



Family & Community Medicine UNIVERSITY OF TORONTO



POSTGRADUATE EDUCATION **Resident Handbook**

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1. FAMILY MEDICINE RESIDENCY PROGRAM

Welcome from the Family Medicine Program

Dear Resident:

Welcome to your residency program at the University of Toronto Department of Family and Community Medicine (DFCM)!

We encourage you to review this handbook to familiarize yourself with the numerous aspects of the Family Medicine Residency Program at DFCM, including the policies and procedures that guide your training. It contains the Competency-Based Curriculum learning outcomes, the Postgraduate Medical Education (PGME) evaluation guidelines, information on the Wellness Resources for Residents and much more. This handbook serves as a companion guide to your individual Site Manual.

In particular, please ensure you are aware of the eligibility requirements for the College of Family Physicians of Canada (CFPC) Certification Examination, minimum requirements for program completion, the competency-based curriculum and the document regarding program length.

Our program provides a comprehensive, competency-based curriculum which benefits greatly from ongoing resident feedback and creative input. During your time here, we encourage you to participate in leadership opportunities, especially in your senior year as PGY2s. We also invite you to become actively involved in shaping your learning while you are with us by becoming involved with the Family Medicine Resident's Association of Toronto (FRAT) or by sitting on various committees (Curriculum, Assessment and Evaluation)

Family medicine residents can also apply to our numerous well-established Enhanced Skills programs. We encourage residents to explore various areas of interest during their family practice residency and plan their applications prior to October of their second year. The guidelines and deadlines for applications are included in this handbook as well as on the department's website.

We are all very excited to have you join our residency program and we wish you the best of luck. If you require additional information, please do not hesitate to contact us at familymed.postgrad@utoronto.ca.

Best Wishes,

Stuart Murdoch, MD, CCFP (PC), FCFP
Director, Postgraduate Education

Karina Prucnal, MD, CCFP
Associate Program Director of Admissions,
Awards, and Recruitment, Postgraduate Education

Jeff Golisky, MD, CCFP(EM)
Director, Integrated Communities Program

Erika Catford, MD, CCFP
Director, Teaching Practices Program

Fok-Han Leung, MD, CCFP FCFP MHSc
Associate Program Director - Assessment and
Evaluation, Postgraduate Education

Batya Grundland, MD, MEd, CCFP
Associate Program Director - Curriculum and
Remediation, Postgraduate Education

Giovanna Sirianni, MD, CCFP (PC), FCFP
Enhanced Skills Director, Postgraduate Education

DFCM Postgraduate Education Contact List

FACULTY	ADMINISTRATION
Dr. Stuart Murdoch Director, Postgraduate Education Tel: 416-978-6467 Email: stu.murdoch@utoronto.ca	Ms. Lela Sarjoo Postgraduate Program Administrator Tel: 416-978-6467 Email: familymed.postgrad@utoronto.ca
Dr. Karina Prucnal Associate Program Director of Admissions, Awards, & Recruitment Tel: 416-946-4049 Email: karina.prucnal@mail.utoronto.ca	Ms. Elicia Bryant Admissions, Recruitment Administrator Tel: 416-946-4049 Email: dfcm.admissions@utoronto.ca
Dr. Fok-Han Leung Associate Program Director - Assessment and Evaluation Tel: 416-978-1862 Email: fokhan.leung@utoronto.ca	Ms. Theresa Vo Program Curriculum, Remediation and Evaluation Administrator Tel: 416-978-3216 Email: dfcm.pgcurriculum@utoronto.ca
Dr. Batya Grundland Associate Program Director - Curriculum and Remediation Tel: 416-978-5599 Email: batya.grundland@utoronto.ca	
Dr. Erika Catford Teaching Practices Director Tel: 416-978-8530 Email: erika.catford@utoronto.ca	Ms. Fadia Bravo Teaching Practices/Integrated Communities Program/RNI Administrator Tel: 416-978-8530 Email: dfcm.teachingpractice@utoronto.ca dfcm.icp@utoronto.ca
Dr. Jeff Golisky Integrated Communities Program Director Tel: 416-978-8530 Email: jeff.golisky@utoronto.ca	
Dr. Giovanna Sirianni Enhanced Skills Director Tel: 416-978-1019 Email: giovanna.sirianni@utoronto.ca	Ms. Valerie Hilderal PGY3 Enhanced Skills Category 1 Program Administrator Tel: 416-978-1019 Email: fammed.enhanced@utoronto.ca Ms. Thanu Sabesan PGY-3 Enhanced Skills Category 2 Program Administrator Email: dfcm.enhancedskillscat2@utoronto.ca
	Mr. Haitao Zhang Data Analyst Tel: 416-978-0098 Email: dfcm.power@utoronto.ca

