one's expertise by knowing when to call for help
7. Demonstrate a commitment to improving one's performance by seeking and responding to feedback
8. Demonstrate accountability to the CTU by answering pages promptly, displaying punctuality, and completing expected tasks

August 2024

CTU- Senior Resident General Internal Medicine Goals and Objectives

The Clinical Teaching Units are a locus of care for, and education related to, patients who require hospitalization for a wide variety of acute Internal Medicine problems. Four multidisciplinary teams, who admit patients from the Emergency Room on a one-in-four rotation schedule, share the ~80-inpatient beds allocated to the CTU's at the Health Sciences Centre.

Senior residents will function in team leader, under the supervision of the attending physician, and are expected to model increasingly refined diagnostic, managerial and consultancy Internal Medicine skills to junior residents and medical students. They will be responsible for leading multidisciplinary rounds, supervising juniors and medical students in their daily assessment, follow-up, and documentation. They will be responsible for teaching and providing guidance to junior residents and medical students. Senior residents in Internal Medicine will be expected to demonstrate expertise in the in-hospital work-up and management of complex, acute and chronic clinical presentations. Throughout their rotations they will show progression towards more independent practice. CTU teaching will consist of expected attendance and contribution at morning reports, ECG and noon rounds, as well as formal and informal ward activities.

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 the completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the GIM CTU Senior Rotation. These will depend on the learner's stage of training, progress and individual learning needs. The 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.

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

C11: Supervising junior learners in the clinical setting

MEDICAL EXPERT

1. Demonstrate knowledge of, and expertise in, the in-hospital management of patients with:
    a) Common medical presentations, including acute and chronic conditions
    b) Complex medical presentations, including acute and chronic conditions
    c) Undifferentiated acute medical problems
    d) Diseases affecting multiple medical organ systems
    e) Unstable patients
2. Demonstrate the mastery in performing a complete patient assessment:
    a. Obtain a history and physical exam of appropriate scope for the patient problem(s)
    b. Use appropriate diagnostics and therapeutics in the management of acute medical patients
    c. Correctly interpret data to come up with a patient problem list and differential diagnosis.
    d. Prioritize and summarize clinical assessment in written and oral form
3. Utilize clinical guidelines and evidence-based medicine in selecting diagnostic tests and advancing therapeutic plans for CTU patients.
4. Negotiate care plan in the context of patient wishes.
5. Demonstrate an understanding of the clinical indications and risks, performance and interpretation of results for the procedures of Internal Medicine
6. Appropriately demonstrate and teach the procedures of Internal Medicine to juniors and medical students
7. Demonstrate the ability to provide targeted treatment for unstable patients
8. Demonstrate appropriate use of consultative and allied health services
9. Formulate and facilitate discharge planning and transition of care.
10. Deliver compassionate care at the end of life.
11. Be familiar with the medical-legal and ethical requirements of practice on the CTU such as informed consent, goals of care, confidentiality, among others.

COMMUNICATOR

The Internal Medicine Resident will demonstrate appropriate communication skills in the care of the CTU patients. This includes oral communication for the direct purpose of caring for the patient and documentation including progress notes, discharge summary, special authorization requests and medication reconciliation on admission, discharge and transfer.

1. Demonstrate a patient centered approach to communication that develops rapport and trust with patients, families and care givers.
2. Demonstrate the ability to accurately elicit and synthesize relevant information from patients, families, colleagues and other professionals and is able to communicate this in a succinct manner.

3. Demonstrate the ability to accurately convey care plan and respond to questions, as needed, with patient, families, colleagues and other professionals.
4. Demonstrate a structured approach to written communication, including admissions, consultations, progress notes, orders, procedures, transfers and discharge summaries.
5. Demonstrate compassion and sensitivity and a structured approach to specific communication scenarios including:
    a. Informed consent
    b. Communication of treatment plan
    c. Breaking bad news
    d. Capacity assessment
    e. Disclosure of adverse event
    f. Addressing goals of care

COLLABORATOR

1. Lead multidisciplinary team rounds
2. Understand the role of the various health care team members in the care of the CTU patient.
3. Demonstrate respectful attitudes towards others
4. Make appropriate use of the scope and expertise of other HCPs
3. Work effectively with the health care team, including primary care providers, consultants and patients and their families to assess, plan and provide care for patients
4. Ensure the handover of care to the most appropriate HCP

LEADER

1. Effectively lead the multidisciplinary team, under the supervision of the attending physician
2. Delegate tasks and supervise junior residents and medical students
3. Demonstrate appropriate time management including effectively balancing demands of patient care, educational activities and personal matters
4. Demonstrate resource stewardship in clinical care
5. Understand the role of the CTU in the broader context of local and regional health care delivery

HEALTH ADVOCATE

The Internal Medicine Resident must demonstrate the ability to advocate on behalf of their patients to improve their overall health. They must demonstrate knowledge of issues in patient safety and prevention of adverse events on the CTU.

1. Advocate for their patients to access appropriate tests, consultations and interventions in a timely fashion.
2. Identify opportunities to educate patients about health promotion and disease prevention.
3. Contribute to initiatives to improve care and safety of CTU patients

SCHOLAR

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

4. Ensure safe learning environment for all members of the CTU
5. Participate in the evaluation of the rotation, as well as junior residents and medical students

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 and families, as well as other health professionals.
2. Consider ethical issues and patients' wishes in making treatment decisions.
3. Adhere to Eastern Health procedures and policies and applies professional standards, including advance health care directives, substitute decision-making and disclosing adverse events
4. Ensure adequate transition of care of patients including assuring proper handover of patients
5. Attend teaching rounds and demonstrate collegiality.
6. Recognize the limits of one's expertise by knowing when to call for help
7. Demonstrate a commitment to improving one's performance by seeking and responding to feedback
8. Demonstrate accountability to the CTU by answering pages promptly, displaying punctuality, and completing expected tasks

August 2024

Goals and Objectives of the General Internal Medicine In-Patient Consult Rotation

The General Internal Medicine In-Patient Consult rotation takes place at the Health Sciences Centre or St. Clare's Mercy Hospital under the supervision of the attending General Internal Medicine (GIM) Specialist. Residents will be responsible for triaging, assessing, and managing and following up on GIM consults from other in-patient services and communicating patient-centred care plans with patients, their families and the referring consult service. Residents will gain experience in assessing and managing medically complex patients, including both peri-operative assessments and obstetrics patients. Throughout their rotation they will show progression towards more independent practice.

It is expected that trainees will demonstrate ongoing development in each of the Can MEDS 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. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the GIM In-Patient Consult rotation. These will depend on the learner's stage of training, progress and individual learning needs. The 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:

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

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

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

MEDICAL EXPERT

1. Demonstrate an approach to, and expertise in, peri-operative assessment, including risk stratification
2. Demonstrate an understanding of physiologic changes in pregnancy and an approach to, and expertise in, common Internal Medicine issues in pregnancy
3. Triage patient consults appropriately based on acuity and need
4. Efficiently and accurately take a detailed history or collateral history

5. Efficiently and accurately performs a detailed physical examination
6. Effectively synthesizes all available information (history, physical examination, and diagnostic tests, etc.) to create a patient-centered care plan
7. Utilize clinical guidelines and evidence-based medicine in selecting diagnostic tests and therapeutic plans for patients consulted to GIM.
8. Perform efficient and complete consult presentations to attending staff
9. Demonstrate appropriate clinical judgement and management of consulted patients
10. 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.
11. Understand personal limitations and when to seek back-up from attending staff or other consult services

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 and the referring medical team
3. Demonstrate clear and appropriate written communication of medical order and medication suggestions for consulted patients
4. Demonstrate clear and concise written documentation of in-patient General Internal Medicine consultations

COLLABORATOR

1. Engage in shared-decision making with the referring health care team, patients, and family members to ensure optimal patient care plans
2. Demonstrate appropriate written and verbal hand-over of care to other physicians during transitions of patient care

LEADER

1. Effectively manages time, balancing GIM consultation work with education and personal responsibilities
2. Appropriately supervises, act as a role model for, and facilitates the learning of, juniors and medical students
3. 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. Educates patients about disease prevention and understands the impact of the social determinants of health

SCHOLAR

1. Identify their own learning needs and appropriate resources to assist them
2. Able to critically appraise GIM literature
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

August 2024

Goals and Objectives for the Hematology Rotation

The Hematology rotation is based at the Health Sciences Centre, but may also involve in-patient consultation at St. Clare's Hospital. Residents are expected to get exposure to the presentation, work-up and management of a wide variety of patients with hematological disease in both the in-patient and out-patient setting, under the supervision of the attending hematologist. Residents should also get experience in indications, contraindications, risks and benefits, and performance of bone marrow biopsies. The 4 week rotation will be divided up into 2 weeks of hematology clinics and 2 weeks of in-patient hematology consults. Residents are expected to attend at least 5 clinics per week and a schedule of clinics with a personalized calendar will be provided at the beginning of the rotation. **Please meet Dr. Tom Dunne at 9 am on the first Monday of your rotation.**

Residents are also expected to attend hematology in-patient ward rounds on Tuesday from 9 – 1030 am and morphology rounds held every Tuesday from 1130 – 12 pm in the Pathology Conference Room. Tumor board rounds take place every Thursday from 1230 – 2 pm in the NCTRF conference room. Dr. Bergstrom also arranges for residents to have a session in the hematology lab to get exposure to blood banking, coagulation tests and morphology. Hematology Grand Rounds take place every 2 weeks in Lecture Theatre D from 8 – 9 am—please check with the staff for the schedule. Residents are also responsible for one or two didactic teaching sessions for other hematology house staff.

