

Western Stream Specialty 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 on 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) 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 the specific rotation objectives.
- 2) Residents are expected to present to clinics in a timely manner. In many rotations, 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: 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. If residents have full clinics booked the day after call, they should discuss with the preceptor how this will be managed given PARNL contract clause re: on-call and post-call. 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.

b. The resident can remain on call all night and should they be required to be in the hospital, their next day morning clinic will be covered or cancelled.

5) 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)

6) Intensity and Responsibility around clinics: All charting, consultations, dictations and paperwork from clinics should be completed before the end of the day. The 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.

7) 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.

8) Field Notes: As per program policy, residents should request that preceptors complete a field note for most clinical encounters/shifts/clinics. It is the responsibility of the learner to ensure that they have an appropriate number of field notes completed. The purpose of these field notes is to provide feedback to enable residents to identify areas of strength and weakness.

9) Residents are expected to attend all teaching sessions as outlined by the program including weekly Academic Half Day and Medical Grand Rounds, biannual Core Content and biannual Family Medicine Academic and Wellness Workshops.

10) At times there may be learners of all levels (medical students, clerks, elective students, residents) at a particular site at the same time. 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.

Date:

Preceptor Signature:

Resident Signature:

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.