RURAL ONTARIO MEDICAL PROGRAM

PRECEPTOR AND LEARNER

POLICY MANUAL

2011

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1. ORGANIZATION

1.1 MISSION STATEMENT

The Rural Ontario Medical Program (ROMP) is a voluntary association of physicians, who share a commitment to provide undergraduate and postgraduate learners with quality educational experiences in rural medical practice by:

1.1.1 Ensuring that clinical educational experiences are of high quality and founded upon standards of clinical practice that continue to be acceptable to learners and their parent medical schools;

1.1.2 Sustaining the commitment and support of participating physicians who perceive their medical practice and patients to be their primary responsibility and time commitment;

1.1.3 Maintaining harmonious relationships with the Ontario Medical schools, the Ministry of Health and Long Term Care (MOHLTC), the Professional Association of Interns and Residents of Ontario (PAIRO) and other organizations whose support and encouragement are essential;

1.1.4 Building inter-hospital networks and establishing healthy working relationships with those facilities and the physicians associated with them to increase educational resources and opportunities; and,

1.1.5 Co-operating with community groups and organizations to advance continuing medical education for preceptors.

1.2 GOALS

The Rural Ontario Medical Program will:

1.2.1 Foster and nurture communication at all levels;

1.2.2 Be responsive to the changing needs of all stakeholders and will continue to plan for growth and expansion;

1.2.3 Provide the learning opportunities and the guidance necessary for its learners to gain a comprehensive understanding of the health care system. Through exposure to a wide spectrum of experiences, learners will:

- Acquire the knowledge, skills and problem solving abilities appropriate to an excellent physician;
- Develop an understanding and appreciation of the community-based nature of rural medicine;

- Acquire the knowledge and the ability to utilize the resources of communities of all sizes; and,

- Recognize and be able to establish doctor-patient relationships which are appropriate to the assumption of responsibilities for patient care.

1.3 MEMBERSHIP

1.3.1 Membership of ROMP shall consist of physicians with a record of satisfactory participation as a teacher of postgraduate and undergraduate learners in ROMP; and,

1.3.2 Members shall agree to abide by the educational guidelines of the College of Physicians and Surgeons of Ontario (CPSO) appendix 4.2.1, 4.2.2; and the policies of the Program as outlined herein.

1.4 OBJECTIVES

1.4.1 A clinical placement in rural medicine will expose learners to:

- The important daily role of the rural physician in health maintenance and illness prevention in the community hospital; effective management of an office practice; the inter-relationship between family physicians and consultants; and, the keen evaluation skills and good clinical judgment required to discriminate serious illness from self-limiting conditions;

- The comprehensive nature of rural medicine and the responsibilities of continuity of patient care; the means to develop professional and personal qualities to ensure a long and satisfying career in rural medicine as they learn to balance the diverse professional demands with personal and family needs; interactions with health care delivery teams; strategies for keeping up with medical advances and identifying learning needs;

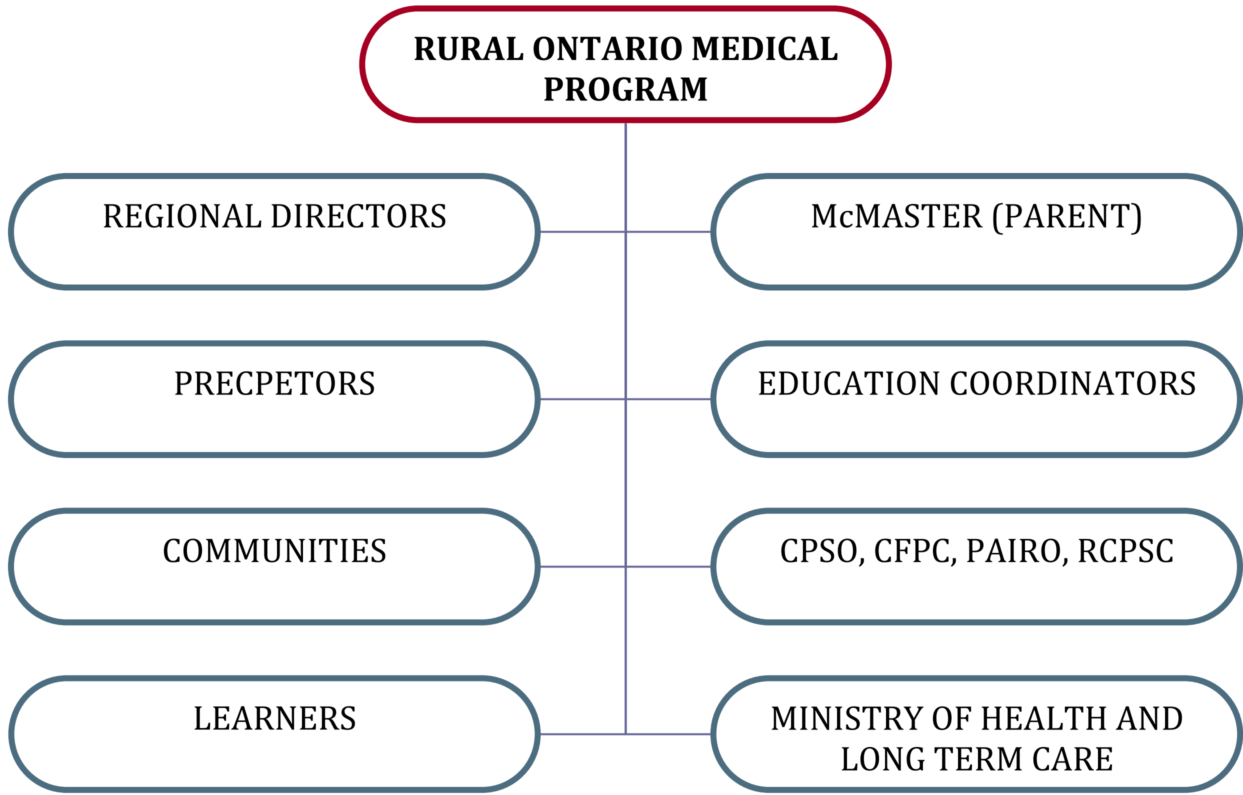
- The diagnostic uncertainty often encountered in rural medicine and the need for using time effectively both as a diagnostic and therapeutic modality; community health resources; and the leadership role physicians have as a community resource identifying service needs and organizing the cost effective delivery of health programs;

- The special nature of the doctor-patient relationship in rural medicine and the many roles of the rural physician; the importance of knowing patients as individuals and understanding their response to illness; and, the modifying effects of family dynamics and cultural factors; and,

1.4.2 Continual monitoring of the systems in place to encourage and facilitate communication among learners, preceptors, hospitals, medical schools, associations and the MOHLTC will ensure the Program continues to offer a superior experience tailored to the needs of learners and their medical schools.

