

## **Cardiology Preceptor Expectations and Responsibilities**

The breadth of the Cardiology experience within Memorial University's Internal Medicine Residency Program includes critical care experience within the CCU, both daytime and overnight urgent consultations for acute cardiac presentations from the emergency department, and inpatient care of cardiology patients. The Cardiology preceptors must fulfill many differing roles. In addition to demonstrating clinical excellence in all physician competencies, preceptors also serve as effective clinical teachers, facilitators, evaluators, mentors and role models.

### **EXPECTATIONS AND RESPONSIBILITIES**

#### **I. Patient care:**

- a. Provide care in accordance to current evidence-based practice guidelines and accepted standards of care.
- b. Prioritize the review of new patients admitted overnight, participating in morning handover rounds with the overnight on call resident
- c. Directly review with trainees all new admissions between 0800h and 1700h, being respectful of established trainee duty hours
- d. Round on admitted patients and be aware of all medical issues pertaining to these patients.
- e. Ensure that discharge summaries are completed to an acceptable standard and in a timely manner.
- f. Demonstrate safe handover of patient care to oncoming colleague using both verbal and written communication.

#### **II. Trainee Education:**

- a. Review rotational objectives and trainee specific objectives with each trainee at the start of their rotation. Complete the Learning Contract with Memorial Internal Medicine Residents within 2 days of start of their rotation, mid point and end of rotation.
- b. Provides ongoing, regular, clinical bedside teaching when reviewing patients with trainees throughout the patient's care encounter. This includes the documentation of a minimum of 1 Competence By Design Work Based Assessment EPA encounter per trainee weekly.
- c. Model and teach trainees the skills of Internal Medicine across all CANMEDS competencies.
- d. Evaluate trainees CANMEDs competencies through direct supervision, observation, and teaching in the clinical setting
- e. Provide formative ongoing, timely and constructive feedback to all trainees
- f. Provide in person, direct feedback to trainees at the midpoint and end of rotation.
- g. Online evaluations (ITERS) must be completed within 4 weeks of trainees completing their rotation.

### **III. Trainee support**

The Memorial University Internal Medicine Program recognizes that as a smaller program with fewer senior trainees and fellows, it is the particular responsibility of Cardiology Preceptor to provide robust, direct, and collegial supervision to trainees appropriate to their skill level.

- a. Prioritize teaching rounds to ensure trainee attendance barring unexpected events (e.g. clinical emergencies, important and impromptu family meetings). To best promote attendance, preceptors are expected to actively contribute to the day's activities such that the dual purposes of patient care and protected learner time for educational rounds are met. The Cardiology preceptor is responsible for coverage of all clinical responsibilities, including completion of new consultations, during mandatory protected teaching time such as the academic half day and simulation sessions.
- b. Be available to review all consults with trainees in a timely fashion. During daytime working hours this is preferably done in person at the bedside. Review of overnight consultations will occur after a minimum of every 2 consults. This will be over the phone or in person as determined appropriate based on the clinical complexity of the patient and comfort of the trainee.
- c. Complete an evening phone review of the status of CCU patients. The Cardiology Preceptor must ensure that this occurs
- d. Be available to review overnight admission in person with the on-call trainee in the morning prior to their mandatory dismissal time.
- e. Be readily accessible when on-call, providing additional support as required.
- f. Respond to pages in a timely manner.
- g. Supervise or delegate to an appropriate substitute to oversee the performance of bedside procedures when necessary.
- h. Create a safe and positive learning environment in which trainees feel comfortable contributing their thoughts and ideas.
- i. Delegate increasing levels of clinical responsibility and autonomy commensurate with learner's level of training and skills.
- j. Provides trainees with opportunities for self-directed learning.

### **IV. Professionalism**

- a. Demonstrate professional behaviours towards peers, faculty, staff, health care team members, and patients, in all learning and clinical encounters with regards to reliability and responsibility, self-improvement and adaptability, upholding ethical principles, and commitment to scholarship.
- b. Foster a respectful learning environment that is free from intimidation, harassment or threat of verbal, emotional and physical harm.
- c. Model a collaborative approach with other health care professionals.
- d. Attendance and participation in formal educational round
- e. Be punctual for scheduled tasks (e.g. rounds, patient reviews, running the list)

These expectations and responsibilities are in keeping with the following Memorial University Postgraduate Medical Education Policy and Procedures regarding Resident Safety, Respectful Learning Environment and Resident Assessment, Promotion, Dismissal and Appeal.

- [https://www.med.mun.ca/getattachment/4151ca37-e61b-4fdb-9c1f-9c4f15117339/Respectful-Learning-Environment-for-Medical-Ed-\(1\).aspx](https://www.med.mun.ca/getattachment/4151ca37-e61b-4fdb-9c1f-9c4f15117339/Respectful-Learning-Environment-for-Medical-Ed-(1).aspx)
- <https://www.med.mun.ca/getattachment/e8d5685e-152e-450a-8475-b49f8a6c008e/Respectful-Learning-Environment-for-Medical-Educat.aspx>
- <https://www.med.mun.ca/getattachment/d8283378-8ae9-4040-8ced-ac0a57484f64/Resident-Safety.aspx>
- <https://www.med.mun.ca/getattachment/6f710486-ea4d-4960-ae37-53755c515686/Resident-Evaluation,-Promotion,-Dismissal-and-Appe.aspx>

Faculty consistently and actively failing to comply with any of the expectations will have these issues highlighted on their regular performance evaluations from both a clinical and academic standpoint. Failing to comply with remediation efforts will escalate the matter to the PGME Office/Office of the Dean of the FoM and disciplinary action including but not limited to withdrawal of resident services can be implemented.