

McMaster Otolaryngology-Head and Neck Surgery
Goals & Objectives & Competencies
Internal Medicine Rotation
CanMEDS 2015

Foundations of Discipline Stage-First Year Resident

Overview

During the Foundation Stage, the resident will spend one block on the Internal Medicine service.

Schedule of the week:

You will be assigned to a team. You will be expected to make rounds with your team in the mornings and to make handover of patients to the team when indicated.

Call:

You will be assigned for in hospital call on the Internal Medicine service. Please note that call is from 17:00 to 08:00 hrs. Call will be set according to PARO guidelines.

Overall Objectives & Competencies

It is recognized that the resident may not be exposed to all elements of these objectives; however at the conclusion of the rotation the resident should demonstrate knowledge or competency in the following:

The resident is expected to gain understanding and knowledge of essential issues on the Internal Medicine service, and to have a high degree of “hands on” responsibility, under appropriate supervision of the adult ill patients.

*(Please note that in brackets with SF you will find corresponding Surgical Foundations competencies when applicable; and objectives/competencies in **bold** are the ones assessed on the In Training Evaluation Report-ITER)*

Specific Objectives & Competencies

Medical Expert

(1.1) Demonstrate a commitment to high-quality care of their patients (SF 1.1.)

(1.4) **Apply knowledge of the clinical and biomedical sciences relevant to adult ill patients seen on the Internal Medicine unit presenting with (SF 1.3.)**

- Respiratory disorders of various causes (SF 1.3.18.10.)
- Cardiac disorders, including acute MI, cardiac arrest, arrhythmias, pulmonary edema, pulmonary hypertension, electro-mechanical dissociation, etc. (SF 1.3.18.3.)
- Circulatory failure/shock (SF 1.3.18.1.)
- Gastrointestinal and hepatic disorders (SF 1.3.18.5.)
- Renal disorders (SF 2.4.1.12.)
- Fluid, electrolyte and acid/base balance (SF 1.3.17.3.)
- Nutritional assessment and management (enteral/parenteral nutrition) (SF 2.4.1.8.)
- Hematology and coagulation disorders (SF 1.3.18.7.)
- Endocrine disorders (diabetes, thyroid dysfunction, adrenal dysfunction) (SF 1.3.18.4.)
- Neurological disorders (decrease level of consciousness, coma, confusion, seizures, dizziness, ataxia, and headache) (SF 1.3.18.8.)
- Pharmacology including antibiotics, inotropes, cardiac medications, anti-hypertensive agents, diabetic medications
- Toxicology-related disorders, including overdoses, intoxications and poisonings
- Perioperative management of adult ill patients

(1.4) **Perform appropriate consultation including the presentation of well-documented assessments including recommendations that are well documented (SF 1.4.)**

(1.5) Seek assistance to prioritize multiple competing task that need to be addressed

(1.5) Recognize urgent issues that may need involvement of more senior colleagues or staff and engage them immediately

(2.1) **Prioritize issues and /or tasks appropriately (SF 2.1.)**

(2.2) **Elicit a history, perform a physical exam and select appropriate investigations, and interpret the results for the purpose of diagnosis and management, disease prevention, and health promotion of the above listed medical disorders (SF 2.2.)**

(3.4) Perform diagnostic and therapeutic procedures in a skilful and safe manner

- Foley catheter insertion (SF 3.4.18.8.)
- Nasogastric tube insertion (SF 3.4.18.9.)
- Arterial blood gas sample

Communicator

(1.1) **Communicate using a patient-centered approach that is respectful (SF 1.1.)**

(1.4) Respond to patients nonverbal behaviors to enhance communication (SF 1.4.)

(2.3) Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent when possible (SF 2.3.)

- (3.1) **Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding with regard to the diagnosis, prognosis and treatment plan (SF 3.1.)**
- (4.1) Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe (SF 4.1.)
- (5.1) **Document information about patients and their medical conditions by keeping medical records legible, clear, concise and problem-oriented (SF 5.1.)**

Collaborator

- (1.1) **Establish and maintain positive relationships with physicians and other colleagues such as nurses, social workers, respiratory technicians, dieticians, physiotherapists, geriatric physicians and other subspecialty physicians(SF1.1.)**
- (2.1) Actively listen to and engage in interactions with collaborators in urgent situations and for longitudinal care (SF 2.1.)
- (3.2) **Demonstrate safe handover of care, both verbal and written (SF 3.2.)**
 - Summarize well the patient's issues in the transfer summary, including plans to deal with the ongoing issues

Leader

- (1.2) Contribute to a culture that promotes patient safety (SF 1.2.)
- (1.4) **Use health informatics to improve the quality of patient care and optimize patient safety (SF 1.4.)**

Health Advocate

- (1.1) Advocate for treatment that is consistent with the patient's values and wishes, including limiting treatment or withdrawal of life support when appropriate (SF 1)
- (1.2) Work with the patient and family to increase opportunities to adopt healthy behaviors (SF 1.2.)
- (1.3) **Incorporate disease prevention, health promotion and health surveillance activities and promote risk complication reductions related to smoking, alcohol usage, malnutrition and immunization (SF 1.3.)**

Scholar

- (1.1) **Develop successful implementation of a personal continuing education plan (SF 1.1.)**
- (1.2) **Identify opportunities for learning needs that arise in daily work and seek for feedback from staff and senior residents (SF 1.2.)**
- (3.1) **Recognize practice uncertainty and knowledge gaps and seek for advice and help if needed (SF 3.1.)**
- (3.2) Review the literature or attend formal or informal education sessions while on Internal Medicine (SF 3.2.)

Professional

- (1.1) **Exhibit appropriate professional behaviours and relationships in all aspects of practice (SF 1.1.)**

- (1.3) Identify common ethical problems encountered on Internal Medicine unit (SF 1.3.)
- (2.2) **Demonstrate a commitment to patient safety and quality improvement through adherence to institutional Internal Medicine policies and procedures (SF 2.2)**

The main assessment of the rotation will be the In Training Evaluation Report (ITER). But when applicable, residents may use the Entrustable Professional Activity observations from the Surgical Foundations program for surgical patients seen.

Approved January 29, 2017
Revised January 2019