Educational Principles for UBC Internal Medicine: Subspecialty Rotations

General Preamble:

These are meant to be program-wide principles that are applicable to all subspecialty rotations. They are not intended to replace or supersede rotation specific goals and objectives.

Principles for Clinical Experiences

1. **Each rotation must provide residents with the opportunity to experience a representative breadth of patient clinical presentations, diagnostics and therapeutics specific to that subspecialty in both the inpatient and ambulatory (if applicable) settings.**

2. **Inpatient experiences:**
   - 2.1. **The number of new consults a resident performs per day must ensure an appropriate balance between patient care responsibilities, clinical service delivery and education.**
     - 2.1.1. Over the course of a typical working day, residents should not be responsible for completing more than 5 new consults.
     - 2.1.2. Over the course of a 24 hour call period, residents should not be responsible for completing more than 12 new consults.
     - 2.1.3. There must be an alternative mechanism in place to receive and complete consults when the number exceeds the maximums outlined above.
   - 2.2. **If a subspecialty service has inpatients admitted under their care the maximum number of patients per team will be based on the number of trainees and their level of training:**
     - 2.2.1. A first-year resident must not be responsible for the ongoing care of more than 10 inpatients.
     - 2.2.2. A senior resident must not be responsible for the ongoing care of more than 15 inpatients.

3. **Ambulatory experiences (if applicable):**
   - 3.1. Residents must have ambulatory experiences during each subspecialty rotation
   - 3.2. At a minimum, the resident will be assigned to the equivalent of one halfday clinic for each week they are on the rotation.
   - 3.3. The resident must be free of inpatient responsibilities when attending an outpatient clinic.

4. **Timely review of new consults that complies with PAR-BC contract must occur every day including weekends and holidays.**

Version 1.0
March 17, 2014

Principles for Supervision

1. **Faculty members must provide an appropriate level of supervision for each core internal medicine resident.**
   1.1. The clinical responsibilities assigned to each resident must be based on PGY-level, patient safety, educational value, severity and complexity of patient illness/condition and available support services.
   1.2. Each attending physician of record has the responsibility to make daily management rounds on his or her patients and to communicate effectively with the trainees participating in the care of these patients at a frequency appropriate to the changing care needs of the patients.
   1.3. Other faculty responsibilities must not compromise the supervision and teaching of residents.
   1.4. On call attending staff must be available 24hours/day, 7 days per week.

2. **Subspecialty residents or fellows must provide an appropriate level of supervision for each core internal medicine resident.**
   2.1. Subspecialty residents or fellows with documented experience appropriate to the acuity, complexity, and severity of patient illness may be first call (with appropriate attending back-up) to supervise core internal medicine residents.
   2.2. The degree of supervision provided by subspecialty residents or fellows should be based on the needs of each patient and the skills of the individual core internal medicine resident with whom they are working.

Principles for Formal Educational Activities

1. **Formal educational activities must occur regularly throughout the rotation.**
   1.1. In addition to the teaching that occurs in the context of providing patient care (i.e. when reviewing consults or during daily rounds), rotations must include scheduled educational sessions to ensure residents receive relevant specialty-specific knowledge and skills.
      1.1.1. A minimum of one hour of formal educational activities must be scheduled per week.
      1.1.2. Formal bedside teaching sessions should occur 1 – 2 times weekly.
   1.2. All trainees must be relieved of clinical responsibilities to attend mandatory educational sessions.
   1.3. Core Internal Medicine residents must be relieved of their clinical responsibilities at noon (12:00 pm) every Wednesday to attend academic half-day.

Principles for Evaluation

1. **All residents must receive feedback on their performance.**
   1.1. Mid and end of rotation evaluations must be completed and reviewed with residents in a timely fashion.

1.2. For residents in difficulty, written and verbal feedback must be provided at mid-rotation so the resident has ample opportunity to improve their performance.
1.3. Input into the evaluations should be sought from a broad range of professionals (i.e. attending physicians, residents, multidisciplinary healthcare team members, etc).

2. **All residents must provide feedback on their experiences.**
   2.1. By the end of the rotation, evaluations on each of the faculty with whom the resident worked and an evaluation of their experience during the rotation must be completed.

Principles for Subspecialty Cross-Coverage Resident Call

1. **Patients referred to the subspecialty cross-coverage residents on call should be appropriate for admission and ongoing care by a subspecialty service.**
   1.1. These patients should primarily have single system illnesses.
   1.2. Patients with multisystem illnesses or those typically considered "General Internal Medicine" patients should be referred to the CTU.
   1.3. The subspecialty resident on call should not be considered the default service when CTU nears or reaches its cap.

2. **The number of new consults the subspecialty cross-coverage resident on call performs must ensure an appropriate balance between patient care responsibilities, clinical service delivery and education.**
   2.1. During a standard 15-hour shift (5pm-8am) subspecialty cross-coverage residents on call should not be responsible for completing more than 10 new consults.
   2.2. There must be a mechanism in place for subspecialty consults to be seen once this cap is reached.

3. **Subspecialty attendings and/or fellows must be available for case review with the on call residents at all times.**

This document and the principles outlined within it will be reviewed on an annual basis by the UBC Internal Medicine Residency Training Committee.

Version 1.0
March 17, 2014