
Rotation Objectives

1. Scholar

- For each of the medical expert objectives the resident should be able to:
 - Identify gaps in knowledge and expertise.
 - Pose appropriate clinical questions to resolve these gaps.
 - Identify the relevant sources for answering their clinical questions in this setting.
 - Access and apply relevant information and therapeutic options to clinical practice.

2. Leader

- Given a Consult(s)
 - Identifies the necessary information (and sources of information) for effectively prioritizing and plans their consult activities accordingly.
- For each of the medical expert objectives the resident is able to:
 - Identify when to use inpatient vs. outpatient consults to the internal medicine service and or outpatient follow-up and referral through a patient's Family Physician to help with patient management (For off-service surgical residents).

3-4. Collaborator and Communicator

- Physician-Physician/Physician-Interprofessional
Given a consult(s):
 - Evaluates how well the consult identifies the type of care being requested (reason for consult clearly identified)
 - Evaluates how well the steps of assessment and investigations leading to consultation have been completed and documented in the chart [For off-service surgical residents (*applies to each of the essential medical expert objectives of the rotation*)].
 - Provides a consultation note that clearly identifies the medical issues.
 - Concisely presents (orally and written) the history, physical, investigative findings and proposed management plan (*applies to each of the essential medical expert objectives of the rotation*).
 - Provides timely patient progress notes following up on recommendations of care and or investigative findings.
 - Recognizes the importance of and, when appropriate, uses communication with the patient's Family Physician and/or other specialists and/or allied health professionals involved in the patient's care to gather relevant data and/or enlist their help for decision making.
- Physician-Patient:
 - Elicits and synthesizes relevant information from the patient and their family about their problems demonstrating an understanding of the patient centered care model (finding common ground).
 - Communicates the results of their assessment and plan to the patient and their families demonstrating an understanding of the patient centered care model (finding common ground).

5. Health Advocate

- Identifies the medical problems for which patient care would best be met by involving the internal medicine consult team (For off-service surgical residents).
- Identifies the important health promotion activities that can take place in the perioperative setting (i.e. smoking cessation, drug abuse, alcohol abuse, obesity, osteoporosis, improving the management of chronic medical conditions etc.)

6. Professional

- For each of the medical expert objectives the resident should be able to:
 - Self-assess and identify limitations to practice and when to ask for help.
 - Discuss the responsibilities of the primary care team and the consulting team in ongoing patient care.
- Exhibits appropriate personal and interpersonal professional behaviours.
- Exhibits appropriate and professional behaviours with regards to patient care and education
 - Timely an appropriate follow-up of patients on the service
 - Attends all clinics and teaching rounds associated with the service.
 - Actively participates in all teaching activities associated with the service.

8. Medical Expert Objectives

For each of the following topic areas, the resident should be able to:

A. Role of the medical consultant,

- Demonstrate the key skills of effective consultation
 - 1) Appropriate patient assessments and management plans related to the key expert objectives for this rotation.
 - 2) Effective communications (see above)
 - 3) Describe factors that enhance compliance with consultant recommendations

B. Approach to preoperative evaluation, testing and medication management

- Discuss indications for screening investigations (e.g. blood work, CXR, ECG) in the preoperative setting for different patient populations
- For common meds seen in the pre-op setting, write the orders for and explain to the patient how to manage their chronic meds for the perioperative time period

C. Preoperative cardiac risk assessment and postoperative management of cardiac disease and risk factors

- Define risk factors for perioperative myocardial ischemia and infarction
- Calculate a cardiac risk assessment score using one of the accepted assessment instruments
- Discuss indications for non-invasive testing to better clarify risk
- Propose the next appropriate step in a patient with an abnormal non-invasive test
- Justify which patients should receive perioperative beta blockers
- Manage postoperative ischemia and CHF
- Assess and manage pre and post-op HTN

D. Thromboembolic prevention, treatment and management of perioperative anticoagulation

- Describe risk factors for perioperative venous thromboembolism
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- Assess perioperative risk for venous thromboembolism
 - Order appropriate medical prophylaxis when indicated in the perioperative period
 - Manage perioperative anticoagulation for patients on long-term therapy including
 - 1) Assessing the need for bridging anticoagulation
 - 2) Ordering coagulation reversal (e.g. FFP, Vit. K etc.)
 - Recognize contraindications to anticoagulation
 - Describe indications for alternative strategies including serial compression stockings and heparin alternatives.
 - Arrange appropriate diagnostic work-up and management in suspected perioperative venous thromboembolism

E. Consultation on the patient with neurologic disease and postoperative delirium

- Describe management issues and goals with regard to hypertension in the post-CVA patient and the patient with SAH
- Recognize and be able to treat electrolyte abnormalities common to neurologic patients
- Assess and manage perioperative delirium

F. Preoperative pulmonary risk assessment and postoperative management

- Assess the perioperative risk in patient with known lung disease
- Discuss indications special investigations (e.g. ABG, PFTs etc.)
- Decide when it is appropriate to prescribe preoperative steroids
- Provide counseling to patients who smoke with regards to when/if it is appropriate to quit smoking prior to surgery
- Discuss postoperative management strategies to prevent complications in the patient with known lung disease
- Assess and manage postoperative SOB and hypoxia including causes related to COPD/RAD exacerbations, pneumonia, PE and CHF

G. Prophylactic antibiotic use and postoperative infectious complications

- Define risk factors for surgical site infections and endocarditis
- Describe appropriate timing and appropriate antibiotics to prevent surgical site infections
- Order perioperative endocarditis prophylaxis

H. Common and high risk endocrine disorders in the perioperative setting

- Manage DM in the perioperative period for patients with both Type I and Type II DM on insulin or oral hypoglycemic
- Assess the need for and order appropriate perioperative steroids replacement (i.e., stress dose steroids)
- Discuss indications for osteoporosis prevention in patients with msk trauma in the perioperative period
- Discuss indications for working up a patient with undiagnosed pheochromocytoma, hypothyroidism and hyperthyroidism in the perioperative setting

I. Acute renal failure, perioperative care for the patient with impaired renal function, management of perioperative electrolyte abnormalities

- Discuss risk factors and prophylactic strategies for preventing acute renal failure in the perioperative period
- Assess acute renal failure in the postoperative period
- Assess and manage common perioperative electrolyte disorders (hypo and hypernatremia, hypo and hyperkalemia)

J. Falls in the preoperative period

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- Identify the need for and arrange work-up in patients with a history of falls in the preoperative period (i.e. patient with subdural or hip fractures)

K. Medical problems during pregnancy (Optional objectives)

- Describe the physiologic changes associated with pregnancy
- Assess and manage acute SOB in the pregnant patient
- Assess and manage HTN in pregnancy
- Assess and manage venous thromboembolism and risk of venous thromboembolism in pregnancy