1.4.3 A ROMP Regional Board of Directors will support the efforts of the Director in planning for ongoing improvement and development of the Program based primarily on the results of feedback from all stakeholders.

1.5 STAKEHOLDERS



2. EDUCATIONAL POLICIES

2.1 PRE-CLERKS

2.1.1 Pre-clerks are not employees of the hospital or the physician preceptors, but are university learners receiving medical education leading to a medical degree.

2.1.2: Pre-Clerks:

- May be granted a clinical placement under the preceptorship of an active physician recognized by ROMP;
- Are not licensed physicians and shall not be addressed as “Doctor”;
- Shall receive supervision by their preceptor or delegate to ensure that their education is of high quality and to assure the best interests of patients; and,
- Must not be permitted to function as clinical clerks.

2.2 CLINICAL CLERKS

2.2.1 Clinical Clerks are not acting as employees of the hospital or the physician preceptors, but are university learners receiving education leading to a medical degree.

2.2.2 Clinical Clerks:

- May be granted a clinical placement under the preceptorship of an active physician recognized by ROMP;
- Are not licensed physicians and shall not be addressed as “Doctor”;
- Must have documentation of a patient’s history, physical examination, progress notes, and diagnosis reviewed and countersigned by either the attending physician or other licensed physician responsible for the care of the patient;
- May write “orders” concerning investigation or treatment of a patient under the direct supervision of a licensed physician and countersigned by same. Telephone or other transmitted orders of a licensed physician may be transcribed but are to be countersigned by that physician at a later date;
- May, within the principles of graded responsibility, carry out technical procedures on patients under direct or remote supervision depending on the level of competence. Under remote supervision, the procedures shall be restricted to those which a registered nurse is permitted to perform;

- Will be covered by liability insurance carried by the medical school; and,
- Must have written prescriptions countersigned by a licensed physician as pharmacists are not permitted to accept them otherwise.

2.3 RESIDENTS

2.3.1 Medical residents are not acting as employees of the hospital or the physician preceptors, but are university learners and licensed physicians receiving postgraduate medical education.

2.3.2 Residents:

- May be granted privileges under the preceptorship of an active medical staff member recognized by the Program;
- Shall receive adequate supervision to ensure that their education is of high quality and to assure the best interests of patients;
- May assist at surgery;
- May write patient orders;
- May admit patients to hospital in the name of their preceptor;
- May be "on call" in conjunction with their preceptor; and,
- Will have all patient medical charts reviewed every 24-48 hours by their preceptor.

2.4 ADMISSION PROCEDURES

2.4.1 Applications from Pre-Clerks and Clinical Clerks from an accredited medical school in Ontario for an elective rotation (minimum: 4 weeks) will be accepted four months prior to the date of the placement.

2.4.2 Applications from Postgraduate medical learners from an accredited medical school in Ontario will be accepted four months prior to a Family Medicine placement and four months prior to the date of Specialty Medicine placement.

- Residents or medical students from an accredited medical school outside of Ontario but in Canada may be accepted in the Program if they are prepared to do so as unfunded learners.

2.4.3 Acceptance to the Program is also contingent upon the availability of a recognized ROMP preceptor.

2.5 APPLICATION PROCESS

2.5.1 Application for clinical placements, Family Medicine or Specialty Medicine postgraduate rotations may be obtained from the ROMP website at www.romponline.com

2.5.2 Pre-Clerks and Clinical Clerks will:

- Complete the application; and,
- Provide a letter from the Dean, or designate, stating that the pre-clerk or clerk is in good standing at the school and is covered by their school insurance and liability policy.

2.5.3 Postgraduate Medical Residents will:

- Complete the application;
- Provide the following for the purpose of obtaining temporary hospital privileges:
  - details of CPSO membership where appropriate,
  - insurance coverage through the Canadian Medical Protective Agency or through the University; and,
  - Undertake to abide by the host hospital's policies and CPSO supervision guidelines (Appendix 4.2).

2.5.4 The following signatures are required for the application process to be complete:

- Preceptor to acknowledge that they are responsible for the acts of the learner while at the hospital and agree that those acts are delegated by them to the learner; and that they will abide by the CPSO supervision guidelines (see appendices);
- A letter from the Dean stating the resident is in good standing at the school;
- Hospital CEO or COS after receiving a copy of the letter of good standing, the application form and the signature sheet; and,
- Director of ROMP for final approval.

2.6 SCOPE OF PRACTICE

2.6.1 For the purposes of describing the scope of practice for learners, the following definitions are provided:

Pre-clerks: Undergraduates enrolled in the first half of the medical curriculum with an accredited medical school;

Clerks: Undergraduates enrolled in the second half of the medical curriculum with an accredited medical school;

***Resident (Year One*)**: Graduate physicians with an educational license in their first postgraduate year of education;

Resident (Year Two and Up): Graduate physicians with an educational or independent license who have completed their first year of postgraduate education; and,

Physician Assistants: This second degree program includes 12 months of in-class study followed by a period of clerkship with a rural preceptor and will function similar to Clinical Clerks as above.

2.6.2 Services permitted include:

SERVICE	PRE-CLERKS	CLINICAL CLERKS	RESIDENT PGY1	RESIDENT PGY 2	PHYSICIAN ASSISTANT
Access to patient charts	✓	✓	✓	✓	✓
Patient Access					
• Observing and Listening	✓	✓	✓	✓	✓
• History and physician with/without preceptor	✗	✓	✓	✓	✓
• Test and therapy orders	✗	✗	✓	✓	✗
Therapeutic Procedures (subject to scrubbing)					
• Observing – all areas	✓	✓	✓	✓	✓
• Assisting – all areas (ie supervised performance compatible with preceptor's privileges	✓	✓	✓	✓	✓
• Unsupervised performance compatible with preceptor's privileges	✗	✗	✓	✓	✗
Meeting Attendance					
• Educational	✓	✓	✓	✓	✓
• Departmental and committee	✗	✓	✓	✓	✓
• MAC and similar bodies	✗	✗	✓	✓	✗

2.6.3 Service agreements will be as outlined in the PAIRO agreement (Appendix 4.3).

2.7 TRAVEL AND ACCOMMODATIONS (APPENDIX 4.5)

2.7.1 ROMP will assist all learners to find accommodations. Learners are responsible for all charges incurred as agreed with the householder.

