Western Stream Family Medicine Rotation Contracting Document

The purpose of this document is to provide both Learners and Preceptors with an opportunity to discuss expectations for the rotation (in addition to the academic objectives in One45) and to provide clarity as to the unique learning opportunities available in the distributed program within Western Newfoundland.

This document should be reviewed with the resident and MRP (most responsible preceptor) in the initial contracting session on the first day of the rotation. Any potential issues that may arise can be addressed directly at the onset of the rotation. Changes or additions can be added to the end of the document and signed by both the learner and preceptor. The dates for the midterm and final evaluations should be discussed and decided upon at this initial contracting.

Other suggested points of discussion include:

- Professionalism
- Dress code
- Cell phone use
- Frequency and style of feedback
- Rules or specific protocols for the site

Rotation Expectations:

1) Family medicine rotations are embedded in family medicine practices. Family physicians perform many different duties. They have varied skills and broad scopes of practice. Learners in family medicine will be expected to work primarily in family medicine practices and learning objectives will be achieved through the family medicine experiences. Residents who desire to obtain extra training opportunities outside the family practice experience, can achieve this in one of two ways:

a. Elective time which is meant to offer learners the opportunity to enhance skills.

b. Opportunities for enhancing skills can be identified to the preceptor early in the rotation and scheduling of such opportunities can be discussed with the stream academic program administrator. This is at the discretion of the preceptor and it should be recognized that the first priority is achieving competence in family medicine objectives and maintaining a minimum of 6-7 half day clinical experiences per week.

2) Residents are expected to present to clinics in a timely manner. In many family practices, paperwork, phone calls and case discussions may occur prior to the start of clinic. Residents should plan to arrive in clinic at least 15 minutes prior to the start of their first clinical encounter.

3) On call duties: Call duties and frequency of call will be determined based on site specific processes/requirements. While on-call, residents should answer all phone calls in a timely manner and should be available to come to the hospital/clinic in a timely manner if needed. Response times will often need to be within 15 minutes. This would include all call duties for that site.

4) Post call: Please review the PARNL agreement re: post call requirements (see below). If a resident has worked during the night and is eligible for post call, he or she is responsible for notifying the preceptor whom they will be working with, as early as possible, that he or she will not be available for clinic that day. To avoid conflicts with having to reschedule fully booked clinics the day after call, it is suggested that the resident not have a booked clinic on post call days but that their post call days be arranged as walk-in or same-day fit-in clinics. There are two alternatives that the preceptor and learner can discuss:

a. The resident's call can end at 12:00 and they will be expected to attend clinic the following day.
b. The resident can remain on call all night and should they be required to be in the hospital for a cumulative total of 1 hour (between 12:00 midnight and 6:00 am), then they are entitled to have a post call day. Residents should be relieved of clinical duties after completing any necessary handover no later than 12:00 pm the next day.

** For further clarification or suggestions on how to schedule a post call day to minimize conflicts please see the attached PGME Post Call Policy (for Home call and In-Hospital Call)

5) House Call: House calls may be a required component of rotations. All sites should follow house call policies as set out by the Discipline of Family Medicine.

6) Supervision: Resident supervision by the preceptor may vary by site and time in the rotation. How supervision shall occur should be discussed at initial contracting and should be agreed upon by both the preceptor and learner.

(Document supervision and initial by both here)

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7) Intensity and Responsibility around clinics: All charting, consultations and paperwork from clinics should be completed before the end of the day unless otherwise arranged (ie. Scheduling conflict due to emergency, etc.). Resident and preceptor should discuss the appropriate number of patients to be seen and the process for gradually increasing these numbers as the rotations progresses. **Labs/DI/Pathology**: Residents will have paper based lab/DI/pathology results delivered to mailbox at Western Memorial Regional Hospital (WMRH). Resident will pick up results, review, communicate action when necessary via EMR, and have signed by same.

(Document plan for how many patients per ½ day clinic)

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8) Leave: It is very important that all leave be appropriately documented through pre-existing program processes. Leave requests should be submitted for all leave in a timely manner.

9) Field Notes: As per program policy, residents should expect that preceptors will complete a field note for most clinics. It is the responsibility of the learner to ensure that they have an appropriate number of field notes completed. The purpose of these notes is to document progress of the resident as they achieve competencies, provide feedback to enable residents to identify areas of strength as well as address gaps or areas of weakness. Field notes are essential to allow a resident to progress through the program.

10) Academic Requirements: During Academic FM rotations, residents are expected to attend all teaching sessions as outlined by the program including Academic Half Day, Behavioural Medicine Sessions and EBM sessions. Practice audits will be integrated into the local site curriculum as per discussion with the Western Stream EBM Coordinator (Dr. Lorena Power). If any academic sessions are cancelled, residents are expected to present to clinic for that period. During Rural FM rotations, residents are required to attend weekly Academic Half Day sessions.

11) Simulated Office Oral (SOO) Examinations: It is suggested that residents have the opportunity to participate in practice SOOs on a regular basis with feedback recorded in a field note format. If a preceptor is unable to assist with SOO practice the resident may contact the Western Stream APA (David Lane) to arrange for additional SOO practice with other local preceptors.

12) Video Tape Review (VTR): Direct Observation and VTR's are a mandatory component of residency training during R1 and R2 Academic Family Medicine rotations and are used as a mechanism to provide constructive feedback to residents. Residents should expect that VTR's will be completed on a routine basis as per program recommendations.

13) At times there may be learners of all levels (medical students, clerks, elective students, residents) at a particular site. Residents are encouraged to provide teaching to learners when opportunities arise (both in clinic and ER settings). This layered learning is a valuable part of training and will be expected of all residents.

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Date:

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Preceptor Signature:

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Resident Signature:

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Date of next meeting:

PGME Post-Call Guidelines: Home Call

In the interest of safe patient care and respect for the personal safety, wellbeing, and educational requirements of the Resident, duty hour restrictions must be considered. A Resident who is scheduled on out---of---hospital duty (i.e. “home call”) but who works more than one hour in hospital, or otherwise providing patient care (ie. home visits) between midnight and 0600hrs, is entitled to the post---call provision outlined below:

Sign---over of patient care responsibilities and pertinent patient information shall begin no later than the 24th consecutive hour of duty. Apart from hand---over of patient care responsibilities, no Resident shall be required to assume new responsibilities following the 24th hour of duty. Such handover shall not exceed 2 hours.

PGME Post---Call Guidelines: In---Hospital Call

Any Resident or Fellow who is required to provide care of a continuous or intensive nature during his/her in---hospital duty period, shall be permitted to be relieved of his/her duties at 1000 hours of a regular work day which follows the in---hospital call period after handover of patient care responsibilities, satisfactory to the Employer and the attending Physician responsible for the patient, to ensure continuity of patient care. It is understood that by allowing the Resident or Fellow to leave at 1000 hours, there is no additional cost to the Employer.

Apart from the handover of patient care responsibilities, no Resident shall be required to assume new responsibilities following the 24th hour of duty.