Internal Medicine Residency Training Program
Department of Medicine
The Ottawa Hospital | University of Ottawa

Welcome Residents | Chief Medical Resident | Call Schedules | Committees | Conferences | Electives | Research | Teaching Rounds | Journal Club

Welcome Residents

Welcome to The Ottawa Hospital/University of Ottawa Internal Medicine Residents' web pages. These pages have been specifically created for the use of our Residents, in order to facilitate the dissemination of information relevant to our Residents. It is a work in progress and we welcome any suggestions as to how to improve these pages. Please feel free to email the program with your comments and ideas. Thank you for visiting our pages and we hope that it becomes a useful source of information for you during your residency training.

Chief Medical Resident

Why become a Chief Medical Resident?

- To be directly involved in maintaining and improving the quality of the Internal Medicine Training Program
- To be given the opportunity for more teaching (e.g. medical students, junior residents)
- To become involved in the administration side of the Program
- To learn leadership skills

How do you become a Chief Medical Resident?

Each November, interested PGY-2s will be asked to submit an application for Chief Medical Resident. This consists of a curriculum vitae and a letter outlining why you want to be Chief Medical Resident. Any PGY-4s in the General Medicine program will also be considered as applicants. Once all applications are in, a committee consisting of the Program Director, Chief of Medicine, two Chief Medical Residents and a resident representative from PGY-1 and PGY-2 will meet sometime in January to decide on who will be next academic year's Chief Medical Residents. Four residents will be selected. Two residents for the Civic campus and two Chief Medical Residents for the General campus, each acting as primary Chief Medical Resident for that campus for six months.

What is the job description for a Chief Medical Resident?

Administrative Duties

General Medicine Clinical Teaching Units

- Organization of the teams with respect to personnel (senior, junior delegation)
- Organization and publication of the night-coverage call schedule
- Approval of vacation requests (initially to be reviewed with Program Director to ensure adequate coverage on CTU)
- Orient clinical clerks and new juniors coming to the CTU service
- Organize and present a weekly "Chief's Rounds" aimed at the clinical clerk and junior resident level on various Internal Medicine topics

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Morning Report

- Be one of the constants
- Aid with the structure along with the Staff Facilitator
- Also be one of the participants
- Disseminate information on various noon hour rounds, academic half-days, and general events of interest (e.g. journal club)

Resident Advocate

- Relay any grievances to the appropriate authority
- Aid in gathering of unbiased information with respect to any grievances (either resident, staff, specialty specific)

Committees

- Internal Medicine Residency Training Program Committee (IMRTP)
- Curriculum Committee (1 representative)
- Research Committee (1 representative)
- Chief Medical Resident's Committee
- Executive Committee of Residents
- Christmas Rounds Committee

Clinical Duties

Day Time Schedule (As any other resident except...)

- Attendance at each morning report expected (i.e. clinical work starts at 9:00a.m.).
- ICU and CCU/Cardiology are not to be undertaken during tenure.
- CMR tenure will be scheduled with a mix of rotations to avoid a "heavy" six month schedule. At least one block will be Consult/Triage.

Night Time Duties (Subspecialty Rotations)

- No more than 2 call responsibilities per block;
- No "voluntary call";
- Whenever a CMR is to rotate through a subspecialty, notification should be given to the Service Chief.
- Notifications will be sent to the Service Chief in advance of the block (by the Postgraduate Office).

Night Time Duties (General Medicine Rotations)

- To alleviate the workload on the CTU when the CMR is on service, an extra resident will try to be placed on the General Medicine rotation to ensure that overall call duties for the other residents is not excessive.
- This extra person can be placed wherever it is deemed to be most appropriate (i.e. ward senior, consult/triage or ambulatory block).
- If the CMR is not to be considered the "default" person for gaps in the night time call schedule, then a maximum of two (2) calls per block while on a general medicine rotation. Any more than the above maximum will adversely affect the ability of the CMR to do his/her administrative duties effectively. In addition, it will make studying for the General Medicine Examination much more difficult.

