Clinical Teaching Unit (CTU)
GOALS AND OBJECTIVES

Rotation Goals

The Clinical Teaching Unit (CTU) is the cornerstone of Internal Medicine residency training, providing residents with comprehensive experience in the care of acutely ill and medically complex patients admitted to hospital. This rotation emphasizes the full spectrum of inpatient general internal medicine, including acute presentations, complex chronic disease management, and the coordination of multidisciplinary care. Residents will progressively assume responsibility for patient care, from foundational skills in clinical assessment and management planning at the junior level to advanced decision-making, team leadership, and systems-based practice at the senior level. The CTU fosters the development of consultative skills, stewardship of health care resources, and effective teaching of junior learners. By the end of this rotation, residents will demonstrate the competencies required to manage a busy inpatient medical service and deliver evidence-informed, patient-centered care at the level expected of an internal medicine consultant.

Entrustable Professional Activities

TRANSITION TO DISCIPLINE

- D1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care
- D2 Identifying and assessing unstable patients, providing initial management, and obtaining help

FOUNDATION OF DISCIPLINE

- F1 Assessing, diagnosing, and initiating management for patients with common acute medical presentations in acute care settings
- F2 Managing patients admitted to acute care settings with common medical problems and advancing their care plans
- F3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan
- F4 Formulating, communicating, and implementing discharge plans for patients with common medical conditions from acute care settings
- F5 Assessing and providing targeted treatment for unstable patients and consulting as needed
- F6 Discussing and establishing patients' goals of care
- F7 Identifying personal learning needs while caring for patients and addressing those needs
- F8 Providing and receiving handover in transitions of care

CORE OF DISCIPLINE

- C1 Assessing, diagnosing and managing patients with complex or atypical acute medical presentations
- C2 Assessing, diagnosing, and managing patients with complex chronic diseases
- C4 Assessing, resuscitating, and managing unstable and critically ill patients C5 Performing the procedures of Internal Medicine

C6 Assessing capacity for medical decision-making
C7 Discussing serious and/or complex aspects of care with patients, families, and caregivers
C8 Caring for patients who have experienced a patient safety incident (adverse event)
C9 Caring for patients at the end of life
C10 Implementing health promotion strategies in patients with or at risk for disease
C11 Teaching and assessing junior learners through supervised delivery of clinical care

TRANSITION TO PRACTICE

P1 Managing an inpatient medical service
P3 Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment P4 Providing consultations to off-site health care providers
P5 Initiating and facilitating transfers of care through the health care system
P6 Working with other physicians and healthcare professionals to develop collaborative patient care plans
P7 Identifying learning needs in clinical practice, and addressing them with a personal learning plan
P8 Identifying and analyzing system-level safety, quality or resource stewardship concerns in healthcare delivery

Clinical Presentations and Diagnoses

In alignment with the *Royal College Internal Medicine Competencies*, residents are expected to encounter and manage the following Medical Expert topics on this rotation:

Residents will be expected to cover the following patient presentations during this rotation with the goal of competently assessing and managing the following:

- Shortness of breath/respiratory failure
- Hemodynamic instability/hypotension
- Chest pain
- Fever
- Nausea/vomiting
- Abdominal pain
- Toxidrome/overdose
- Sepsis
- Cardiac dysrhythmia
- Diarrhea
- GI bleeding
- Cholestasis/hepatitis
- Anemia/cytopenias
- Acute kidney injury
- Syncope
- Stroke
- Electrolyte abnormality

- Edema
- Hypertension Delirium
- Acid-base disturbances

Residents will be expected to cover the following diagnoses during this rotation with the goal of competently assessing and managing the following:

- Congestive heart failure
- Acute kidney injury
- Anemia
- Hepatitis/cirrhosis
- Hypertension
- Diabetes mellitus
- Chronic fatigue
- COPD
- Asthma
- CKD
- Arthritis
- Connective tissue disease
- Dementia
- Cancer
- DVT/PE
- DKA and HHS

Objectives (by Stage of Training)

The specific objectives for this rotation align with the CanMEDS Competencies and Milestones as outlined in the *Royal College 2023 Entrustable Professional Activities for Internal Medicine document (Version 3.0, 2023)* and the *Royal College Internal Medicine Competencies (Version 1.0, 2018)*. Objectives are structured to ensure progressive acquisition of competence across stages.

