NAME OF ROTATION: IM - CTU Junior

FOCUS OF THIS ROTATION
- The goal of this rotation is to provide the junior Internal Medicine trainee (PGY1) with the opportunity to develop basic competencies in the assessment and management of patients with straightforward internal medicine disorders in the emergency department and on the ward.

CBD stage(s) for this rotation:
- TTD
- FOD

Length of this rotation:
- 1 block (5 during PGY1)

PGY Level(s) for this rotation:
- PGY1

Locations for rotation:
- SHSC
- SMH
- SHS (MSH)
- UHN-TGH
- UHN-TWH

Required training experiences included in this rotation TTD Stage:
Clinical training experiences: 1.
1.1. Inpatient medical clinical teaching unit (CTU)
1.2. After-hours coverage for inpatients and internal medicine consultation to the emergency department

Other training experiences: 2.
2.1. Orientation to the clinical and learning environment, to include the following topics: postgraduate education policies, learning resources, assessment system and electronic platform; Internal Medicine program portfolio and resident resources; health and wellness; institutional admitting and discharge processes, and information systems

2.2. Formal instruction in
   Topics related to patient safety (e.g. handover, infection control) 2.2.1.
   Diagnosis and management of common medical emergencies 2.2.2.

Recommended training experiences TTD stage:
Other training experiences: 3.
3.2. Simulation training experiences in technical procedures

Required training experiences Foundations stage:
Clinical training experiences: 1.
1.1. Internal medicine inpatient service
1.4. Acute care experience with patients presenting to emergency department
1.5. After-hours coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department

Other training experiences: 2.
2.1. Directed and/or independent learning experience, in topics such as medical ethics, critical appraisal, and wellness (e.g. use of journal clubs, online modules, academic rounds)
### Recommended training experiences Foundations stage:
- Clinical training experiences: 3.
- 3.3. Care of the elderly
- Other training experiences include: 4.
  - 4.1. Instruction or experience in procedural skills (may use simulation)

<table>
<thead>
<tr>
<th>EPAs Mapped to this rotation</th>
<th>Total # of EPAs 4+ per block</th>
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<tbody>
<tr>
<td>TTD1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care</td>
<td>2</td>
</tr>
<tr>
<td>TTD2 Identifying and assessing unstable patients, providing initial management, and obtaining help</td>
<td>Do whenever possible</td>
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<tr>
<td>TTD3 Performing the basic procedures of Internal Medicine</td>
<td>Do whenever possible</td>
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<tr>
<td>FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family</td>
<td>0-1</td>
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<tr>
<td>FOD 2C Managing patients admitted to acute care settings with common medical problems and advancing their care plan: Part C: Handover</td>
<td>0-1</td>
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<tr>
<td>FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan</td>
<td>0-1</td>
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<tr>
<td>FOD 4A &amp; B Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings</td>
<td>0-1</td>
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<tr>
<td>FOD 6 Discussing and establishing patients’ goals of care</td>
<td>0-1</td>
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<tr>
<td>FOD 1 Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings</td>
<td>1</td>
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<tr>
<td>FOD 2A Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part A: Patient Assessment and Management</td>
<td>0-1</td>
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<tr>
<td>FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family</td>
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<td>FOD 5 Assessing unstable patients, providing targeted treatment and consulting as needed</td>
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<td>COD 5 Performing the procedures of Internal Medicine</td>
<td>Do whenever possible</td>
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<tr>
<td>COD 8 Caring for patients who have experienced a patient safety incident (adverse event)</td>
<td>Do whenever possible</td>
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### Key Objectives for this Rotation:

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<th>CanMEDS Role(s):</th>
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<tr>
<td>1.</td>
<td>Gather an accurate and relevant history from the patient in an efficient, prioritized, and hypothesis driven fashion. Performs and interprets accurate, suitably detailed physical examinations</td>
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<td>2.</td>
<td>Demonstrate an approach to and rationale for the investigation and treatment of patients with a wide variety of common internal medicine based diseases</td>
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<td>3.</td>
<td>Complete in a safe and effective manner with/without supervision some technical procedures commonly required on an internal medicine inpatient service</td>
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<td>4.</td>
<td>Establish a therapeutic relationship with patients and families while providing accurate, patient centered and suitably detailed communication to patient and families</td>
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<td>5.</td>
<td>Provide organized, accurate and timely written admission, progress notes and discharge summaries.</td>
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<td>6.</td>
<td>Participate in patient handover with clear and relevant communication of the patient’s status outlining potential areas of medical concern.</td>
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<td>7.</td>
<td>Participate in team activities with professionalism, showing respect for interprofessional team members.</td>
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<td>8.</td>
<td>Demonstrate an understanding of the impact of socioeconomic factors on patients’ health and demonstrate awareness of resources and strategies to address these factors.</td>
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<td>9.</td>
<td>Demonstrate integrity, honesty, compassion and respect for diversity and maintains patient confidentiality and privacy throughout all aspects of their practice.</td>
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### Royal College Internal Medicine Competencies emphasized on the CTU Junior rotation.
Numbers refer to items identified in the Royal College Competencies document