Academic Role
To develop the following skills during the CMR tenure:

- Organization issues hospitals
- Effectively running a team
- Chairing rounds and administration meetings
- Quality assessment
- Conflict resolution

Call Schedules

The call schedule for the General Medicine Clinical Teaching Units (CTU) is made by the Chief Medical Resident at each campus. The schedule is released approximately 1-2 weeks prior to the start of the rotation. Making the schedule is an arduous task and the Chief Medical Resident appreciates your cooperation and understanding in this matter.

Tips to help the Chief Medical Resident create the best possible call schedule.

- The earlier you inform the Chief Medical Resident of any Leave of Absence request, the more likely that you will be granted it. Remember that multiple residents rotate through the CTUs and they may be requesting the same days as you. Leave of Absence days are granted on a first-come first-served basis.
- Once the call schedule has been released, you will be responsible for finding another Resident to switch with you if, for any reason, you are unable to do your call.
- You are only able to switch call with a person from the SAME team and from the SAME level as you are (i.e. a resident CANNOT switch call with a medical student).
- You may submit a Request for Leave of Absence. Requests for both the Civic and General Campuses will be submitted to K. Lemay (Parkdale Clinic, Room. 451, Civic Campus, 613-798-5555, ext.18723). She will arrange for the appropriate Leave of Absence approvals.

Guidelines for Leave of Absence
The following guidelines for Leave of Absence Requests within the Department of Medicine rotations were approved by the Main Residency Committee of the Department of Medicine, University of Ottawa. These guidelines apply to both General Medicine (CTU) and subspecialty rotations at both the Civic and General campuses of The Ottawa Hospital.

- Leave of Absence **=** Statutory Holiday, Vacation, Exam or Conference leave
- All requests must have completed the approval process BEFORE any plans are finalized. Please do not assume that a request for leave of absence is equal to granting of such a request.
- Requests must be submitted at least 6 weeks prior to the start date of the rotation.
- Only one junior (PGY-1 or PGY-2) resident at a time per CTU team or subspecialty rotation will be granted a Leave of Absence.
- Only one senior medical resident (PGY-3) at a time per CTU team or subspecialty rotation will be granted a Leave of Absence.
- A senior and a junior resident from the same CTU team cannot be away at the same time.

- During a 4-8 week rotation on a CTU team or a subspecialty rotation, each resident (all PGY levels) will be allowed only 7 consecutive Leave of Absence days, including 2 weekend days.
- Residents completing rotations totalling more than 8 weeks (more than 2 blocks) in the Department of Medicine will only be allowed 14 Leave of Absence days, which may not necessarily be granted as 2 consecutive weeks.
- There must be a minimum number of residents per rotation to meet patient care needs. Leave of Absence requests will be considered within the context of the minimum number of necessary house staff to maintain patient care responsibilities.

Vacation During ICU Rotations *(From the Critical Care Administration)*
The first 2 weeks of a resident's rotation through the ICU are the most important. During this time, daily teaching rounds emphasize basic skills required in the ICU (i.e. line insertion, airway management, etc.). It is strongly recommended that PGY-1's and PGY-2's who have not done an ICU rotation previously, NOT take a Leave of Absence particularly during the first week of the rotation, and preferably not during the second. It is our intention to provide the best learning experience possible and this would greatly facilitate that goal.

Committees

Curriculum Committee
This committee meets quarterly and is responsible for the development and implementation of the Academic Half Day Program. Resident membership includes two Chief Medical Residents and one elected resident. The overall educational goals of the Academic Half Day focus on five major areas, including:

- Clinical Skills Education
- Medical Ethics
- Critical Appraisal Skills
- Scientific Advances Related to Clinical Practice

Executive Committee of Residents
This committee is chaired by an elected PGY-3 resident and consists of the four Chief Medical Residents, an elected PGY-2 resident and an elected PGY-1 resident. The committee meets monthly and reports to the IMRTP Committee through its chair. The roles and responsibilities of this committee include:

- Participate in the organization and completion of rotation review at each campus.
- Work in collaboration with the IMRTP Committee and the Internal Medicine Residency Training Program Director to develop and implement methods of acquiring feedback from residents related to: areas of concern expressed by residents, the effectiveness of individual components of the residency program, components of the program which require continual monitoring and feedback of new or future initiatives in the program.
- Submit proposals or recommendations for consideration or discussion to the Internal Medicine Residency Training Program Director related to the Internal Medicine Residency Training Program at the University of Ottawa.
- Plan and implement social events for the residents.
- Help to organize the monthly Internal Medicine Journal Club.
- Participate as members of the PGY1 Selection Committee and facilitate the organization of medical student interviews for PGY-1 positions.

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Resident Research Committee
This committee was formed in June 1998 and is chaired by Dr. S. Aaron who is the designated member of the faculty responsible for facilitating resident involvement in research. Resident membership is limited to one Chief Medical Resident. The committee will have the following roles and responsibilities:

- Develop, implement and evaluate strategies to teach Internal Medicine residents critical appraisal skills and clinical trial design.
- Establish guidelines and a selection process for awarding research electives for Internal Medicine residents who apply in their PGY-2 or PGY-3 year.
- Establish guidelines and a process for evaluating "Critically Appraised Topics (CATs)" submitted by each resident on an annual basis in each of the core years of the Internal Medicine Residency Training Program.
- Develop initiatives to facilitate resident involvement in research including the establishment of guidelines for faculty who serve as mentors/supervisors for resident research projects.
- Select and nominate residents for the University of Ottawa's annual PSI and CSCI-MRC Resident Research Awards.
- Organize the Annual Department of Medicine Resident Research Day.

Conferences

Core Program
If presenting a paper at a conference each resident is allowed to claim a maximum of $800.00 per academic year. You must submit a copy of your presentation to the Program Director. If not presenting a paper, each resident is allowed to claim $400.00 maximum per academic year. Appropriate forms must be completed and approved by the Program Director and Rotation Coordinator at least eight weeks prior to the conference.

Subspecialty
Each subspecialty rotation is responsible to grant conference leave for residents on their rotation. The resident should complete the Reimbursement Application for Conference Expenses form to seek approval from the Program Director and the appropriate Rotation Coordinator BEFORE making plans to attend a conference. Upon your return, you will need to submit the ORIGINAL receipts and proof of attendance to K. Lemay who will arrange for payment through the education funds. Reimbursements will be made in the current academic year and will not be retroactive.

Electives

There are 2 blocks assigned for electives in the PGY-2 year and one block in the PGY-3 year. Elective rotations may consist of:

- External elective
- Community elective
- Research elective
- Subspecialty selective rotation
- Clinical elective outside of the Department of Medicine

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Research Information for Residents

This is intended for residents and subspecialty fellows who are interested in pursuing a research project during their clinical training period. Residents have an opportunity to present their research at the annual Resident Research Day. If you are interested in getting involved in

research, check the database of Faculty Research Interests in the Department of Medicine. If you have any questions, please email Dr. S. Aaron or Dr. J. Nishikawa.

Tips on Doing Research as a Resident

- Find a mentor. Someone who: is interested in the content area, is interested in the methods needed, has access to resources needed (patients, equipment, personnel, labs, etc.) or a combination of the above and is willing to help you along the process from conception to completion.
- Be practical. Time and financial constraints should not be underestimated.
- Be realistic. This may mean using practical study designs which could be used as a basis for more rigorous work in the future.
- Be practical. Consider questions around common problems where either a positive or negative result will be important.
- Be organized. An ounce of forethought is worth a pound of future time. Think thoroughly through what you need to have, do and record before you start carrying out your work.
- If it is not stimulating, interesting, fun, rethink why you are doing it.

