



The Curriculum for
Physicians Specialising in
General Internal Medicine

Final Consultative Draft for comment
15 February 2005

Produced by the IMSANZ Curriculum Writing Group

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Introduction

This document was developed in 2004 and early 2005 by the Curriculum Writing Group, a joint working group of the Internal Medicine Society of Australia and New Zealand (IMSANZ) and the Australian and New Zealand Specialist Advisory Committees in General Medicine, in consultation with the wider general physician community. It will evolve with frequent review, and reflect developments within General Internal Medicine and the ever-changing needs and expectations of general physicians and the community they serve. Members of the writing group are listed in Appendix 1.

The future of practice in General Internal Medicine

With increasing sub-specialisation driven by new knowledge, experience and technology, the relevance of a broad discipline like general internal medicine is questioned. The population is ageing; therefore there will be more people living longer with complex, chronic and multi-system problems. Other trends in health care include more disease management in ambulatory settings, the need to cap rising costs, increased consumer expectations, and greater awareness of the risks and errors of clinical practice.

Both Australia and New Zealand are grappling with how to ensure equitable health outcomes for all societal groups, particularly for indigenous peoples and/or those who live in regional and rural areas where access to subspecialists is limited.

Patients and their advocates desire a patient-centred, biopsychosocial approach in the coordination of their medical care. They trust their physicians to refer them, when required, to other clinicians with greater experience and/or technical expertise. At the primary care level this is usually achieved by general practitioners. In light of the trends outlined above, there is an increasing need for coordinated, effective and patient-centred care at secondary and tertiary levels. The primary goal of health care systems should be to deliver high-quality care within economic constraints. The best way to do that is to identify the optimal mix of providers on the basis of health needs and measurable outcomes and create the structure necessary to facilitate high-quality care. Generalists working alongside subspecialists may provide the best care, through combining “breadth” with depth. (Ayanian JZ. NEJM 2002; Nash DB, Nash IS. Ann Int Med 1997; 172:72-73).

In the United Kingdom, the Royal College of Physicians recently recommended that there should be at least three physicians with primary responsibility for acute medicine in each acute hospital, and more in larger hospitals by 2008. The RCP recommended that each admission should be reviewed by a consultant physician within 24 hours, and be cared for in a dedicated acute medical unit. The main driver for change is the need to improve the quality and safety of care for medical patients admitted acutely. (Eaton L. College proposes better deal for acute medical patients BMJ 2004 328:1091.)

General physicians are in a unique position to provide the integrated, cost-effective, high quality specialist medical care required in the short to medium term. A hallmark of general physician practice is flexibility of approach and a willingness to go “outside the square” to solve patient problems. General physicians have skills in diagnosing and managing a broad spectrum of illness from adolescence onwards, and in prompt prioritisation of patient needs and therapeutic goals. They are trained to refer and collaborate with other subspecialists to ensure that patients receive appropriate and timely care. In addition,

expertise in evidence-based approaches and effective use of scarce resources, are reflected in clinical decisions.

In Australasia, general physicians only see referred patients. In addition to patients referred from primary care, general physicians are referred patients with acute or chronic problems from other specialists, where the illness remains undefined, complex or multi-system in nature, or where further intervention in that speciality is not thought indicated for whatever reason

Purpose

The main purpose of this training curriculum is to facilitate the development of a physician able to function as an independent consultant physician in general internal medicine.

Other purposes are to:

- outline the knowledge and skills requirements for general medicine trainees in other subspecialty areas;
- define for stakeholders the outcomes expected at the end of advanced training in general medicine, and by so doing, define the particular strengths and standards of the discipline of general internal medicine. Stakeholders include other health professionals, medical boards, health authorities, government, potential trainees, members of the public etc.;
- outline the standards required for consultants in general internal medicine throughout their life in clinical practice.

Roles of the specialist in general internal medicine (general physician)

In common with other medical practitioners, the specialty of General Internal Medicine involves a range of responsibilities that the CanMEDS 2000 project (The Royal College of Physicians and Surgeons of Canada) has organised into 7 distinct, key focus areas:

- 1) Medical expert/clinical decision maker;
- 2) Communicator;
- 3) Collaborator;
- 4) Manager;
- 5) Health advocate;
- 6) Scholar/researcher;
- 7) Professional.

