PROGRAM HIGHLIGHTS

The Internal Medicine Residency Training Program at the University of Ottawa was fully accredited by the Royal College of Physicians and Surgeons of Canada during its last evaluation in April 2003 and received the maximum possible approval for a seven year period. We have sub-specialty programs in the majority of the specialties of Internal Medicine. In addition, the Internal Medicine program is committed to ensuring that every resident has the opportunity to acquire the competencies and skills described in the CanMEDS 2000 document.

The Core training years offer a vast experience in General Internal Medicine as well as the ability to gain experience in most of the subspecialty areas. Furthermore fellowship training is available in the majority of the subspecialties.

There are excellent high quality teaching rounds daily including morning report, daily subspecialty teaching rounds, regular subspecialty noon rounds and weekly medical grand rounds. There are bi-monthly bedside teaching/learning the art & science of physical examination sessions from senior residents. An Academic Symposia Series is offered to PGY1 residents by Faculty of Medicine – follow this link for details.

A mandatory ACES course is offered to all PGY1 residents. The Acute Critical Events Simulation was introduced to provide residents with an intensive and interactive course on the acute resuscitation of critically ill patients. The ACES course introduces the concepts of crisis resource management along with the approach strategies and practical skills required in early resuscitation of acutely ill patients. Emergency Department simulation course complements the ACES session.

Residents are encouraged to enhance their teaching skills by becoming tutors for first and second year medical students in the Physician Skills Development Course (PSD).

All PGY2 residents are offered the opportunity to write the American College of Physicians Exam in preparation for the Royal College and ABIM examinations. This has contributed to a success rate over 95% at the Royal College Examinations.

The program organizes an annual OSCE through the Ottawa Examination Center, a mandatory component of residency training.

Academic Half Day occurs once weekly on Wednesday afternoons after Medical Grand Rounds. Residents are relieved of their clinical duties during this time i.e. Protected time. Evidence Based Medicine sessions have been incorporated into this teaching and have become a well recognized strength of this program.

A great number of the faculty are interested in being mentors to residents. Residents are able to select faculty having perhaps similar interests and are able to have that individual as their mentor over the course
of their training or have the ability to change as their interests change. Beginning July 2007 PGY1 were assigned to a more senior resident to be their mentor. In a similar fashion, the senior is there to help the junior with the transition from medical student to resident, and support him/her as needed.

Residents are encouraged to participate in research during their training and a syllabus has been prepared outlining the research interests of the Faculty both in the basic and clinical sciences. An initiative being considered includes: Stem Cells and Regenerative Medicine Training course for interested residents. Resident Research Day is held annually to showcase the research projects that the residents have completed or are works in progress.

Journal Club occurs monthly with articles selected by the residents themselves with invited Faculty as moderators.

**PROGRAM CURRICULUM**

The core training years offer a vast experience in general internal medicine as well as the ability to gain experience in most of the subspecialty areas. The structure of the internal Medicine Residency Training Program is based on a series of mandatory, selective and elective rotations. Each rotation has developed level specific rotational objectives to facilitate learning of individual residents.

The general medicine experience is provided on inpatient clinical teaching units (CTUs) and the consult/triage service. A strength of the program here in Ottawa is that the CTU and the consult team are supervised by general internists who are members of the Division of General Medicine (DGM).

The program is designed to provide increasing responsibility to the trainee through all years. As a PGY1, the trainee is assigned to inpatient units under the supervision of a more senior resident and an attending physician. PGY2 residents assume a more consultative & supervisory role on the CTUs as senior on the team. In the 3rd year, the resident also gains experience and responsibility by participating in the consultation/triage service and a community GIM rotation. Ambulatory care experience is obtained on the eight-week subspecialty rotations and on an ambulatory care rotation in PGY3.

The program is divided into 13, 4 week blocks, with a certain number of mandatory rotations in any given year in addition to selective rotations.

Residents have a significant amount of flexibility with their selective to best suit their goals keeping in mind that they have to complete all the required components in order to meet the Royal College Requirements (see grid).

Residents are evaluated based on their performance throughout each rotation. Each rotation includes a mid rotations evaluation with appropriate oral feedback, and an end of rotation evaluation prior to leaving the rotation. This ITER incorporates the competencies of the resident based on the CanMeds roles and includes feedback on clinical skills, specific acquired skills (e.g. PFT & EKG interpretation) and procedural skills.

