

This document applies to the 2020-1 PGY3s and PGY4's only as they are not in the CBD Stream

2015
VERSION 2.0

These training requirements apply to those who begin training on or after July 1st, 2015.

MINIMUM TRAINING REQUIREMENTS

Four (4) years of approved residency training. This period must consist of the following:

A. Three (3) years of foundational Internal Medicine training

1. A minimum of thirteen (13) blocks of general Internal Medicine training, including:

1.1. A minimum of six (6) blocks of general Internal Medicine in-patient care in Clinical Teaching Units or preceptorships (a defined period of training organized around focused immersion in a single preceptor's practice)

1.2. A minimum of three (3) blocks or the equivalent longitudinal experience in consultations to other services including all of the following:

1.2.1. Other in-patient services, such as surgery, gynecology, obstetrics and internal medicine

1.2.2. Emergency department

1.2.3. Ambulatory care

a) 6 blks of MTU during R1

b) *6 - 8 blks combined of: Ward Sr, EL, SHC/PLC Sr during R2 & R3

c) 1 blk community GIM: typically R2 or R3 year

d) 1 blk GIM consults (open to R1, R2, R3)

e) 1 blk of GIM Clinics (open to R2 or R3- typically taken in the PGY3 year)

Calgary Minimum Standard Calgary core IM:

1.3. A minimum of one (1) block of community-based general Internal Medicine

*The exact amount of call is informed by the need to provide a safe and adequately supervised environment for the Junior Learners (R1 & UME) during the nights and weekends and our 4 Adult Acute Care Sites. That is, a Senior Medical Resident does in-hospital call at night at FMC, PLC, RGH, & SHC. In addition, each resident must undertake 1-2 Ward Senior experiences. RPC had decided that the Ward Senior experience is enhanced if a resident was placed in the Emergency Department during the weekdays (Emergency Liaison Resident). Ward Senior rotations occur for Blue & Yellow MTU at FMC and Green & Orange Team at PLC.

2. A minimum of four (4) blocks of training in the care of critically ill patients including:

Calgary Min. stds for CCM

2.1. A minimum of two (2) blocks of adult Critical Care Medicine

1 blk Med/Surg or Neuro ICU during R2 1 blk Med/Surg during or Neuro trauma ICU during R3

2.2. A minimum of one (1) block of Cardiology, including acute coronary care in a CCU

Calgary Minimum Standard for Cardiology 1 blk CCU during R1 (usually PLC) 1 blk CCU during R2 (usually FMC) 1 blk Purple Team/ Cardiology during R3)

3. Fifteen (15) blocks or equivalent training in selectives, which must include training in at least eight (8) of the following:

Selectives are over and above items 1 (GIM) and 2 (Critically Ill)

3.1. Cardiology *

3.2. Clinical Immunology and Allergy

3.3. Clinical Pharmacology and Toxicology can be Poison & Drug Information Service (PADIS)

3.4. Critical Care Medicine *

Calgary IMRP Notes:

3.5. Dermatology

Selectives taken outside of Calgary become defined as Electives .

3.6. Endocrinology and Metabolism **

Emergency Medicine is an **Elective** as of July 2015 and 1.2.2 above refers to IM in the ED such as the MTU -ER role and NOT a dedicated Emergency rotation

SPECIALTY TRAINING REQUIREMENTS IN INTERNAL MEDICINE (2015)

RESEARCH

R1, R2, and R3 residents are responsible for participation in Resident Research Day. Ideally, do not book vacation or conference leave during Resident Research Day. The Program may approve leave if a resident is presenting their research at a conference outside of Calgary. Participation may include: oral presentation, poster presentation, or small group presentation. Failure to participate is research day without valid reason will be considered unprofessional. **As of 2019 presentation at Research day is option of the R3's but attendance is mandatory.**

Senior Medical Residents are expected to share MTU related call equally. Residents may be required to provide MTU related call during: research electives, clinic blocks (subspecialty or GIM), and rotations that have light or no call.