Skills of the consultant physician in general internal medicine (general physician)

A consultant physician in general internal medicine has fulfilled the requirements of the RACP training program in general internal medicine and contributes to welfare of patients and society by functioning as a:

1. **Medical expert / clinical decision maker** with the ability to:
 - undertake timely, comprehensive and systematic clinical assessments
 - efficiently formulate diagnosis and management plans in partnership with patients
 - prioritise care according to clinical circumstances and treatment goals
 - care for patients at all stages of life from adolescence onwards
 - care for a diversity of patients with multiple problems
 - care for acute and chronic undifferentiated illness and well-defined clinical syndromes
 - show willingness and capability to manage a diverse spectrum of clinical problems and patient casemix in a variety of clinical settings
 - demonstrate rational, cost-effective and appropriate use of interventions, investigations and medication
 - competently perform procedures according to current and future practice settings, patient needs, and credentialing requirements
 - manage patients in spite of clinical uncertainty
2. **Communicator** who:
 - communicates with, and provides support for patients, families and carers
 - effectively communicates complex concepts in a wide range of settings
3. **Collaborator** who:
 - consults and interacts with other specialists, and health professionals in supervising patient care
4. **Manager** who is able to:
 - form and lead health care teams
 - understand and navigate bureaucratic complexities associated with patient care
5. **Health advocate** who:
 - accepts responsibility for patients who have difficulty accessing care
 - advocates for co-ordinated, patient-centred provision of health care
 - recognises social, economic, cultural, and psychological determinants of clinical problems and how they affect management
6. **Scholar / researcher** who:
 - is a self-directed learner and facilitates the development of this in others
 - teaches, supervises and mentors other health professionals
 - understands and applies a knowledge of research methods and evidence-based medicine to clinical practice
 - contributes to research in quality improvement, health service organisation and/or clinical medicine
7. **Professional** who:
 - identifies his/her limits to knowledge and seeks additional knowledge and skills
 - respects and operates under the principles of patient autonomy, welfare and social justice
 - is committed to professional competence and honesty in dealing with others

RACP Curriculum Writing Templates

Situational and Needs Analysis

Impacting Factors	
Key features of the Specialty and its practice	See above
Current and emerging trends	<p>People are living longer than ever before, and with high expectations about the accessibility and quality of healthcare they require. Yet there are finite health care resources. As a consequence, health care delivery is changing with trends towards, or greater emphasis on:</p> <ul style="list-style-type: none"> • community-based/ambulatory care vs inpatient care; • patients with multiple co-morbidities. • care of chronic disease vs acute disease; • care of multi-system disease vs single-system disease; • restorative and palliative care vs curative or interventional care; • patient participation in management decisions • multidisciplinary team care vs single-professional care; • disease management with preventive emphasis vs episodes of acute care • equitable access to cost effective care • health of indigenous Australian and New Zealanders • private vs publically funded care • medical technologies at increasing cost offering smaller increments of benefit and concurrent risks of iatrogenic harm • community expectations for better and safer health care • expertise in acute hospital care, as the hospital environment becomes more complex and demanding. <ul style="list-style-type: none"> ○ less beds available ○ decreased LOS ○ increased use of short stay units / ambulatory units ○ internationalisation of the medical workforce
Societal, economic and political issues	<ul style="list-style-type: none"> • societal expectations regarding the delivery of safe and effective care which respects patient values and preferences • patient participation in health care decision-making and awareness of fallibility of clinicians and health care systems. • fragmentation and discontinuities of care arising at the interfaces between hospital and community-based care, between health professional streams (including generalist and subspecialist physicians) and between different health services and departments. • inequities of access to different forms of health care according to geographic, socioeconomic and ethnic determinants. • recognition of the inherent problems of separate jurisdictions in health care service delivery • clinician involvement in decisions about resources • need for better integrated models for both health care financing and governance. • demand for use of high cost therapies such as dialysis, transplantation • awareness of the cost of modern health care and the need to apply cost-effectiveness criteria in determining what is

	<p>affordable in the light of the level of funding society is prepared to pay.</p> <ul style="list-style-type: none"> • medicolegal pressures
Technological advancements	<ul style="list-style-type: none"> • a far more extensive pharmacopeia made possible by advancements in the sciences of physiology, pharmacology, genetics, and therapeutics • increasing range of effective diagnostic tests • more invasive technological procedures for enhancing quality and longevity of life (for example, percutaneous coronary artery stenting, implantable cardioverters-defibrillators, endovascular surgery, but which are costly and carry some risk of iatrogenic harm. • increasing role of electronic health informatics in facilitating delivery of safe and effective care (for example electronic resources, patient management software, teleradiology)
Strengths and weaknesses of current training processes	<p>Strengths of current advanced training program in general internal medicine:</p> <ol style="list-style-type: none"> 1) role models in generalist care, evidence-based practice and, clinical epidemiology 2) flexible training program which encourages rotation of trainees through a number of different training settings (tertiary and other hospitals, admitted and ambulatory, metropolitan and non-metropolitan) and subspecialties; 3) opportunities for acquiring a wide range of knowledge and skills which in turn allows trainees to choose from a number of different career paths and options 4) job opportunities 5) opportunity to learn procedural skills <p>Weaknesses include:</p> <ol style="list-style-type: none"> 1) limited access to procedural training in a number of subspecialties; 2) limited access to structured training and supervision in general internal medicine in some localities 3) few or no role models in some tertiary hospitals due to small or absent general medical units; 4) inconsistencies between stated RACP and government support for General Internal Medicine and rural practice, and the perceptions of trainees 5) educationally unsound assessment modalities 6) failure to assess important attributes 7) lack of coordination and an overall study plan 8) difficulties identifying and providing early remediation and support for the underperforming trainee
Other issues	<p>Inadequate remuneration for the complexity, and time-consuming nature, of work of general physicians</p> <p>Inequities in access for patients living in regional, rural and remote areas to specialist services</p> <p>Professional isolation</p>

