Internal Medicine Rotation
Royal Victoria Hospital, Montreal General Hospital, Jewish General Hospital

Orientation to Rotation

- **Rotation duration**: One 4-week block

- **Rotation Site Information**: It is the Residents' responsibility to contact the site director or coordinator BEFORE the start of their rotation to determine where they should report to on the first day.

  **RVH Director**: Dr. Josee Verdon  
  **Contact** Carole Seguin, carole.seguin@muhc.mcgill.ca, 514-934-1934 ext 35921  
  **On the first day report for orientation with Objectives of Training document to**: Nurses station of assigned unit - either 6 Medical or 10 Medical.

  **MGH**:
  **Contact**: Marie Harkin Talbot marie.harkintalbot@muhc.mcgill.ca, 514-934-1934 ext 43064  
  **On the first day report for orientation with Objectives of Training document to**: assigned unit.

  **JGH**: **Site Program Director** Dr. Ruxandra Bunea  
  **Contact**: Angie Sacratini, Angie.sacratini@jgh.mcgill.ca, 514-340-8222 ext 4974  
  **On the first day report for orientation with Objectives of Training document to**: assigned unit.

  **Schedule**: During this rotation, the Resident is expected to participate in the clinical activities, rounds as indicated by Rotation supervisor

Evaluation

- The resident will be required to contact their site rotation supervisor for midway feedback.
- Resident will be responsible for organizing face-to-face feedback at the end of every four week block.
- The final evaluation will be posted on MRESone45.

Recommended reading

See the RVH Librarian for more information concerning reference texts
Specific Objectives and CanMEDS competencies

The role of **medical expert** is central to the function of the obstetrician-gynaecologist, and draws on the competencies for the roles of **scholar, communicator, health advocate, manager, collaborator, and professional**.

1. **Medical Expert**

   a. **KNOWLEDGE of the Medical Expert**

      Understand the indications for and complications of central venous catheter insertion, arterial blood gas, lumbar puncture, paracentesis, thoracentesis, and knee joint aspiration.

      Demonstrate an understanding of the issues surrounding the transfer of unstable patients to a monitored unit.

   b. **SKILLS of the Medical Expert**

      Be able to elicit, present and document a history that is relevant and appropriate to a broad variety of patients, including surgical, obstetrical, gynecological, and psychiatric patients.

      Be able to perform an accurate physical examination with emphasis on the appropriate systems.

      Be able to provide a reasonable approach to the differential diagnosis, work-up and management of the following scenarios and conditions in both the inpatient and outpatient settings (as appropriate):

      - Peri-operative management of the following conditions:
        Hypertension
        Coronary artery disease (Goldman and Detsky criteria)
        Arrhythmias
        Congestive heart failure
        Structural heart disease (valvular, cardiomyopathic)
        IE prophylaxis
        COPD/asthma
        Diabetes mellitus (oral hypoglaemics, insulin therapy)
        DVT prophylaxis and treatment
        Antiplatelet/anticoagulant management
        Adrenal insufficiency
        Renal insufficiency/planning for dialysis
        Minimizing peri-operative renal insults

      - Post-operative complaints of:
        Fever
        Confusion
        Dyspnea
        Cough
        Chest pain
- Patients with multi-system conditions
- Patients with undifferentiated complaints and problems
- Medical problems of pregnancy (see Medical Problems of Pregnancy)

Be able to perform central venous catheter insertion, arterial blood gas, lumbar puncture, paracentesis, thoracentesis, knee joint aspiration, EKG interpretation, and inspection and interpretation of urinary sediment.

Be able to interpret pulmonary function testing, EKG's, and arterial blood gas results.

2. Communicator

Be able to communicate effectively with patients and their families with respect to their medical conditions.

Be able to interact effectively and respectfully with other healthcare professionals.

Be able to document the patient's progress either while in hospital or in the community accurately with emphasis on the relevant issues.

3. Collaborator

Be able to identify and recognize the need to and benefit of working closely with the consulting physician and health-care team in providing optimal health care.

Be able to function and contribute effectively in a multi-disciplinary team.

4. Manager

Be able to use information technology to optimize patient care.

Be able to use both inpatient and outpatient health-care resources in a cost-effective manner.

Be able to work efficiently and effectively.

5. Health Advocate

Be able to educate and counsel patients and families regarding factors that might impact on their health, including cigarette smoking, alcohol consumption, and obesity.

6. Scholar

Be able to critically appraise sources of medical information.
Be able to educate patients and their families regarding their medical condition.

Be able to teach medical students, residents and other healthcare professionals.

Be able to contribute to the development of new knowledge, through the participation in and completion of a research project (optional).

7. Professional

Be able to apply knowledge of the professional codes and norms of behavior that govern the behavior of physicians in clinical practice.

Be able to apply knowledge of the legal codes and norms of behavior that govern the behavior of physicians in clinical practice.

Be able to recognize and resolve ethical issues that arise in clinical practice.

Be able to recognize and deal with unprofessional behaviors in clinical practice.