Fax: 416-978-8179

DFCM Website: <http://www.dfc.utoronto.ca/landing-page/residency>

Site Contact List

SITE	SITE DIRECTOR	SITE ADMINISTRATOR	TEL	FAX	E-MAIL	ADDRESS
Humber River Health	Priya Sood	Mark Jankie	416-242-1000x21930	416-242-1082	psood@hrh.ca mjankie@hrh.ca	Schulich Family Medicine Teaching Unit 1235 Wilson Avenue Toronto, Ontario M3M 0B2
Oak Valley Health – Markham Stouffville Hospital	Amanda West Nadine Al-Aswad	Beverley Nutt	905-472-2200x227	905-472-5662	awest@oakvalleyhealth.ca nalaswad@oakvalleyhealth.ca bnutt@oakvalleyhealth.ca	Oak Valley Health - Markham Stouffville Family Medicine Teaching Unit 379 Church Street, Suite 202 Markham, ON L6B 0T1
Sinai Health – Mount Sinai Hospital	Natalie Morson	Paula Da Rocha	416-586-4800x3114	416-586-3175	Natalie.Morson@sinaihealth.ca Paula.Darocha@sinaihealth.ca	Ray D Wolfe Department of Family Medicine Granovsky Gluskin Family Medicine Centre 60 Murray St, 4th Floor, Box 25 Toronto, ON M5T 3L9
North York General Hospital	Kimberly Lazare	Sally Principio	416-756-6827	416-756-6822	Kimberly.Lazare@nygh.on.ca Sally.Principio@nygh.on.ca	Family Medicine Teaching Unit 4001 Leslie Street, 4 South Toronto, ON M2K 1E2
Royal Victoria Regional Health Centre	Christine Stewart	Carolyn Brooks	705-728-9090x23010	705-728-4120	stewartc@rvh.on.ca stewart.camem@gmail.com brooksc@rvh.on.ca	Family Medicine Teaching Unit c/o Rotary Place 201 Georgian Drive Barrie, ON L4M 6M2
Scarborough Health Network	Jennifer McDonald	Stacey Milley-McKeown	416-431-8200x86591	416-439-8052	drienn.mcdonald@gmail.com smckeown@shn.ca	Family Medicine Teaching Unit 3050 Lawrence Avenue East Scarborough, ON M1P 2V5
Southlake Regional Health Centre	Julian Manzone	Rhonda Taylor	905-895-4521x 2115	905-853-9136	jmanzone@southlakeregional.org rtaylor@southlakeregional.org	Southlake Family Health Team 581 Davis Drive, Suite 201 Newmarket, ON L3Y 2P6
Unity Health Toronto – St. Joseph's Health Centre	Dana Newman	Erin Tigchelaar	416-530-6486x3458	416-530-6139	Dana.Newman@unityhealth.to Erin.Tigchelaar@unityhealth.to	Family Medicine Centre Ground Fl, East Wing 30 The Queensway Toronto, ON M6R 1B5
Unity Health Toronto – St. Michael's	MaryBeth DeRocher Nasreen Ramji	Ed Ang	416-867-7461	416-867-3739	MaryBeth.Derocher@unityhealth.to Nasreen.Ramji@unityhealth.to Edwin.Ang@unityhealth.to	Family Practice Unit 30 Bond Street Toronto, ON M5B 1W8
Sunnybrook Health Sciences Centre	Purti Papneja Mira Shuman	Jennifer Capell	416-480-4971	416-480-6038	purti.papneja@sunnybrook.ca mira.shuman@sunnybrook.ca dfcm.education@sunnybrook.ca	Family Medicine Education Office 2075 Bayview Ave. Rm. A 120 Toronto, ON M4N 3M5
Michael Garron Hospital – Toronto East Health Network	Peter Tzakas Rajani Vairavanathan	Joanne Mount	416-469-6580x6545	416-469-6108	peter.tzakas@utoronto.ca rajani.vairavanathan@utoronto.ca j.mount@utoronto.ca	Department of Family Medicine & Medical Education Office M-Wing, Room 412, 825 Coxwell Avenue Toronto, ON M4C 3E7
Trillium Health Partners – Credit Valley Hospital	Nina Yashpal Kimberley Kent	Sylvia Muir	905-813-1100x5172	905-813-4232	Nina.Yashpal@thp.ca Kimberley.Kent@thp.ca Sylvia.muir@thp.ca	Medical Education Office, Room # 4F128 2200 Eglinton Avenue West Mississauga, ON L5M 2N1
Trillium Health Partners – Mississauga Hospital	Bachir Tazkarji	Bernice Baumgart	905-272-9900x248	905-272-9977	MBachir.Tazkarji@thp.ca Bernice.Baumgart@thp.ca	Trillium-Summerville FMTU 101 Queensway West, 7th Floor Mississauga, ON L5B 2P7
The University Health Network – Toronto Western Hospital	Francesco Leanza	Edith Vass	416-603-5888x6595	416-603-5448	Francesco.Leanza@uhn.ca edith.vass@uhn.ca	TWH Family Health Team 440 Bathurst Street, 3rd Floor Toronto, ON M5T 2S6
Women's College Hospital	Melinda Wu Bradley Lichtblau	Yzanne Cloonan	416-323-6247	416-323-6365	melinda.wu@wchospital.ca bradley.lichtblau@wchospital.ca Yzanne.Cloonan@wchospital.ca	Family Practice Health Centre 77 Grenville Street, Suite 252 Toronto, ON M5S 1B3
Integrated Communities Program	Jeff Golisky (ICP Director)	Fadia Bravo (ICP Administrator)	416-978-8530	416-978-8179	jeff.golisky@utoronto.ca dfcm.icp@utoronto.ca	Department of Family & Community Medicine University of Toronto 500 University Avenue, 3rd Floor, Toronto, ON M5G 1V7