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Medical Expert and Clinical Decision Maker

Themes

The focus area of medical expert / clinical decision maker may be practically divided into three main scopes of practice. These are not mutually exclusive, and overlap. In each of these themes the consultant physician in general internal medicine will utilise generic as well as theme-specific skills.

These settings are:

1. [Hospital and Inpatient Care](#)
2. [Ambulatory / Community Care](#)
3. [Consultation Liaison](#)

Each of these themes encompasses the following dimensions

- Acute -----Chronic
- Undifferentiated (diagnosis and management)--Differentiated (management)
- Single-system diseases-----Multi-system diseases
- Adolescence -----to-----Old age

1. Hospital and Inpatient Care

- The consultant physician in general internal medicine will demonstrate the ability to care for people with health problems requiring assessment and therapy in hospital and/or inpatient settings.
 - [Assess and manage a wide range of common and important acute symptoms and undifferentiated illness \(including chest pain, dyspnoea, confusion, abdominal pain, headache, nausea, dizziness, weakness etc\).](#)
 - [Assess and manage a wide range of common and important syndromes and disorders \(including acute coronary syndromes, community acquired pneumonia, stroke, etc\).](#)
 - [Recognise and manage seriously ill patients, where appropriate in collaboration with others.](#)
 - [Demonstrate a systematic approach to the identification of the cause\(s\) of acute deterioration in health status and level of physical and cognitive functioning especially in those patients with multiple comorbidities.](#)
 - [Identify and manage situations where the full range of acute care is inappropriate and other approaches, such as rehabilitative or palliative care, are indicated.](#)

- [Perform procedures safely and competently according to clinical indication.](#)
- [Collaborate with those involved in the provision of healthcare, including other health providers and external agencies.](#)

2. Ambulatory / Community Care

- The consultant physician in general internal medicine will demonstrate the ability to care for people with health problems requiring assessment and/or therapy in ambulatory and community settings.
 - [Assess and manage a wide range of common and important sub-acute and chronic symptoms, and decline \(or change\) in health status, including physical and cognitive function \(e.g. weight loss, dyspnoea, fatigue, oedema, weakness\).](#)
 - [Assess and manage a wide range of common and important sub-acute and chronic diseases \(including diabetes, hypertension, cardiovascular disease, osteoporosis, chest diseases\).](#)
 - [Recognise seriously ill patients and initiate management.](#)
 - [Manage patients with multiple co-morbidities.](#)
 - [Collaborate with those involved in the provision of healthcare, including other health providers and external agencies.](#)

3. Consultation Liaison

- The consultant physician in general internal medicine has expertise providing a specialist opinion and assistance with management of patients under the care of others, on referral, including:
 - [Perioperative patients;](#)
 - [Women during pregnancy and the peripartum;](#)
 - [Patients cared for by mental health teams;](#)
 - [Patients cared for in the emergency department;](#)
 - [Patients cared for in the intensive care, coronary care and other subspeciality inpatient units.](#)

Attitudes and behaviours

The following attitudes and behaviours are generic to all three themes:

Personal attitudes

- preparedness to learn and adopt new and validated approaches to diagnosis and management, despite logistical difficulties, and to change work practices when appropriate
- willingness to reflect on, and learn from mistakes
- preparedness to alter, and when necessary change management plans
- tolerance of uncertainty
- ability to cope with unexpected disappointments
- equanimity and calmness in the face of challenging clinical demands
- desire to contribute to improvements in the health system
- desire to foster clinical practice, research and teaching in general internal medicine