2.8 SUPERVISION

2.8.1 The following defines requirements for supervision:

- The supervision of Postgraduate learners will be as outlined by the College of Physicians and Surgeons of Ontario for Postgraduate learners. (Appendix 4.2.1);
- The supervision of Undergraduate learners will be as outlined by the College of Physicians and Surgeons of Ontario for clinical clerks and other learners. (Appendix 4.2.2);
- Chart review should be a regular feature of the learner's experience and adequate time should be set aside for the purpose. Such issues as problem orientation, appropriateness of the data recorded, legibility and completeness should be addressed;
- If, for any reason, a preceptor must be away from their practice, it is the responsibility of the preceptor to arrange for the learner to be temporarily assigned to another preceptor within, or acceptable to, the Program;
- Access to the preceptor (or designate) must be available to the learner at all times to allow for appropriate consultation. The supervisor should be on site when the learner is seeing patients in the office, except in an unusual emergency;
- Learners enjoy doing procedures and it is recommended that they be encouraged to keep a log of all procedures done during their placement. This log should be reviewed by the preceptor periodically with a view to offering helpful advice.

2.9 EVALUATIONS

2.9.1 Preceptors and learners shall establish the learner's goals and priorities as well as the parameters of the practice. This will allow the preceptor to review the learner's responsibilities and other issues of importance while working in the hospital;

2.9.2 Close supervision during the first week will enable the preceptor to identify the strengths and weaknesses of the learner. This should include review of patients seen, chart and procedure log review, and possibly re-examination of patients;

2.9.3 The degree of learner autonomy may be increased as confidence levels rise; chart and procedure log reviews continue; the preceptor is always available for consultation as required;

2.9.4 A mid-term feedback session is expected to allow constructive appraisal and re-setting of educational objectives for the remainder of the rotation;

2.9.5 Input to an evaluation may be received from office staff, colleagues, hospital staff and patients;

2.9.6 An end of rotation interview between the preceptor and the learner will be documented on the appropriate university's form.

2.10 STATUTORY HOLIDAYS

2.10.1 Clinical learners are entitled to the following statutory holidays:

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Dominion Day
- August Civic Holiday
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day
- Two floating holidays

2.11 PLACEMENT – TIMING AND DURATION

2.11.1 Undergraduate placements will normally begin on a Monday and end on a Friday unless a different start date is mutually agreed upon between the learner and the preceptor;

2.11.2 Vacation/conference time must be approved by the medical school prior to the start of the clinical placement, but should not exceed one week per four-week clinical placement;

2.11.3 The following types of rotations are available:

Funded: Funding is available for one-month postgraduate Family Medicine rotations and for one-month postgraduate Specialty Medicine rotations; funding is available for one month undergraduate Family Medicine or Specialty Medicine clerkship rotations; no pre-clerk funding is available; and,

***Unfunded**:* Shorter rotations are available, but are not funded through ROMP.

2.12 MOONLIGHTING

2.12.1 Clinical learners possessing an educational license may not legally practice medicine for remuneration;

2.12.2 Clinical learners possessing a general license may legally practice medicine for remuneration within the jurisdiction of that license. However, a clinical placement in a community is solely for educational purposes and a clinical learner with a general license may not, therefore, practice medicine in that community for the duration of the residency rotation; and,

2.12.3 Clinical learners with a general license who choose to moonlight in another community during their residency rotation are responsible for ensuring there is no conflict with their educational commitments.

2.13 SENSITIVE MEDICAL EXAMINATIONS

2.13.1 In line with medical school policy and for the protection of the clinical learners, residents performing examinations of a sensitive nature of both male and female patients will have an observer present; and,

2.13.2 It is the responsibility of the preceptor to ensure this policy is implemented in their practice.

2.14 CANCELLATION POLICY FOR DISTRIBUTED MEDICAL EDUCATION ROTATIONS IN ONTARIO

This policy establishes a process for cancellation of a clinical placement across the province which ensures all relevant stakeholders are notified in a timely manner, and that learners behave in a professional manner in their relations with the rural networks.

2.14.1 ***Expectations of Learners***: In the event that a learner cancels a rural placement that was previously confirmed, learners are required to notify the DME network, the University, and the community placement (preceptor) as well as complete the DME Rotation Cancellation Form.

2.14.2 Failure to comply with this policy may result in a finding of unprofessional behaviour and will be reported to the appropriate Medical School.

2.14.3 ***Process:***

1. Learner applies to one of the provincial networks for a clinical placement;

2. Learner is contacted confirming availability of the placement;

3. Learner has one week to confirm acceptance or rejection of placement. Failure to do so within 7 days may void the rotation request and allow the rotation to be filled by another learner's request;
4. If acceptance occurs, this is a binding agreement between the learner and the

clinical placement;

5. If a learner cancels at this point, they must contact the network, fill out the DME cancellation form and ensure that the community preceptor is notified. The form is then signed and sent to the appropriate University contact.

3. TEACHING SITES

3.1 TEACHING PRACTICES

3.1.1 Applicants for a ROMP teaching appointment as postgraduate teachers must meet the following criteria:

- Have obtained a CCFP/FRCP (or equivalent) designation;
- Be a licensed physician with a minimum of two years in practice;
- Participate in faculty development;
- Hold full active staff hospital privileges, i.e., care of inpatients;
- Provide comprehensive broad-based medical care to their patient population;
- If necessary, undergo a practice assessment and re-assessment thereafter;
- Be available to take residents for a minimum period of time each year;
- Be willing to participate in appropriately developed research projects;
- Establish educational goals and provide relevant and timely feedback to learners; and,
- Abide by the CPSO supervision guidelines (Appendix 4.2.1 and 4.2.2) and PAIRO service agreement.

3.1.2 Applications for a ROMP teaching appointment as undergraduate teacher must meet the following criteria:

- Be a licensed physician;
- Participate in continuing medical education;
- Full active staff hospital privileges, i.e., care for inpatients;
- Provide comprehensive broad-based medical care to their patient population;
- Establish educational goals and provide relevant and timely feedback to learners; and,
- Abide by the CPSO supervision guidelines. (Appendix 4.2.1 and 4.2.2)

3.1.3 As appropriate, ROMP will provide support and development in submitting a request for faculty appointments to an Ontario university. All preceptors meeting criteria for such an appointment will be eligible to teach for all six universities in Ontario:

- Appointments will be provisional and be re-assessed at the discretion of the appropriate university; and,

- Practices approved for continuing appointment will be re-assessed by the appropriate body on a regular basis.

3.2 SITE SET UP AND ORIENTATION

3.2.1 ROMP will provide site set up and orientation as follows:

- Staff will visit new sites, establish a liaison person with each hospital, ensure electronic network capability and provide orientation to that person, and support all sites as appropriate;

- Each host hospital will receive a copy of this Preceptor/Learner Policy Manual;

- ROMP will assist in the development of:
  - accommodation options for learners;
  - community resources and media coverage; and,
  - a capital equipment fund-raising plan.