The Program is responsible for maintaining the integrity of certain rotations for clinical or educational purposes. Critical areas such as CCM, CCU, MTU, Nephrology, Neurology require call coverage and some residents may do these rotations more than the expected number. Each resident **MUST** do one block of neurology at a minimum

- 3.7. Gastroenterology *
 - 3.8. General Internal Medicine *
 - 3.9. Geriatric Medicine **
 - 3.10. Hematology **
 - 3.11. Infectious Diseases *
 - 3.12. Medical Biochemistry
 - 3.13. Medical Oncology **
 - 3.14. Nephrology *
 - 3.15. Neurology *
* mandatory for Calgary IM trainees;
** strongly suggested, if not possible at least 5 half day clinics (ie endo and rheum) would be best to organize during the SSa block
 - 3.16. Occupational Medicine
 - 3.17. Palliative Medicine **
If would be **STRONGLY** suggested that all trainees arranged with one **Heamatology** block or one **Oncology** block during their training. **Geriatrics** would be an asset for all trainees to complete if at all possible
 - 3.18. Physical Medicine and Rehabilitation
 - 3.19. Respiriology *
 - 3.20. Rheumatology **
4. Up to six (6) blocks or equivalent of electives which can include:
- 4.1. Any of the above
 - 4.2. A maximum of three (3) blocks of research
 - 4.3. A maximum of three (3) blocks of other approved training

NOTE:

Electives include: i) any research block, ii) any rotation outside of Calgary except Community GIM at DLRI sites (e.g. Leth, Yellowknife, Red Deer, Grand Prairie), iii) approved non-selective.

The program director has standing to approve "other training" such as addictions, anaesthesia, health care economics, ethics, leadership, integrative medicine, medical education and procedural skills electives. These **MUST** be reviewed by the program director at least 2-3 blocks in advance and are likely to be well received

A maximum of three (3) blocks of research is permitted during the 3 year period

B. One (1) year of advanced Internal Medicine training. This may occur in the following areas, relevant to the objectives of Internal Medicine and approved by the program director

1. Up to one (1) year further residency in Internal Medicine to reflect the resident's career goals and needs which will include:
Calgary Minimum Standard for R4's:
2 blocks of Junior Attending on MTU, GIM consults or GMU. Minimum 4 weeks on MTU (see below)
 - 1.1. Minimum one (1) block of adult Critical Care Medicine
 - 1.2. Minimum one (1) block of community-based general Internal Medicine
 - 1.3. Minimum one (1) block (or longitudinal equivalent) of ambulatory care
 - 1.4. Minimum two (2) blocks in a junior consultant role, (with as much independence as permitted by ability, licensure restrictions and hospital policy in an academic or community setting), in preparation for transition to independent practice
 - 1.5. Up to seven (7) blocks of electives
POCUS was considered an elective block for trainees prior to July 2019. Those carrying out POCUS after this point will have it considered a "selective".
2. Up to one (1) year of clinical residency in any of the subspecialty areas listed in 2 or 3
3. Up to six (6) blocks of approved training in other areas such as health services research, clinical epidemiology, medical education, basic sciences, clinical or basic research (done within the Residency Program), or other related areas

SPECIALTY TRAINING REQUIREMENTS IN INTERNAL MEDICINE (2015)

Calgary Minimum Standard for R4 Internal Medicine:

1 block of Critical Care Medicine at the R4 level

2 blocks of Junior Attending per item 1 above- at least 4 weeks of this time must be on the MTU

1 block Cardiology with **CCU CALL** with competence to manage Acute Coronary Syndrome and ACLS protocols.

Participation in a Scholarly Project with demonstrable work product (report required by June of final year but exempt from Resident Research Day)

NOTES:

In order to ensure an adequate breadth of training, the maximum experience in any one subspecialty must be limited as follows:

1. Six (6) blocks during the Internal Medicine rotations in Section A (first three years); and
2. Nineteen (19) blocks total over the four years of Internal Medicine specialty training.

Training must incorporate the principle of graded increasing responsibility. The term "approved" throughout means "approved by the candidate's program director and the Royal College Credentials Committee."