The Postgraduate Family Medicine Residency Program

Established in 1970, the Postgraduate Program in the Department of Family and Community Medicine at the University of Toronto is one of the largest Family Medicine Training Programs in Canada with approximately 170 trainees graduating from the program each year.

In a 24 month program, we offer a wealth of educational experiences in urban, suburban and rural settings as well as a third-year option to develop enhanced skills in over 17 areas.

Our residents are distributed across 15 hospital-based Family Medicine units in the Greater Toronto Area (GTA), including Mississauga, Scarborough, North York, Markham, Barrie and Newmarket, as well as in community-based practices in our Integrated Communities Program. The diversity of learning experiences with respect to clinical, cultural and socioeconomic issues available to residents in our program is unparalleled. The residency program is recognized for its strong academic focus, flexibility, resident responsiveness and educational innovations such as the longitudinal curriculum, the Teaching Residents to Teach program, Competency-Based Curriculum and Progress Testing, to name a few. Our goal is to prepare future family physicians for comprehensive primary care in an evolving health care system utilizing the patient-centred method taught through adult learning principles.

The program is accredited by the College of Family Physicians of Canada.

Triple C Competency-Based Curriculum

A Triple C Competency-based Curriculum (Triple C) is a Family Medicine residency curriculum that provides the relevant learning contexts and strategies to enable residents to integrate competencies, while acquiring evidence to determine that a resident is ready to begin to practice in the specialty in Family Medicine.

