

SLEEP MEDICINE ROTATION OBJECTIVES

General Objective: The resident will acquire familiarity with the diagnosis, assessment and treatment of common sleep disorders and with the tools used to investigate them.

Please note that these objectives supplement the RCPSC objectives

MEDICAL EXPERT

1. The resident will be able to obtain a history relevant to sleep disorders. This includes:
 - a) symptoms that indicate sleep pathology
 - b) clinical factors that predict the presence or absence of particular sleep disorders
 - c) history of sleep habits and rituals; sleep hygiene
 - d) family history, where relevant
 - e) impact of sleep disorder on the patient's quality of life and health
2. The resident will demonstrate knowledge of the epidemiology, prevention, pathogenesis, clinical manifestations, laboratory testing, treatment, prognosis and complications of:
 - a) Obstructive Sleep Apnea
 - b) Central Sleep Apnea
 - c) Cheyne-Stokes Respiration
 - d) Sleep Hypoventilation
 - e) Insomnia
 - f) Narcolepsy
 - g) Restless Legs Syndrome and Periodic Limb Movement Disorder
 - h) Parasomnias
3. The resident will demonstrate an approach to the diagnosis and management of the following common sleep related complaints:
 - a) Hypersomnolence
 - b) Insomnia
 - c) Abnormal nocturnal behaviour
 - d) Snoring
4. The resident will be able to manage
 - a) Obstructive Sleep Apnea
 - b) Central Sleep apnea
 - c) Cheyne stokes Breathing
 - d) Complex sleep apnea
 - e) Sleep apnea /COPD overlap
 - f) Sleep Hypoventilation/Chronic Respiratory failure
 - g) Insomnia- initial management
 - h) Restless Legs Syndrome and/or Periodic Limb Movement Disorder- initial management
5. The resident will be able to interpret Level 3 HSAT testing, and to review Polysomnography, and MSLT/MWT including:
 - a) recognition of normal or disrupted sleep architecture
 - b) recognition of sleep stages and arousals from sleep
 - c) scoring of respiratory events including apneas, hypopneas, increased upper airway resistance, hypoventilation and Cheyne Stokes Respiration
 - d) Evidence for Parasomnias such as REM Behaviour Disorder, sleep walking, and bruxism
 - e) Evidence for Narcolepsy / abnormal MSLT
6. The resident will understand the limitations of diagnostic tests in Sleep Medicine including:
 - a) Level I PSG +/- tcCO₂
 - b) MSLT, MWT
 - c) Ambulatory, level 3 testing for sleep disordered breathing

- d) Clinical prediction rules
- e) Empiric trials of therapy
- f) Actigraphy

COMMUNICATOR

7. The practice of sleep medicine requires humane, informed and open discussions with patients about their symptoms, disease and course of treatment. Effective and empathetic listening skills including the use of verbal and non-verbal communication skills will be demonstrated.

COLLABORATOR

8. Sleep physicians work with several other members of the sleep healthcare team to achieve optimal outcomes for patients. Our Sleep Centre uses a multidisciplinary approach and patients will see several health care providers throughout their evaluation and treatment. The resident will consult with other physicians and health care professionals and contribute effectively to the team's objectives and management plan. An understanding of the roles and responsibilities of other health care providers is required for effective leadership and participation within this model of patient care.

MANAGER

9. Appropriate health care resource utilization is integral to the practice of sleep medicine especially in a time of changing resources, guidelines and protocols. As a manager the resident will incorporate quality assurance and resource allocation into daily activities. The Sleep Centre's wait list time is long (up to one year) and this provides an excellent incentive and opportunity to consider alternate care models and/or triage systems for our patients.

HEALTH ADVOCATE

10. The resident must recognize his/her overall role within society and his/her ability to influence public policy as well as individual patient care. The physician must be prepared to advocate for patients and for communities. Physician advocacy for individuals and for communities is often required with regard to securing funding and qualification for CPAP, BiPAP and supplemental oxygen therapy.

SCHOLAR

11. Sleep Medicine is a relatively young field with significant gaps in knowledge and thus many opportunities for research. The resident will demonstrate awareness of the current state of knowledge and ask questions where data is lacking. A commitment to life-long learning in this rapidly evolving field is essential. Ongoing journal clubs, research and teaching opportunities will enhance this competency in our fellows.

PROFESSIONAL

12. As a physician, there is a need for commitment to professional standards including ethical practice. In addition, the resident will demonstrate an understanding of provincial legislation for reporting of unfit drivers.