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 completion of a REAP form at the beginning of the rotation. Residents will be evaluated on their patient presentations and procedural skill, including via direct observation by the attending Hematologist. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1. Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F1. Assessing, diagnosing and initiating management for patients with common acute medical presentations in acute care settings

F6. Basic procedures of internal medicine

F6. Discussing and establishing patients' goals of care

F7. Identify personal learning needs while caring for patients and addressing those needs

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

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

C9. Caring for patients at the end of life.

MEDICAL EXPERT

1. Based on the history and physical examination, the trainee will be able to formulate a problem list and a reasonable differential diagnosis.

2. The trainee will have a thorough knowledge of normal blood cell values and variations with age.

3. The trainee will have a thorough knowledge of:
   a. Hematopoiesis
   b. Structure and function of the immune system
   c. Physiology of primary hemostasis
   d. Pathways of oncogenesis
   e. Potential adverse effects of commonly used chemotherapeutic agents.

4. The trainee will be able to have a thorough knowledge of and investigate appropriately:

   a. *Anemias*:
      - Categorization as to production failure, hemolysis, or blood loss.
      - Clinical and laboratory approach to this categorization.
      - Rational and effective use of laboratory tests to establish the cause of anemia.
      - Management of the different anemias.

b. *Disorders of Hemostasis*:
   - Clinical and laboratory approach to patients with a bleeding disorder.
   - Categorization as to a vascular problem, a platelet problem, or coagulation factor deficiencies especially hemophilia A, hemophilia B, and von Willebrand's disease.
   - Acquired coagulation factor deficiencies, such as vitamin K deficiency, liver disease, and disseminated intra-vascular coagulation.
   - Management of these hemostatic disorders.

c. *Thrombosis*:
   - Differences between arterial and venous thromboses.
   - Factors predisposing to thrombosis.
   - Inherited and acquired hypercoagulable states.
   - Investigation, prevention and treatment of thromboembolic disorders.

d. *Neoplastic Hematology:*
   - Classifications, pathogenesis, clinical features, diagnosis, treatment and prognosis of the leukemias, Hodgkin's disease, the non-Hodgkin's lymphomas, the monoclonal gammopathies, and the myeloproliferative disorders.

e. *Transfusion Medicine:*
   - Indications for and complications of red cell and platelet transfusions including investigation and management of adverse reactions.
   - Safe transfusion practices.

f. *Hematopoietic Stem Cell Transplant:*
   - Indications for allogeneic and autologous bone marrow and peripheral blood stem cell transplantation.

g. *Pharmacology:*
   - Pharmacology of anticoagulants and thrombolytic agents.
   - Classification, mechanism of action, and major toxicities for the commonly used antineoplastic agents.

h. *Hematologic/oncologic emergencies:*
   - Recognition, investigation, and management of oncologic emergencies, such as hypercalcemia, fever in a neutropenic and/or immune compromised patient, a bleeding diathesis in a patient with cancer, spinal cord compression, superior vena cava obstruction, ureteric obstruction, and increased intracranial pressure.
   - Recognition of benign hematology emergencies, such as thrombotic microangiopathies (e.g. thrombotic thrombocytopenic purpura, DIC, HELLP syndrome), heparin induced thrombocytopenia, bleeding diatheses, sickle cell emergencies, immune-mediated cytopenias

i. Effective control of pain and nausea in patients with advanced cancer.

5. The trainee will be able to perform the following procedures:
   a. Bone marrow aspirate and biopsy

6. Occasionally, during the rotation the trainee may provide cross coverage while on call for other Internal Medicine subspecialties.

COMMUNICATOR

1. When presented with a patient with a hematological problem, the trainee will be able to:
   a) Perform a thorough history with particular emphasis on the detailed history of the present problem.
   b) Perform a general physical examination, as well as a detailed examination of the lymphatic system and spleen.
   c) Discuss the significance of any abnormal physical findings related to diseases of the hematological system.

2. The trainee must document clearly and concisely by means of notes, procedure notes and clinical letters, the essential components of all clinical encounters. The analysis and clinical plans should be recorded at a level of sophistication in keeping with the PGY level.

3. The trainee must appreciate the importance of effective and clear communication with patients and involved family members.

COLLABORATOR

The trainee will:

1. Recognize and integrate into case management the roles of other health care providers, including surgeons, physician specialists, dieticians, psychiatrists and social workers.

2. Foster respect for the appreciation of the importance of communication with allied health care workers and referring physicians in the care of patients.

3. Collaborate with laboratory technologists and pathologists in making diagnosis and treatment decisions.

LEADER

1. Based on the differential diagnosis, the trainee will be able to propose logical cost-effective investigations that would aid in establishing the diagnosis.
2. The trainee will understand the indications, as well as limitations and complications, of various radiological investigations.

HEALTH ADVOCATE

1. The trainee will recognize the role played by the physicians in the health care system.
2. Appreciate the patient autonomy and the religious, ethnic, and psychosocial factors which influence the doctor-patient relationship and to take such factors into account when pursuing problems and understanding patient decisions.

SCHOLAR

1. Make reference to the literature in appropriately complex cases.
2. Appreciate the importance of critical appraisal for the literature and the application of the literature in patient care.
3. Recognize the requirement for self-assessment, and the critical role of self-directed learning and continuing medical education.

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

CONTACT FOR THE ROTATION:

Dr. Tom Dunne
Email: Thomas.Dunne@Easternhealth.ca

August 2024

Goals and Objectives for the ICU Rotation

Training will be primarily based out of the Health Sciences Center ICUs, under the supervision of the Adult Intensivists. Critical Care exposure at the SCMH site might also be arranged.

Intensivists and members of the ICU team will provide instruction by role modeling, review of patient care encounters and provision of constructive feedback. Patient care rounds, didactic and interactive teaching rounds and clinical conferences will supplement patient encounters. Ultrasound guided central line course is mandatory and offered bi-monthly for all residents rotating through the ICU.

Over the 2 to 3-month training period, 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. A graded level of responsibility will be given to the resident as (s)he gains more Critical Care experience. On completion of residency training, the resident should have achieved proficiency in the recognition and initial management of problems commonly encountered in the intensive care unit. For less common problems, the trainee should gain a knowledge base that allows them to formulate a differential diagnosis, initiate a management plan, and request appropriate consultations.

Review of rotation objectives will be done in conjunction with completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. This will be documented using a critical care specific in-training evaluation report (ITER) midway through, and at the end of the rotation. Field notes will also be used to document performance and provide feedback. 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.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F7. Identify personal learning needs while caring for patients and addressing those needs

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

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

C9: Caring for patients at the end of life

MEDICAL EXPERT

1. Identify when a patient requires treatment best delivered in an ICU under the direction of a qualified intensivist.
2. Elicit a history and focused physical examination that is relevant, concise, and accurate in a deteriorating patient.
3. Diagnose and stabilize patients with impending organ failure (respiratory, cardiac, neurologic, hepatic, gastrointestinal, hematologic, renal, etc.).
4. Identify the need for and initiate cardiopulmonary resuscitation.
5. Diagnose and prevent hemodynamic instability and/or initiate treatment for cardiogenic, traumatic, hypovolemic, and distributive shock.
6. Apply basic infection control techniques.
7. Describe basic nutrition support principles.
8. Apply basic sedation, analgesia and delirium management principles.
9. Seek consultation appropriately, with supervisors, and specialty physicians in managing complex ICU problems.
10. Identify and initiate treatment for life-threatening electrolyte and acid-base disturbances.
11. Suspect and initiate treatment for common poisonings.
12. Use data from appropriate invasive and noninvasive monitoring devices to titrate therapy in an ICU.
13. Initiate invasive and non-invasive ventilation appropriately
14. Gain proficiency in procedures commonly carried out in a critical care unit, commensurate with the level of training

COMMUNICATOR

1. Communicate effectively with families and all members of the healthcare team about ICU capabilities and patient-specific issues, including goals of care.
2. Communicate with and support patients, their families, and all members of the healthcare team through the physical and psychological complexities of critical illness.
3. Provide clear and concise oral and written reports, including handover.