Articles that review these and other issues for people starting out on a research career are:

1. Kahn CR. Picking A Research Problem: The Critical Decision. NEMJ 1994;330:1530-33.
2. Kroenke K. Conducting Research as a Busy Clinician-Teacher or Trainee. J Gen Intern Med. 1996; 11:360-65.

Getting Time
There are a few ways to create time within usual hours to carry out our research. **Carry out research as a rotation**. This will require a supervisor who will evaluate the rotation and objectives for the rotation that can be reviewed by the Program Director. Submissions to the Program Director must be made at the time of requests for rotations. Should you choose to do a research rotation then you will be required to present your research results in an oral presentation at Residents' Research Day in May.

Getting Money
Outside of the lotteries and Nobel prizes there are a number of potential sources of funds for residents. A mentor may have funds or have contacts with people or organizations that do. Individual hospitals have funds though often they require a staff person at the hospital to be a sponsor and for the work to be carried out at the hospital (pursue through the individual hospital). Your research supervisor may be able to provide some funding to support your research project.

Getting Recognition
Locally, completed work can be submitted to the Residents' Research Day that occurs on a Wednesday afternoon in May each year. Selected presentations are made before Residents from the Chair of Medicine's office. Again this year, a **Critically Acclaimed Topic (CAT) poster** completion is mandatory for those who will not be doing an oral research presentation at research day. Each year, Program Directors are asked to nominate residents for Physicians' Services Incorporated Foundation Resident Research prizes. Nominees from the Department of Medicine have come from the pool of prizewinners and submissions to the Residents' Research Day.

PAIRO, the Canadian Society for Clinical Investigation and the Royal College of Physicians and Surgeons of Canada offer the "Canadian Specialty Resident Research Awards in the Divisions of Medicine and Surgery" worth $1000 and presented at the Royal College Meeting annually. Case reports can be submitted to the "Clinical Vignettes" section of the Canadian Society of Internal Medicine sessions at the Royal College meetings. The top ten submissions are invited to the meetings to present and the winner receives the $500.

For all PGs, the Ted Giles Clinical Vignette Competitions (sponsored by the Canadian Society of Internal Medicine), at the Royal College September meetings, is a national forum for interesting cases to be presented at. Completed work can be submitted, in consultation with mentors, to other appropriate national and/or international meetings for recognition on a wider scale.

Putting Together a Proposal
What follows are points to consider in putting together a proposal. These items refer to issues in clinical trials research and may need modification depending on the kind of study objective and question to be answered. The bracketed quotations are titles for the section each point might come under in a formal proposal. To get started you need not have all sections sorted out, but points one and two are essential and often dictate the best approach to the remainder.

1. Set out a clear question that summarizes the issue your work will answer. It should define the study population involved, technique or intervention to be used and endpoint of interest. ("Question")

2. Explain why the question makes sense and is important, show that the answer isn't already known. ("Introduction")

3. Decide on a design type (descriptive, randomized control trial etc.) and justify your choice. ("Design architecture")

4. Think through who will be the subjects, how they will be chosen, how many will be needed to answer the question. Consider whose patients would be recruited; you will need their support to go on. ("Sample specification")

5. Outline the experimental manoeuvre, including what it is, how it will be administered and how to minimize bias (threats to identifying the truth) in carrying it out. ("Experimental maneuver")

6. Specify what will be the outcome of interest and how it will be measured. Is the latter a reliable and valid way of assessing the former? How will you minimize bias in measuring the outcome? ("Outcome measurement")

7. Estimate the number of subjects required to answer the question. This is based on the frequency of outcome events in the control group and what a clinically important effect would be in the experimental group. ("Sample size")

8. Discuss how you will gather and analyze the results. ("Analysis")

9. If holes in the previous sections exist, you may need to do a pilot study to fill the gap. In a major project, this can be a portion feasibly carried out during residency. (Pilot studies")

10. Describe how you will get consent and protect the subjects from undue risk of harm or loss of confidentiality. ("Ethics")

11. Detail a time schedule, help you will need and a budget to cover equipment.

12. Personnel, analysis and other costs. ("Schedule/Budget")

13. Whose help will you need to complete the project, will support you (e.g. contributing patients, lab costs, ethics committee, statistician, etc.). ("Agreement to collaborate")

Reference
Spitzer W. Ten tips on preparing research proposals. The Canadian Nurse. 1973;3:30-33

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It makes sense that an expert in the content area would be helpful in addressing may of these issues and should be involved early in the process (if not for patient care reasons already) and considered for co-authorship if he/she made a significant contribution.