3.2.2 An orientation package will be provided to the hospital by ROMP prior to the arrival of each learner which will include:

- welcome letter;

- pager and ID;

- expense form;

- medical office sign; and,

- evaluation form regarding ROMP.

3.3 PRECEPTOR CODE OF CONDUCT

3.3.1 This Code of Conduct is applicable to all individuals who accept the responsibility to educate learners. The ethical clinical teacher will:

- Treat learners with respect regardless of level of education, race, creed, colour, gender, sexual orientation or field of study, recognizing that there is a power differential between teacher and learner;

- Refrain from the intimidation and harassment of a learner in any fashion – emotional, physical or sexual;

- Maintain a professional teacher/learner relationship at all times and avoid the development of sexual and/or financial relationships with learners;

- Be willing and able to see patients under their care or under the care of their service when so requested by learners;

- Teach the knowledge, skills, attitudes and behaviour required by learners to become physicians in their chosen career;

- Supervise learners and allow them responsibility as is appropriate to their level of education and commensurate with their ability, as well as to the extent that is allowed by law;

- Support and encourage learners in their endeavours to learn and to develop their skills, attitudes and a sense of inquiry;

- Demonstrate to learners the rational basis for clinical decision-making from investigation to diagnosis to treatment, base on the best evidence available;

- Assess carefully and accurately with a minimum of personal bias, the learner's abilities and provide timely verbal and written feedback to the learner and the learner's program;

- Support and facilitate remedial teaching when it is necessary; and,

- Conduct themselves as exemplary physicians.

3.4 PRECEPTOR DEVELOPMENT

3.4.1 ROMP is committed to preceptor development and support. Some of the provisions include:

- CME provided through the annual workshop for all preceptors and consultants;

- Evaluation process of overall program and components thereof;

- Regional Directors and the ROMP office staff are available as resources; and,

- Support in dealing with disciplinary or remedial issues.

3.5 PRECEPTOR BENEFITS

3.5.1 Funding from the Ministry of Health and Long Term Care (MOHLTC) allows ROMP to offer the following to preceptors:

- The provision of a monthly preceptor fee of $1000.00 for funded rotations;

- Support and development through: site visits, consultations, annual workshops, and a regular newsletter;

- Administrative support in processing applications from learners, credential searches, hospital privileges;

- Simplified preceptor appointment process;

- Development of local resources, eg. Accommodation for learners, fund-raising opportunities, community involvement, liaison with the media

- Where rotations do not qualify for funding, eg. Undergraduates or short ressidency rotations, ROMP will still provide administrative support and faculty development opportunities as well as assistance in developing local resources;

- A part-time appointment in an appropriate Ontario University if needed; and,

- The opportunity to participate in the ongoing improvement and development of ROMP.

3.6 PRECEPTOR PORTFOLIO AND CURRICULUM VITAE

3.6.1 A Curriculum Vitae (CV) and a preceptor portfolio are essential tools for medical professionals. They serve as the record of a person's academic history, educational contributions and professional career. These documents are essential when the individual is pursuing a career change, seeking an academic appointment at a university, or is required to provide evidence of academic contribution as part of the appointment renewal process.

3.6.2 Universities have increased their demand for rural preceptors to hold an academic appointment at an Ontario university. In addition, Program accreditation criteria often stipulate that anyone teaching medical learners must hold a faculty appointment. Each university has its own procedure for appointment and renewal. Preceptors are expected to meet a minimum level of academic involvement in order to retain their academic appointment. This expectation is different in each Ontario university.

3.6.3 Distributed Medical Education Program expansion has increased the need for preceptor participation in the education of medical learners. Rural preceptors involved in a DME program will be required to hold an academic appointment. With this privilege there is a responsibility to report their academic involvement to the university at the time of the renewal of the academic appointment. Universities differ in the length of appointment that they allocate. The longest is a three year renewable appointment and the shortest is one year renewable.

3.6.4 In order to accurately and easily respond to queries regarding their career,

preceptors are encouraged to keep an up to date CV as well as a preceptor portfolio. The templates found in Appendix 4.5 are provided as a guideline for the preparation of a complete CV and Preceptor Portfolio. Record of preceptor participation through the Rural Ontario Medical Program is available upon request by the individual preceptor.

4. APPENDICES

4.1 ROMP Position Descriptions
- 4.1.1 Postgraduate Coordinator
- 4.1.2 Undergraduate Coordinator

4.2 College of Physicians and Surgeons of Ontario
- 4.2.1 Postgraduate
- 4.2.2 Undergraduate

4.3 PAIRO

4.4 Preceptor CV and Preceptor Portfolio Templates

4.5 ROMP Travel and Accommodation Policy

APPENDIX 4.1.1

POSTGRADUATE EDUCATION PROGRAM: POSTGRADUATE COORDINATOR

The Postgraduate Coordinator works with residents from all of the six medical schools across Ontario. The main responsibility is to help coordinate core and/or elective rotations in South Central Ontario. This includes finding a suitable preceptor for the rotation, securing hospital privileges and acquiring accommodations if need be. The goal of this position is to ensure all rotations are organized and run as seamlessly as possible.

A PG Coordinator is the main contact between the University Coordinator, the Educational Coordinator within the hospital, the preceptors, and residents. The majority of correspondence is *via* e-mail and teleconferences.

The coordination of site visits is also required a couple times a year. A university director will request a meeting with preceptors in a hospital/community if they are interested in sending learners there. The curriculum is the point of discussion. In most cases, the PG Coordinator is asked to organize and attend this meeting.

There are also workshops, retreats, PAIRO, CME dinners, etc. that the PG Coordinator is asked to attend. Occasionally the event is conjoint with undergraduate learners and postgraduate.

The PG Coordinator is responsible for the McMaster Rural Stream. This is a group of residents who live in Collingwood for a two-year residency. The PG Coordinator is responsible for creating and scheduling rotations for twelve months of the year using McMaster guidelines. These residents are outside of their academic centre and rely heavily on PG Coordinator.

An Annual Rural Retreat is planned by the PG Coordinator. This retreat brings together groups of Rural Stream residents. This two day event is planned months in advance to ensure resident attendance and secure guest speakers. In the past it has taken place in January and included an afternoon of skiing and an evening social.

APPENDIX 4.1.2

UNDERGRADUATE EDUCATION PROGRAM: UNDERGRADUATE COORDINATOR

The undergraduate coordinator works with medical students from all six Ontario Medical Schools: NOSM, University of Toronto, Queen's University, University of Ottawa, McMaster University, and University of Western Ontario, to place their core and elective rotations. Core rotations are the mandatory part of their curriculum, while electives are not. ROMP currently places core rotations for all schools except NOSM.