COLLABORATOR

1. Recognize, use, and help integrate the unique skills of ICU nurses, ancillary personnel and external consultants in caring for critically ill patients into the multiple-professional team model.
2. Share in team workload.

LEADER

1. Prioritize and allocate health care resources that are evidenced based and tailored to the patient.
2. Contribute to initiatives to improve care and safety of critically ill patients.

HEALTH ADVOCATE

1. Advocate on behalf of ICU patients, family members and the medical team.
2. Champion infection control best-practices and antimicrobial stewardship.

SCHOLAR

1. Critically appraise ICU related literature as it relates to individual patients
2. Contributes to ICU patient rounds and other educational activities

PROFESSIONAL

1. Consider ethical issues and patients' wishes in making treatment decisions.
2. Answers pages promptly and displays punctuality
3. Demonstrates self-awareness and insight in their own abilities (strengths and areas for improvement)
4. Maintain good relationships with other healthcare providers.

Learner-Specific Goals

- Each learner should identify three specific goals for their ICU rotation, one of which must be non-Medical Expert

August 2024

Goals and Objective for the Infectious Disease Rotation

The Infectious Disease rotation takes place at the Health Sciences Centre and St. Clare's Mercy Hospital. Residents are responsible for seeing and following-up on in-patient ID consults at both sites. Time permitting, they will also attend out-patient general ID clinic, as well as HIV clinic at Major's Path Clinic. Residents are expected to do at least one case presentation during their rotation at ID noon rounds on Wednesdays. Clinical learning will be supplemented by completing a series of formative Learning Cases, which will be reviewed with the attending staff.

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 REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

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

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

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

MEDICAL EXPERT

1. **Medical History**
   Elicit a history that is relevant, concise, accurate, and appropriate to the patient's health problem(s). This includes other medical conditions, animal and vector exposures, sexual practices, street drug and needle use, prior infections, recent hospitalizations and prior surgeries, immunization history, use of immunomodulator drugs, antimicrobial use and allergies, occupational background, travel, and hobbies.

2. **Physical Examination**
   Perform a physical examination that is relevant and appropriate, including examination of the lymphatic system and skin and mucous membranes.

3. **Diagnostic Tests**
   a. Select appropriate laboratory (haematology and biochemistry) and diagnostic imaging (radionuclide, CT, MRI, and plain films) to diagnose infection.
   b. Appropriately order and properly interpret the results of microbiologic tests (gram stains, culture and susceptibility, acute and convalescent serologies, antibiotic levels, and quantitative viral load).

4. **Clinical Diagnosis/Decision**
   Analyse, synthesize, and integrate all relevant data to formulate a rational and effective diagnostic and therapeutic strategy for the patient's illness, focusing on the presence or absence of infection, and the appropriate antimicrobial and adjunctive therapies.

5. **Documentation/Presentation**
   a. Document well organized, complete, and legible histories and physical examinations in the written medical record.
   b. Deliver well organized, precise, clear, and coherent oral presentations of the patient's history and physical examination.

6. **Procedural Skills**
   There are no specific procedural skills to this rotation.

7. **Consultation Skills**
   Effectively communicate recommendations focused on the diagnosis and treatment of infection, recognizing the relevance of the patient's other medical and surgical conditions.

8. **Medical Knowledge**
   a. Familiarity with the etiology, epidemiology, pathogenesis, clinical features, diagnostic tests, and treatment of:
   - i. community-acquired lower respiratory infections
   - ii. central nervous system infections, including meningitis, encephalitis, and brain abscess
   - iii. endovascular infections including endocarditis and graft infections
   - iv. pyelonephritis and complicated urinary tract infections
   - v. infectious diarrhea
   - vi. tuberculous and non-tuberculous mycobacterial infections
   - vii. sexually transmitted infections
   - viii. infections in immigrants/refugees and travellers
   - ix. health care-associated infections, including postoperative infections
   - x. human immunodeficiency virus (HIV) infection and its complications

xi. infections in the neutropenic host and solid organ and hematopoietic stem cell transplant recipient
xii. skin and soft tissue infections, including necrotizing soft tissue infections
xiii. bone and joint infections including septic arthritis, osteomyelitis, and discitis
xiv. infections of the liver and biliary tree, including viral hepatitis and liver abscess

b. Clinical and laboratory approach and differential diagnosis of complex problems in which infections may play a role, such as:

i. fever of unknown origin
ii. acute rapidly progressive illness perhaps due to sepsis from an undefined site; sepsis, systemic inflammatory response syndrome and multiple organ dysfunction syndrome
iii. pulmonary infiltrates of uncertain etiology
iv. post-operative fever

c. Principles and practice of prevention of infection by immunization and chemoprophylaxis. This should include the indications, contraindications, and adverse effects of:

i. passive and active immunization for hepatitis A and B, varicella, tetanus
ii. pneumococcal, meningococcal, *H. influenzae* and influenza vaccination
iii. chemoprophylaxis and immunization for invasive meningococcal disease exposure

d. Antimicrobials and other therapies in infectious diseases:

i. classification
ii. pharmacokinetics and pharmacodynamics in the normal and abnormal host
iii. mechanism of action
iv. mechanism of resistance
v. toxicity and drug interactions
vi. clinical indications and use
vii. principles of pharmacoeconomics

9. Emergency Management

Identify and respond promptly and effectively to the following infectious diseases medical emergencies: sepsis, malaria, meningitis, fever in the neutropenic patient, necrotizing soft tissue infection.

10. Evidence-based Practice

Apply evidence-based investigative strategies and treatments to the management of the patient with an actual or potential infection.

COMMUNICATOR

Verbal communication

1. Patients/Families

Establish and maintain the rapport required to elicit a detailed history, including issues which may be of a sensitive nature. Aware of age, ethnic, gender, spiritual, and cultural differences and values, as well as differing definitions of family. Sensitive to the confidentiality and privacy concerns of patient and family. Develop a respectful and trusting relationship that will facilitate an effective management plan to meet the patient's goals and expectations. Use terminology and language that the patient and family will understand. Listen effectively and respond appropriately to concerns.

2. Consulting Physicians/Service/Team
Communicate clearly, concisely, and in a timely manner with other physicians in order to effect an appropriate diagnostic and treatment plan. Recognize the primary role of the consulting team in the patient's management.

3. Other Health Care Professionals
Communicate in a timely and professional manner with other health care professionals in order to acquire collateral and/or additional information about the patient's condition and to develop and implement a treatment plan. Communicate with other health professionals in a manner that facilitates the delivery of consistent messages to the patients and their families.

Written communication

4. Initial Consultation
Provide a comprehensive, but succinct, legible written summary of the history and physical examination, and of the suggested management of the question asked by the consulting service/team/physician for review and endorsement by the infectious diseases staff physician.

5. Progress Notes and Orders
See patients daily as needed with appropriate and timely written suggestions for the infectious disease management. Orders are legible and written as suggestions for endorsement by the consulting physician/service/team.

COLLABORATOR

1. Patients/Families
Develop a collaborative relationship with patients and families, recognizing their important roles in decision-making and treatment adherence. Enlists the participation of patients and their families in their care, including education about their illness and its management and in research opportunities.

2. Other Health Professionals
Establish and maintain respectful working relationships with other physicians and health professionals, recognizing the unique and essential skills that they bring to the care and education of patients and their families. In particular, learn the roles played by medical microbiologists and technologists, infection control and prevention professionals, and public health nurses and physicians. Demonstrate the ability to accept, consider and respect the opinions of other health professionals.

LEADER

1. Medical Management
Able to manage the common, multisystem, or undifferentiated infectious disease problem (actual or potential) experienced by patients, integrating that management into the overall care of the patient. Access and apply a broad base of information to the care of patients in ambulatory care, hospitals and other health care settings, including knowledge of the most cost-effective laboratory procedures.