### Symptoms

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for each of the following:

- **Cardiovascular:**
  - Chest pain 1.4.1.1.1.
  - Syncope 1.4.1.1.4.
  - Shock 1.4.13.1.3.

- **Respiratory:**
  - Dyspnea 1.4.1.1.2.
| Gastrointestinal:       | GI bleeding 1.4.4.3.6.  
|                        | Diarrhea 1.4.4.3.2.  
|                        | Undifferentiated abdominal pain 1.4.4.1.1. |
| Neurologic:            | Decreased level of consciousness 1.4.7.1.2.  
|                        | Headache 1.4.7.1.1.  
|                        | Vertigo 1.4.7.1.3.  
| Infectious:            | Fever 1.4.12.1.11  
| General:               | Weight loss  
|                        | Fatigue 1.4.6.1.2.  
| Geriatric:             | Frequent falls 1.4.13.6.1.4.  
|                        | Functional decline  

**Disorders**  
Knows the general pathogenesis, natural history, common presentations and findings, and principles of inpatient management for the following clinical problems:

| Cardiovascular:       | Heart failure  
|                       | Coronary artery disease  
|                       | Atrial fibrillation  
|                       | Sudden cardiac death  
|                       | Valvular heart disease  
|                       | Hypertensive emergencies  
| Respiratory:          | Asthma  
|                       | Obstructive airway diseases  
|                       | Pleural effusion  
|                       | Thromboembolic disease  
|                       | Malignant disease  
|                       | Lower respiratory tract infections  
|                       | Interstitial lung diseases  
| Gastrointestinal:     | Peptic diseases  
|                       | Acute and chronic liver diseases and their complications  
|                       | Pancreatitis  
| Rheumatologic:        | Acute monoarthritis  
|                       | Acute and chronic polyarthritis  
|                       | Vasculitis  
| Hematologic:          | Anemia  
|                       | Thrombocytopenia  
|                       | Bleeding disorders  
|                       | Hematological malignancies  
|                       | Lymphadenopathy  
|                       | Splenomegaly  
| Nephrologic:          | Acid base abnormalities  
|                       | Electrolyte abnormalities  
|                       | Acute and chronic renal insufficiency  
|                       | Proteinuria  
|                       | Hematuria  
| Neurologic:           | Stroke  
|                       | Seizures  
|                       | Delirium  
|                       | Dementia (including BPSD)  
|                       | Peripheral neuropathy  

Page 4 of 5
| Infectious: | Fever of unknown origin  
HIV infection and its complications  
Appropriate use of antibiotics  
Acute infectious illness (meningitis, encephalitis, pneumonia, endocarditis, gastroenteritis, sepsis, septic arthritis, cellulitis, pyelonephritis) |
|---|---|
| Endocrinologic: | Diabetes and its complications  
Adrenal disorders  
Thyroid disorders  
Complications of steroid use  
Calcium disorders  
Osteoporosis |
| Oncologic: | Hypercalcemia  
Superior vena cava obstruction  
Febrile neutropenia  
Approaches to common solid tumours  
Spinal cord compression |
| General: | Drug reactions  
Overdose |
| Ethics: | Capacity assessment,  
End-of-life care  
Informed consent  
Palliative care and medical assistance in dying (MAID) |
| Geriatric: | Gradual system failure  
Polypharmacy  
Falls |
| Pregnancy: | Diabetes  
Hypertension  
Preeclampsia  
Thromboembolic diseases |

**Investigations:**

Be able to perform in a safe and effective manner, with support and supervision as needed and be able to interpret the results of:

- Arterial puncture for blood gas  
- Insertion of central and peripheral venous lines  
- Knee aspiration  
- Lumbar puncture  
- Paracentesis  
- Thoracentesis

Demonstrates accurate interpretation of:

- EKGs  
- Chest radiographs  
- Blood Gas Results