Rotation Objectives

Adults – In-Patient (Ward) Learning Objectives

Applies to both:

- Internal Medicine and
- Family Medicine Ward rotations

The adult ward experience is where residents will:

- Learn to recognize and manage more severe manifestations of the "common" diseases seen in their ambulatory clinics.
- Collaborate in an inter-disciplinary hospital team
- Be responsible for specific elements of the admission, surveillance, and patient discharge
- Be involved in the complex and often emotional communication with patients and their families

Specific Learning Objectives	CanMed-FM role	Site specific Teaching Methods	Site specific Evaluation tools that are considered for the rotation ITER
1. Residents must develop the skills to recognize when a patient requires **admission** to hospital. To do this effectively, the resident must consider:	Expert Clinical Reasoning		
a. the clinical severity scales for the disease entity			
b. the co-morbidities			
c. the social context			
d. the patient's medication list			
*e. factors that might complicate the hospital course, such as alcoholism and malnutrition [*Priority topic: ***Substance Abuse**]*			
• Be able to prioritize the patient's medical and social issues according to			

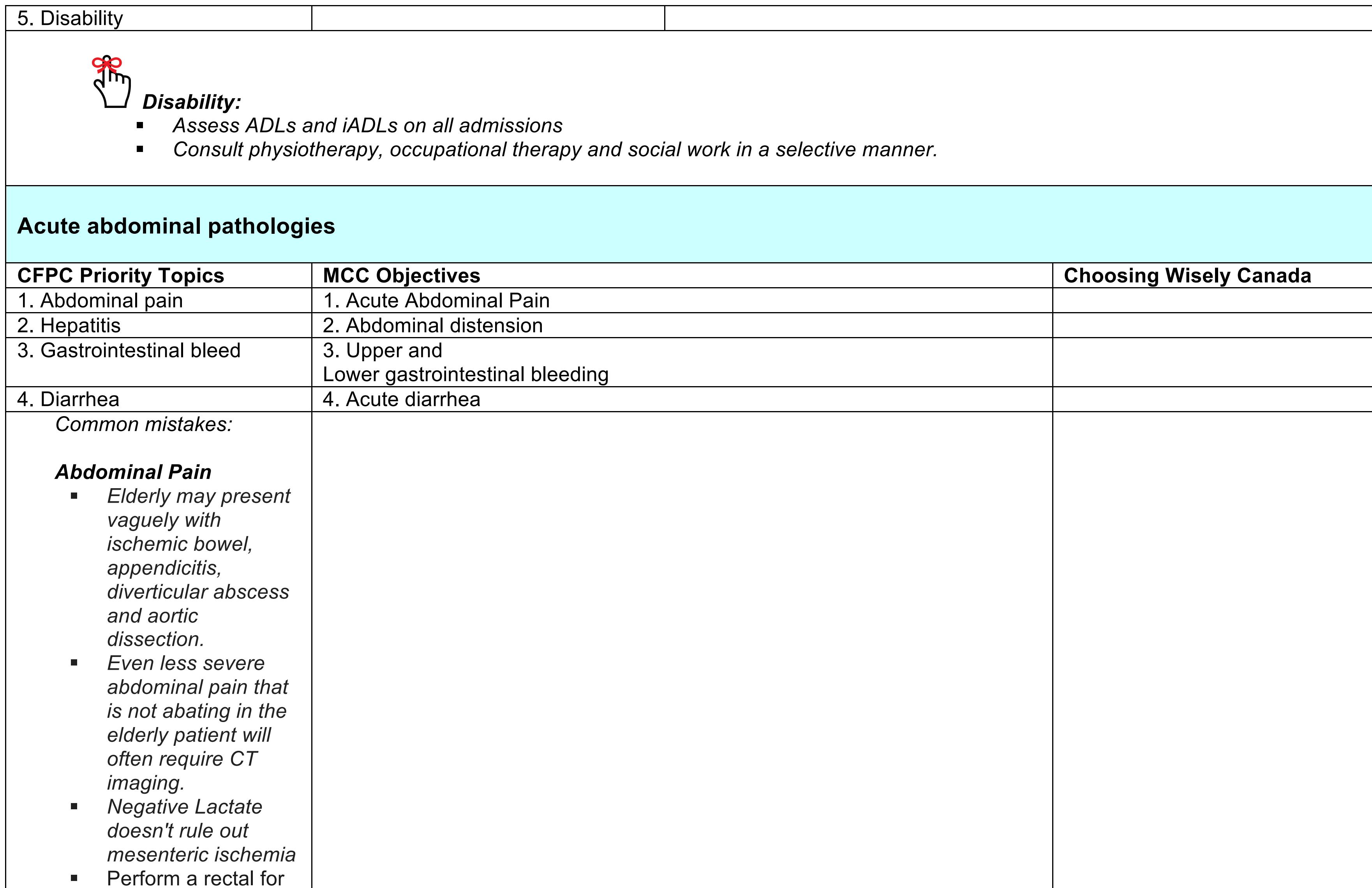
their level of training (See Family Medicine Benchmarks)			
2. **During a patient's hospital** stay, residents must:			
▪ *Regularly assess the patients assigned to them*	Professional		
▪ *Perform reliable physical examinations that are relevant to the assessment and management of their patients*	Expert/ Clinical ReasonIng		
▪ *Write timely and accurate chart notes*	Professional Communicator		
▪ *Demonstrate the ability to apply clinical management guidelines for the diseases entities according to their level of training* *(See Below for **List of disease entities** and the **Family Medicine In-training Benchmarks**)*	Expert		
▪ *Consider reasons/differential to explain when a patient's recovery is not as expected*	Expert/Clinical reasoning Scholar		
▪ *Ensure effective handover for calls, discharge of patients, off-service*	Collaborator Communicator		
▪ *Be on time for shifts.*			
▪ **If late, or in case of illness, the resident must **verbally** communicate directly with their staff unless otherwise specified. Communication by email or indirectly through a resident colleague is not acceptable.*	Professional		
▪ *Contribute to teaching more junior learners*	Scholar		
▪ *Strive to use Choosing Wisely Canada guidelines to ensure up to date and socially responsible standards of care*	Leader, Advocate		
▪ *Be able to identify the specific WHO determinants of health that are compromised in their patients* ▪ *Apply advocacy in their in-patient ward practice by recognizing patients whose medical problem requires more active engagement by them or another third party*	Advocate		
▪ *Work effectively and considerately with a multidisciplinary team, understanding and respecting the value of each members role*	Collaborator, Professional		
▪ *Demonstrate communication skills in the following areas:*	Communicator		
○ *Priority Topic: **Difficult/Challenging patient***			
○ *Discussing "Advanced directives" (Priority Topic **ACLS**)*			