It must be recognized that the usual duration of residency training may not permit the resident to achieve mastery in all areas of technical skills. Therefore, to achieve additional expertise in highly specialized areas of Internal Medicine, the resident may require additional training.

REQUIREMENTS FOR CERTIFICATION

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

1. Successful completion of a four-year accredited program in Internal Medicine;
2. Successful completion of the certification examination in Internal Medicine; and
3. Participation in a scholarly project/activity in Internal Medicine.

The four-year program outlined above is to be regarded as the minimum training requirement. Additional training may be required by the program director to ensure that clinical competence has been achieved.

REVISED – Specialty Standards Review Committee – April 2011

REVISED – Specialty Standards Review Committee – March 2015

4. Calgary Standard: Satisfactory adherence to administrative requirements, checking email regularly, responding to requests from Program Office promptly, and being responsible for a working knowledge of Program, PGME, and University Policies as well as Policies and Procedures specified by Alberta Health Services, the College of Physicians and Surgeons of Alberta, and the Canadian Medical Association Code of Ethics.

5. Calgary Standard: Residents are responsible for knowing and adhering to these Specialty Training Requirements. The Program does not have standing to deviate from Royal College STRs. Ultimately, the Royal College undertakes an assessment of each resident's training. Deviation from the minimum requirements may result in extension of training.

6. Calgary Standard: Residents are responsible for knowing of and meeting all relevant intitutional deadlines including those from the Royal College, Medical Council of Canada, Medical Regulatory Authority (e.g. CPSA), CMPA, CaRMS etc. The Program receives little or no information regarding resident status with these organizations and is unable to monitor resident relationships with these entities.



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IMRP Rotation Framework

The IMRP Rotation framework must: i) ensure that the Specialty Training Requirements are met by the residents, ii) provide adequate resident exposure to and call coverage of the most acute clinical services including: intensive care units, coronary care units, medical teaching units, and nephrology, and iii) provide for an adequately supervised and safe environment for learning.

The Royal College Specialty Training Requirements are considered to be minimum requirements. The Program Director specifies additional training that is required by any individual or all residents in the program.

Definitions

1 year: 13 blocks

4 weeks: 1 block

Core: first, second, and third years of internal medicine

Elective: see electives section

Junior Medical Residents: R1

Senior Medical Residents: R2 and R3

A. Three years of Core Internal Medicine training (3 x 13 = 39 blocks).

1. Minimum of 13 blocks of General Internal Medicine

Junior Medical Residents (over 13 blocks of R1):

-- must do 6 blocks of MTU

-- should do 1 block of GIM Consultation but may defer to R2 or R3 year

Senior Medical Residents (over 26 blocks of R2 and R3):

-- must do 1-2 blocks of Ward Senior ; must do 3-5 blocks RGH/SHC senior

-- must do 1-2 blocks of Emergency Department Liaison

-- must do 1 block of Community GIM

-- must do 1 block of GIM Clinics

-- must do additional Subspecialty Clinic or Research Electives to service MTU's at 4 sites

Senior Medical Resident Coverage

-- FMC, PLC, RGH, and SHC have 1 Senior Medical Resident on call from 2000 – 0800 every night

-- 52 weeks x 4 sites = 108 weeks or about 2 weeks of night call for each Senior Medical Resident per year

FMC and PLC have 1 Senior Medical Resident on call during each Saturday and Sunday

-- 52 weeks x 2 sites = 108 weekends or about 2 weekends for each Senior Medical Resident per year

-- note: Ward Seniors do 1 weekend per block

Back Up Senior Medical Resident Coverage

- there is 1 Backup Senior (home call) identified for each weekend and each week
- 52 Backup Weekends or about 1 weekend and 1 week per Senior Medical Resident per year

2. Critical Care Medicine and Cardiology

Junior Medical Residents (over 13 blocks of R1):

- must do 1 blocks of CCU at PLC

Senior Medical Residents (over 26 blocks of R2 and R3):

- must do 1 block of CCU at FMC during R2
- must do 1 block of CCU-Purple Team at FMC during R3
- must do 1 block of Medical Surgical ICU during R2
- must do 1 block of Medical Surgical or Neuro traumaICU during R3)

