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| Name of Rotation: | Hospitalist – LHSC-VH |
| Description of Rotation: | <p>This elective rotation at LHSC under the Subacute Medicine program will provide experience in the management of a mixture of acute, subacute, and chronic in-patients in the Department of Medicine.</p> <p>The opportunities, responsibilities and goals of this elective consist of:</p> <p>Admitting subacute patients directly from the Emergency Room, in collaboration with Senior Medicine Resident</p> <p>Transferring subacute patients from other services (Medicine, Surgery, Psychiatry)</p> <p>Participating in multidisciplinary rounds bi-weekly (allied health, home care, nursing etc)</p> <p>Exposure to palliative care, geriatric medicine, addiction medicine, and mental health care</p> <p>Performing relevant procedures such as paracenteses, joint aspirations/injections, and minor skin procedures</p> <p>1 week-end of on-call involving rounding (approximately 09:00 - 12:00 Saturday and Sunday, home call remainder of week-end), plus additional call if interested</p> <p>Learning management of acute, subacute, and chronic medical conditions and, if interested, management of low-acuity mental health in-patients under Hospitalist for Mental Health service (new as of 2019, only available at Victoria Hospital)</p> |

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| | Exposure to daily lunch teaching rounds offered by clinical teaching units as well as Department of Medicine Grand Rounds on Fridays at noon |
| Rotation Contact: | Dr. Paul Dulay |
| Description of Clinical Duties Performed: | Hospital-based general medicine |
| Sample Schedule: | Monday to Friday day-time coverage |
| On-Call Requirements: | 1 weekend of morning rounds and home-call thereafter |
| Description of Setting: | Hospital inpatient wards |
| Clinical Supervision: | Direct supervision by Hospitalist |
| Clinical Content: | Geriatric Medicine Palliative Care Addiction Medicine Mental Health Care Mixture of acute, subacute, and chronic care |
| Objectives/Expectations: | Hospital – In-patients H1. Diagnose and manage common acute/urgent/emergent medical conditions across the life cycle H2. Determine appropriateness for and complete hospital admission across the life cycles H3. Establish goals of care H4. Manage on-going care in inpatient setting H5. Diagnose and manage end-of-life/palliative medical conditions across the life cycle H6. Determine appropriateness for and complete hospital discharge H7. Perform common bedside procedures Ambulatory |

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| | <p>A1. Diagnose and manage common acute (urgent & non-urgent) presentations and diseases across the life cycle</p> <p>A2. Diagnose and manage common subacute and chronic presentations and diseases (including multimorbidity) across the life cycle</p> <p>A3. Provide wellness and preventive care across the life cycle</p> <p>A4. Diagnose and manage common mental health presentations and diseases across the life cycle</p> |
| Level of Residents Accepted: | PGY1,PGY2,PGY3 |
| Teaching: | <p>Specialized Geriatric Services monthly grand rounds</p> <p>Clinical practice review once per rotation</p> <p>Critical appraisal topics twice per rotation</p> <p>Individualized teaching</p> <p>Medicine grand rounds</p> |
| Additional Expectations: | <p>Each resident will be expected to present a critical appraisal topic (CAT) once during the rotation. This involves posing and answering a clinical question related to a patient seen. This is a 5-10 minute oral presentation with a one-page written summary. NO SLIDES should be created.</p> |
| Description of Location: | London, ON |