

RPC approved of modifications on Jan 31, 2019 (note that this document is applicable for all trainees starting in 2019 and after as we began CBD in July 2019)

These training requirements apply to those who begin training on or after July 1st, 2018.
VERSION 1.0

TRANSITION TO DISCIPLINE (TTD)

The purpose of this stage is to reconfirm knowledge and skills achieved in medical school with a particular focus on basic procedures and patient safety in the hospital setting. Residents will also receive a comprehensive orientation to institutional policies, logistics, and healthcare teams in the setting within which they will work and will be provided with resources and tools that will help guide their learning throughout residency.

Required training experiences (TTD Stage):

1. Clinical training experiences:

- 1.1. Any inpatient medical (e.g. coronary care unit (CCU), intensive care unit (ICU), clinical teaching unit (CTU), subspecialty ward) service or emergency department
- 1.2. After-hours coverage for inpatients and internal medicine consultation to the emergency department

2. Other training experiences:

- 2.1. Orientation to the clinical and learning environment, to include the following topics: postgraduate education policies, learning resources, assessment system and electronic platform; Internal Medicine program portfolio and resident resources; health and wellness; institutional admitting and discharge processes, and information systems
- 2.2. Formal instruction in
 - 2.2.1. Topics related to patient safety (e.g. handover, infection control)
 - 2.2.2. Diagnosis and management of common medical emergencies
- 2.3. Certification in Advanced Cardiac Life Support (ACLS)

Recommended training experiences (TTD stage):

3. Other training experiences:

- 3.1. Focused experience providing early clinical and technical skills training (e.g. boot camp)

3.2. Simulation training experiences in technical procedures

FOUNDATIONS OF DISCIPLINE (F)

During this stage, residents will perform patient assessments, and create and communicate management plans for common presentations. They will perform common procedures and develop their ability to recognize factors that lead to variability, complexity, comorbidity, and acuity. Residents will also gain exposure to complex presentations, and they will learn to recognize and triage complicated cases. Residents will participate in the management of patient flow from the inpatient to the outpatient setting and gain exposure to after-hours coverage, inpatient cardiology, and acute care in the emergency room setting.

Required training experiences (Foundations stage):

1. Clinical training experiences:
 - 1.1. Internal medicine inpatient service
 - 1.2. Inpatient cardiology service: acute cardiac presentations in hospitalized patients
 - 1.3. Any ambulatory care clinic in Internal Medicine or its subspecialties
 - 1.4. Acute care experience with patients presenting to emergency department
 - 1.5. After-hours coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department
2. Other training experiences:
 - 2.1. Directed and/or independent learning experience, in topics such as medical ethics, critical appraisal, and wellness (e.g. use of journal clubs, online modules, academic rounds)

Recommended training experiences (Foundations stage):

3. Clinical training experiences:
 - 3.1. Critical care (e.g. ICU, CCU)
 - 3.2. Consultation service in a subspecialty of Internal Medicine
 - 3.3. Care of the elderly
 - 3.4. Palliative care
4. Other training experiences include:
 - 4.1. Instruction or experience in procedural skills (may use simulation)
 - 4.2. Training in clinical teaching and learner assessment
 - 4.3. Introduction to research methodology/scholarly work

Optional training experiences (Foundations stage):

- 5. Clinical training experiences:
 - 5.1. Internal Medicine in a community based setting

CORE OF DISCIPLINE (C)

The main focus of the Core of Discipline stage is to further strengthen all skills required to practice as a competent Internal Medicine specialist. Residents will advance through the stage managing both uncomplicated and complex patients with a progressively increasing level of autonomy. They will manage patient care in both inpatient and outpatient settings, engage effectively with patients and families, address communication of difficult or sensitive issues and provide consult services to other disciplines.