2. Resource Utilization
Knowledge of the structure of the health care system to understand how care is financed and organized. Work effectively and efficiently in a health care organization. Make

appropriate and efficient use of health care resources. Consider the pre-test probability of disease when ordering diagnostic tests. Understand the likely cost-effectiveness of treatment strategies. Appreciate the cost effectiveness of many infection prevention strategies, particularly immunization. Utilize information technology to optimize patient care, life-long learning and other activities. Practice time management skills including punctuality, prioritization and triage. Maintain a balance of work and personal activities.

3. Leadership skills

Able to work effectively with the infectious disease consulting team. Is a role model to and a resource for other team members, particularly junior housestaff. Present a positive image of the infectious disease consulting service to those requesting advice. Make and defend clinical decisions and judgements based on sound clinical evidence for the benefits of individual patients and the population served.

SCHOLAR

1. Self-directed Learning

Utilize infectious diseases textbooks, journals, and other learning tools as suggested by attending staff and colleagues. Prepare in advance for the infectious disease learning exam. Independently seek information around patient problems prior to presenting at rounds. Begin to develop a personal continuing education strategy to maintain and advance professional competence in infectious diseases relevant to career path.

2. Critical Appraisal Skills

Able to critically appraise studies reported in the medical literature in terms of validity and applicability.

3. Teaching/Supervisory Skills

Facilitate and contribute to the learning of patients, housestaff, students, attending staff, and other health professionals on both the consulting service and the infectious diseases consultation team. Demonstrate an understanding of preferred learning methods in dealing with students, residents, and colleagues. Provide constructive feedback.

4. Scholarly Activity

Participate in ID case rounds, including presentation of clinical cases and syndromic or disease specific reviews of infectious diseases.

HEALTH ADVOCATE

1. Risk Factor Identification

Identify personal and environmental risk factors for acquiring infection such as sexual behaviours, use of recreational drugs, exposures to vectors, animals, contaminated food or water, community outbreaks, and recent contact with the health care system. Recognize the role of the determinants of health in the patient's wellbeing.

2. Appropriate Response

Identify and promote to patients, families, and other health professionals strategies to ameliorate or avoid exposure to infectious agents, such as personal risk reduction behaviours, immunization, home and personal hygiene, and infection control. In all health care settings, promote and practice proper infection control and prevention measures. Knowledgeable of when to contact public health and infection control personnel regarding

communicable infections. Optimize use of antimicrobial agents to minimize the emergence of antimicrobial resistant organisms.

3. Knowledge/Promotion of Available Resources
Aware of local and national, private and public sources of information and other resources regarding infection prevention and control measures and shares this with patients, families, and other health professionals.

PROFESSIONAL

1. Attitudes, Values, Behaviours
Deliver the highest quality care with integrity, honesty, and compassion. Recognize the responsibility a physician has for the patient's care. Exhibit proper personal and interpersonal professional behaviours. Adopt specific strategies to heighten personal and professional awareness and explore and resolve interpersonal difficulties in professional relationships. Demonstrate flexibility and a willingness to adjust to changing circumstances.

2. Ethical Practice
Practice medicine ethically, consistent with the obligations of a physician. Know and understand the professional, legal and ethical codes to which physicians are bound; these include issues of confidentiality (eg; results of HIV and STD tests) and consent. Demonstrate appropriate conduct when interacting with industry, including the manufacturers and distributors of antimicrobials and diagnostics products. Recognize, analyze and attempt to resolve in clinical practice ethical issues such as honesty, reliability, informed consent, advanced directives, confidentiality, end-of-life care, conflict of interest, resource allocation, and research ethics.

3. Self-assessment Skills
Demonstrate insight into limitations of knowledge. Use appropriate strategies to maintain and advance professional competence. Evaluate continually one's abilities, knowledge and skills and know one's limitations of professional competence and exhibit a willingness to call upon other with special expertise whenever appropriate. Responsive to constructive feedback when errors in diagnosis or treatment are identified.

August 2024

CTU- St. Clare's Internal Medicine Senior Resident Goals and Objectives

Clinical Teaching Units provide care to patients who require hospitalization for a wide variety of acute Internal Medicine issues, while allowing for graded responsibility and support for learners.

St. Clare's Internal Medicine is comprised of 3 Clinical Teaching Units as well as 1 non- teaching team. Each CTU has a Nurse Practitioner as well as 2-3 first year residents. The 4 Medicine teams admit patients from the Emergency Room and see inpatient Medicine consults from other services in a 1-in-4 call schedule. Ultimately, ~70-80 inpatients are distributed amongst the 4 Medicine teams.

Senior residents will function as team leader, under the supervision of the attending physician, and are expected to model increasingly refined diagnostic, managerial and consultancy skills to junior residents and medical students. They will be responsible for leading multidisciplinary rounds, supervising juniors and medical students in their daily assessments, follow-up, and documentation. They will be responsible for teaching and providing guidance to junior residents and medical students. Senior residents are expected to complete 3 – 4 in-house call shifts during their rotation. Senior residents in Internal Medicine will be expected to demonstrate expertise in the in-hospital work-up and management of complex, acute and chronic clinical presentations. Throughout their rotations they will show progression towards more independent practice. CTU teaching will include attendance and contribution to morning reports, as well as formal and informal ward activities.

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. Trainees completing the program should expect to achieve the key competencies described. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the GIM CTU Senior Rotation. These will depend on the learner's stage of training, progress and individual learning needs. The 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.

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

C11: Supervising junior learners in the clinical setting

MEDICAL EXPERT

1. Demonstrate knowledge of, and expertise in, the in-hospital management of patients with:
    a) Common medical presentations, including acute and chronic conditions
    b) Complex medical presentations, including acute and chronic conditions
    c) Undifferentiated acute medical problems
    d) Diseases affecting multiple medical organ systems
    e) Unstable patients
2. Demonstrate the mastery in performing a complete patient assessment:
    a. Obtain a history and physical exam of appropriate scope for the patient problem(s)
    b. Use appropriate diagnostics and therapeutics in the management of acute medical patients
    c. Correctly interpret data to come up with a patient problem list and differential diagnosis.
    d. Prioritize and summarize clinical assessment in written and oral form
3. Utilize clinical guidelines and evidence-based medicine in selecting diagnostic tests and advancing therapeutic plans for CTU patients.
4. Negotiate care plan in the context of patient wishes.
5. Demonstrate an understanding of the clinical indications and risks, performance and interpretation of results for the procedures of Internal Medicine
6. Appropriately demonstrate and teach the procedures of Internal Medicine to juniors and medical students
7. Demonstrate the ability to provide targeted treatment for unstable patients
8. Demonstrate appropriate use of consultative and allied health services
9. Formulate and facilitate discharge planning and transition of care.
10. Deliver compassionate care at the end of life.
11. Be familiar with the medical-legal and ethical requirements of practice on the CTU such as informed consent, goals of care, confidentiality, among others.

COMMUNICATOR

The Internal Medicine Resident will demonstrate appropriate communication skills in the care of the CTU patients. This includes oral communication for the direct purpose of caring for the patient and documentation including progress notes, discharge summary, special authorization requests and medication reconciliation on admission, discharge and transfer.

1. Demonstrate a patient centered approach to communication that develops rapport and trust with patients, families and care givers.

2. Demonstrate the ability to accurately elicit and synthesize relevant information from patients, families, colleagues and other professionals and is able to communicate this in a succinct manner.
3. Demonstrate the ability to accurately convey care plan and respond to questions, as needed, with patient, families, colleagues and other professionals.
4. Demonstrate a structured approach to written communication, including admissions, consultations, progress notes, orders, procedures, transfers and discharge summaries.
5. Demonstrate compassion and sensitivity and a structured approach to specific communication scenarios including:
    a. Informed consent
    b. Communication of treatment plan
    c. Breaking bad news
    d. Capacity assessment
    e. Disclosure of adverse event
    f. Addressing goals of care

COLLABORATOR

1. Lead multidisciplinary team rounds
2. Understand the role of the various health care team members in the care of the CTU patient.
3. Demonstrate respectful attitudes towards others
4. Make appropriate use of the scope and expertise of other HCPs
3. Work effectively with the health care team, including primary care providers, consultants and patients and their families to assess, plan and provide care for patients
4. Ensure the handover of care to the most appropriate HCP

LEADER

1. Effectively lead the multidisciplinary team, under the supervision of the attending physician
2. Delegate tasks and supervise junior residents and medical students
3. Demonstrate appropriate time management including effectively balancing demands of patient care, educational activities and personal matters
4. Demonstrate resource stewardship in clinical care
5. Understand the role of the CTU in the broader context of local and regional health care delivery

HEALTH ADVOCATE

The Internal Medicine Resident must demonstrate the ability to advocate on behalf of their patients to improve their overall health. They must demonstrate knowledge of issues in patient safety and prevention of adverse events on the CTU.