Each resident meets with a Program Director twice a year to review the completed rotations providing feedback in a confidential manner on these rotations. Residents are welcome to discuss other concerns including career counseling or personal matters.
### General Core Internal Medicine Rotations

<table>
<thead>
<tr>
<th>PGY1</th>
<th>PGY2</th>
<th>PGY3</th>
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</thead>
<tbody>
<tr>
<td><strong>MANDATORY (7 Blocks)</strong></td>
<td><strong>MANDATORY (8/9 BLOCKS)</strong></td>
<td><strong>MANDATORY (9/10 BLOCKS)</strong></td>
</tr>
<tr>
<td>CTU = 4 Blocks</td>
<td>CTU = 4 Blocks</td>
<td>C/T = 4 Blocks</td>
</tr>
<tr>
<td>EMERG = 1 Block</td>
<td>C/T = 1 Block</td>
<td>AMBULATORY</td>
</tr>
<tr>
<td>ICU = 1 Block</td>
<td>CCU = 2 Blocks</td>
<td>CCU = 2 Blocks</td>
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<tr>
<td><strong>OR</strong></td>
<td><strong>OR</strong></td>
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</tr>
<tr>
<td>CARDIO = 1 Block</td>
<td>ICU = 2 Blocks</td>
<td>ICU = 2 Blocks</td>
</tr>
<tr>
<td><strong>It is possible to do 3 CTU and 2 C/T</strong></td>
<td>Community Rotation</td>
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<tr>
<td>Electives (1 OR 2 Blocks)</td>
<td>Electives (1 OR 2 Block)</td>
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<tr>
<td>TOTAL OF 3 ELECTIVE AS PAGY2/3</td>
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<tr>
<td>Electives can be done either externally or internally upon approval of PD</td>
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<table>
<thead>
<tr>
<th>PGY1</th>
<th>PGY2</th>
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<tr>
<td><strong>SELECTIVES</strong></td>
<td><strong>SELECTIVES</strong></td>
<td><strong>SELECTIVES</strong></td>
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<tr>
<td>Hematol = 1 Block</td>
<td>Endocrinol (1 or 2 Blocks)</td>
<td>Rheumatology</td>
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<tr>
<td>Oncology = 1 Block</td>
<td>I.D. (1 or 2 Blocks)</td>
<td>G.I. (1 or 2 Blocks)</td>
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<tr>
<td>Neurology = 1 Block</td>
<td>Respirology (1 or 2 Blocks)</td>
<td>Neurology (1 or 2 Blocks)</td>
</tr>
<tr>
<td>Nephrology = 1 Block</td>
<td>Geriatrics (1 or 2 Blocks)</td>
<td>Hematology (1 or 2 Blocks)</td>
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<tr>
<td>Cardio = 1 Block</td>
<td>Nephrology (1 or 2 Blocks)</td>
<td>Oncology (1 or 2 Blocks)</td>
</tr>
<tr>
<td>Open Choice = 1 Block</td>
<td>Research (1 or 2 Blocks)</td>
<td>Open Choice</td>
</tr>
</tbody>
</table>
DEFINITION
A general internist is a specialist trained in the diagnosis and treatment of a broad range of diseases involving all organ systems, and is especially skilled in the management of patients who have undifferentiated or multi-system disease processes. The general internist focuses on the “whole patient” by integrating the care of several “conditions” in one individual. General internists are experts in the diagnosis and care of patients presenting with undifferentiated symptoms as well as known disease states. They are experts in the care of patients presenting with either a single active problem in the face of multiple stable core morbidities or patients with multiple active decompensated core morbidities requiring concurrent diagnosis and treatment. These problems may be acute or chronic requiring long-term follow up. This includes maintaining stability of multiple core morbidities during decompensation of one facet of their illness (es) or during physiological stresses such as during pregnancy or the peri-operative period. While the consultation practice of General Internists may be diverse, and may have a subspecialty interest, the focus of their clinical activities is their unique contribution to the comprehensive care of the whole patient and the spectrum of medical problems (Cook and Sackett, Annals of RCPSC. 1995; 28(3): 172 – 174).

GENERAL OBJECTIVES
Upon completion of training, a resident in general internal medicine is expected to be a competent specialist in general internal medicine, capable of assuming a consultant’s role in the specialty. The resident must acquire the knowledge, attitudes, and skills common to all general internal medicine practice. The resident must develop the unique skills of the general internist to provide comprehensive care of the whole patient in an integrated fashion as opposed to an organ or disease centred approach. They must be competent in the diagnosis, investigation and treatment of the specific subset of patients seen by General Internists including patients with:

a. multi-system failure in the acute care setting (including critical care).
b. acute illness not yet diagnosed to be within one “system” (example respiratory failure).
c. chronic multi-system failure in the ambulatory care setting.
d. undifferentiated symptoms in the ambulatory care setting.
e. common medical problems in both the acute and ambulatory care setting.
f. high acuity illness with disease in any one system complicated by other co-morbidities.
g. an illness that spans multiple organ systems but that may not necessarily fall into one subspecialty area (example sarcoidosis).