There are three components of Triple C:

- Comprehensive education and patient care
- Continuity of education and patient care
- Centred in family medicine

The goal is to ensure that all Family Medicine residents develop professional competence to the level of a physician ready to begin practice in the specialty of Family Medicine.

This renewed curriculum enhances what is taught, how it is taught and how residents are assessed.

Triple C ensures all graduates are:

- Competent to provide comprehensive care in any Canadian community
- Prepared for the evolving needs of society
- Educated based upon the best available evidence on patient care and medical education

This curriculum addresses accountability, social responsibility, patient safety, and efficiencies in educational programming. It highlights the College's vision of graduating sufficient numbers of Canadian family physicians who can provide comprehensive, continuing care within traditional family practices and within newer models of interprofessional practice. Triple C builds upon our internationally recognized educational model offered by 17 university-based Family Medicine programs in Canada. Given the changing landscape in Canada and increasing attention to quality, accountability, and interprofessional patient-centred care, the CFPC is proactively recommending ways to ensure that our future family physicians are ready for the realities of tomorrow.

Triple C is endorsed by the College of Family Physicians of Canada in collaboration with the Section of Teachers Council and the Triple C Task Force.

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Competency-Based Curriculum



CanMEDS-Family Medicine

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Image adapted from the CanMEDS Physician Competency Diagram with permission from the Royal College of Physicians and Surgeons of Canada.

The Department of Family and Community Medicine (DFCM) at the University of Toronto provides a twenty-four month training program consistent with the Accreditation Standards of the College of Family Physicians of Canada (CFPC). The goal of the program is to prepare residents to be safe, effective and comprehensive Family Physicians who will meet the needs of their individual patients, communities and society as a whole.

We provide a Competency-based Curriculum in Family Medicine which can be found on the DFCM website at <http://www.dfcm.utoronto.ca/curriculum>. The mapping of the competencies to the Can MEDS-FM roles and site-specific learning objectives are available on the University of Toronto Learning Portal, Quercus, under the PG Family and Community Medicine course (<https://q.utoronto.ca>). Each site has aligned the learning outcomes to site-specific rotations. All residents are expected to review the learning outcomes prior to each rotation to ensure that they meet all the requirements of the program. These should also be reviewed by the resident with the site director during semi-annual progress review meetings to assess progress in the program. Residents are also expected to have Field Notes completed on a regular basis; these electronic forms provide an assessment of resident work-based performance. They will be monitored to ensure an appropriately broad evaluation of competencies deemed to be essential to the practice-ready Family Physician. In order to assess the breadth of clinical exposure, residents will be expected to input and monitor all their Family Medicine patient visits (including urgent care and Teaching Practice patient visits) using a Resident Practice Profile tool. The off-service (specialty rotations) patient encounters may be entered as well although this is not mandatory. Procedures performed off service must be logged. This web-based application provides residents with a practice profile with respect to the age, sex, diagnostic distribution and procedures performed. The system also categorizes all patient problems into content areas deemed to be critical to the practice of Family Medicine.

The Competency-based Curriculum serves as the backbone for progress testing, called the Family Medicine 'Medical Expert' Assessment of Progress (FM-MAP). This in-training examination will test the depth and breadth of a resident's clinical knowledge and its application. All residents in the program (PGY 1 and PGY 2) are expected to partake in the FM-MAP. The progress tests are administered twice per academic year. Each resident's score is compared to that of peers and feedback about strengths and areas requiring attention will be provided to each resident.