Transition to Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Prioritize issues to be addressed in a patient encounter (ME2.1)

3. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
4. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
5. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Share health care information and plans with patients and their families (CM3)
3. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
4. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL 3.2)

Foundations of Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)
3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation (ME2.3)
4. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
5. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families (CM2)
3. Share health care information and plans with patients and their families (CM3)
4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (CM4)

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)

Collaborator

1. Work effectively with physicians and other colleagues in the health care professions (CL 1)
2. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL 1.3)
3. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL 3.2)

Health Advocate

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment (HA 1)
2. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients (HA 1.3)

Scholar

1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice (SC 1.1)
2. Integrate best available evidence into practice (SC 3)

Professional

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards (PR 1)
2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care (PR 2)
3. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR 3.1)

Core of Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Carry out professional duties in the face of multiple, competing demands (ME1.5)
3. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)
4. Establish a patient-centred management plan (ME2.4)
5. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
6. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)

7. Recognize and respond to harm from health care delivery, including patient safety incidents (ME5.1)
8. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly (CM1.3)
2. Manage disagreements and emotionally charged conversations (CM1.5)
3. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families (CM2)
4. Provide a clear structure for and manage the flow of an entire patient encounter (CM2.2)
5. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
6. Disclose harmful patient safety incidents to patients and their families accurately and appropriately (CM3.2)
7. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (CM 4)
8. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM 5)

Collaborator

1. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL1.3)
2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care (CL1.2)
3. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Leader

1. Analyze patient safety incidents to enhance systems of care (LD1.3)
2. Allocate health care resources for optimal patient care (LD2.1)
3. Demonstrate leadership in professional practice (LD3)
4. Set priorities and manage time to integrate practice and personal life (LD4.1)

Health Advocate

1. Work with patients to address determinants of health that affect them and their access to needed health services or resources (HA1.1)
2. Work with patients and their families to increase opportunities to adopt healthy behaviors (HA1.2)

3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients (HA1.3)

Scholar

1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners (SC2.1)
2. Promote a safe learning environment (SC2.2)
3. Provide feedback to enhance learning and performance (SC2.5)
4. Integrate evidence into decision-making in their practice (SC3.4)

Transition to Practice

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Carry out professional duties in the face of multiple, competing demands (ME1.5)
3. Perform a patient-centered clinical assessment and establish a management plan (ME2)
4. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
5. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
6. Recognize and respond to harm from health care delivery, including patient safety incidents (ME5.1)
7. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families (CM2)
2. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
3. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (CM4)
4. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)

Collaborator

1. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care (CL1.2)
2. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL1.3)
3. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts (CL2)

4. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Leader

1. Contribute to the improvement of health care delivery in teams, organizations, and systems (LD1)
2. Analyze patient safety incidents to enhance systems of care (LD1.3)
3. Allocate health care resources for optimal patient care (LD2.1)
4. Manage career planning, finances, and health human resources in a practice (LD4)
5. Implement processes to ensure personal practice improvement (LD4.3)

Health Advocate

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment (HA1)
2. Work with patients to address determinants of health that affect them and their access to needed health services or resources (HA1.1)

Scholar

1. Engage in the continuous enhancement of their professional activities through ongoing learning (SC1)
2. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them (SC3.1)
3. Integrate evidence into decision-making in their practice (SC3.4)

Professional

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards (PR1)
2. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians (PR2.1)
3. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR3.1)
4. Promote a culture that recognizes, supports, and responds effectively to colleagues in need (PR4.3)