

NAME OF ROTATION: IM – CTU Senior

FOCUS OF THIS ROTATION

- Senior medical residents, in their PGY 2 and/or PGY 3 years, will complete 2-4 blocks as the "team senior" on the clinical teaching unit. In this time, they will learn to function independently as Internal Medicine consultants in the diagnosis and management of patients with undifferentiated or multisystem disease processes. Completion of all objectives is expected by the end of the PGY 3 year. Residents are encouraged to prioritize goals during their initial clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are expected to demonstrate progressive competency as they move through the training program.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 3-4 blocks (not continuous)

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:

Required training experiences (Core stage):

Clinical training experiences: 1

1.1. Internal medicine inpatient CTU. This experience must include being the team leader

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

Other training experiences: 2

2.1. Formal instruction in

Critical appraisal 2.1.1.

Patient safety, quality assurance and quality improvement methodology 2.1.2.

Recommended training experiences (Core stage):

Other training experiences: 3

3.1. Simulation training for internal medicine procedures

3.3. Experience in patient safety/quality improvement

Optional training experiences (Core stage):

Clinical training experiences: 4

4.2. Internal Medicine for specific populations

Care for vulnerable/marginalized populations 4.2.1.

EPAs Mapped to this rotation:	Total # of EPAs
C1: Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	3
C3A: Providing internal medicine consultation to other clinical services (Part A - Patient Assessment and Decision-Making)	0-1 (can do)
C3B: Providing internal medicine consultation to other clinical services: Part B - Written Communication	1
C4A: Assessing, resuscitating, and managing unstable and critically ill patients (Part A - Patient Care)	Do whenever possible
C5: Performing the procedures of Internal Medicine	Do whenever possible
C6: Assessing capacity for medical decision-making	1
C7: Discussing serious and/or complex aspects of care with patients, families, and caregivers	1
C8: Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
C9A: Caring for patients at the end of life (Part A: Symptom Management in End of Life Care)	Do whenever possible
C9B: Caring for patients at the end of life (Part B: Discussion about transition away from disease modifying treatment)	Do whenever possible
C11A: Supervising junior learners in the clinical setting (Part A – Teaching)	1-2
C11B: Supervising junior learners in the clinical setting (Part B - Running the Team)	1-2

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

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Use their knowledge of the pathogenesis, natural history and typical presentations of a wide variety of internal medicine related diseases to provide a robust differential diagnosis for a wide variety of complex and/or undifferentiated medical conditions.	Medical Expert
2.	Demonstrate a patient-centred, evidence-based approach to the history, physical examination, investigation and treatment of patients with a wide variety of complex internal medicine based diseases.	Medical Expert
3.	Complete, independently, technical procedures commonly required in the management of patients on an internal medicine inpatient service	Medical Expert
4.	Provide accurate, patient centered and suitably detailed communication to patient and families, including for end of life care	Communicator
5.	Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts.	Collaborator
6.	Demonstrate effective time management and organizational skills reflecting the complex role of the senior resident as team leader, care provider and learner.	Leader
7.	Demonstrate an understanding of the impact of socioeconomic factors on patients' health and is aware of resources and strategies to address these factors.	Advocate
8.	Contribute to discussions during clinical and teaching rounds in a manner that facilitates learning of the individual and of colleagues.	Scholar
9.	Demonstrate appropriate professional behaviour, with integrity, honesty, compassion and respect for diversity, while maintaining patient confidentiality and privacy.	Professional

Royal College Internal Medicine Competencies emphasized on the CTU Senior 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:

Acute medicine:	Shock 1.4.13.1.3.
Cardiovascular:	Chest pain 1.4.1.1.1. Syncope 1.4.1.1.4.
Respiratory:	Acute dyspnea 1.4.1.1.2. Cough Hemoptysis
Gastrointestinal:	Dysphagia Undifferentiated abdominal pain 1.4.4.1.1. Nausea and vomiting Diarrhea 1.4.4.3.2. Upper and lower gastrointestinal hemorrhage 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. Focal neurological deficit
Infectious:	Fever 1.4.12.1.11
Geriatric:	Frequent falls 1.4.13.6.1.4. Incontinence Cognitive dysfunction Functional decline

Disorders

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

Acute medicine:	Cardio-respiratory arrest Poisoning Overdose Shock Severe adverse drug reaction Immediately life-threatening metabolic, cardiology, pulmonary, neurologic, gastrointestinal, and other organ system dysfunction
Cardiovascular:	Coronary artery disease Congestive heart failure Atrial fibrillation Valvular heart disease Cardiomyopathies Pericarditis Hypertensive emergencies Cardiac tamponade
Respiratory:	Asthma Obstructive airway diseases Pleural effusion Thromboembolic disease Malignant disease Pneumonia Interstitial lung diseases

Gastrointestinal:	<ul style="list-style-type: none"> Peptic diseases Acute and chronic liver diseases and their complications Pancreatitis Malabsorption, Malignant disease
Rheumatologic:	<ul style="list-style-type: none"> Acute monoarthritis Inflammatory polyarthritis Osteoarthritis Multi-system rheumatologic disorders such as connective tissue diseases, vasculitis etc.
Hematologic:	<ul style="list-style-type: none"> Anemia Thrombocytopenia Neutropenia Hypercoagulable states Bleeding disorders Lymphadenopathy Splenomegaly Transfusion medicine Haematologic malignancies
Nephrologic:	<ul style="list-style-type: none"> Acid base abnormalities Electrolyte abnormalities Acute and chronic renal insufficiency Proteinuria Hematuria
Neurologic:	<ul style="list-style-type: none"> Altered mental status Stroke Seizures Delirium Dementia Peripheral neuropathy
Infectious:	<ul style="list-style-type: none"> Fever of unknown origin HIV infection and its complications Tuberculosis Appropriate use of antibiotics Acute infectious illness (meningitis, encephalitis, pneumonia, endocarditis, gastroenteritis, sepsis, septic arthritis, cellulitis, pyelonephritis) Isolation precautions
Endocrinologic:	<ul style="list-style-type: none"> Diabetes and its complications Adrenal disorders Thyroid disorders Complications of steroid use Calcium disorders Osteoporosis
Oncologic:	<ul style="list-style-type: none"> Hypercalcemia Superior vena cava obstruction Febrile neutropenia Approaches to common solid tumours Tumour lysis syndrome Spinal cord compression
Geriatric:	<ul style="list-style-type: none"> Gradual system failure Polypharmacy Falls

Investigations:

Performs independently, safely and efficiently, procedures required for the assessment and management of general Internal Medicine patients:

- Arterial puncture for blood gas
- Knee aspiration
- Lumbar puncture
- Paracentesis
- Thoracentesis

Demonstrates accurate interpretation of:

- EKGs
- Chest radiographs
- Blood Gas Results