1. Advocate for their patients to access appropriate tests, consultations and interventions in a timely fashion.
2. Identify opportunities to educate patients about health promotion and disease prevention.
3. Contribute to initiatives to improve care and safety of CTU patients

SCHOLAR

1. Identify their own learning needs and appropriate resources to assist them

2. Able to ask a clinical question and perform an focused literature search and critically review the literature
3. Demonstrate effective teaching including supervision and teaching of the clinical clerks, patients and families and other health professionals
4. Ensure safe learning environment for all members of the CTU
5. Participate in the evaluation of the rotation, as well as junior residents and medical students

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 and families, as well as other health professionals.
2. Consider ethical issues and patients' wishes in making treatment decisions.
3. Adhere to Eastern Health procedures and policies and applies professional standards, including advance health care directives, substitute decision-making and disclosing adverse events
4. Ensure adequate transition of care of patients including assuring proper handover of patients
5. Attend teaching rounds and demonstrate collegiality.
6. Recognize the limits of one's expertise by knowing when to call for help
7. Demonstrate a commitment to improving one's performance by seeking and responding to feedback
8. Demonstrate accountability to the CTU by answering pages promptly, displaying punctuality, and completing expected tasks

August 2024

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.

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
2. Able to ask a clinical question and perform an focused literature search and critically review the literature
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

August 2024

Goals and Objectives for the Medical Oncology Rotation for Internal Medicine Residents

These are the objectives that the learner is expected to achieve upon successful completion of this clinical rotation and through the academic curriculum of the Internal Medicine Residency Program. Review of rotation objectives will be done in conjunction with completion of a REAP form at the beginning of the rotation. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F6: Discussing and establishing patients' goals of care

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

C2: Assessing and managing patients with complex chronic conditions

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

C9: Caring for patients at the end of life

MEDICAL EXPERT

The learner *must* gain and demonstrate an approach to:

1. Performing a comprehensive assessment of patients with confirmed or suspected malignancy including history, physical exam, differential diagnosis and management plan.

2. Developing a broad knowledge of the epidemiology of the common malignancies, with an emphasis on recognizing modifiable risk factors.
3. Understanding the various investigations that can be used in the diagnosis of malignancy in addition to screening and prevention methods for different cancers.
4. Recognizing available systemic treatment options for the most common malignancies. Understand the goals of these therapies in the context of neoadjuvant, adjuvant and palliative treatment.
5. Understanding the role of other therapies for various malignancies including surgical resection and radiation therapy, for both curative and palliative intent.
6. Understanding the common complications of systemic treatment (chemotherapy, targeted agents, immunotherapy, endocrine therapy and supportive agents) and their management.
7. Recognizing the role of palliative care in patients with advanced malignancies.

The learner *may* also gain and demonstrate an approach and/or knowledge of:

1. Having an appropriate understanding of the pathophysiologic mechanisms underlying neoplastic transformation.
2. Recognizing diagnosis and treatment of common associated conditions with various malignancies, such as hypercalcemia, SIADH, and para-neoplastic syndromes as well as emergencies that may arise due to malignancy or treatment such as acute systemic therapy reactions.
3. Recognize the role of molecular testing in determining a systemic treatment plan for patients with malignancy.
4. Understanding fundamentals of pain management in cancer patients (including pain crisis) and learn how to use opiates through various routes of administration.
5. Understanding the role of clinical trials in the development of new diagnostic tools and therapies in cancer care.
6. Developing a knowledge of the role of cancer genetics.

COMMUNICATOR

1. Documents the history, physical examination and progress clearly and concisely in the medical record.
2. Verbal and oral presentations are accurate, systematic and complete.
3. Develops a therapeutic relationship with the patient and family to facilitate good understanding of the patient's condition, prognosis, and the management plan.
4. Communicates openly and clearly with patients and families while showing compassion and empathy.

Example: Discuss diagnosis and prognosis of malignancy with patient and family while supervised by Medical Oncologist.

COLLABORATOR

1. Appreciates the contributions of members of the health care team and knowledge of when to consult with other specialists regarding care of an oncology patient.
2. Participates effectively and appropriately in an interprofessional health care team while providing optimal care to the oncology patient. In particular, works closely with colleagues from radiation oncology, surgical oncology and pain and symptom management.

3. Effectively deals with end of life issues in this patient population.

Example: Present a case at Tumor Board Rounds.

LEADER

1. Effectively engage members of the health care team to optimize patient care.
2. Demonstrate appropriate use of diagnostic tests, therapies, and other health care resources in the care of patients. Able to distinguish need for aggressive diagnostics and therapy in patients with curative intent from need for conservative/comfort measures for patients with palliative intent.
3. Demonstrate the ability to prioritize responsibilities and manage time effectively.

Example: Educate patients and families on the appropriate use of a diagnostic test such a PET scan.

HEALTH ADVOCATE

1. Recognize the psychosocial impacts of cancer on patients and their families.
2. Act as an advocate for patients to having access to optimal care, including novel therapies, if appropriate.
3. Identify and address determinants of health as they pertain to cancer. Where appropriate, work with patients to modify behavior to reduce risk of malignancy

Example: Explore social history with patient and family to determine if consultation is required with social work or pharmacy.

SCHOLAR

1. Demonstrates a commitment to self-directed learning.
2. Reviews the literature and effectively appraises literature of relevance to clinical decisions.
3. Facilitate learning of patients and their families regarding the diagnosis and treatment plan.
4. Effectively teach and delegate responsibility to junior residents and medical students.

Example: Select a topic from a patient observed in clinic and prepare a focused literature search.

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 achieved by the following methods:

1. Attendance in the daily oncology clinic. Residents will be expected to assess patients that are new to the cancer clinic, those on active therapy or on follow up. Residents are encouraged to seek out opportunities to assess patients in many different disease sites during their rotation but at least one new patient from each of the following: Breast, Gastrointestinal (GI), Genitourinary (GU) and Lung.
2. Attendance on the oncology ward and managing oncology inpatients may be required of the trainee. Assessing oncology patients in the emergency room or clinic that require admission to the Medical Oncology service.
3. Assessment of inpatients on other services consulted to Medical Oncology.
4. Direct interaction with attending Oncologists and collaborating with General Practitioners of Oncology (GPO's).
5. Attendance at weekly ward rounds and weekly multidisciplinary general tumour board rounds, bimonthly oncology grand rounds and one other disease site rounds (i.e. Lung, GI, CNS, GU).
6. Literature review and appraisal of relevant literature concerning selected topics.
7. Interaction with other members of the healthcare team.

These objectives will be assessed by the following methods:

1. The trainee's knowledge base, clinical skills and attitude will be continually observed during clinics and the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated. The accuracy of history taking and physical findings will be assessed in two ways:
    a. By confirming the findings reported in the oral or written case reports.
    b. By direct observation of the trainee during performance of a witnessed complete or partial history and physical examination.
3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves as to the diagnosis and management of a specific problem prior to them receiving input from the attending oncologist.
4. Monitoring of participation in weekly teaching session provided by Medical Oncologist on service.
5. Monitoring of attendance and participation at rounds and tumour boards.
6. IM residents will be evaluated on their presentation during morning report or noon time Medical Oncology rounds if this occurs during rotation.
7. Professional attributes, such as communication skills, teaching skills, and interpersonal relations will be assessed on an ongoing basis by observing the trainee interactions 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.
8. Longitudinal Assessment form and MUNCAT observations.
9. Direct observation of performance of procedures.

Responsibilities of Trainee

1. This is a clinic-based rotation however on occasion, the resident may be asked to complete one week (of a four-week rotation) on the ward.
2. Attendance in Medical Oncology Ward Rounds Thursday mornings 9-11 a.m (mandatory).
3. Attendance at the Multidisciplinary Tumour Board Rounds. Trainee must attend one other tumour board each week. Schedule will be provided at beginning of rotation. Trainees are responsible for attending the Internal Medicine academic half day and Oncology Grand

Rounds (every second Thursday). Trainee may attend GPO teaching rounds 12:30-1:30pm every second Tuesday.