There are also a few requests per year for out of province and international student electives. ROMP's UG Coordinator facilitates these placements.

When a student applies for a rotation, at least four months before their start date, the UG coordinator requests a "letter of good standing" (LOGS) before sending requests to preceptors in the student's top choice community. The LOGS confirms that the student is in academic good standing and covered by their school's insurance and liability policy should any issues arise. If their top community choice is not available, the UG coordinator will then move to their second and third choice respectively.

After a preceptor indicates they are available for the requested rotation, the UG coordinator informs the learner via e-mail that their preceptor has been confirmed. The learner has seven days to accept or reject this placement. If the learner rejects or fails to respond in the allotted time, their application is cancelled and the spot is given to the next student. If the learner accepts, the UG coordinator arranges hospital privileges and sends the learner a confirmation letter regarding preceptor information, who to contact, when/where to arrive and accommodation details.

About 1 week before the rotation begins, the UG Coordinator will send the student or hospital coordinator (depending on the community), an orientation package which includes the student's expense claim form, a blank calendar to fill in with their preceptor, the ROMP online evaluation link and more. When the student arrives on their first day, they will also receive an information package on the community including (in most cases) maps, bus schedules, local 'hot spots', a YMCA pass etc.

When the rotation is over, the UG coordinator will send the student an evaluation and expense form reminder to submit in order to receive reimbursement for out of pocket expenses incurred while on rotation.

When both of these arrive at the ROMP office, the UG coordinator will send the student's preceptor a Thank-You letter and close the file in CMS and then file the paper copy in the UG filing cabinet in the ROMP office.

APPENDIX 4.2.1

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO POLICY STATEMENT POLICY #3-03 – POSTGRADUATE

1. The majority of such doctors in Ontario hold a certificate of registration authorizing postgraduate education; however, some postgraduate clinical trainees may already hold certificates of registration authorizing independent practice. Regardless of the class of registration that is held, postgraduate trainees are not independent practitioners or specialists within the confines of the training program.

2. In the context of a training program, residents or fellows often serve in the role of clinical teachers, but do not act as most responsible physician for patient care.

PRINCIPLES

The College policy is based on the following principles:

1. Appropriate care of the patient is central to the training endeavour.

2. Proper training, which respects the autonomy and personal dignity of both patient and trainee, optimizes patient care as well as the educational experience.

3. In order to obtain the best results from the educational experience, there should be joint decision-making and exchange of information between supervisor and trainee.

4. Trainees must actively participate in the provision of health care in order to receive the training they require for future independent practice; that is, they must have hands-on experience in a system of delegated and graded responsibility. By doing, as well as observing, trainees learn how to question, examine, diagnose, manage, and treat patients, and adopt the necessary attitudes towards patients and their relatives, colleagues and other members of the health care team.

This policy focuses on professional responsibilities in the following aspects of medical education:

1. Supervision and Training

2. Professional Relationships

3. Reporting Responsibilities

4. Respecting Patient Rights and Consent to Treatment

1. SUPERVISION AND TRAINING

One physician must always be designated the most responsible physician for the patient's care. In a teaching environment, the most responsible physician may or may not also be the supervisor of the trainee. The supervisor and/or most responsible physician must provide

appropriate supervision to the trainee.
This includes:

a) being willing and able to see patients under his or her care when action is required or when requested;

b) ensuring that trainees to whom he or she is delegating have the appropriate knowledge, skill and judgment to perform the delegated act such that the patient is not put in jeopardy;

c) allowing trainees the responsibility appropriate to their level of training, and commensurate with their ability;

d) ensuring ongoing evaluation to determine the trainee's clinical competence and educational requirements;

e) meeting regularly with the trainee to discuss the trainee's assessment, management, and documentation of patient care;

f) ensuring that all relevant clinical information is made available for the best care of the patient.

The trainee should:

a) be willing and able to see patients and to report information to the supervisor and/or most responsible physician according to any guidelines laid down by the postgraduate program and clinical placement setting;

b) notify the patient or substitute decision-maker, and family if there is consent4, of the name of the most responsible physician;

c) communicate with the supervisor and/or most responsible physician:

d) when a patient is admitted, or seen in an ambulatory care setting in hospital or the community;

ii) when there is a significant change in a patient's condition;

iii) prior to the patient's discharge;

iv) when the patient or substitute decision-maker and family has significant concerns; and,

v) in any emergency situation.

d) ensure that the supervisor and/or most responsible physician is aware of the trainee's level of competence and educational requirements;

e) document his/her findings and management plans and discuss these with the supervisor and/or most responsible physician.

2. PROFESSIONAL RELATIONSHIPS

The most responsible physician, supervisor, and trainee should:

a) maintain an ethical approach to the care of patients;

b) maintain a professional supervisor-trainee relationship at all times, which includes:

- not exploiting the power differential that is inherent in the supervisor-trainee relationship;
- not becoming involved in situations involving conflicts of interest;
- not intimidating or harassing one another emotionally, physically or sexually;

c) maintain an appropriate relationship with all other colleagues, which includes not intimidating or harassing them emotionally, physically or sexually. In addition, the most responsible physician/supervisor is responsible for providing a model of appropriate and compassionate care.

3. REPORTING RESPONSIBILITIES

a) Legal Reporting:

Under the Health Professions Procedural Code (Schedule 2 to the Regulated Health Professions Act), a physician must file a report if he/she has reasonable grounds, obtained in the course of practicing the profession, to believe that another member of the same or a different health profession has **sexually abused** a patient

b) Ethical Reporting:

The CPSO Council affirms that the ethical physician will contact the CPSO if another physician exhibits behaviour that would suggest incompetence or incapacity that compromises his/her ability to care for patients. This applies to the most responsible physician, supervisor, or trainee.

4. RESPECTING PATIENT RIGHTS AND CONSENT TO TREATMENT

Patients have the right to be fully informed about, and to refuse to participate in, medical education; however, alternative care arrangements may be required if a patient refuses treatment in a clinical teaching setting. The most responsible physician/supervisor and trainee are jointly responsible for trying to ensure that patients are aware of their rights in this context, and that such rights are respected.

Consent:

Patients must consent to treatment. It is understood that patients entering teaching facilities will be notified of the educational nature of the patient care to be provided and will give informed consent.

Special Situations

Incapable Patients:

When the patient is incapable of consenting to treatment, (e.g., due to age or other reason) consent should be obtained from the appropriate substitute decision-maker.

Significant Component of Procedure Performed Independently by Trainee:

When a significant component of a diagnostic or therapeutic procedure is to be performed independently by a trainee without direct supervision by the most responsible physician/supervisor, a patient must be specifically informed.

