

NAME OF ROTATION: IM Hospitalist

FOCUS OF THIS ROTATION

- This senior rotation (PGY 2 or 3) is aimed at fostering consultant skills and independence in the context of busy academic in-patient, out-patient and emergency room Internal Medicine care.
- The objectives listed will be completed, in part, this rotation. Completion of all objectives 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 objectives during this community rotation.

CBD stage for this rotation:

- COD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY2
- PGY3

Location for rotation:

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

Required training experiences included in this rotation:

Core stage:

Clinical training experiences: 1.

1.2. Ambulatory care: clinic and/or day hospital. This must include experience with a broad spectrum of conditions as well as patients with complex disorders

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.

4.1. Preceptorship in Internal Medicine

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	4
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	0-1 (can do)
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	0-1 (can do)
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	0-1 (can do)
COD 4A Assessing, resuscitating, and managing unstable and critically ill patients: Part A: Patient Care	2
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

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

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	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
2.	Demonstrate an evidence based approach to the investigation of patients with a wide variety of internal medicine based diseases.	Medical Expert
3.	Demonstrate an evidence based approach to the treatment of patients with a wide variety of internal medicine based diseases.	Medical Expert
4.	Complete, independently, technical procedures commonly required in the management of patients on an internal medicine inpatient service.	Medical Expert
5.	Provide accurate, patient centered and suitably detailed communication to patient and families.	Communicator
6.	Demonstrate an effective working relationship with the emergency room staff, the interprofessional health team, and other medical consultants.	Collaborator
7.	Ensure patient safety through well-planned transitions of care while in the acute care setting.	Leader
8.	Demonstrate time management skills to reflect and balance priorities for patient care within a busy community setting.	Leader

Royal College Internal Medicine Competencies emphasized on the IM Hospitalist 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.
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 Severe or 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
Respiratory:	Asthma Obstructive airway diseases Pleural effusion Thromboembolic disease	Malignant disease Pneumonia Interstitial lung diseases
Gastrointestinal:	Peptic diseases Acute and chronic liver diseases and their complications Pancreatitis Malabsorption, Malignant disease	
Rheumatologic:	Acute monoarthritis Inflammatory polyarthritis osteoarthritis Multi-system rheumatologic disorders such as connective tissue diseases, vasculitis etc.	

Hematologic:	Anemia Thrombocytopenia Hypercoagulable states Bleeding disorders	Lymphadenopathy Splenomegaly Transfusion medicine Haematologic malignancies
Nephrologic:	Acid base abnormalities Electrolyte abnormalities Acute and chronic renal insufficiency	Proteinuria Hematuria
Neurologic:	Altered mental status, stroke, seizures, delirium, dementia, peripheral Stroke Seizures Delirium	Dementia Peripheral neuropathy
Infectious:	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)	
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 Tumour lysis syndrome
Geriatric:	Gradual system failure Polypharmacy	
Pregnancy:	Diabetes Hypertension	Preeclampsia Thromboembolic diseases

Investigations:

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

- 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