POSTGRADUATE PROGRAM

CORE DAYS & IMPORTANT DATES 2023-2024

Date	Event	Location/Details
August 16 th , 2023	FRAT Core Day	Zoom Webinar
September 13 th , 2023	TBA (PGY1) & Practice Management Core Day (PGY2)	Zoom Webinar
October 18 th , 2023	FM-MAP Progress Test	Sites
October 25 th , 2023	FM-MAP Progress Test - Supplemental	Sites
November 1 st , 2023	FRAT Core Day	Zoom Webinar
February 21 st , 2024	FRAT Core Day	Zoom Webinar
March 6 th , 2024	FM-MAP Progress Test	Sites
March 13 th , 2024	FM-MAP Progress Test - Supplemental	Sites
May 8 th , 2024	Practice Management Core Day	TBA
June 5 th , 2024	Academic Project/Awards Day	TBA

Rotation Schedule

The changeover dates can be found on the Post MD Education, PGME website for your convenience:
<http://pg.postmd.utoronto.ca/faculty-staff/rotation-schedules/>

The table below lists the common rotation schedule for the academic session selected. Information regarding holidays can be found on the [Statutory Holidays page](#).

2023–2024

Block	Starts On	Ends On
1	Saturday, July 1, 2023	Sunday, July 30, 2023
2	Monday, July 31, 2023	Sunday, August 27, 2023
3	Monday, August 28, 2023	Sunday, September 24, 2023
4	Monday, September 25, 2023	Sunday, October 22, 2023
5	Monday, October 23, 2023	Sunday, November 19, 2023
6	Monday, November 20, 2023	Sunday, December 17, 2023
7	Monday, December 18, 2023	Sunday, January 14, 2024
8	Monday, January 15, 2024	Sunday, February 11, 2024
9	Monday, February 12, 2024	Sunday, March 10, 2024
10	Monday, March 11, 2024	Sunday, April 7, 2024
11	Monday, April 8, 2024	Sunday, May 5, 2024
12	Monday, May 6, 2024	Sunday, June 2, 2024
13	Monday, June 3, 2024	Sunday, June 30, 2024

Holiday Blocks:

Christmas block: December 22, 2023 – December 26, 2023 (5 days)

Changeover day: December 27, 2023 – **MANDATORY FOR ALL RESIDENTS**

New Year's block: December 28, 2023 – January 1, 2024 (5 days)

Useful Contacts & Links

Canadian Resident Matching Service (CaRMS)

Tel: **1-877-227-6742**

Email: help@carms.ca

Web: www.carms.ca

The College of Family Physicians of Canada (CFPC)

2630 Skymark Avenue, Mississauga, Ontario L4W 5A4

Tel: **905-629-0900** or **1-800-387-6197**

Web: www.cfpc.ca

Canadian Medical Protective Association (CMPA)

PO Box 8225, Station "T", Ottawa, Ontario K1G 3H7

Tel: **613 725-2000** or toll free: **1-800-267-6522**

Web: <http://www.cmpa-acpm.ca/>

The College of Physicians and Surgeons of Ontario (CPSO)

80 College Street, Toronto, Ontario, M5G 2E2

Tel: **(416) 967-2617** or toll free: 1 (800) 268-7096 ext. 617

<http://www.cpso.on.ca/>

Medical Council of Canada (MCC)

1021 Thomas Spratt Place, Ottawa, ON Canada K1G 5L5

Tel: 613-520-2240, Email: service@mcc.ca

Web: www.mcc.ca

PARO

1901-400 University Avenue, Toronto, ON M5G 1S5

Tel: **416 979-1182** or **1 877 979-1183** (toll free)

E-mail: paro@paroteam.ca

Web: www.myparo.ca

Postgraduate Medical Education Office (PGME)

500 University Avenue, Suite 602, Toronto, Ontario M5G 1V7

Tel: **416-978-6976**

Email: postgrad.med@utoronto.ca

Web: <http://pg.postmd.utoronto.ca/>

University of Toronto Library Card

Koffler Student Services Centre, 214 College Street, First Floor

<http://tcard.utoronto.ca>

<https://onesearch.library.utoronto.ca>

Advanced Cardiac Life Support (ACLS)

ACLS Course Providers: <http://pg.postmd.utoronto.ca/current-trainees/while-youre-training/complete-acls-training/>

Access Wellness Resources

Source: Faculty of Medicine, Post MD Education, PGME

Postgraduate Wellness Office

Serving Residents and Clinical Fellows

Wellness Support

The learner supports provided by the Office of Health Professions Student Affairs (OHPSA) and Office of Postgraduate Wellness are now being delivered as part of a single Office of Learner Affairs. Residing in the Office of the Vice Dean, Medical Education, the Office of Learner Affairs supports learners from Temerty Medicine's undergraduate medical education (MD and MD/PhD), Postgraduate Medical Education (residents and fellows), Medical Radiation Sciences, Physician Assistant, and Occupational Therapy programs.