○ Communicate regularly with the family members (Priority topic: ***Family Issues***) ▪ Determine how the family is coping with the admission ▪ Negotiate expectation for the admission with the family ▪ Determine, where appropriate, the lead family member to communicate with			
▪ *Have an approach to certain ethical situations if they arise, including:*			
○ *Consent [*Priority topic*: **Mental competency**]*			
○ *Privacy and Autonomy*			
3. Residents must be able to maximize a patient's likelihood of a safe and successful **discharge**	Collaborator Professional Communicator		
▪ *Must include clear counseling and documentation of the clinical variables for the patient to monitor that would indicate worsening status*			
▪ *Must include a written follow-up plan*			

List of Diagnoses relevant to Family Medicine residents during Care of Adults – In-Patient (ward)

→ **List generated from: CFPC Priority Topics and Medical Council of Canada Objectives**

Important general topics for the approach to complex patients		
CFPC Priority topics	**MCC Objectives**	**Choosing Wisely Canada**
1. Multiple medical issues		
2. Chronic Diseases		
3. Elderly		• *"Don't send specimens for culture on asymptomatic patients including the elderly, diabetics, or as follow-up to confirm effective treatment"*
4. Palliative care		• *"Don't delay palliative care for a patient with a serious illness who has physical, psychological, social or spiritual distress because they are pursuing disease-directed treatment"* • *"Don't delay advance care planning conversations"* • *"Don't use stool softeners alone to prevent opioid induced constipation"*



5. Disability		

Disability:

- *Assess ADLs and iADLs on all admissions*
- *Consult physiotherapy, occupational therapy and social work in a selective manner.*

Acute abdominal pathologies

CFPC Priority Topics	MCC Objectives	Choosing Wisely Canada
1. Abdominal pain	1. Acute Abdominal Pain	
2. Hepatitis	2. Abdominal distension	
3. Gastrointestinal bleed	3. Upper and Lower gastrointestinal bleeding	
4. Diarrhea	4. Acute diarrhea	
Common mistakes: ***Abdominal Pain*** ▪ *Elderly may present vaguely with ischemic bowel, appendicitis, diverticular abscess and aortic dissection.* ▪ *Even less severe abdominal pain that is not abating in the elderly patient will often require CT imaging.* ▪ *Negative Lactate doesn't rule out mesenteric ischemia* ▪ Perform a rectal for		

fecaloma ***Diarrhea*** ▪ *Consider the impact of diarrhea on elderly patients with mobility problems* ▪ *Consider C.diff in patients with high WBC and gastrointestinal symptoms even if diarrhea isn't present* ▪ *Don't wait for C.diff result before isolating patients and starting therapy*			
Recognize and manage Dehydration/ Hypovolemia			
	CFPC Priority Topics	**MCC Objectives**	**Choosing Wisely Canada**
	1. Dehydration		*Don't place, or leave in place, urinary catheters without na acceptable indication (such as critical illness, obstruction, palliative care)*
Common mistakes: ▪ *Don't use GFR in dehydrated patients* ▪ *Look at BUN/Cr in potentially dehydrated patients* ▪ *Stop ACE/ARB/Metformin in the dehydrated patient* ▪ *Consider a foley if the patient is oligo or anuric to better assess GFR (But note Choosing Wisely note above)* ▪ *Avoid Septra in renal failure*			
Acute cardiac instability			

	CFPC Priority Topics	MCC Objectives	Choosing Wisely Canada
	1. Advanced cardiac life support	1. Cardiac Arrest	
	2. Ischemic heart disease		
	3. Atrial fibrillation		
	4. Hypertension urgency/emergency	2. Malignant hypertension	
		3. Hypotensive shock	

Common mistakes

Advanced cardiac life support

- *Avoid talking in terms of "levels of care" offer the best care and discuss the patient's philosophy of care*
- *Remind surrogate decision makers to make the best guess as to their loved ones philosophy of care rather than choosing the "highest level"*
- *If the patients chooses medical interventions that don't seem to make sense explore this further*
- *Once the patients values or philosophy of care are understood make a treatment or "LOI" recommendation*
- *In hospital the patient has a higher level of observation and a chart present, 5Hs and 5Ts are often more obvious in this setting, pursue them*

Atrial fibrillation

- *Don't overestimate fall risk, use bleeding risk scores (HASBLED)*
- *Examine the risks vs. benefits of DOAC over VKI for the patient*

Be proactive about preventing the following complications:

- Be able to recognize and manage these when they occur

	CFPC Priority Topics	MCC Objectives	Choosing Wisely Canada
1. Nosocomial infections			
2. Community acquired infection by recognizing appropriate times to vaccinate	Immunizations		
3. Deep vein thrombosis	1. Deep vein thrombosis	1. Venous thrombosis	

Common mistakes:

- *Have a high suspicion for DVT in the inpatient*
- *Consider DVT in cellulitis admissions*
- *Use a guidelines or decision rules (i.e.. Padua) in choosing prophylaxis*

4. Pressure ulcers	2. Skin disorders (pressure ulcers)		

Acute respiratory diseases

	CFPC Priority Topics	**MCC Objectives**	**Choosing Wisely Canada**
	1. Asthma	1. Dyspnea/Acute dyspnea	
	2. Chronic Obstructive Pulmonary Disease	2. Pleural effusion	Don't use oxygen therapy to treat non-hypoxic dyspnea

Common mistakes:

- *Consider NIPPV ventilation in more severe COPDE*
- *Use antibiotics when indicated*
- *Monitor sugars when starting oral or IV steroids*