Attitudes and behaviours with patients and families

- use of a positive, compassionate, caring and empathic attitude towards patients and their family/carers
- involvement of patients as equals in identification of treatment priorities and in the development of the care plan
- ensuring patient confidentiality, particularly where others are involved in the development of a care plan
- Imparting of “bad news” in a compassionate and positive manner
- use of a clinical approach that models and reinforces preventive and prophylactic approaches to health care
- encouragement of patient mastery, including participation in self awareness and rehabilitation programs
- use of a nonjudgmental approach to the assessment of all determinants of illness
- willingness to accede to requests for a second opinion
- provision of constructive and evidence – based advice on complementary and alternative management approaches, when patients wish this

Attitudes and behaviours with colleagues

- preparedness to collaborate with primary carers, other referrers and subspecialists in the care of patients by providing consultative advice, sharing of care, or accepting ongoing care in the best interests of the patient.
- willingness to work in a multidisciplinary team
- use of an independent, assertive, inquiring but nonetheless professionally courteous manner in interactions with subspecialty colleagues.
- willingness to share knowledge and skills with colleagues
- fostering of a peer network, and collaborative relationships in the health care system
- provision of reassurance and support to colleagues.
- zero- tolerance in the workplace of sexual harassment and discrimination
- respect for and acknowledge of professional contributions of all others in the workplaces including office staff and employees

Specialty: GIM
Key Focus Area: Medical Expert
Theme: ***Hospital and Inpatient Care***

Note: (B) indicates knowledge and skills that should be demonstrated during basic training, although the standard required will not usually be the same as that shown by the advanced trainee or consultant. We may decide to do it the other way round and indicate the AT skills.

Learning Outcome 1:

The consultant physician in general internal medicine will demonstrate the ability to care for people with health problems requiring assessment and therapy in hospital and/or inpatient settings.

Learning Objective 1.1: Assess and manage a wide range of common and important acute symptoms and undifferentiated illness

Knowledge	Skills
Describe the types, causes and pathophysiology of common and important symptoms in adults (such as chest pain, dyspnoea, palpitations, cough/haemoptysis, syncope/dizziness, headache, abdominal pain/dyspepsia, haematemesis/melaena, diarrhea, confusion/delirium, falls/mobility, pyrexia, nausea, weakness) (B).	Perform a generic and focused history and examination in assessing undifferentiated symptoms (B).
Describe the clinical features that discriminate between different types of chest pain, headache, abdominal pain, arthritis, respiratory failure, renal failure, heart failure (B).	Estimate the predictive value of specific symptoms and signs (or combinations of these) in formulating specific diagnoses.
Describe adverse effects and important interactions of a wide range of medications	Recognise where symptoms may arise as a result of medication use, or abuse (B).
Describe the investigative approaches used to diagnose diseases responsible for undifferentiated clinical presentations (B).	Select appropriate investigations for diagnosis and management of undifferentiated symptoms and acute illness (B).
Recognise that symptoms may occur as a result of lifestyle, and environmental exposures (B)	Interpret results of frequently requested clinical investigations (eg ECG, imaging tests, haematology, biochemical, microbiology, serology tests, etc) used to diagnose causes of undifferentiated symptoms and illness (B).
Describe the empirical management of commonly encountered symptoms pending definitive diagnosis (B).	Evaluate the urgency and seriousness of undifferentiated symptoms and tailor management accordingly (B).
Recognise the role of cognitive, emotional and psychosocial factors in presentations of undifferentiated symptoms and illness (B).	Develop a management plan that is appropriate to the urgency and seriousness of presenting symptoms (B).
	Use medications rationally (B)
	Effectively communicate risks and benefits of therapeutic and diagnostic interventions to patients, carers and families (B)
	(B) Communicate changes in clinical status to patients carers and colleagues as expeditiously as possible

Learning Objective 1.2: Assess and manage a wide range of common and important syndromes and disorders