3. Selectives including 'Must---Do' Rotations

All residents shall do at least 14 blocks of Selectives in at least 8 of:

- **Cardiology** (CCU-Purple may count as 1)
- Clinical Immunology and Allergy
- Clinical Pharmacology and Toxicology (can be Poison and Drug Information Service) --
(Medical Surgical ICU may count as 1)
- Dermatology
- Endocrinology and Metabolism
- **Gastroenterology**
- **General Internal Medicine**
- Geriatric Medicine
- Hematology
- **Infectious Diseases**
- Medical Biochemistry
- Medical Oncology
- **Nephrology** (all residents must do at least 2 nephrology selectives)
- **Neurology** (all residents must do at least 1 neurology selective)
- Occupational Medicine
- Palliative Medicine
- Physical Medicine and Rehabilitation
- **Respirology** (all residents must do at least 1 respirology selective)
- Rheumatology

The bolded are mandatory and the underlined are highly recommended.

4. Electives

An Elective is any rotation that: i) is not among the Selectives, ii) is a Research Elective, or iii) is taken outside of Calgary with the exception of Community GIM. Residents may have up to 6 Electives during core of which up to 3 may be Research Electives. The maximum number of out of town "selctives" is 3

Notes: Health of Vulnerable Populations is an Elective Rotation. This will not be offered 2018-9**The Program Director must approve all Electives Rotations that are outside of Calgary or not among the list of Selectives.**

B. The Fourth Year of Internal Medicine Residency

Residents in their fourth year of Internal Medicine:

- must do 2 blocks (8 weeks) of Junior Attending on General Internal Medicine Rotations. The resident must do a minimum of 4 weeks of Junior Attending on a Medical Teaching Unit Rotation. This can be done as a 4 week block or separated in 2 week rotations. The other 4 weeks of Junior Attending can be done on the Medical Teaching Unit, GIM consult service or GMU inpatient rotation. These weeks will be scheduled for them. These blocks cannot be done outside of Calgary.
- must do 1 block of Critical Care Medicine at the R4 level. This block will be scheduled for them. If they would like to be scheduled as an ICU fellow rather than a resident, they must contact the ICU program director Dr. Jonathan Gaudet, who will approve this on a case by case basis. The resident is encouraged to do additional blocks of Critical Care Medicine during their R4 year. They will need to notify the IMRP of their plans to do these blocks prior to commencing their R4 year so that they can be scheduled in to these rotations.
- must do 1 block of Cardiology with CCU with to achieve competence to manage ACS. The residents will do CCU call at FMC but if they want to do another cardiology rotation during regular work hours such as Heart Failure Consult Service, Purple Team or EP service etc, then they will have to contact Dr. Katherine Kavanagh to arrange. By default, residents will be scheduled to do a CCU block.
- Residents cannot participate in educational electives outside the province of Alberta for more than 3 months in their 4th year (PGME policy).
- must participate in a scholarly project with demonstrable work product and participate in a resident research project. The details of this project must be submitted by **January** of their 4th year. This could include a case report, QI project or other scholarly activity. If they are interested in presenting their work for Resident Research Day they will also be invited to submit information to the Resident Research Committee.

C. All Residents in Calgary Must:

- satisfactorily adherence to administrative requirements, checking email regularly, responding to requests from Program Office promptly, and being responsible for a working knowledge of Program, PGME, and University Policies as well as Policies and Procedures specified by Alberta Health Services, the College of Physicians and Surgeons of Alberta, and the Canadian Medical Association Code of Ethics,
- know and adhere to the Specialty Training Requirements of the Royal College and Calgary IMRP training requirements. The Program does not have standing to deviate from Royal College STRs. Ultimately, the Royal College undertakes an assessment of each resident's training. Deviation from the minimum requirements may result in extension of training, and
- be knowledgeable of meet all relevant intuitional deadlines including those from the Royal College, Medical Council of Canada, Medical Regulatory Authority (e.g. CPSA), CMPA, CaRMS etc. The Program receives little or no information regarding resident status with these organizations and is unable to monitor resident relationships with these entities.