4. Trainee will be responsible for inpatient consultations at the Health Sciences Centre and at St. Clare's. These will be reviewed with a Medical Oncologist. As most of our patients are seen as outpatients, these consults average about one-two per week.
5. There may be other educational activities such as 'Lunch and Learn' events and evening seminars that the Trainee will be invited to attend as well.
6. Internal Medicine residents are often assigned to present noon time rounds on a Medical Oncology topic during their rotation by the Chief Administrative Resident. Residents should submit their topic, as well as the time/date/location to the administrative assistant for the Discipline (Amy Kelly 709-777-8751) in advance so that notice can be given to the Medical Oncologists. The Medical Oncologist on service is responsible for attending these rounds.
7. Trainees will have a formal orientation to the service, mid way feedback and formal face-to-face final evaluation during the rotation with a designated Medical Oncologist. The administrative assistant will make arrangements for these meetings at the start of the rotation. They will also receive access to the Cancer Care Program electronic medical record system (ARIA) on their first day of the rotation with an hour training session.
8. Trainees are required to review rotation objectives, formulate a self-directed learning plan and create a formal learning contract to review during orientation, midway and final feedback.

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August 2024

Goals and Objectives for the Nephrology Rotation

Training will be primarily based out of the Health Sciences Centre, under the supervision of Adult Nephrologists. Nephrology and kidney transplant clinic attendance at the Kidney Care Centre is also expected.

Residents will work closely with the staff Nephrologist, and the Nephrology fellow if available, in seeing all Nephrology consultations and assist in managing all hemodialysis, peritoneal dialysis, and renal transplant in-patients. Trainees are expected to develop an approach to the work-up and management of common Nephrology presentations and renal syndromes. Throughout the rotation residents are expected to continue to develop and demonstrate communication, collaborative and professional skills that are not only relevant to Nephrology, but will aide them in the Internal Medicine training going forward.

Review of rotation objectives will be done in conjunction with completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. Throughout the rotation residents will be assessed via direct observation and review of consultations, case presentations and pertinent procedures, which may include supervised ultrasound guided temporary dialysis line insertion. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F6: Discussing and establishing patients' goals of care

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

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

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

C5: Performing the procedures of Internal Medicine

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

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

Medical Expert

1. Elicit a history and focused physical examination that is relevant, concise, and accurate in patients with common renal syndromes.
2. Develop a differential diagnosis and appropriately investigate and manage patients with common renal syndromes, including AKI, CKD, hematuria, proteinuria, and nephrolithiasis
3. Demonstrate an approach to the work-up and treatment of acid-base disturbances and fluid and electrolyte abnormalities
4. Interpret common urine tests, including urinalysis, microscopy and urine electrolytes.
5. Know the indications, contraindications, and risks of renal biopsy.
6. Recognize when renal replacement therapy is necessary, in both acute and chronic renal failure situations.
7. Have an understanding of the differences between, and risks of, different modes of renal replacement therapy, including transplantation
8. Understands the role of the kidney in systemic diseases, including diabetes, hypertension, lupus and vasculitis

Communicator

1. Demonstrate effective shared decision-making with patients and families regarding dialysis modality, initiation or withdrawal and goals of care
2. Works effectively with all members of the allied health-care team in the dialysis unit and in-patient ward
3. Demonstrates effective verbal and written communication with the multidisciplinary health care team and consultants, including handover, clinical documentation and formal consultations

Collaborator

1. Understands the role of the nephrology consultant in the health care team
2. Work with an interdisciplinary team to develop appropriate diagnostic and therapeutic strategies for patient care.

Leader

1. Understands the need to prioritize and allocate renal replacement resources, including transplantation, appropriately and in cost-effective manner.
2. Effectively manages time and competing interests

Health Advocate

1. Counsels and educates patients on the importance of compliance, chronic disease management and life-style modification, including diet, exercise, smoking cessation, in CKD

Scholar

1. Participation in Nephrology journal club and critical appraisal.
2. Critically appraise Nephrology related literature as it relates to individual patients.
3. Lead educational rounds on a Nephrology-related topic

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

August 2024

Goals and Objectives for Neurology Rotation for IM residents

The Neurology rotation for Internal Medicine residents will take place at the Health Sciences Centre. Residents will be responsible for seeing ER Neurology consults and managing admitted neurology in-patients along with a multidisciplinary Neurology and Stroke team. Depending on the number of residents, some may be assigned to the in-patient Neurology consultation service, which covers both the Health Sciences Centre and St. Clare's Mercy Hospital. Residents will work under the supervision of Senior Neurology residents, as well as the attending Neurology staff. They may also act as supervisors to medical students. Residents are expected to attend and participate in educational Neurology rounds on Tuesdays. Residents will learn how to diagnose and manage neurological emergencies, including code strokes and status epilepticus. They will also be expected to learn the indications/contraindications, performance and interpretation of results of lumbar punctures.

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 completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care.

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F2: Managing patients admitted to acute care settings with common medical problems and advancing their care plans

F3: Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

F4: Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings

F5: Assessing unstable patients, providing targeted treatment and consulting as needed

F6: Discussing and establishing patients' goals of care

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

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

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

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

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

MEDICAL EXPERT

1. To demonstrate good interviewing skills and obtain complete, systematic and accurate histories.
2. To conduct complete and systematic physical examinations and be able to recognize significant findings.
3. To localize symptoms and signs correctly and formulate reasonable differential diagnosis of common neurological problems.
4. To display good judgment resulting from logical reasoning and make decisions with little delay.
5. To learn to order appropriate tests and recognize the significance of results.
6. To demonstrate appropriate emergency assessments and decisions.
7. To be able to identify most normal structures and common abnormalities on scans.
8. To display appropriate management and order appropriate treatment for common neurological disorders.
9. To demonstrate an adequate fund of basic science knowledge and apply this appropriately to patient care.
10. To understand indications and contraindications for lumbar puncture, develop reasonable technique and order appropriate studies for the clinical circumstance

COMMUNICATOR

1. Demonstrates a patient centered approach to communication that develops rapport and trust with patients, families and care giversTo appear comfortable in explaining diagnosis, treatment and prognosis.
2. Demonstrates clear and concise verbal communication with attending staff, consultants, and other members of the multidisciplinary/stroke team
3. Demonstrates excellent written communication including consults, progress notes, orders/medications, transfers and discharge summaries

COLLABORATOR

1. To demonstrate reliability as a team member, working well with others and keeping co-workers well-informed with regular attendance at multidisciplinary ward rounds.
2. Demonstrate an understanding of the roles and responsibilities of various allied health professionals and demonstrate knowledge of when to involve each in patient care
3. Gives appropriate, complete, and concise handover

LEADER

1. Demonstrate the ability to prioritize tasks.
2. Demonstrate appropriate time management by balancing patient care, educational activities and personal matters.
3. Demonstrate stewardship in clinical care of neurologic patients

HEALTH ADVOCATE

1. Advocates for patient access to appropriate tests, consultations and interventions in a timely fashion.
2. Educates patients about disease prevention and understands the impact of the social determinants of health on neurologic disease, especially risk for stroke
3. Recognizes when patients require additional resources including social work, protective and addiction services

SCHOLAR

1. To develop the approach necessary for lifelong learning including searching the literature around patient problems.
2. To display ability to generate hypotheses and seek evidence to support these hypothesis.
3. Participates and presents at weekly neurology rounds/grand rounds with neurosurgery
4. Demonstrates effective teaching of medical students, colleagues, patients and their families

PROFESSIONAL

1. Behaves in a respectful manner toward patients, families, and other health professionals
2. Considers ethical issues and patients' wishes in making treatment decisions.
3. Ensures adequate transition of care of patients including assuring proper handover of patients
4. Recognizes the limits of one's expertise by knowing when to call for help
5. Demonstrates a commitment to improving one's performance by seeking and responding to feedback
6. Answers pages promptly, display punctuality and completes expected tasks

August 2024

Goals and Objectives for the Research Elective/Selective

All residents must create and present a project at Resident Research Day their final year of core Internal Medicine residency. Residents have the option of choosing a research selective or elective to further their research interests. This could involve a QI, clinical, epidemiological, or case report project, among other things. In addition to presenting at Memorial's Research Day, residents are encouraged to present at National and Internal Conferences. During their research rotation, residents may gain or further their insight into, and knowledge of, the ethical issues in research, critical appraisal, how to design a research study and how write a proper research article under the guidance of their preceptor or research mentor. They are expected to build on their independence with these activities as they progress in their research experience. They will be evaluated using an end of rotation longitudinal assessment as well as on any presentations of their research they make.

