# CTU preparation (mostly a pep talk)


**Expectations for learners on CTU**

"RIME model" (Pangaro, Acad Med 1999) – expected progression of medical learners, stages can overlap somewhat

1. Reporter (MSI3): patient interviewing, physical exam, SOAP notes, reliability
2. Interpreter (MSI3-MSI4): problem lists, differential diagnosis (at least 3-4 items), interpreting labs
3. Manager (mid MSI4-R2): solid diagnostic and therapeutic plans, more atypical/complex cases, benefit/risk decision making, basic procedures
4. Educator (R2+): Self-reflection, practice-based learning, feedback and teaching

One attending I had on CTU described CTU as **everyone doing the best they can with the tools that they have**, and based on our level of training our tools will be very different. If a MSI3 is unable to make junior/senior resident level decisions, that is a normal and expected part of medical training.

Things that matter for your MSI3 rotation evaluation:

- Ability to work well in a team environment
- Communication with your patients and team members (CTU, Allied Health)
- Reliability (do what you say you are going to do)
- Honesty
- Show ability to incorporate learning into future practice

Things not as heavily weighted:

- Content knowledge (beyond a reasonable baseline expected of someone who has gone through preclerkship, and has reviewed a pocketbook before rounds/consult presentation)
- Ability to take on the workload expected of a late MSI4/R1

CTU is admittedly daunting for clerks and it was for me as well (12 CTU blocks ago). Internal Medicine has a huge scope and for most of you, you'll be working up anemia/abdominal pain/liver enzyme abnormalities/hypoxia/diabetes/etc for the first time, and in our population you could see all these problems concurrently in one patient. Your senior residents and attendings recognize that you are working these problems from scratch for the first time, and our goal is to help you build solid clinical approaches to these common IM problems that you can take away from the rotation. Perfection is not the goal but we do expect to see effort and improvement through the block.

There are only a few things that you certainly should not do during your time with us, mostly relating to patient safety:

- Choosing not get help when you are not sure if a patient is okay
- Ignore new worrisome changes in status in a patient who has otherwise been stable/uncomplicated
- Ignore concerning lab findings because you don't know what they mean ("I'll pretend I didn't see that")
- Dismiss concerns or otherwise speak rudely with any RN/Allied Health/other member of the team

**Preparation**

- Make sure you have a plan for how you're going to get here (parking? bus route?)
- Make sure your computer access is arranged and CST Cerner is set up. You should have gotten many emails about this already. It would be beneficial to consider getting remote access set up if you haven't already, as you will likely complete other rotations at VGH.
- The uniform is scrubs so don't worry about ironing your clinic clothes.

- In general I would not panic about an aggressive reading plan prior to your block. There are too many topics and it is not expected that you know everything coming in!
    - Here are some common IM problems that you will see on your rotation: congestive heart failure, COPD exacerbation, anemia/thrombocytopenia, leukocytosis, dyspnea, delirium/altered level of consciousness (DIMS workup), management of diabetes, electrolyte abnormalities (hypokalemia, hyponatremia, hypercalcemia), infections and antibiotic choice for common infections (pneumonia, abdominal infection, cellulitis, UTI), acute kidney injury, venous thromboembolism (DVT and PE)
    - As part of your "must dos" you will need to interpret chest xray, basic ECGs, blood gas interpretation

**Advice to make the best out of this block**

**How to be safe**

- Begin to develop the core skill of recognizing sick vs not sick
    - Acute abdomen, new neurological deficits
    - Significant changes in vitals/status eg suddenly from room air to 4 litres O2, new altered level of consciousness
    - Persistent unexplained tachypnea, tachycardia
    - Patients at high risk of deterioration eg altered LOC and not protecting their airway
    - Scary labs eg the lactate went from 2 to 8
- Discuss with their RN – they assess their patients more frequently than you and can help you understand the acuity of the changes that you are noticing.
- If you are worried about your patient, discuss with someone on your team more senior than you (Jr or Sr resident) as they will need further assessment and may need to have urgent investigations/consults before fully discussing at rounds later in the day

**How to be better**

- Talk to the whole care team about your patients
    - Bedside nurse daily for issues overnight, any PRNs they need added (BMs???), MAR issues
    - Relevant Allied Health (Patient not eating? Talk to dietician. Patient not moving? Talk to PT. Patient at risk for aspiration? Talk to SLP)
    - PCC/CNL are in charge of flow. Talk to them well ahead of discharge to discuss where the patient is going, barriers to discharge (they may know some that you don't), expediting investigations holding up discharge, etc.
- Be reliable (do what you say you are going to do)
    - Keep a checklist of tasks to follow up on, orders you need to write after rounds, etc.
    - Keep a running list of outpatient to-dos in the best practices (or course in hospital) to ensure things dont get missed at discharge
- Be honest (eg it is better to say you didn't check)

- Show incorporation of learning into your practice, show that you are reading around cases to figure out the best plan for your patients

**How to be faster**

- More blocks on CTU
- Cerner automatically makes things faster than the old paper chart system. I would encourage everyone to spend a few minutes to make (or steal) a good consult format, good rounding SOAP note format, and favourite all the common note types (discharge summary, patient med list, patient discharge handout)
- Mentally budget time to avoid panic (eg you are assigned 4 patients to see between 9 and 12 -> you have max 45 minutes per patient, time can be redistributed if some patients are fast and others are complex/new to you)
    - If you feel like you have been given an unrealistic load to complete before rounds, let your team know
- If you are stuck and perseverating on an issue (time vortex), it is ok to keep moving to get your other work done. At rounds, take a shot at proposing a course of action, understanding that it may be tweaked at rounds.

**How to preserve yourself**

CTU is some of the best learning you will do in medical school (yea I'll pick this fight with other rotations) and you will see excellent growth in yourself if you work hard + try to learn every day. But! You can't take care of your patients if you don't take care of yourself:

- Be kind to yourself – mistakes, missing small details, not knowing every part of the management plan is normal and expected
- Don't study on post-call days - 24 hours in the hospital is enough medicine for now, just chill
- For reading, choose 1-2 learning issues that you can realistically cover. On-the-job learning counts as learning. Overambitious study plans on CTU -> less actual learning + burnout + frustration

We know CTU can be tough at times as a function of long hours/learning curve/high self-imposed standards, but we are committed to making this an excellent rotation from an educational and wellness perspective. I have spoken with learners who feel like they are floundering and not progressing and are becoming discouraged. If you feel this way, please speak with your senior resident or CMR as a first contact and we will help you identify the issues

and offer some suggestions to get you back on track and recover your morale

Please let us know about any concerns:

- Your senior resident
- The site's chief medical resident
- Your attending

- CTU site directors (Dr. Tristan Gilchrist, Dr. Laura Kuyper)
- UBC Wellness Office

Tolerating harassment/discrimination/bullying/abuse is not a part of your job and is reportable. Have a low threshold to debrief with someone you trust. https://mistreatmenthelp.med.ubc.ca (google: UBC learner mistreatment)

This block is going to go well – you are all going to become very smart and capable physicians and I look forward to working and exploring medicine with you.

Alex Monaghan