Knowledge	Skills*
<p>In regards to common acute clinical syndromes (including acute coronary syndrome, acute heart failure, arrhythmias, CVA, meningitis, pneumonia, obstructive sleep apnoea asthma/COPD, PTE/DVT, acute/chronic respiratory failure, acute/chronic renal failure, acute urosepsis, acute diabetic complications, acute blood dyscrasias, acute arthritides, acute vasculitis, thyroid diseases, hypertensive urgencies, anxiety/depression, hypoadrenalism, hypoglycaemia,</p> <ul style="list-style-type: none"> - Define their presenting characteristics according to clinical and investigational criteria (B). - Describe their causes and pathophysiology. - Describe prevalence, epidemiology and associated risk factors. - Describe their most common or serious clinical complications (B). - Describe the investigations used to diagnose, monitor progress and identify sequelae in patients presenting with suspected disease (B). - Define the indications for, contra-indications to, mode of administration of, and common adverse effects from, key treatment regimens (B). - Describe the expected in-hospital course and duration and final outcomes. - Define the indications for referral to specialized units and/or subspecialists. - Describe methods for assessing organ system function and reserve (B). - Describe risk factors predictive of recurrent disease or other adverse events (B). - Describe strategies for modifying disease-specific risk factors and optimizing organ system function (B). 	<p>In regards to the common acute clinical syndromes listed opposite:</p> <ul style="list-style-type: none"> - Perform a focused and time-efficient history and examination in patients with suspected disease (B). - Interpret the results of clinical investigations in diagnosing and assessing severity of disease. - Recognise circumstances for which urgent assessment and prompt treatment are required (B). - Select and administer appropriate therapeutic regimens (B) <ul style="list-style-type: none"> - with respect to comorbidity, organ reserve and other medications - use a rational prescribing approach - Recognise and manage acute complications (B). - Evaluate functional reserve of affected organ systems (B). - Institute appropriate risk stratification and secondary prevention regimens (B) - Select patients eligible for invasive intervention during acute or subacute phases of illness. - Retrieve and apply evidence-based care protocols - Organise, supervise and lead multidisciplinary teams in providing indicated care - Discuss management plan with patient/carer/family (B) <p>Effectively communicate risks and benefits of therapeutic and diagnostic interventions to patients, cares and families (B)</p> <p>Develop a plan of multidisciplinary rehabilitation and secondary prevention following the acute event (B)</p>

Learning Objective 1.3: Recognise and manage seriously ill patients, where appropriate in collaboration with others

Knowledge	Skills
<p>Describe the reasons for shared care with other subspecialists.</p> <p>Describe the clinical circumstances and disease conditions in which care will often be associated with the need to consult another subspecialist (B).</p> <p>Describe the methods by which consultation and shared care with other subspecialists should be conducted, and how the roles and responsibilities of each party should be defined.</p> <p>Describe the methods for evaluating the validity and applicability of advice given by other subspecialists.</p> <p>Describe the techniques for prioritizing and integrating advice which is received from different subspecialists.</p> <p>Describe the professional approach to seeking or inviting opinions or assumption of full patient care on the part of subspecialty colleagues.</p>	<p>Institute appropriate life sustaining therapies (B)</p> <p>Recognise clinical situations which require timely and appropriate referral to subspecialists and/or other health professionals</p> <p>Work with subspecialty colleagues and defer to their opinion when this is in the best interests of patients (B).</p> <p>Critically appraise the accuracy, relevance and implementability of recommendations provided by subspecialists.</p> <p>Reconcile conflicting subspecialist advice and apply one's own judgement in making clinical decisions in the presence of uncertainty.</p> <p>Closely monitor patients at risk of acute complications or deterioration or for whom invasive intervention may be warranted (B)</p> <p>Utilise a co-ordinating and overseeing role to patient care in the presence of involvement of multiple subspecialists.</p>

Learning Objective 1.4: Demonstrate a systematic approach to the identification of the cause(s) of acute deterioration in health status and level of physical and cognitive functioning, especially in those patients with multiple co-morbidities

Knowledge	Skills
<p>Describe pathophysiology of acute severe disturbances of body function (B)</p> <p>Define differential diagnoses of clinical presentations of severe illness (B)</p> <p>Define signs of acute severe illness and markers of incipient decompensation (B)</p> <p>Describe population prevalence of diseases and conditions associated with aging (B)</p> <p>Describe drug interactions and adverse reactions, and effects of aging and organ disease on drug metabolism (B)</p> <p>Describe indications, contraindications and potential interactions of the commonly prescribed classes of pharmaceuticals (antibiotics, b-blockers, ACE inhibitors, angiotensin receptor blockers, calcium antagonists, statins, amiodarone) (B)</p>	<p>Interpret and integrate test results (B)</p> <p>Identify primary and secondary causes for current deterioration (B)</p> <p>Formulate a complete and reasoned problem list and management plan plans including for the management of patients with multisystem diseases and comorbidities (B)</p> <p>Rationalise medications</p> <p>Prioritise urgency of individual investigations and treatments (B)</p> <p>Initiate investigation and /or referral when appropriate (B)</p> <p>Demonstrate a high level of written and verbal communication skills (B)</p>

Learning Objective 1.5: Identify and manage situations where the full range of acute care is inappropriate and other approaches, such as rehabilitative or palliative care, are indicated

