

Medicine Selective Preceptor Expectations and Responsibilities

The Medicine Selective rotations within Memorial University's Internal Medicine Residency Program are clinical rotations designed to teach the core skills of individual Internal Medicine Subspecialties through a variety of clinical experiences. This may include inpatient consultation service, ambulatory clinics, procedure clinics, and inpatient experience. The Internal Medicine Selective 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. Directly review with trainees all new consultations between 0800h and 1700h, being respectful of established trainee duty hours
- c. Ensure clear communication of consult recommendations to the consulting service/physician
- d. Ensure appropriate follow up is completed on ambulatory/inpatient consultations
- e. 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.
- b. Provides ongoing, regular, clinical bedside teaching when reviewing patients with trainees through patient care encounters. 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. Rotational 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 CTU Preceptors 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 Medicine Selective 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.
- c. Be readily accessible when on-call, providing additional support as required.
- d. Respond to pages in a timely manner.
- e. Supervise or delegate to an appropriate substitute to oversee the performance of bedside procedures when necessary.
- f. Create a safe and positive learning environment in which trainees feel comfortable contributing their thoughts and ideas.
- g. Delegate increasing levels of clinical responsibility and autonomy commensurate with learner's level of training and skills.
- h. Provides trainees with opportunities for self-directed learning.

IV. Professionalism

- a. Demonstrate professional behaviors 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.