MEDICAL EXPERT

1. Demonstrate medical expertise/knowledge in their research field

COMMUNICATOR

1. Effective writing of a research proposal, including ethics application
2. Effective writing of a research article, creation of a poster or PowerPoint presentation
3. Effective oral presentation of research findings
4. Ability to work with supervisor and convey understanding of research principles

COLLABORATOR

1. Develop collegial relationships with other physicians/scientists/and research personnel involved in the research project

SCHOLAR

1. Demonstrate an ability to critically analyze research results
2. Knowledge of appropriate theoretical background and critical appraisal of published research findings
3. Demonstrate skill in searching the literature before planning a project
4. Demonstrate ability to formulate a hypothesis and design experiments to test them
5. Develop skill in performing procedures involved in the clinical study or any laboratory techniques involved in a basic or translational research project

HEALTH ADVOCATE

1. Understand the role of research in improving patient/social health

PROFESSIONAL

1. Attitudes, values and ethics (including getting consent and HREB approval)

2. Demonstrate a commitment to improving one's performance by seeking and responding to feedback

Objectives will be met by:

Participation in Critical Appraisal Course/Research Design Course
Mentoring from Staff
Case reports
Clinical and Bench Projects
Presentation of Final Project at Research Day or conference etc.

Evaluation:

Final research project presentation Mentor evaluations/Longitudinal Assessment

August 2024

Goals and Objectives for the Respiratory Rotation

During this rotation, the resident will develop the knowledge base, skills and attitudes to provide comprehensive evaluation and care of patients with respiratory diseases in both inpatient and ambulatory settings.

The Respiratory rotation within the Internal Medicine Program at Memorial University of Newfoundland at either the Health Science Centre or St. Clare's Mercy Hospital. It will provide the appropriate training for the resident to acquire the competency and skills required to manage common respiratory disorders at the level of a specialist in General Internal Medicine. The resident will acquire the requisite knowledge, skills and attitudes to be able to recognize, investigate, and manage adult respiratory diseases. The resident will also learn the appropriate indications for referral of patients to physicians with additional training/expertise in Respiratory Medicine.

The clinical experience will include opportunities to observe and manage inpatients and outpatients with a wide variety of pulmonary disorders. The residents will be given opportunities to assume continuing responsibility for both acutely and chronically ill patients in order to learn the natural history of pulmonary disease as well as the effectiveness of therapeutic interventions.

The acquired knowledge base will include an appreciation of general internal medicine and the basic sciences relevant to respirology. The teaching will include an emphasis on pulmonary physiology and its correlation with clinical disorders. In addition, the resident will acquire the necessary clinical skills to treat and counsel patients with diseases affecting the respiratory system. The residents will learn the appropriate use of diagnostic tests, including laboratory investigations, pulmonary function testing, and various diagnostic-imaging procedures. The resident will work within the health care team and develop the skills to be an effective leader of junior physicians and other health care personnel. 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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

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

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

C5: Performing the procedures of Internal Medicine

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

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

MEDICAL EXPERT

Demonstrate the competency and skills required to manage common respiratory disorders at the level of a specialist in General Internal Medicine. The resident will acquire the requisite knowledge, skills and attitudes to be able to recognize, investigate, and manage adult respiratory diseases. The resident will also learn the appropriate indications for referral of patients to physicians with additional training / expertise in Respiratory Medicine.

1. Demonstrate diagnostic and therapeutic skills for the assessment and management of:

(a) Respiratory disorders including chronic obstructive disease, asthma, pneumonia, lung cancer, acute and chronic respiratory failure, sleep disorders, pulmonary embolism, pleural disorders, and occupational and interstitial lung diseases.

(b) Respiratory emergencies including upper airway obstruction, acute severe asthma, tension pneumothorax, massive hemoptysis.

2. Interpret plain films of the chest using the principle of pattern recognition.

3. Interpret pulmonary function tests, arterial blood gases, acid base abnormalities and pleural fluid analysis.

4. Understand the indications and contra-indications for respiratory procedures (thoracentesis, CT guided biopsy, chest tube insertion, pleurodesis, bronchoscopy with or without biopsy and open lung biopsy).

5. Perform appropriate histories in patients with common respiratory problems. Recognize and interpret abnormal physical findings on examination of the respiratory system.

6. Demonstrate knowledge of the clinical use, indications, contraindications and effective technique in performance of diagnostic and therapeutic thoracentesis

7. Understand the indications for and principles of V / Q scanning and CT scans of the chest.

8. Demonstrate ability to recognize, evaluate and manage urgent and emergent respiratory diseases.

COMMUNICATOR

1. To communicate effectively with patients, families, other physicians and allied health professionals. This includes providing concise, written and dictated consultation notes and letters. Maintain complete and accurate medical records.

2. Will demonstrate the ability to obtain a thorough yet relevant history from patients with respiratory disease.

3. Effectively present and discuss respirology topics at teaching and patient care rounds.

SCHOLAR

1. Recognize and correct knowledge deficiencies in the aforementioned respiratory conditions, signs and symptoms, by means of personal continuing education.

2. Critically appraise medical literature as it pertains to managing patients with respiratory diseases and disorders.

By the end of the rotation, the trainee will:

1. Understand the physiology of:

- **(a)** Airflow obstruction
- **(b)** Pulmonary hypertension
- **(c)** Respiratory failure

2. Understand the pathophysiology of:

- **(d)** Asthma
- **(e)** Chronic obstructive lung disease
- **(f)** Obstructive /Central sleep apnea and obesity hypoventilation syndrome
- **(g)** Pneumonia
- **(h)** Pneumothorax

3. Understand the scientific evidence supporting investigation and management strategies in respiratory disease.

4. Have demonstrated critical review of the literature surrounding management of patients with respiratory disease.

COLLABORATOR

1. Work effectively with and enhance the interdisciplinary team involved in the delivery of medical care to respirology patients.

2. Participate in the multidisciplinary team management of respirology patients.

3. Recognize the roles of the following team members:

- **(a)** Asthma and COPD Educator
- **(b)** Physiotherapist
- **(c)** Pulmonary Function Technologist
- **(d)** Respiratory Therapist

LEADER

Utilize health care resource effectively and efficiently, demonstrating an awareness of the most cost-effective way of managing patients.

HEALTH ADVOCATE

1. Recognize and respond to determinants of health which particularly affect one's respiratory health including socioeconomic status, financial resources, social supports and public health issues.

2. Understand the impact of economic and social factors which predispose to and/or exacerbate respiratory disease.

3. Understand the importance of preventive strategies in respirology particularly as they relate to:

- **(a)** Asthma
- **(b)** Chronic Obstructive Lung Disease
- **(c)** Lung Cancer
- **(d)** Pneumonia
- **(e)** Tuberculosis

4. Have demonstrated appropriate attention to prevention counseling in patient encounters.

PROFESSIONAL

1. Demonstrate appropriate personal and professional behavior in interaction with patients and colleagues.

2. Demonstrate an awareness of an appropriate response to ethical issues in the management of respiratory illnesses such as palliative care, home ventilation, cardiopulmonary resuscitation, and withholding and withdrawing life support for respiratory failure.

These objectives will be acquired by the following methods:

1. Assignment to the respiratory service with exposure to inpatients, emergency room and outpatient components.

2. Direct interaction with the attending respirologist and discussion of patients on a case-by-case basis.

3. Both didactic and interactive teaching by the attending respirologist with a minimal of one hour of teaching per week as per the Minimal Teaching Requirements of the Internal Medicine Program.

4. Attendance at academic half-day, medical grand rounds, noon-time rounds, morning report and across-City chest rounds.

5. Learning about evidenced-based medicine and discussion of the relevant literature surrounding the patients on the respiratory service.

6. The teaching and procedural skills by the attending respirologist.

7. Self-directed learning.

8. Interaction with other members of the healthcare team.

These objectives will be evaluated by the following methods:

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 completion of a REAP form at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. This will be formerly documented using a Longitudinal Assessment form. In accordance with CBD principles, MUNCAT observations and coaching are used to evaluate and guide trainee progress.

1. The trainee's knowledge base, clinical skills, and attitudes will be continually observed during ward rounds, clinics, and the more formal teaching rounds.

2. Oral and written case reports under the care of the trainee will be evaluated. The accuracy of history taking and physical findings will be assessed in two ways:

(a) By confirming the findings reported in the oral and written case reports.