Examination and Clinical Demonstration Solely for Educational Purposes:

When patient participation is purely for educational reasons, the patient must be notified and must provide consent. The most responsible physician and/or supervisor should ensure that the proposed examination or clinical demonstration is not detrimental to the patient, either physically or psychologically. An explanation of the educational purpose behind the proposed examination or clinical demonstration must be provided to the patient when obtaining the patient's informed consent.

APPENDIX 4.2.2

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO POLICY STATEMENT - POLICY #2-03 – UNDERGRADUATE

1. Students are able to participate in the delivery of health care through a provision in the Regulated Health Professions Act, which permits them to carry out controlled acts "under the supervision or direction of a member of the profession," i.e., a clinical teacher or supervisor. Medical students are not independent practitioners or specialists. They are pursuing both program and individual objectives in a graded fashion under the supervision of the undergraduate medical education program.

2. Supervisors, however, may be senior residents or fellows (sometimes holding certificates of registration authorizing independent practice) who are acting as clinical teachers, but are not ultimately responsible for the patient's care in the educational setting.

Principles

The College policy is based on the following principles:

1. Appropriate care of the patient is central to the educational endeavours.

2. Proper education, which respects the autonomy and personal dignity of both patient and medical student, optimizes patient care as well as the educational experience.

3. In order to obtain the best results from the educational experience, there should be joint decision-making and exchange of information between supervisor and medical student.

4. In order for medical students to prepare for future practice, they must have the opportunity to participate actively in the provision of health care; that is, they must have hands-on experience in a system of delegated and graded responsibility. By doing, as well as observing, medical students learn how to question, examine, diagnose, manage, and treat patients, and adopt the necessary attitudes towards patients and their relatives, colleagues and other members of the health care team.

This policy focuses on professional and supervisory responsibilities in the following aspects of the education of medical students:

1. Identification of Medical Students

2. Observation of Medical Students

3. Designation of Most Responsible Physician

4. Supervision of Medical Students

5. Professional Relationships

6. Reporting Responsibilities
7. Respecting Patient Rights and Consent to Treatment

1. IDENTIFICATION OF MEDICAL STUDENTS

Medical students will be involved in observation and interaction with patients from the start of their medical education. It is the responsibility of the supervisor/most responsible physician to ensure that the status of medical students is clear, and that they are introduced to patients and hospital staff as medical students and not as physicians.

2. OBSERVATION OF MEDICAL STUDENTS

Initially, supervisors should closely observe interactions between medical students and patients. When the supervisor is satisfied with the level of education and demonstrated expertise of the medical student, the medical student may be permitted to see patients alone.

3. DESIGNATION OF MOST RESPONSIBLE PHYSICIAN

One physician must always be designated the most responsible physician for the patient's care. In a teaching environment, the most responsible physician may or may not also be the supervisor of the medical student.

4. SUPERVISION OF MEDICAL STUDENTS

When a medical student becomes a member of a health care team or is in a rotation where he or she is expected to participate in the delivery of health care, the supervisor and/or most responsible physician must provide appropriate supervision. This includes:

a) evaluating the medical student's level of expertise through direct observation, and ensuring ongoing evaluation to determine the medical student's clinical competence and educational requirements;

b) ensuring that the medical student to whom they are delegating has the appropriate knowledge, skills and judgment to perform the delegated act such that the patient is not put in jeopardy;

c) meeting regularly with the medical student to discuss his or her assessment, management and documentation of patient care;

d) providing direct or remote supervision to medical students while they engage in clinical activities. According to the RHPA and guided by the principles of graded responsibility, students may carry out controlled acts, under direct or remote supervision, depending on their level of competence. In cases of remote supervision, these acts should be restricted to previously agreed-upon arrangements with the most responsible physician;

e) reviewing and countersigning documentation by a medical student of a patient's history, physical examination, and diagnosis, within a fixed time period, as well as progress notes;

f) countersigning all orders concerning investigation or treatment of a patient, written under the supervision or direction of a physician. Prescriptions, telephone or other transmitted orders of a physician may be transcribed by the medical student, but must be countersigned at a later date. Educational institutions are expected to ensure that medical students engaged in clinical activities are covered by liability insurance carried by the hospital, the university, or the student.

5. PROFESSIONAL RELATIONSHIPS

It is expected that physicians involved in the education of medical students will:

a) provide a model of appropriate and compassionate care;

b) maintain an ethical approach to the care of patients;

c) maintain a professional relationship with medical students at all times, which includes:

- not exploiting the power differential that is inherent in the relationship;
- not becoming involved in situations involving potential conflicts of interest;
- not intimidating or harassing medical students emotionally, physically or sexually;

d) maintain a professional relationship with all other colleagues, which includes not intimidating or harassing them emotionally, physically or sexually.

6. REPORTING RESPONSIBILITIES

It is expected that physicians involved in the education of medical students will report to the educational institution when a medical student exhibits behaviours that would suggest incompetence or incapacity, fails to behave professionally and ethically in interactions with patients, supervisors, and/or colleagues, or otherwise engages in inappropriate behaviour. Similarly, educational institutions are expected to provide a supportive environment that allows medical students to make a report if they believe their supervisor and/or the most responsible physician exhibits behaviours that would suggest incompetence or incapacity, is engaging in or has engaged in sexual abuse of patients or colleagues, or is engaging in or has engaged in harassment of patients or colleagues.

7. RESPECTING PATIENT RIGHTS AND CONSENT TO TREATMENT

Patients have the right to be fully informed about, and to refuse to participate in, medical education; however, alternative care arrangements may be required if a patient refuses treatment in a clinical teaching setting. The most responsible physician and/or supervisor is responsible for trying to ensure that patients are aware of their rights in this context, and that such rights are respected.

Consent:

Patients must consent to treatment. It is understood that patients entering teaching facilities will be notified of the educational nature of the patient care to be provided and will give informed consent.

Special Situations

Incapable Patients:

When the patient is incapable of consenting to treatment, (e.g., due to age or other reason) consent should be obtained from the appropriate substitute decision-maker.

Significant Component of Procedure Performed Independently by Medical Student:

When a significant component of a diagnostic or therapeutic procedure is to be performed independently by a medical student without direct supervision by the most responsible physician/supervisor, a patient must be specifically informed.

Examination and Clinical Demonstration Solely for Educational Purposes:

When patient participation is purely for educational reasons, the patient must be notified and must provide consent. The most responsible physician and/or supervisor should ensure that the proposed examination or clinical demonstration is not detrimental to the patient, either physically or psychologically. An explanation of the educational purpose behind the proposed examination or clinical demonstration must be provided to the patient when obtaining the patient's informed consent.