Structure for Critically Appraised Topics (CATs)

Clinical Bottom Line
1-3 statements summarizing the important message of the CAT

The Question
State your three-part clinical question

Identification of Evidence
State how you located the evidence and what search strategy you used.

The Evidence

PGY-1s
Summarize the study design in this format:

- Patients
- Intervention/Comparison
- Outcome

Therapy Studies: Calculate absolute risk reduction (ARR), relative risk reduction (RRR), number needed to treat (NNT).
Diagnostic Studies: Calculate sensitivity, specificity, positive and negative likelihood ratio (LLR).
Harm or Prognosis: Calculate odds ratio (OR) and relative risk (RR)
Meta-analysis: Present odds ratio (OR)

PGY-2s AND PGY-3s
Present a table with all the study results. There should be a one-sentence statement of the objectives of all the studies that were included (e.g. studies examining the usefulness of ferritin for the diagnosis of iron-deficiency anemia).

The table should have the following four headings:
1. **Therapy**: Study, endpoint (may be more than one), intervention rate, control rate, relative risk reduction (RRR), absolute risk reduction (ARR), number needed to treat (NNT)
2. **Diagnosis**: Study, disease indicator, sensitivity, specificity, positive and negative likelihood ratios (LLR)
3. **Harm**: Study, disease indicator, rate in control, rate in exposed, relative risk (RR), odds ratio (OR)
4. **Prognosis**: Study, prognostic factor, outcome, point in disease, odds ratio (OR), confidence intervals (CI)

NOTE
Critically appraise the paper(s) as per the Users' Guide Critera and include important points on internal and external validity. Make a final statement on if and how the paper(s) would alter your practice.

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Tips for Critically Appraised Topics (CATs) by J. Nishikawa
Remember the process of learning and using evidence around clinical problems. For Resident Research Day, the CAT will be a more formal product (representing a thorough search, appraisal and presentation of results).

Identify a clinical issue that was/is of interest to you (and colleagues/supervisor) but where the evidence (at the outset) was unclear, unknown or felt to be changing. The issue may be one of: treatment, diagnosis (clinical skill, prediction rule, lab, radiologic, etc.), prognosis, etiology, manifestation of disease, etc.

Formulate a formal clinical question to specify the issue and help in searching the literature. See: Richardson WS et al. The Well-Built Clinical Question: A Key to Evidence-Based Decisions. ACP Journal Club. 1995 Nov-Dec;123(3):A12-3.

Search the literature. Consider starting with the Cochrane database (in POLARIS) and strategies for EBM or systematic reviews to see if a prior, rigorous review has already been done. If you have difficultly, ask for help from one of the hospital / university librarians. You will need to keep track of your approach to outline in your CAT. References below are for some helpful search strategies.

Editorials from ACP Journal Club on MEDLINE Searching

McKibbon KA, Walker-Dilks CJ. Beyond ACP Journal Club: How to Harness MEDLINE for Therapy Problems. ACP Journal Club 1994 (Jul-Aug); 121: A10-12.

McKibbon KA, Walker-Dilks CJ. Beyond ACP Journal Club: How to Harness MEDLINE for Diagnostic Problems. ACP J Club. 1994 Sep-Oct;121 Suppl 2:A10-2.

Walker-Dilks CJ, McKibbon KA, Haynes RB. Beyond ACP Journal Club: How to Harness MEDLINE for Etiology Problems. ACP Journal Club 1994 Nov-Dec;121(3):A10-11.