(b) By direct observation of the trainee during performance of a witnessed complete or partial history and physical examination.

3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves as to the diagnosis and management of a specific patient problem prior to their receiving input from the attending Respirologist.

4. Monitoring of attendance at academic half-day, medical grand rounds, noon-time rounds and morning report.

5. Professional attitudes such as communication skills, teaching skills and interpersonal relations will be assessed on an ongoing basis by observing the trainee's interactions 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.

6. Longitudinal Assessment form

7. Direct observation and performance of procedures and completion of a procedural log.

8. Evaluation by the attending staff of the trainee's work-up and the management of patients seen during the occasional cross-coverage of other subspecialties while on-call.

August 2024

Goals and Objectives for the RHEUMATOLOGY Rotation

During this rotation, the resident will develop the knowledge base, skills and attitudes to provide comprehensive evaluation and care of patients with Rheumatic Diseases in both inpatient and ambulatory settings.

- Residents will be exposed to an adequate volume of patients during the rotation, and expected to read around cases. It will be expected that the resident will attend 7 half day clinics per week.
- There will be no rheumatology on call requirement and no inpatient consult service during this block.
- There will be no formal presentation expected of the resident, however there will be weekly personal learning projects about interesting cases seen during the clinics.
- Bedside teaching will be provided regarding physical exam technique and injection techniques. Teaching will also be given on core rheumatic diseases and their management based on what is seen on a daily basis.
- In addition to their protected academic time, residents will have the opportunity to attend rheumatology grand rounds, as well as any other programs offered of interest during the rotation.
- Residents will be introduced to electronic medical records, and have the opportunity to practice time management, charting, and have an introduction to basic clinic management skills in a community setting.
- Residents will be expected to prepare the charts for their patients during the rotation and perform their own documentation, and feedback will be given on a daily basis. Residents will be introduced the principles of triaging referrals as part of clinic management.

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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

TD2: Identifying and assessing unstable patients, providing initial management, and obtaining help

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F3: Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

F7: Identifying personal learning needs while caring for patients, and addressing those needs

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.

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

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

Medical Expert

1. Take an appropriate and thorough history, perform a comprehensive physical examination, and formulate an appropriate differential diagnosis and management strategy.
2. Describe the common signs and symptoms of the following rheumatic conditions:
   (a) infectious diseases involving the musculo-skeletal system (MSK)
   (b) diffuse inflammatory connective tissue disorders (including lupus, scleroderma, and inflammatory arthritis, vasculitis, myositis, and sjogren's)
   (c) crystal related arthritis
   (d) degenerative diseases of the MSK system (including osteoarthritis)
   (e) metabolic bone diseases
   (f) stress related MSK DISORDERS
3. Develop a broad knowledge of the epidemiology of MSK disorders in society, and their impact on the individuals that are affected by them.
4. Develop a basic knowledge about laboratory and radiological investigations used in the rheumatic diseases. An approach to the interpretation of the results of such investigations in light of the clinical presentation is essential.
5. Be aware of the most current therapeutic interventions used in the treatment of rheumatic diseases.
6. During the rotation, to provide cross-coverage for other Internal Medicine subspecialties while on-call.

Communicator

1. Communicate in an effective manner, verbally and in written form, with other members of the healthcare team.
2. Develop good patient-physician relationships, characterized by understanding, trust, respect, empathy, and confidentially.
3. Develop a patient-centered approach to healthcare. This appraisal will encourage discussion, promote patients' participation in decisions (such as choice between various therapeutic options), and acknowledge the importance of factors, which influence the patient-physician relationship, such as age, gender, ethnicity, cultural and socioeconomic background, and spiritual values.

Collaborator

1. Contribute effectively to other interdisciplinary team activities, recognizing that high quality Rheumatology care is best provided by a team approach.
2. Participate in an interdisciplinary team in which the opinion of each team member is recognized and respected.

Manager

1. Understand ways in which the structure, financing, and operation of the Newfoundland and Labrador health care system affects the delivery of rheumatological care in Newfoundland and Labrador.
2. Appropriately utilize other healthcare organizations and allied health care professionals (including physiotherapists, occupational therapists) in the efficient management of ambulatory rheumatology problems and the delivery of rheumatology services in an outpatient environment.
3. Demonstrate the ability to multi-task, prioritize responsibilities, and delegate responsibilities appropriately.

Health Advocate

1. Determinants of health care which particularly relate to the practice of rheumatology (including patient socioeconomic background, financial resources, employment status, and social support).

Scholar

1. Identify and correct knowledge deficits by means of self-assessment, literature review, and consultation with other health care professionals.
2. Evaluate medical literature using critical appraisal skills.
3. Facilitate the learning of medical students and other residents.

Professional

1. Be cognizant of ethical issues in the management of patients with chronic potentially disabling diseases.
2. Deliver exemplary patient care commensurate with level of training. Demonstrating appropriate and interpersonal professional behaviors.

These objectives will be acquired by the following methods:

1. Assignment to the Rheumatology service with exposure to inpatients, emergency room, and outpatient components.
2. Direct interaction with the attending rheumatologist and discussion of patients on a case-by-case basis.
3. Both didactic and interactive teaching by the attending rheumatologist with a minimal of one hour of weekly teaching as per the Minimal Teaching Requirements of the Internal Medicine Program.
4. Learning about evidenced-based medicine, and discussion of the relevant literature surrounding the patients on the rheumatology service.
5. The teaching and procedural skills by the attending rheumatologist.
6. Self-directed learning.
7. Interaction with other members of the healthcare team.

These objectives will be evaluated by the following methods:

1. The trainee's knowledge base, clinical skills, and attitudes will be continually observed during ward rounds, clinics, and the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated. The accuracy of history taking and physical findings will be assessed by confirming the findings reported in the oral and written case reports
3. Clinical judgement of the trainee will be assessed by encouraging the trainee to commit themselves as to the diagnosis and management of a specific patient problem prior to their receiving input from the attending rheumatologist.
4. Professional attitudes such as communication skills, teaching skills and interpersonal relations will be assessed on an ongoing basis by observing the trainee's interactions 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.
5. Longitudinal Assessment
6. Direct observation and performance of procedures

August 2024

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. Gillian Morrison (gillian.morrison@easternhealth.ca) and Sandra Mooney (sandral@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 a longitudinal assessment of the trainee's medical expert and non-Medical expert CanMEDS roles.

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 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.

July 2024

Goals and Objectives of the Junior Internal Medicine ER Consult Rotation

The Junior Internal Medicine ER consult rotation is completed by junior residents in the Emergency Department at the Health Sciences Centre. Residents will be responsible for assessing and managing Internal Medicine consults from the Emergency Physician/care team from 8 am to 5 pm, under the supervision of the senior Internal medicine ER consult resident and the attending Internal Medicine staff. Throughout their rotation they will show progression towards more independent practice. They may have supervisory role in reviewing consultations and discussing care plans with 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. 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. In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Internal Medicine ER Consult 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.

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

TD2: Identifying and assessing unstable patients, providing initial management, and obtaining help

Foundations:

F1: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

F2: Managing patients admitted to acute care settings with common medical problems and advancing their care plans

F3: Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

F5: Assessing unstable patients, providing targeted treatment and consulting as needed

F7: Identifying personal learning needs while caring for patients, and addressing those needs

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
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 performs 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. Perform efficient and complete consult presentations to attending staff
8. Demonstrate appropriate clinical judgement and management of consulted patients, including supervising juniors in their performance of this role
9. Demonstrate an understanding of the clinical indications and risks, performance and interpretation of results for the procedures of Internal Medicine including paracentesis, thoracentesis, etc.
10. 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, including consult presentation, as well as 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 supervise medical students on the consult team
2. Effectively manage time and competing interests
3. 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
2. Able to ask a clinical question and perform an focused literature search and critically review the literature
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

July 2024

Goals and Objectives of the Senior Internal Medicine ER Consult Rotation

The Internal Medicine ER consult 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/care team from 8 am to 5 pm, 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. 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. In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Senior Internal Medicine ER Consult 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.

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

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
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 performs 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. Perform efficient and complete consult presentations to attending staff
8. Demonstrate appropriate clinical judgement and management of consulted patients, including supervising juniors in their performance of this role
9. Demonstrate an understanding of the clinical indications and risks, performance and interpretation of results for the procedures of Internal Medicine including paracentesis, thoracentesis etc.
10. 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, including consult presentation, as well as 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
2. Able to ask a clinical question and perform an focused literature search and critically review the literature
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