APPENDIX 4.3

PAIRO INFORMATION SHEET FOR PRECEPTORS
From the Professional Association of Interns and Residents of Ontario

The Professional Association of Interns and Residents of Ontario (PAIRO) would like to commend and thank you for helping to train Ontario's residents. Your time and effort in educating physicians will help to improve both individual clinician skills as well as the health human resources situation in Ontario.

Because the activities and responsibilities of residents are constantly changing, PAIRO would like to take this opportunity to let you know the rights of Ontario residents with respect to call and vacation, as well as a number of activities we are involved in to strengthen health care, and physician supply in communities across Ontario.

Work Hours

The PAIRO and Council of Academic Hospitals of Ontario (CAHO) Collective Agreement *contains language stipulating call maximums for residents and other pertinent information regarding resident working hours and conditions:*

Maximum Duty House:

- The maximum in house call permitted for residents is 1 night in 4. In house call maximums can be averaged over the length of the rotation (to a maximum of 3 months) with a maximum of 9 calls in any one month.
- The maximum home call permitted for resident is 1 night in 3.
- For shift work, the maximum duty hours are 60 hours per week with a minimum of 12 hours off between shifts.
- Call maximums are based on days on service (vacation and other time away are deducted from the total prior to calculating maximum call).
- When not on call and after working hours, residents cannot be expected to carry their pagers or to be available in any way for any purpose. For example, residents not on call cannot be expected to answer pages for the patients they look after during working hours.

Weekends:

- Each resident must have 2 complete weekends off per 28 days. This includes Friday night/Saturday morning as well as Saturday and Sun- day. Residents cannot be required to round on in-patients on weekends off.
- in the case of home-call, a resident cannot be on call for two consecutive weekends.
- Call schedules must be published and available to the resident and PAIRO at least

two weeks prior to their effective date.

Post-call Relief:

- Residents on in-hospital Anesthesia, OBGYN or ICU/CCU call must be relieved of all clinical and educational duties by 8:00 a.m. One hour is allowed for handover (1.5 hours for ICU/CCU)

- Residents on in-hospital call for all other services must be relieved of all clinical and educational duties by noon, including afternoon clinics.

- Residents on home call must be relieved by noon if called in between midnight and 6:00 a.m. or are in hospital for 4 consecutive hours with at least 1 hour being past midnight.

Vacation/Professional Leave

Residents are allowed 4 weeks off per year for vacation and 7 business days for conference/academic time. These can be taken at any time during any one or more rotations having regard for professional and patient care responsibilities. There can be no blanket policies restricting this amount of any rotation.

When a resident is required to work on a recognized statutory holiday (as listed in the PAIRO-CAHO Agreement) he/she shall be entitled to a day off in lieu of the holiday within 90 days of the holiday worked.

PAIRO'S Activities in Supporting Underserviced Areas of Ontario

Ontario's residents actively support the strengthening of health care across Ontario and Canada with a particular interest in health care in rural and underserviced areas. PAIRO is actively involved in many ways, four of which are:

1. Residents' Placement Program: serves to match graduating residents to career opportunities which "best meet their career and personal needs thereby increasing the recruitment of new physicians to Ontario's underserviced communities". Please visit www.pairo.org for further details.

2. HFOJobs Portal: Built on the PAIRO Registry, the HFOJobs portal is an interactive website listing job opportunities for physicians and nurses As a key component of the Ministry of Health and Long Term Care's *HealthForceOntario* strategy, HFOJobs was designed to allow one-stop shopping for all recruitment and hiring in the province. Future plans for this significant project are to provide access for other health care professionals. Please visit www.healthforceontario.ca for further details.

3. Health Professionals' Recruitment Tour: PAIRO runs a ministry-funded traveling recruitment fair which provides a forum for underserviced communities to promote lifestyle, educational and employment opportunities to medical students, residents and all other health care professions.

4. PAIRO is a member of the NOW (Negotiating Ontario's Well-being) Alliance—a grassroots coalition of community, municipal, educator and physician group committed to improving physician recruitment and retention in Ontario. Please see www.nowalliance.ca for further details.

PAIRO Contact Information

For more information on any aspect of PAIRO, or should you have any further questions or concerns:

Office: 1-877-979-1183
E-mail: pairo@pairo.org
Website: www.pairo.org
See your local PAIRO representative

APPENDIX 4.4.1

TEMPLATE FOR CREATING A CIRRICULUM VITAE (CV)

NAME, CERTIFICATIONS

Mailing Address
Town and Province
Postal Code

Phone Numbers
E-mail address

HOME ADDRESS

Street Address
Town and Province
Postal Code

PERSONAL DATA

EDUCATION (starting with undergraduate degree, date, university)

ACADEMIC APPOINTMENTS (with dates)

PROFESSIONAL ORGANIZATIONS (membership start date)

EMPLOYMENT HISTORY (most recent to first position after degree)

CERTIFICATIONS (with dates achieved)

SCHOLARLY AND PROFESSIONAL ACTIVITIES

Editorial Boards
Grant and personnel committees
Executive positions
Journal referee
External grant reviews

AREAS OF INTEREST (research, teaching, consulting)

HONOURS (FRSC, Governor General's Award, Honorary Degrees, Fellowships, Scholarships, Scientific Awards – with dates)

TEACHING EXPERIENCE (undergraduate, postgraduate, graduate supervisorships)

RESEARCH FUNDING (last five years) (include type, source, amount, purpose, title)

LIFETIME PUBLICATIONS

Peer reviewed
- Books
- Contributions to books
- Journal articles
- Journal abstracts
- Proceedings of meetings

Not peer reviewed
- Books
- Contributions to books
- Journal articles
- Journal abstracts
- Proceedings of meetings

Accepted for publication

Submitted for publication

Unpublished documents: technical report series

PRESENTATIONS AT MEETINGS

Invited

Contributed (peer reviewed, not peer reviewed)

ADMINISTRATIVE RESPONSIBILITIES (include role and dates within the department, faculty, university)

BIOGRAPHICAL LISTINGS (Who's Who, etc.)

