# Internal medicine ROTATION PLAN (2019-2020)

### NAME OF ROTATION: IM Medical Consultations

### FOCUS OF THIS ROTATION

- This rotation is to provide PGY 2-3 Internal Medicine residents with experience in providing Internal Medicine consultation for patients with more complex clinical problems across multiple settings.
- The goals listed will be completed, in part, during this GIM rotation. Completion of all goals is
  expected by the end of the PGY 3 year and will be accomplished through ongoing clinical
  exposure, participation in the formal academic curriculum and personal learning strategies.
  Residents are encouraged to prioritize goals during their initial focused clinical exposure to this
  discipline.

#### CBD stage(s) for this rotation:

COD

Length of this rotation:

• 1 block

### PGY Level(s) for this rotation:

- PGY2
- PGY3

#### Locations for rotation:

- SHSC
- SMH
- SHS (MSH)
- UHN-TGH
- UHN-TWH

#### Required training experiences included in this rotation: Core stage:

Clinical training experiences: 1.

1.3. Service providing internal medicine consultation to other disciplines or to medical subspecialty inpatient units

1.4. Service providing preoperative assessment and perioperative care

1.5. After hours coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department

1.6. Experience with critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department

### Recommended training experiences (Core stage):

Other training experiences: 3.

3.1. Simulation training for internal medicine procedures

### **Optional training experiences (Core stage):**

Clinical training experiences: 4. 4.2. Internal Medicine for specific populations Care for vulnerable/marginalized populations 4.2.1. 4.4. Methods of delivery of internal medicine care Interprofessional ambulatory care 4.4.2.

Other training experiences: 5. 5.1. Training in point-of-care ultrasound

EPAs Mapped to this rotation:	Total # of EPAs
COD 1 Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	2
COD 2 A & B Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management Assessing and managing patients with complex chronic conditions: Part B: Patient Education/Communication	1
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	1
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	1
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	1
COD 4A Assessing, resuscitating, and managing unstable and critically ill patients: Part A: Patient Care	Do whenever possible
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 6 Assessing capacity for medical decision-making	1
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	1
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 9A Caring for patients at the end of life: Part A: Symptom Management in End of Life Care	Do whenever possible
COD 9B Caring for patients at the end of life: Part B: Discussion about transition away from disease modifying treatment	Do whenever possible
COD 10 Implementing health promotion strategies in patients with or at risk for disease	0-1 (can do)

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Integrate detailed knowledge of pathophysiology, natural history and typical and atypical clinical presentations of a wide variety of internal medicine related diseases into all elements of patient care.	Medical Expert
2.	Demonstrate ability to provide a robust differential diagnosis for a wide variety of complex and/or undifferentiated medical conditions in an efficient, prioritized, and hypothesis driven fashion.	Medical Expert
3.	Demonstrate a patient-centred, evidence based approach to the assessment and management of patients with a wide variety of internal medicine based diseases.	Medical Expert
4.	Demonstrate a patient-centred evidence based approach to the assessment and management of patients in the pre, peri and immediate post-operative periods.	Medical Expert

	Key Objectives for this Rotation:	CanMEDS Role(s):
5.	Demonstrate a patient-centred evidence based approach to the assessment and management of pregnant patients with medical complications of pregnancy.	Medical Expert
6.	Communicate effectively in both oral and written formats, including well organized, timely, succinct and legible orders, progress notes and consult letters.	Communicator Collaborator
7.	Effectively collaborates with the interprofessional team and medical staff to coordinate the patient's care.	Collaborator
8.	Ensures patient safety through well planned transitions of care while in the acute care setting.	Health Advocate

# Royal College Internal Medicine Competencies emphasized on the Medical Consultation rotation.

Numbers refer to items identified in the Royal College Competencies document

# Investigations

Be able to order and interpret each of the following:

- Pre-operative medical risk evaluation including comparing and contrasting peri-operative risk indices
- Peri-operative diagnostic tests

# **Disorders**

Demonstrates a prioritized differential diagnosis and evidence based approach to the investigation and management of a wide variety of clinical problems including:

- Peri-operative management of hypertension, heart, lung, metabolic, diabetes mellitus, adrenal insufficiency and kidney diseases 1.4.13.2.1.
- Medical complications of pregnancy:
  - Diabetes 1.4.13.5.3.4.
  - Hypertension 1.4.13.5.3.1.
  - Thyroid disease
  - Thromboembolic disease 1.4.13.5.3.6.

### **Therapies**

- Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of patients perioperatively:
  - Use of anticoagulants and anti-platelet agents 1.4.13.2.2.
  - Prophylaxis for infection, including endocarditis prophylaxis 1.4.13.2.3.
  - Prophylaxis for venous thromboembolism 1.4.13.2.4.