McKibbon KA et al. Beyond ACP Journal Club: How to Harness MEDLINE for Prognosis Problems. ACP Journal Club. 1995 Jul-Aug;123(1):A12-4.

McKibbon KA, et al. Beyond ACP Journal Club: How to Harness MEDLINE for Review Articles. ACP J Club. 1996 May-Jun;124(3):A12-3.

MEDLINE ***can be accessed through POLARIS, MD Consult (if you are a CMA member) or*** **PubMed**

- Appraise your results. Use the JAMA Users' Guides to Evidence-Based Practice
- Decide if the question is still a "keeper" (i.e. Will the results of your search and appraisal be of interest to judges and audience at Resident Research Day?)
- Construct your CAT. The Department doesn't yet have a CAT-maker but will be getting one. You may use a temporary one from the Oxford EBM site
- Check the "**Structure for Critically Appraised Topics**"

- Consider reviewing your CAT with an interested party or two (i.e. the attending on the case of interest or someone you feel comfortable approaching within the same specialty, subspecialty).

- Submit it. Keep a copy on disk and email one to Dr. J. Nishikawa so that it can be incorporated into a CAT-bank, once developed.

- Remember these are not just for Resident Research Day, but can be a way of keeping track of information you've spent time developing as you learn during residency and in your future practice.

Teaching Rounds

The following are descriptions of each of our teaching rounds as well as the Resident Teaching Rounds Schedules for the General Campus and Civic Campus.

Morning Report

All PGY-2 and PGY-3 residents assigned to either the General Medicine CTUs or Consult/Triage rotation are expected to attend Morning Report, from 8:00 a.m. - 9:00 a.m. at both teaching campuses. Morning Report occurs in the LM12 Library at the General Campus and the B5 Classroom at the Civic Campus. This round is the primary responsibility of the Division of General Medicine but there are a number of subspecialists that participate intermittently. This round is focused on the diagnosis and management of patients admitted through the emergency room, patients seen on inpatient consultation services or in ambulatory clinics. The round is an interactive case discussion at the level of a senior resident. All junior housestaff may attend if they have completed an independent review of the patients that have been assigned to them.

Noon Rounds

There is a series of interactive teaching rounds from 12:00 p.m.-1:00 p.m. each day for all housestaff completing rotations within the Department of Medicine. These rounds are held three days each week with each division assuming responsibility for organizing rounds on a rotational basis. Noon rounds typically consist of a case presentation with a didactic review of the relevant literature followed by a discussion.

Academic Half Day

The Department of Medicine has a weekly mandatory Academic Half Day for all Internal Medicine residents on Wednesday afternoons from 1:00 a.m.-4:30 p.m. from September to June each academic year. Individual divisions are assigned the responsibility for developing the Academic Half Day on a monthly basis. The Academic Half Day consists of several types of sessions including basic science reviews, critical appraisal, clinical skills education, clinical problem-solving, bio-medical ethics, medico-legal aspects of care and a curriculum to support the lifelong learning skills of residents. The Academic Half Day is mandatory for all Internal Medicine residents.

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Journal Club

Journal Club is usually an informal event typically occurring once a month. Two journal articles are chosen for discussion and reflect the content of that month's Academic Half Day program. These articles are chosen by the resident in charge of Journal Club, in consultation with subspecialists and other residents who have an interest in that particular subspecialty.

The journal articles are presented using the JAMA series the "Users' Guide to the Literature." This series is dedicated to promoting the appropriate interpretation of the various types of medical literature. All residents receive a copy of this guide in their first year of residency. They may also be found on the Centre for Health Evidence Web site. One resident, usually a PGY-2 or PGY-3, will be asked to present a paper for each article. This gives residents an opportunity to practice their presentation skills.

The three primary objectives of this educational activity are:

- To promote the use of evidence-based medicine for patient care
- To teach residents how to evaluate the medical literature
- To promote camaraderie and collegiality amongst the residents and staff.

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