Knowledge	Skills
<p>Identify medical and social factors associated with medical futility (B)</p> <p>Describe the pathophysiology of impending death with respect to a wide range of illnesses (B)</p> <p>Outline the cultural, spiritual and psychological aspects of death and dying in across a wide range of cultures, and describe how to source this information.</p> <p>Understand risks, benefits and costs of diagnostic and therapeutic interventions, and apply this knowledge for the benefit of the patient</p>	<p>Negotiate with patient and family, non-initiation of, and withdrawal of, life sustaining therapy (B)</p> <p>Manage problems commonly associated with end of life care, such as pain, dyspnoea, end-organ failure.</p> <p>Address with patients and families issues associated with impending patient death</p> <p>Address the medico-legal aspects of decisions regarding resuscitation, advance health directives and capacity to consent</p> <p>Demonstrate an ability to coordinate teams to provide end of life care, including palliative care, psychiatry, nursing services</p>

Learning Objective 1.6: Performs procedures safely and competently according to clinical indication (*note: list to be generated of general medical procedures and standards*)

Knowledge	Skills
<p>Describe a wide range of indications and complications of commonly performed simple procedures (B)</p> <p>Describe the benefits and risks of therapeutic interventions, and the strengths, weaknesses, properties (eg sensitivity and specificity), benefits and risks of diagnostic procedures</p> <p>Describe importance of audit and established tools used in audit and other quality improvement activities</p>	<p>Demonstrate a very high level of advanced resuscitation skills (B)</p> <p>Perform to a high level: venous and arterial puncture and catheterisation, lumbar puncture, ascites aspiration and drainage, pleural aspiration and biopsy, skin biopsy where applicable, sigmoidoscopy, chest drain insertion, ECG's, urethral catheterisation in males and females (B).</p> <p>Perform other procedures at the minimal standard applicable to colleagues with a subspecialty interest (These may include liver biopsy, gastroscopy, bronchoscopy, colonoscopy, exercise stress testing, echocardiography, bone marrow aspiration and trephine, pneumothorax catheter aspiration).</p> <p>Communicate indications and complications of procedures in a manner understandable by patients and relevant other people (B)</p> <p>Follow up results where indicated (B)</p> <p>Communicate results to relevant other practitioners (B)</p> <p>Perform audit of activities where indicated</p>

Learning Objective 1.7: Collaborate with those involved in the provision of healthcare, including other healthcare providers and external agencies.

Knowledge	Skills
<p>Describe local and regional health and social service providers including indications for access, how to access, and modes of referral (B)</p> <p>Describe bureaucratic processes associated with physician care (e.g. applications, reports and medicolegal documents) (B)</p>	<p>Contact medical and surgical colleagues to develop a coordinated approach to patient health issues</p> <p>Refer where patients would benefit from other services (B)</p> <p>Conduct a case conference as appropriate (B)</p> <p>Initiate and coordinate care with other health professionals and agencies (B)</p> <p>Take a lead role in multidisciplinary patient care where required (B)</p> <p>Advocate for better health and social service provision when required</p> <p>Conduct verbal and written communications associated with patient care in a professional and timely manner (B)</p> <p>Work with medical secretaries, office managers, audio typists, clerks, etc (B)</p> <p>Present at local, regional and international meetings (<i>note-leave in this standard- may go into generic skills curriculum</i>)</p> <p>Publish in peer-reviewed literature (<i>note- leave in this standard – may go elsewhere eventually</i>)</p>

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Specialty: GIM
Key Focus Area: Medical Expert
Theme 2: ***Ambulatory / Community care***

Learning Outcome 2: The consultant physician in general internal medicine will demonstrate the ability to care for people with health problems requiring assessment and/or therapy in ambulatory and community settings.

Learning Objective 2.1: Assess and manage a wide range of common and important sub-acute and chronic symptoms and decline (or change) in health status

Knowledge	Skills
List differential diagnosis of a wide range of symptoms and syndromes (B)	Apply relevant medical knowledge to the clinical setting (B)
Describe the range of investigations and their indications (B)	Focus history and examination findings relevant to symptom/syndrome and interpret these in relation to the broader issues (B)
Describe a wide range of pharmaceutical interventions and their indications (B)	Develop a problem list, differential diagnosis and care plan (B)
Describe interactions and adverse effects of medications used (B)	Ensure care plan is culturally appropriate, and feasible in local circumstances (B)
Describe non-pharmaceutical interventions and their indications, and adverse effects (B)	Use all investigations rationally (B)
Appreciate social, psychological and cultural determinants of health and wellbeing (B)	Interpret test results in the clinical context (B)
Describe cultural paradigms of health and disease for significant groups (B)	Initiate and monitor pharmacological therapy (B)
	Rationalise medication regimens (B)
	Incorporate primary, and secondary preventative approaches into care plan (B)
	Monitor and review patient response in a timely manner (B)
	Revise the management plan when necessary (B)
	Effectively communicate details to other clinicians (B)
	Systematically develop and file learning and reference resources (B)

