

**Complex Medical Teaching Unit
Providence Transitional Care
Centre
Rehabilitation Teaching Unit**

**Division of Hospital Medicine
Department of Family Medicine
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Academic Rotation

Complex Medical Teaching Unit

- 50 Bed Program
- 4-week rotation
- Home call (5-6 including one weekend)

Complex Medical Management is an inpatient program at Providence Care Hospital (PCH) that is offered to patients who have multiple chronic diseases. This provides learners a unique opportunity of learning management of chronic medical conditions, as well as assess and manage inter-current acute medical issues. There is also a 10 bed long-term vent program which allows learners to understand management of medical issues in this patient population.

Academic Rotation

Rehabilitation Teaching Unit

- 60 Bed Program

The Rehabilitation program at Providence Care Hospital is a 60-bed in-patient program that is offered to patients who have experienced a life-altering disability such as a stroke, spinal cord injury (SCI), acquired brain injury (ABI), musculoskeletal, respiratory, amputee or neuromuscular issues and requires a period of intensive rehabilitation.

Academic Rotation

We also offer elective placements at the following site

Providence Transitional Care Centre Teaching Unit

- 64 Bed Program

The program at Providence Transitional Care Centre is a 64-bed in-patient program that is offered to support transition of patients back to community or to another level of care, for example high-intensity rehabilitation by utilizing assess, and restore principles of convalescence, respite, and restorative care.

Objective



Develop necessary skills to deliver high quality, patient centered Hospital Medicine care in a sub-acute care environment.

1. Medical Expert

By the end of rotation, residents have gained sufficient experience to handle the following clinical conditions and situations:

- Acute and Chronic Heart Failure
- Diabetes management with focus on in-patient management of diabetes
- Hypertension including hypertensive emergency and urgency
- UTIs
- Cellulitis
- C. Difficile
- Pneumonia (including various types of pneumonia)
- Autonomic Dys-reflexia
- Sepsis in sub-acute care center

1. Medical Expert

- Peripheral Vascular Disease
- Wound infections
- Palliative care in long term palliative patients
- Tracheitis
- COPDE
- Post-stroke medical management

1. Medical Expert

By the end of rotation, residents are experts in decision making related to admissions in sub-acute care setting, inter-facility transfers and transitions in care:

- How to assess referrals for appropriateness of admissions to an inpatient setting (sub-acute care hospital), facilitate transfer between acute care hospitals and sub-acute care hospital.
- How to modify care plan based on changes in clinical condition.
- Understand limitations of each setting and ability to recognize when to involve specialties to facilitate ongoing care / procedure and/ or potential transfer to more appropriate setting as needed including but not limited to ICU or emergency department.

1. Medical Expert

Data Interpretation

By the end of rotation:

- Residents are able to judiciously order laboratory and imaging tests in sub-acute care environment applying principles of “choosing wisely”.
- Able to interpret laboratory test and imaging results; and make appropriate evidence based decision/ adjustments in management plans based on the results.

1. Medical Expert

Antimicrobial Stewardship

By the end of rotation, residents understand importance of applying principles of drug safety and antimicrobial stewardship.

2. Communicator

By the end of rotation, residents will:

- Communicate effectively with patients, families, nursing staff, allied health, team members and physicians from other specialties.
- Exhibit effective written communication skills while dictating admission notes, consultation notes, daily progress notes and discharge summaries.
- Practice effective patient handoffs and transition of care.

3. Collaborator

By the end of rotation, residents understand the importance of collaborative practice:

- Participate in inter-professional team meetings, and work collaboratively with team members to achieve patient care goals.
- Collaborate with other specialties to coordinate evidence-based patient-centered care.

4. Manager/Leader:

By the end of rotation, residents will:

- Residents get an opportunity to develop effective leadership skills.
- Demonstrate leadership skills by serving in the mentor role to junior residents and medical students as well as by effectively leading the multidisciplinary inpatient team meetings.
- Manage their time appropriately and maintain a positive work-life balance.
- Access healthcare resources using principle of cost effectiveness, patient centeredness and “choosing wisely”.

5. Health Advocate

By the end of rotation, residents will:

- Develop understanding and ability to advocate for dynamic patient healthcare needs.
- Advocate for unique aspects of healthcare needs of vulnerable populations including indigenous communities.
- Develop understanding of healthcare system, system gaps and evolving role of Hospital Medicine.

6. Scholar

By the end of rotation, residents will:

- During the rotation each resident has to prepare a talk on a topic of their choice (related to Hospital Medicine).
- In addition they are assigned focused literature review for clinical questions arising during the rounds.

7. Professional

By the end of rotation, residents will:

- Demonstrate trustworthiness, integrity and honesty.
- Demonstrate compassion and respect for patients and their families.
- Demonstrate respect for all team member.
- Practice cultural safety and demonstrate understanding of growing importance of embedding equity, inclusion and anti-racism into education, research and patient care.