Contact the Office of Learner Affairs

Phone: (416) 946-3074

Email: ola.reception@utoronto.ca

Website: <https://pgme.utoronto.ca/current-trainees/while-youre-training/access-wellness-resources/>

Name	Title	Contact	Availability
Diana Nuss	Coordinator	E: ola.reception@utoronto.ca P: (416) 946-3074	Mon-Fri 9AM-5PM
Charlie Guiang	Director	E: Charlie.Guiang@utoronto.ca P: (416) 946-3074	Tues & Fri 8AM-3PM
Shaheen Darani	Associate Director	E: shaheenalicia.darani@utoronto.ca P: (416) 946-3074	Tues & Wed

Resident Wellness Policy Resource Checklist

	Key University Program	Website Link:
<input checked="" type="checkbox"/>	Office of Resident Wellness, University of Toronto, Postgraduate Medical Education, 416-946-3074	http://pg.postmd.utoronto.ca/current-trainees/while-youre-training/access-wellness-resources/
	Other Resources Available	
<input checked="" type="checkbox"/>	PARO 24 Hour Help Line, 1 866-HELP-DOC (1-866-435-7362)	http://www.myparo.ca/helpline/
<input checked="" type="checkbox"/>	Physician Health Program, 1 800-851-6606	https://php.oma.org/about-php/
<input checked="" type="checkbox"/>	General Practitioner Psychotherapy Network of Toronto	http://www.gppaonline.ca/
If applicable	Hospital Employee Assistance Program	Ask Site Administrators for details

Learner Mistreatment

Source: Faculty of Medicine, Post MD Education, PGME

We are here for you, feel free to contact us if you want to **discuss, disclose or report** something that has happened.

Contacts

[Dr. Reena Pattani](#), Director of Learner Experience, Office of Learner Affairs, Temerty Faculty of Medicine
[Dr. Chetana Kulkarni](#), PGME Liaison, Learner Experience Office, Temerty Faculty of Medicine

- [Postgraduate learner mistreatment pathway](#)

Resident Wellness Guideline

Source: Department of Family and Community Medicine

Purpose

Resident wellness is a key priority at the Department of Family and Community Medicine, Postgraduate Medical Education (DFCM, PGME). Our aim is to provide a supportive learning environment to help promote resident mental, physical and emotional health, and accommodate wellness needs whenever possible.

This policy is intended to:

- Promote a healthy learning environment that optimizes wellbeing at DFCM PGME sites
- Provide an overview of general roles and responsibilities of programs, faculty and trainees
- Identify and summarize key resources available to residents to support their health and wellbeing

Please also refer to the Wellness Guidelines for Postgraduate Trainees, PGME, University of Toronto.

https://pg.postmd.utoronto.ca/wp-content/uploads/2019/11/PG-Wellness-Guidelines_Nov2019_PGMEAC_final.pdf

Background

Being a physician and training in Family Medicine is very rewarding. However, it can also be associated with significant challenges. Family medicine trainees often work in a milieu of clinical uncertainty, are exposed to emotionally difficult clinical cases, bear significant patient care responsibilities, work long and irregular hours, manage excessive EMR demands and experience exam-, financial-, family- and career-related stress. These and other factors can contribute to poor physician health and fatigue.

Fatigue is a known occupational risk of residency and can be characterized by physical and psychological tiredness that can directly impact provider and patient care (FRM Toolkit, 2018). Specifically, fatigue can have effects on cognition and lead to increased irritability, lower levels of empathy, and patient or occupational safety events.

