

PROGRAM-WIDE ACADEMIC HALF-DAY

The Academic Curriculum of the Internal Medicine Residency Training Program has been developed based on the goals and objectives of the Training Program, as per the Royal College of Physicians and Surgeons of Canada. The curriculum has been developed to run over 2 years. Speakers on various topics are selected based on their expertise and effectiveness at teaching. The program-wide half-day is broadcast across the 3 major teaching sites, with a single speaker delivering content from one site to the others. The half-day occurs on Thursdays from 1-4PM on a weekly basis. The curriculum is overseen by the Training Program, and booked centrally by the McGill Medical Teaching Office. For any questions or to express your interest in participating, please contact Maureen Dowd :

maureen.dowd@muhc.mcgill.ca

SIMULATION-CENTRE PROGRAM

The Internal Medicine Residency Training Program is a leader in the use of simulation-based initiatives here at McGill. It has an extensive set of opportunities for Faculty to get involved in. These include the following:

(i) Ethics/Communication/Advocacy (Faculty required per session: 9, Sessions per year: 4)

During these sessions, Residents of varying levels will be observed (behind a one-way mirror) interacting with a standardized patient according to a prepared scenario. The scenarios are designed to deal with communication skills and ethical problem-solving skills, and to highlight the CanMEDs role of advocacy. The standardized patients will be actors trained to react according to a pre-determined script. The Residents will be provided with instructions on how to proceed in each case, and the Faculty will be provided with detailed evaluation grids. Generally-speaking, Residents will co-observe their colleagues in 3 scenarios, and be active participants in 3 different scenarios. Debriefing and feedback will occur after each scenario according to the provided materials.

(ii) OSCE (Faculty required per session: 10, Sessions per year: 7)

During these sessions, Residents of various levels will rotate through 5 stations each, each lasting 10 minutes: 3 physical exam stations using standardized patients, and 2 clinical scenarios assessing diagnostic synthesis and clinical reasoning. All materials and evaluation grids will be provided ahead of time to the evaluators. A modified version of these sessions has been developed for R1s, with longer times for each scenario and more appropriate scenarios for junior trainees. These sessions *replace* the oral exams for residents that had gone on at each site throughout the year, so we are asking that all CTU attendings provide some time to support this important endeavour.

(iii) Lumbar Puncture / Knee examination and arthrocentesis (Faculty required per session: 7, Sessions per year: 2)

During these sessions, there are 3 stations: Residents will use models for learning how to perform lumbar punctures and knee arthrocentesis, as well as practice the physical examination for the knee, using standardized patients at the Simulation Center. Because of the setup of the stations, we need faculty with different types of skills in varying numbers on each date: 3 faculty to supervise the knee examinations, 3 faculty to teach and supervise lumbar puncture using models, 1 faculty to teach and supervise knee arthrocentesis using models.

(iv) Crisis Resource Management

(Faculty required per session: 5, Sessions per year: 6)

During these sessions, a group of Residents of various levels will be faced with a “high-fidelity” scenario involving an acute medical problem (seizure, sepsis, respiratory failure). The focus of these sessions will involve teamwork, delegation, and leadership skills. Faculty will be directly observing 3 acute scenarios that have been developed to highlight the above issues. Debriefing will take place using standardized evaluation grids and tools.

(v) Critical Care Procedures

(Faculty required per session: 3, Sessions per year 6)

During these sessions, residents will learn how to insert central lines using task trainers under the supervision of skilled experts. These sessions are timed to coincide with each R1’s ICU rotation in an effort to align learning with the most relevant clinical rotation.

All learning materials (scenarios, evaluation grids with detailed answers, PDFs, videos) will be provided before each session for your review. All sessions take place at the McGill Simulation Centre.

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RESEARCH SUPERVISOR

Internal Medicine Residents are required to participate in a scholarly activity in some form over their first 3 years of training. With this in mind, dedicated resident research coordinators exist at each of the 3 major teaching sites to provide guidance to residents interested in research and to direct them appropriately. The scholarly activity coordinators at each site are: Christina Greenaway (JGH), Stella Daskalopoulou (MUHC-MGH), and Waqqas Afif (MUHC-RVH). Please contact the appropriate scholarly activity coordinator if you have a project that is appropriate for an Internal Medicine Resident. For more information about scholarly activity or research projects during the Internal Medicine Residency Training Program please contact Maureen Dowd: maureen.dowd@muhc.mcgill.ca.

MENTORSHIP PROGRAM

The Internal Medicine Residency Training Program has a voluntary mentorship program for its Residents. Junior residents (R1s) are assigned a near-peer mentor (R3) upon their entry into the Program. R2s and R3s are provided with a list of interested Faculty who have expressed an interest in becoming a mentor to trainees, and are encouraged to contact appropriate Faculty depending on their needs. Specific areas that may be addressed in the mentor relationship are not focused on research interests, but often focus on how to deal with stress or career counseling. If you are interested in being identified as a mentor to an R2 or R3 in the Internal Medicine Training Program, please contact Maureen Dowd : maureen.dowd@muhc.mcgill.ca