APPENDIX 4.4.2

TEMPLATE FOR A PRECPETOR EDUCATION PORTFOLIO

NAME, CERTIFICATIONS

Mailing Address
Town and Province
Postal Code

Phone Numbers
E-mail address

Undergraduate Education

Advisor/Mentor to:
Include names, dates and total weeks annually

Supervisor/Preceptor
Clinical Elective for
1. Name (list all separately)
Date: From: To:
Total Number of Weeks Annually

Clinical Out-patient/ambulatory care for
1. Name (list all separately)
Date: From: To:
Total Number of Weeks Annually

Program Director
Program Name
Dates: From: To:
Total Number of Weeks Annually:

Admissions Process Involvement
Role (reader, interviewer)
Dates: From: To:
Total Number of Weeks Annually:

Postgraduate Education

Advisor/Mentor to:
1. Name (list all separately)
Date: From: To:
Total Number of Weeks Annually

Supervisor/Preceptor

- Research
  - Names (list all separately)
  - Dates: From: To:
  - Total Number of Weeks Annually:
- Clinical Out-patient/ambulatory care
  - Names (list all separately)
  - Dates: From: To:
  - Total Number of Weeks Annually:
- Clinical Elective Block
  - Names (list all separately)
  - Dates: From: To:
  - Total Number of Weeks Annually
- Clinical Inpatient
  - Names (list all separately)
  - Dates: From: To:
  - Total Number of Weeks Annually
- Clinical Elective (Horizontal)
  - Names (list all separately)
  - Dates: From: To:
  - Total Number of Weeks Annually
- Program Director
  - Program Name
  - Dates: From: To:
  - Total Number of Weeks Annually

Presentations

- Academic Half-Day
  - Topic (list all separately)
  - Date
  - Department
  - Total Number of Weeks Annually
- Resident's Day
  - Topic (list all separately)
  - Date
  - Department
  - Total Number of Weeks Annually

Procedural Skills
- Topic (list all separately)
- Date
- Department
- Total Number of Weeks Annually

Resident Rounds
- Topic (list all separately)
- Date
- Department
- Total Number of Weeks Annually

Faculty Development, Grand Rounds, etc.
- Topic (list all separately)
- Date
- Department
- Total Number of Weeks Annually)

Examiner

Oral
- Simulated Office Orals
- Other Orals
- Names (list all separately)
- Date
- Department
- Total Number of Weeks Annually

Committee Membership

- Department
- Committee (list all separately)
- Role
- Dates: From: To:

Other Relevant Education Contributions

APPENDIX 4.5

RURAL ONTARIO MEDICAL PROGRAM TRAVEL AND ACCOMMODATION POLICY July 2010
By claiming funds through ROMP, all trainees confirm that they have read the following policy and agree to abide by its rules.

ROMP encourages eligible health professional learners to travel and live temporarily (for less than six months) in the communities (outside of their primary or satellite academic centers) where they are undertaking core or elective clinical rotations by easing their financial burden for doing so. ROMP reimburses learners for their round trip travel expenses between their academic centre and the ROMP community based upon pre-determined costs; and for their accommodation/commuting (between ROMP communities) expenses, to a maximum of $800 per month, based on original receipts.

1. Travel Policy

All learners are reimbursed for one return trip per four week block between their academic centre and the community rotation site. Reimbursement for two return trips per four week block between the academic centre and the community rotation site is provided **only** when deemed necessary by the University Program Director AND when the learner is required to live in the community for six (6) or more consecutive months, thereby not being eligible for accommodation financial support.

Learners are reimbursed at a rate of $0.40 per kilometer and round trip kilometers are pre-determined by ROMP (see chart below)

Local community transportation, parking and vehicle servicing expenses are not reimbursable.

Exception for Thunder Bay-based NOSM learners: who are reimbursed for the equivalent of both a return flight to Toronto and for one return trip from the Toronto Airport to the community rotation site per four week block as pre-determined by ROMP in kilometers (see chart below). All flights must be booked through NOSM's Travel Coordinator and any claimed equivalent funding must be preapproved by ROMP with it being evident that the lowest possible rate has been cited. Original receipts and boarding passes must be mailed to the ROMP office.

ROMP has predetermined the distances between the Ontario medical universities and the regional communities for which learners may claim reimbursement. For assistance with filling out expense forms please visit:

http://www.romponline.com/common/ROMPTravel.cfm

2. Accommodation Policy

The maximum reimbursement permitted for any combination of accommodation and commuting (between ROMP communities only) is $800 per month and the maximum duration for same is five (5) consecutive months.

In most cases, the learner pays for the accommodation; obtains and submits a receipt from the landlord; and ROMP reimburses the learner. Where accommodation costs are more than $800 per month, the learner is responsible for the difference. If the accommodation is for more than one month, ROMP;s reimbursement can e claimed at the end of each month.

In cases where financial arrangements have been made directly between ROMP and the landlord, ROMP pays the rent directly. In these cases, the assigned housing is not to be shared with other individuals without prior approval from ROMP.

Learners choosing to commute more than 35 km from the ROMP community in which they are continuing to live are reimbursed at a rate of $0.40 per kilometer provided that combined reimbursement for accommodation and commuting does not exceed $800 per month.

Please note:
Learners who need to cancel accommodation arrangements must do so directly with the landlord and advise ROMP immediately. In situations where ample notice is not provided to the Landlord and ROMP, the learner will be personally responsible for the accommodation costs.
Ay complaints received as a result of unacceptable living practices or damage while staying in ROMP-funded accommodations will be forwarded to the appropriate Program Director and highlighted as a professionalism issue. The learner will be personally responsible for any associated costs.

2.1 <u>Accommodation Policy for McMaster Family Medicine Rural Stream</u>

It is expected that the rural resident will reside in the base community to which they are matched. No financial resources are provided to the resident while they are on their four month family medicine rotation in their matched community, or any other subsequent rotations that may take place in that home-base community (i.e. electives, selectives, or specialty rotations). It is strongly encouraged that residents live and learn in the communities where their rotation occurs. This policy is effective July 1, 2010 and applies to rotations that meet ROMP's funding criteria for rural stream resident level trainees only. When a rotation is scheduled outside the CARMS matched site, the above standard accommodation policy will apply.

<u>2.2 Travel and Accommodation Policy for University of Toronto Rural Stream</u>—Policy under review. Please call: 1-877-445-7667

3. <u>Expense Forms and Reimbursement</u>

1. Expense forms must be submitted to ROMP within 60 days of the last day of the rotation;

2. Reimbursement of expenses will only be considered for rotations that resulted from a on-line application with ROMP prior to the rotation's commencement;

3. The rotation evaluation (an evaluation link will be sent to the learner via e-mail from ROMP) must be received in order for reimbursement of expenses to be considered;

4. Original rent receipts must be submitted with the ROMP Expense Form. Receipts for mortgage payments are not permitted;

5. NOSM/Thunder Bay learners who are claiming a flight must submit their original boarding passes with the ROMP Expense Form.

Please note: expenses usually take 6—8 weeks for reimbursement from submission date and the reimbursement will come in the form of a cheque from McMaster University to the address specified on the Expense Claim Form.

If you have any questions regarding this policy, please call the ROMP office at 1-877-445-7667 or e-mail the Undergraduate Department (undergrads@romponline.com) or the Postgraduate Department (postgrads@romponline.com).