They must acquire knowledge as to how surgery or pregnancy may change the presentation and management of medical problems. The resident in general internal medicine must develop skills that will enable him/her to meet societal needs by planning, in conjunction with the program director, to tailor the flexible component of their training to the anticipated practice location. The resident must demonstrate the knowledge, skills and attitudes relating to gender, culture and ethnicity, and incorporate these into the practice of general internal medicine.
CORE ROTATIONS
Each rotation follows the calendar months (i.e. July 1st-31st). Compulsory rotations include:
- 2 months of junior staff attending on the medical teaching unit
- 1 month of junior staff attending on the consultation/triage team
- 1 month of community Internal Medicine.

ELECTIVE ROTATIONS
Eight months of the training will be selected by the trainee in conjunction with the program director will be dependent on the future career plans and interests of the trainee. These rotations should be 1 calendar month in duration but can also be of 2 week duration if agreed upon by the program director. Electives vary from intensive care rotations, to ambulatory care, to technical skills learning and research. See Appendix A.

CALL RESPONSIBILITY

CTU Rotation
1 weeknight/week
2 weekends/month

C/T Rotation
1 weeknight/week
2 weekends/month

For all other rotations, it will depend on the objectives. For ICU and CCU rotations, in-house call will be expected.

OTHER OPPORTUNITIES
1. **GIM/CCM combined Residency program**: This program has an integrated General Internal Medicine and Critical Care Medicine curriculum. The focus is to trained physicians who are experts in Acute Care Medicine. To be eligible residents need to apply to both the GIM PGY4 and the CCM programs and must be accepted in both.
   Program Directors:  
   CCM: Rakesh Patel  
   GIM: Claire Touchie

2. **Clinical Scholar Program**: Additional training can be sought for those wishing to do a 5th year of training and to obtain a graduate degree for the preparation of an academic career. This position has salary support from the division of General Internal Medicine. Successful candidates will be expected to spend no more than 25% of their time attending as staff physicians to the division.

Trainees can apply for:

   a) The University of Ottawa Patient Safety Research Fellowship and Graduate Studies Program. This fellowship will award financial support in conjunction with the clinical scholar award.
      Contact person: Dr. Alan Forster
   b) Master Degree in Clinical Epidemiology
      Contact persons: Dr. Alan Forster or Dr. Carl van Walraven
   c) Master Degree in Medical Education
      Contact persons: Dr. Claire Touchie or Dr. James Chan
## Appendix A – Examples of Selectives

<table>
<thead>
<tr>
<th>Selective</th>
<th>Potential Contact/Supervisor</th>
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<tbody>
<tr>
<td>Non-Invasive Cardiology</td>
<td>Dr. J. Niznick (Ottawa Cardiovascular Center)</td>
</tr>
<tr>
<td>Community Critical Care Medicine</td>
<td>Drs’ Psarras (Sudbury), Dr. Reid (Queensway Carleton Hospital)</td>
</tr>
<tr>
<td>Cardiac Care Unit or Ambulatory Cardio at OHI</td>
<td>Dr. Chris Glover and chief resident (Ottawa Heart Institute)</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Dr. Janine Malcolm</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Dr. Nav Saloojee</td>
</tr>
<tr>
<td>Infectious Diseases Consults/Clinics</td>
<td>Dr. Anne McCarthy</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Dr. Stephanie Hoar</td>
</tr>
<tr>
<td>Neurology Consults</td>
<td>Dr. M. Sharma</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Dr. S. Humphrey-Murto</td>
</tr>
<tr>
<td>Thrombosis</td>
<td>Dr. M. Forgie</td>
</tr>
</tbody>
</table>

## CONTACT INFORMATION:

Francine Lessard  
Program Coordinator  
The Ottawa Hospital  
501 Smyth Road – Box 210  
Ottawa, ON K1H 8L6  
flessard@ottawahospital.on.ca  
Tel: 613.737.8726  
Fax: 613.737.8250

R4 Program Director  
Dr. Claire Touchie  
General Internal Medicine  
The Ottawa Hospital  
501 Smyth Road  
Ottawa, On K1H 8L6