Required training experiences (Core stage):

- 1. Clinical training experiences:
 - 1.1. Internal medicine inpatient CTU. This experience must include being the team leader
 - 1.2. Ambulatory care: clinic and/or day hospital. This must include experience with a broad spectrum of conditions as well as patients with complex disorders
 - 1.3. Service providing internal medicine consultation to other disciplines or to medical subspecialty inpatient units
 - 1.4. Service providing preoperative assessment and perioperative care
 - 1.5. After hours coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department
 - 1.6. Experience with critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department
 - 1.7. Internal medicine in a community based setting

- 2. Other training experiences:
 - 2.1. Formal instruction in
 - 2.1.1. Critical appraisal
 - 2.1.2. Patient safety, quality assurance and quality improvement methodology

Recommended training experiences (Core stage):

- 3. Other training experiences:
 - 3.1. Simulation training for internal medicine procedures
 - 3.2. Participation in a scholarly project
 - 3.3. Experience in patient safety/quality improvement

Optional training experiences (Core stage):

4. Clinical training experiences:
 - 4.1. Preceptorship in Internal Medicine
 - 4.2. Internal Medicine for specific populations
 - 4.2.1. Care for vulnerable/marginalized populations
 - 4.2.2. Remote populations
 - 4.3. Other disciplines, subspecialties as well as Areas of Focused Competence, with entry from Internal Medicine
 - 4.4. Methods of delivery of internal medicine care
 - 4.4.1. Telehealth
 - 4.4.2. Interprofessional ambulatory care
 - 4.5. Other specialty areas relevant to Internal Medicine
 - 4.5.1. Emergency Medicine
 - 4.5.2. Diagnostic Radiology and Nuclear Medicine
 - 4.5.3. Pathology and laboratory medicine
 - 4.5.4. Physical Medicine and Rehabilitation
 - 4.5.5. Anesthesiology
 - 4.6. Consultation service in clinical ethics
5. Other training experiences:
 - 5.1. Training in point-of-care ultrasound

TRANSITION TO PRACTICE (TTP)

The main focus of the Transition to Practice stage is an opportunity for residents to refine and polish their skills as independent medical decision-makers, and to prepare for the next stage of their career. During this stage, residents integrate their prior learning to provide comprehensive internal medicine care in a variety of practice settings, for both common and complex patient presentations. New training experiences in this stage include introducing residents to the principles of practice management and participating in a quality improvement initiative.

Required training experiences (TTP stage):

1. Clinical training experiences:
 - 1.1. Inpatient Internal Medicine
 - 1.1.1. Inpatient medical service in the role of a junior attending, e.g. CTU
 - 1.1.2. Inpatient consult service in the role of a junior attending, including to emergency department
 - 1.2. Perioperative medicine clinic
 - 1.3. Longitudinal clinic in Internal Medicine
 - 1.4. Community based Internal Medicine
 - 1.5. Experience with critically ill patients, in the role of most responsible physician, which must include experience with patients requiring mechanical ventilation and hemodynamic support (e.g. a level 2 or level 1 critical care unit)
2. Other training experiences:
 - 2.1. Participation in a quality improvement initiative

Recommended training experiences (TTP stage):

3. Clinical training experiences:
 - 3.1. Obstetrical medicine
 - 3.2. Exercise stress test supervision and interpretation
 - 3.3. Holter monitor interpretation
 - 3.4. Point-of-plancare ultrasound
 - 3.5. Experience in any subspecialty of Internal Medicine. This may be inpatient or ambulatory care
4. Other training experiences:
 - 4.1. Instruction in practice management (e.g. formal instruction, practice audit, preceptorship)
 - 4.2. Guided development of a plan for lifelong learning

CERTIFICATION REQUIREMENTS

Royal College certification in Internal Medicine requires all of the following:

1. Successful completion of the Royal College examination in Internal Medicine; and
2. Successful completion of all elements of the Internal Medicine Portfolio.

NOTES:

The Internal Medicine Portfolio refers to the list of entrustable professional activities across all 4 stages of the residency Competence Continuum, and associated national standards for assessment and achievement.

Items 1.1-1.4 of the Core stage of Required Training Experiences in Internal Medicine are intended to provide sufficient experience in the full range and complexity of conditions relevant to Internal Medicine. Therefore, this must include patients with a broad range of presentations and conditions including those related to the cardiac, respiratory, endocrine, gastrointestinal, renal, musculoskeletal, hematologic, and nervous systems, as well as patients with cancer and infectious disease. This must also include geriatric patients as well as those receiving palliative care.

A clinical teaching unit is a team involving learners at multiple levels, with graded responsibility, under the supervision of the attending medical staff.

A preceptorship is a defined period of clinical training organized around focused immersion in the practice of a single preceptor or group of preceptors.