Program, Faculty and Trainee Responsibilities

The DFCM PGME is committed to fostering a culture that promotes, and is responsive to, the health needs of our trainees. As also detailed in the Wellness Guidelines for Postgraduate Trainees, PGME U of T, trainees, faculty and programs share responsibility for optimizing wellness:

- Program and Faculty Responsibilities: Be cognizant of factors that may affect resident wellness; take steps to ensure the safety of learners and patients when health or fatigue may be affecting a trainee; at no time deny a visit for acute care; provide accommodation when warranted and as guided by appropriate medical direction; provide a safe environment that enables students to comfortably express concerns about wellness and to report fatigue-related incidents with no consequence to the resident.
 - Site Directors and Clinical Preceptors/supervisors have a particularly important role in ensuring a safe, collegial and open work environment, absolutely free from intimidation

and harassment, and in which residents are able to freely communicate their wellness needs.

- **Resident Responsibilities:** Report fit for duty; manage time to prevent significant fatigue; seek appropriate help when health or wellness concerns are identified.
 - Residents are strongly encouraged to support their peers and assist colleagues who are experiencing difficulty to seek help. Residents concerned about the safety of a fellow trainee, or in turn safety of patients, should report their concerns to their Site Director or a faculty member.

Programs, faculty and residents are encouraged to adopt an upstream approach to maintaining wellness, whereby attending to self-care and addressing wellness needs are promoted and optimized at all stages of training, and at all training sites.

Fatigue Risk Management

Fatigue is a known occupational risk in postgraduate training, including family medicine training. Fatigue can affect any trainee and its successful management is the shared responsibility of all those involved in postgraduate medical education (FRM Toolkit, 2018). To help foster a just and responsive learning environment, family medicine postgraduate trainees and faculty should have an appreciation for the importance of Fatigue Risk Management, including the effects of fatigue and effective practices. A comprehensive approach to fatigue risk management for postgraduate trainees at the University of Toronto can be found in the Wellness Guidelines for Postgraduate Trainees, PGME U of T (https://pg.postmd.utoronto.ca/wp-content/uploads/2019/11/PG-Wellness-Guidelines_Nov2019_PGMEAC_final.pdf).

FOR CENTRAL DFCM/ FAMILY MEDICINE TEACHING UNITS

The DFCM PGME has a Wellness Representative who attends central Postgraduate Wellness Committee meetings. This Wellness Representative reports on relevant wellness issues to the DFCM RPC to ensure the application and sharing of wellness-related PGME policies within the DFCM. A key responsibility for individual FMTUs and Site Directors is to ensure that residents are made aware of the wellness resources described herein. As such, all sites are responsible for reviewing wellness resources during resident orientations and periodically, or as needed, throughout training.

Trainee wellness and intimidation and harassment concerns are explicitly reviewed at 6-month Progress Reviews with Site Directors and Annual Program Director Site Visits. Similarly, at Progress Reviews, Site Directors inquire about any concerns related to the hidden curriculum and review a related resident reflective piece.

Residents are also assigned a faculty advisor/primary preceptor for the duration (or for each year) of their training to help foster a supportive and comfortable environment. As noted, residents are encouraged to practice self-care and address wellness needs throughout their training. Specific resident wellness initiatives, such as workshops, Balint support groups, mindfulness sessions and retreats are delivered on a site by site basis. In addition, many sites have designated a faculty and/or resident wellness representative to support these initiatives on an ongoing basis.

FOR RESIDENTS

If you are experiencing a health or wellness concern, there are many supports available to you.

If you have an emergent Health Concern...

If you are experiencing a life-threatening emergency, please call 911 right away or go to the nearest emergency department.

PARO provides a 24-Hour Help Line: 1- 866-HELP-DOC (1-866-435-7362) *There is a direct link to this contact on the DFCM Red Button.

If you have a non-emergent Health Concern...

You are always encouraged to approach your Site Director, Faculty Advisor, Clinical Preceptor and/or faculty Wellness Representative to assist you in navigating your health or wellness concern(s). This includes concerns related to fatigue-risk management and reporting fatigue-related incidents.