Infectious diseases

	CFPC Priority Topics	**MCC Objectives**	**Choosing Wisely Canada**
	1. Fever	1. Fever in immunocompromised host	
	2. Pneumonia		
	3. Infections		*Don't routinely repeat radiologic imaging in patients with osteomyelitis demonstrating improvement following adequate antimicrobial therapy*
			Don't prescribe aminoglycosides for synergy to patients with bacteremia or native valve infective endocarditis caused by Staph. aureus
	4. Antibiotics		*Don't routinely prescribe intravenous forms of highly bioavailable antimicrobial agents for patients who can*

			reliably take and absorb oral medication
			Don't prescribe alternate 2nd line antimicrobials to patients reporting non-severe reactions to penicillin when beta-lactams are the recommended 1st line therapy

Common mistakes:

Fever

- *Consider repeating cultures for recurrent fever to catch fastidious organisms*
- *Consider endocarditis when appropriate*
- *Don't be hasty to label a positive urinalysis the source of the fever*
- *Consider aspiration*
- *Verify the skin for wounds and infected lines*
- *If no obvious source, consider PCR for common viruses*

Antibiotics

- *Consider the need for MRSA coverage*
- *Don't reflexively treat bacturia*
- *Consider antibiotics with lower C.difficile risk when appropriate*
- *In patients with recurrent C.difficile consider prophylaxis when starting antibiotics*
- *In patients who are septic avoid using antibiotics with high resistance rates (i.e. quinolones)*
- *Always order a Vancomycin level when starting Vancomycin*
- *Dose antibiotics to GFR*

Acute metabolic diseases

	CFPC Priority Topics	**MCC Objectives**	**Choosing Wisely Canada**
	1. Diabetes a. Diabetic ketoacidosis b. Hyperosmolar shock		
		1. Disorders of calcium	
		2. Hypernatremia/ Hyponatremia	
		3. Hyperkalemia/ Hypokalemia	

		4. Renal failure	*Don't prescribe NSAIDS in individuals with hypertension or heart failure or chronic kidney disease of all causes*
			Don't initiate chronic dialysis without ensuring a shared decision-making process between patients, their families, and their nephrology health care team

Common mistakes:

Diabetes:

- *If starting an in-patient on insulin, ensure the continued insulin administration can be incorporated into the discharge plan*
- *Plan for the hospital diet to differ from the home diet*
- *Hold diabetic medication that are not indicated indicated in acute illness or low GFR in ill patients*
- *Consider the risks of diabetes management in patients with advance liver disease*

Acute neurocognitive disorders			
	CFPC Priority Topics	**MCC Objectives**	**Choosing Wisely Canada**
	1. Dementia (Delerium)		

Common mistakes:

- *Involve the Occupational Therapist in the assessment of cognition and function*
- *Meet or communicate with community service providers during the hospitalization*
- *Minimize use of antipsychotics*
- *Favour chemical over physical restraints, documenting and re-assessing the need for both frequently*

	2. Behaviour		*Do not use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia*
	3. Violent patient		
	4. Insomnia		
Hemato-Oncologic emergencies			
	CFPC Priority Topics	**MCC Objectives**	**Choosing Wisely Canada**
	1. Anemia	1. Coagulation abnormalities	*Don't transfuse patients based solely on an arbitrary hemoglobin threshold*
			In the inpatient setting, don't order repeated CBC and chemistry testing in the face of clinical and lab stability
Common mistakes: ○ *Consider hemolysis as a cause if no obvious bleeding* ○ *If on Heparin consider HITS* ○ *Use restrictive strategies to guide transfusions in most clinical scenarios*			
		2. Bleeding tendencies	
		3. White blood cells, abnormalities	

	2. Cancer		*Don't delay or avoid palliative care for a patient with metastatic cancer because they are pursuing disease-directed treatment*
Neurologic emergencies			
	CFPC Priority Topics	**MCC Objectives**	**Choosing Wisely Canada**
	1. Seizures		
	2. Stroke		
	3. Meningitis		
Eating disorder			
	CFPC Priority Topics	**MCC Objectives**	**Choosing Wisely Canada**
Common mistake: ○ *Don't bolus unless clear signs if hemodynamic instability* ○ *Use a protocol to avoid refeeding and premature discharge*			

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