Learning Objective 2.2: Assess and manage a wide range of common and important sub-acute and chronic diseases

Knowledge	Skills
Describe epidemiology, pathophysiology and natural history of common and important disease conditions (B)	Apply relevant medical knowledge (B)
Describe factors affecting progression rates and complications of common medical diseases (B)	Focus history and examination findings relevant to clinical scenario and interpret these in relation to the broader issues (B)
Describe range of investigations and their indications (B)	Develop a problem list, and differential diagnosis (B)
Describe a wide range of pharmaceutical interventions and their indications (B)	Prioritise treatment goals and preventive strategies (B)
Describe interactions and adverse effects of medications (B)	Ensure care plan is culturally appropriate, and feasible in local circumstances (B)
Describe a range of non-pharmaceutical interventions and their indications, and adverse effects (B)	Use investigations rationally (B)
Appreciate social, psychological and cultural determinants of health and wellbeing (B)	Interpret test results in the clinical context (B)
Know existence and content of local and international evidence- based guidelines and care pathways (B)	Initiate and monitor pharmacological therapy (B)
	Rationalise medications (B)
	Monitor and review patient response in a timely fashion (B)
	Revise management plan when necessary (B)
	Summarise patient clinical details into clinical summary and letter to referrer (B)
	Time appropriately any escalation of care (B)
	Manage patients following a major illness or intervention such as AMI, stroke, PTCA, major surgery
	Manage proactively transitions of care, for example into residential care
	Systematically develop and file learning and reference resources (B)
	Develop information resources for patients

Learning Objective 2.3: Recognise seriously ill patients and initiate management.

Knowledge	Skills
<p>Describe pathophysiology of acute, severe disturbances of body function (B)</p> <p>Describe signs of acute severe illness and markers of incipient decompensation (B)</p> <p>List differential diagnoses of clinical presentations of severe illness (B)</p> <p>Know existence and content of local and international evidence- based guidelines protocols and care pathways (B)</p>	<p>Institute appropriate life sustaining therapies (B)</p> <p>Initiate investigation, management and appropriate referral (B)</p> <p>Interpret and integrate rapidly any test results (B)</p> <p>Revise management plan based on patient response and further information (B)</p> <p>Discuss situation with spouse/family/relations (B)</p> <p>Explain potential outcomes and prognosis within current clinical parameters (B)</p> <p>Reassess and revise diagnosis, management and outcomes regularly (B)</p>

Learning Objective 2.4: Manage patients with multiple co-morbidities

Knowledge	Skills
<p>As in LO 2.2 in above plus:</p> <p>Describe common disease associations, both at presentation and possible in the future (B)</p> <p>Describe complications and management issues in complex, multisystem medical problems (B)</p> <p>Describe indications, contraindications and potential interactions of pharmaceuticals used in complex, multisystem diseases (B)</p>	<p>As in LO 2.2 above plus</p> <p>Develop care plans for the management of patients with multisystem diseases and comorbidities (B)</p> <p>Prioritise diagnoses and management options (B)</p>

Learning Objective 2.5 Collaborate with those involved in the provision of healthcare, including other healthcare providers and external agencies.

Knowledge	Skills
<p>Describe local and regional health and social service providers including indications for access, how to access, and modes of referral (B)</p> <p>Describe bureaucratic processes associated with physician care (e.g. applications, reports and medicolegal documents) (B)</p>	<p>Contact medical and surgical colleagues to develop a coordinated approach to patient health issues</p> <p>Refer where patients would benefit from other services (B)</p> <p>Conduct a case conference as appropriate (B)</p> <p>Initiate and coordinate care with other health professionals and agencies (B)</p> <p>Take a lead role in multidisciplinary patient care where required (B)</p> <p>Advocate for better health and social service provision when required</p> <p>Conduct verbal and written communications associated with patient care in a professional and timely manner (B)</p> <p>Work with medical secretaries, office managers, audio typists, clerks, etc (B)</p> <p>Present at local, regional and international meetings <i>(note-leave in this standard- may go into generic skills curriculum)</i></p> <p>Publish in peer-reviewed literature <i>(note- leave in this standard – may go elsewhere eventually)</i></p>

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Specialty: GIM
Key Focus Area: Medical Expert
Theme 3: ***Consultant Liaison***

Learning Outcome 3: The consultant physician in general internal medicine has expertise in providing a specialist opinion and assistance with management of patients under the care of others on referral.

