



Family Medicine – Short Stay Unit			
Contact Information			
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Sites			
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Elective Description			
<p>The Short Stay Unit (SSU) at the MUHC functions to provide optimal in-patient care across all medical and surgical disciplines, to assist in decreasing overall length of stay and congestion in the Emergency Department and to contribute to improving patient flow in the hospital. The approach to patient care in the SSU derives from Emergency Medicine and features flexibility, teamwork and pragmatism. It is an approach that is problem-focused and result-oriented and strives for rapid and efficient patient turnover.</p> <p>The SSU functions as a clinical service under the administrative umbrella of the MUHC Emergency Department. It comprises 22 beds - a 10-bed unit at the Royal Victoria Hospital (RVH) Glen Site (located on D8), and a 12-bed unit at the Montreal General Hospital (MGH) (located on the 14th floor). The units are staffed by both Emergency Medicine physicians and Family physicians.</p> <p>Admission criteria for SSU patients include a clear diagnosis and treatment plan, relative stability and an expected discharge within 48-72 hrs. Most patients are admitted from the Emergency Room, but to assist with patient flow issues in the hospital at large, some are admitted directly from clinic or elsewhere. For example, post renal biopsy patients can be admitted in conjunction with Nephrology or Rheumatology, and patients may be sent directly from Infectious Disease (ID) clinics. The attending staff must directly approve these admissions.</p> <p>In addition, an increasing cohort of patients is admitted to the SSU in-transit to a bed on another service, always in cooperation with that consulting service. While we work in close conjunction with the admitting team, these patients are still admitted under the SSU and remain our responsibility.</p>			
Elective Duration			
2, 3 or 4 weeks			



Educational Objectives

Patients in the SSU have a broad range of medical and surgical conditions which provides a unique learning environment distinct from more specialized rotations. The spectrum of medical cases includes COPD and asthma exacerbations, pneumonia, cellulitis, gastrointestinal (GI) bleeds, heart failure, pyelonephritis, renal failure, cancer of various types, thrombosis, inflammatory bowel disease, colitis, and others. Surgical conditions include renal stones, pancreatitis, partial bowel obstruction, abscess, fractures, and trauma. Palliative patients can be admitted for compassionate care or until transferred to Palliative Care Unit (PCU). Finally, geriatric patients are frequently admitted to enable treatment and discharge planning either to a geriatric unit, rehabilitation center or home with Centre Local de Services Communautaires (CLSC) services.

The broad range of conditions treated necessitates interactions with many sub-specialty consulting teams such as gastroenterology, orthopedics, geriatrics, urology, palliative care, physiotherapy, and infectious disease. Work in the SSU necessarily involves a multidisciplinary approach, a crucial element in Medical School and Family Medicine (FM) Residency training.

Another important objective is to promote the practice of medicine within the context of the community. Integral to care in the SSU is discharge planning, involving work with Occupational therapy (OT), Physiotherapy (PT), various liaison nurses and social work. As such, residents will learn about community resources, such as CLSC services, rehabilitation hospitals and convalescent homes, as well as follow-up of patients recently discharged to the community.

A key goal of ours is to foster good clinical judgment and decision-making. Work in the SSU entails the evaluation of patients in the Emergency Department (ED), determination of whether the patient requires hospital admission, and furthermore, whether the patient is sufficiently stable to be admitted to the SSU as opposed to the medical Clinical Teaching Unit (CTU), surgical floors or other departments. The process of assessment, orientation and treatment is undertaken in a timely manner given the requirement for rapid turnover in the SSU. The combination of these factors provides a valuable and unique learning experience.

Scope of Work

A typical schedule for trainees would be from approximately 8:00 AM to 6:00 PM and would include morning rounds in the SSU, multidisciplinary team meeting at 10:00 am, and assessing SSU consultations in the emergency department for the rest of the day. Residents and students rotating through the SSU will do weekend calls as there are no evening or overnight calls. During weekend call, trainees are expected to stay in hospital until 5 pm, unless otherwise specified by their attending staff.