OVERLAP TRAINING

Internal medicine training may overlap with and allow for credit in any one of the following subspecialties: Cardiology; Clinical Immunology and Allergy; Clinical Pharmacology and Toxicology; Critical Care Medicine; Endocrinology and Metabolism; Gastroenterology; General Internal Medicine; Geriatric Medicine; Hematology; Infectious Diseases; Medical Biochemistry; Medical Oncology; Nephrology; Occupational Medicine; Palliative Medicine; Respiriology; or Rheumatology.

In order to be eligible for entry into subspecialty training, the resident must, at a minimum, complete the Core stage of training under the auspices of the internal medicine program (see eligibility requirements in standards documents for individual subspecialties).

Residents completing the requirements for certification in Internal Medicine during overlap training in a subspecialty must demonstrate achievement of the Transition to Practice stage of Internal Medicine, or equivalent competencies, as outlined in the Royal College Overlap Training policy. This must include training experiences in both the inpatient and outpatient setting.

MODEL DURATION OF TRAINING

Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Internal Medicine is planned as a 4-year residency training program. There is no mandated period of training in each stage. Individual duration of training may be influenced by many factors which may include but are not limited to the resident's singular progression through the stages and/or overlap training. Duration of training in each stage is therefore at the discretion of the Faculty of Medicine, Competence Committee and program director.

Guidance for programs

In order to ensure experience in the full breadth of Internal Medicine, including the range of disorders outlined in "notes" section and the variety of setting in which Internal Medicine may be practiced, the Specialty Committee in Internal Medicine requires:

- At least 13 blocks of broad based internal medicine experience, in the full breadth of the discipline (as outlined in the Notes)
- At least one block of broad-based internal medicine experience in the community setting
- No more than 6 blocks in any one subspecialty area of Internal Medicine within the first 3 stages of the Competence Continuum
- No more than 3 months dedicated to research or other scholarly inquiry

Guidance for postgraduate medical education offices

The stages of the Competence Continuum in Internal Medicine are usually no longer than 3 blocks for Transition to Discipline, 12 blocks for Foundations, 26 blocks for Core and 13 blocks for Transition to Practice and the total duration of training usually no longer than 4 years. One block is equal to 4 weeks.

This document is to be reviewed by the Specialty Committee in Internal Medicine by September 2019.

APPROVED – Specialty Standards Review Committee – September 2017

RPC reviewed Jan 31, 2019 (note that PGY1- TTD and FD, PGY2&3-Core). The 2019/20 PGY2s, PGY3s and PGY4's as well as the 2020/21 PGY3's and PGY4's will follow the "old" requirements at the end of the document (from the 2015 document).

Mandatory Rotations During the 39 blocks:

16 core IM (6 MTU jr. 7 MTU SR {at least one 1 WS, 2 MTU Emerg. Liaison and 4 MTU SR (RGH and SHC)}, one GIM consult block (ideally in PGY1 year), one GIM ambulatory block and one GIM rural block (Red Deer, Lethbridge or Grand Prairie or Yellowknife)

3 Cardiology blocks (PGY1 will do one at PLC, PGY2 CCU FMC and Cardiology Purple in PGY3 year)

2 Nephrology (one as PGY1 and one as PGY2 or 3)

2 ICU (one as PGY2 and one as PGY3- if desired a 3rd block could be done and the timing is flexible)

Gastroenterology

Infectious Diseases

Neurology

Respirology

Geriatric Medicine

Hematology

Subspecialty ambulatory Clinics

The above 30 blocks are mandatory training requirements and the 9 blocks below allow trainees some flexibility:

1. up to 3 electives (any of the following rotations out of time other than GIM rural would be considered an elective. Any other rotation (anesthesia, ER, Teaching elective {CaRTE, etc})
2. Maximum of 3 blocks of Research
3. At least one of Endocrine, Oncology or Rheum and if not taking the actual rotation it is expected that at least 5 half day clinics be arranged at some point during training (ie SSA, MTU RVH/SHC)
4. other potential rotations include Clinical Pharmacology and Toxicology, Dermatology, Palliative care, Occupational Medicine, Allergy and Immunology or Point of Care Ultrasound (POCUS). Note that one weekend of 8 am-8 PM MTU senior call may be required during the POCUS rotation from July 2019 onward