Note:

The consultant physician in internal medicine should be able to outline those principles of organisational behaviour and psychology which impact on ownership and boundary issues between groups of clinicians, and transition of care, and demonstrate a collaborative working relationship with other clinicians.

Learning Objective 3a: Manage the peri-operative patient.

Knowledge	Skills
Describe the natural history of conditions requiring surgery. (B)	Perform thorough clinical assessments and additional investigations when needed. (B)
Describe the operative and anaesthetic risks for procedures in particular patients. (B)	Evaluate the risks and benefits of operative interventions, especially in patients with co-morbidities.(B)
Describe the pathogenesis and management of common post-operative complications, including fluid overload, dehydration, cardiac failure, delirium, sepsis, bleeding, ischaemic events, thromboembolism, renal and liver impairment, adverse effects of medications. electrolyte imbalance and urinary retention. (B –need expertise in this area)	Optimize medical management before, during and after operations.(B)
Describe interventions which might reduce peri-operative risks (B –need good knowledge of this area)	Communicate with the patient, surgeon, anaesthetist and family regarding medical issues and risk stratification. (B)
	Manage post-operative ‘medical’ problems (B – expertise in this area)

Learning Objective 3b: Manage common medical problems during pregnancy and the peripartum.

Knowledge	Skills
<p>Describe the physiological changes of pregnancy. (B)</p> <p>Describe the changes in haematological, biochemical and other parameters during pregnancy. (B)</p> <p>Describe the natural history of common medical problems during pregnancy. (B)</p> <p>Describe the pathogenesis, investigation and management of both pre-existing medical conditions, as well as those that arise during pregnancy including hypertension, pre-eclampsia, seizures, sepsis, renal and hepatic impairment, thromboembolism and gestational diabetes. (B)</p> <p>Describe the diagnostic approach to and management of problems including dyspnoea, palpitations, chest pain, headache, dizziness, pruritis, abnormal renal and liver function tests, proteinuria, vomiting, numbness, weight loss and gain, and abdominal pain. (B)</p> <p>Describe the possible maternal and fetal consequences of medications, irradiation, surgery and other interventions during pregnancy. (B –this is very important for all early trainees, as it is critical regardless of ultimate subspecialty)</p>	<p>Perform clinical assessments of pregnant women with medical problems. (B)</p> <p>Communicate with the patient, family and other clinicians regarding the risks and benefits of investigations and interventions including drug therapy. (B)</p> <p>Evaluate current publications regarding medical problems in pregnancy.</p> <p>Interpret the results of investigations in pregnant women. (B)</p>

Learning Objective 3c: Manage medical problems in patients primarily cared for by mental health providers and teams

Knowledge	Skills
Describe presentations of both new and established psychiatric conditions, especially in those with medical comorbidities. (B)	Perform a competent clinical assessment of the patient with a primary psychiatric disorder and medical comorbidities. (B)
Describe pathophysiology, differential diagnosis, investigation and the principles of managing psychiatric disorders including delirium, dementia, depression, organic psychoses, anorexia nervosa, hypochondriasis, somatisation. (B)	Evaluate the concomitant use of psychotropic and other medications, especially in those with medical comorbidities. (B)
Describe considerations when choosing psychotropic medication in patients with medical disorders. (B)	
Describe the side-effects of psychotropic medications that result in medical problems. (B)	
Identify medications which may alter mental state. (B)	
Identify medical disorders that occur more commonly in patients with psychiatric problems. (B)	

Learning Objective 3d: Work collaboratively with staff in the emergency department.

Knowledge	Skills
Covered in Learning Outcome 1	Communicate with emergency medicine staff and other colleagues to optimise continuity of patient care and to explore alternatives to hospitalisation, where possible. (B)
	Collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems. (B)
	Communicate with clinicians and others regarding transition of care, continuity of care, and clinical decisions that require prioritisation and a broad perspective. (B)

Learning Objective 3e: Work collaboratively with staff in the intensive care, coronary care unit and other sub-specialty inpatient units

Knowledge	Skills
Identify the indications for admission to the intensive care unit, coronary care unit and other sub specialized inpatient care units. (B)	Communicate with staff in subspecialty inpatient units (including ICU, CCU and others) regarding transition of care, continuity of care, and clinical decisions that require prioritisation and a broad perspective. (B)
	Demonstrate a collaborative working relationship with subspecialty inpatient units. (B)

Appendix 1

RACP/IMSANZ General Internal Medicine Curriculum Writing Group

Name	IMSANZ / RACP / SS affiliations	Contributions all 2004 unless specified (writing, commenting on drafts plus:)
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Les Bolitho	IMSANZ, RACP ADMC	Initial RACP curriculum workshop, GIM Sydney and Canberra workshops
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