Similarly, the Postgraduate Wellness Office offers residents a range of confidential services, including support through academic difficulty, career guidance, and advising about leaves, transfers, intimidation/harassment and disability & accommodation support, in addition to providing short term counselling and helping to navigate health care resources.

The Red Button, available on the DFCM website, is an anonymous link that provides rapid access to resources and support for a variety of crisis situations for your review, including: "I am experiencing a personal crisis", "I've been exposed to blood or body fluids", "I am concerned about my safety ...", "I am worried about my performance on FM Map test", "There has been a death in my family" and more.

Finally, the OMA Physician Health Program provides confidential services to medical students and physicians who have concerns relating to stress, burnout, mental health and substance abuse. They offer triage, expedited referral, management and monitoring.

Personal Safety

For policy and guidelines related to personal safety, including (but not limited to): Safe travel, working in isolated situations, using hazardous materials and blood borne pathogens, please consult the "Resident Safety Guidelines" located under "modules" at q.utoronto.ca using your UTOID and password, or visit the Red Button.

Intimidation and Harassment

For concerns related to Intimidation and Harassment, you are always encouraged to approach your Site Director, Faculty Advisor, Clinical Preceptor and/or faculty Wellness Representative to assist you in navigating your concerns. In addition, please consult the "Guidelines to Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education" which can be found at: <https://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/> or at the Red Button.

Disability and Accommodation

"Residents with disabilities are entitled to the same opportunities and benefits as those without disabilities. In some circumstances, those with disabilities may require short or long-term accommodation to enable them to complete their training" ("Accommodation, PGME Statement of General Principles" found at: <https://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>. Also see this guideline for more information regarding the **Board of Medical Assessors**.

Paid and Unpaid Leaves (see also: "Residency Leaves and Waivers Guidelines" at: <https://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>)

Paid, includes:

- Pregnancy and Parental Leave: Entitlement to pregnancy and parental leave is addressed in Section 15 of the PARO-CAHO Agreement.
<https://www.myparo.ca/pregnancy-parental-leave/>
- Medical/Sick Leave: Residents are entitled to 6 months of paid sick leave. Further details on Long Term Disability and other entitlements regarding illness or injury are addressed in Section 14 of the PARO-CAHO Agreement.
- Emergency, Family, Bereavement Leave: A resident may request a leave due to a death in the immediate family or a person with whom the resident had a close relationship. A leave may also be requested due to family illness, injury, medical emergency, or other urgent family matters to which the resident must attend. Five consecutive working days may be granted by the Program Director for this paid leave. This guideline should be interpreted with proper sensitivity.
- Vacation (4 weeks) & Professional Days (7 days) per year. See guideline for details.

Unpaid, includes:

- Personal/Compassionate Leave: A resident may request an unpaid leave of absence due to a personal situation or career uncertainty. These leaves will be considered on an individual basis in consultation with the Program Director.

RESOURCES

Please see below for wellness resources and contacts:

University	Website Link:
Office of Resident Wellness, University of Toronto, Postgraduate Medical Education, 416-946-3074	https://pg.postmd.utoronto.ca/current-trainees/while-youre-training/access-wellness-resources/
Learner Mistreatment, University of Toronto, Postgraduate Medical Education, 416-978-6976	https://pgme.utoronto.ca/current-trainees/while-youre-training/learner-mistreatment/
Other Resources Available	
PARO 24 Hour Help Line, 866-HELP-DOC 1-866-435-7362	http://www.myparo.ca/helpline/ http://www.myparo.ca/during-residency/
OMA Physician Health Program, 800-851-6606	http://php.oma.org/
General Practitioner Psychotherapy Network of Toronto	http://www.gppaonline.ca/
Your local Hospital Occupational Health Department	

Career Planning

Resources	
PARO Transition to Practice Program	http://www.myparo.ca/after-residency/
Health Force Ontario Practice U	http://www.healthforceontario.ca/Jobs/MarketingandRecruitment
Ontario Physicians Locum Program	http://www.healthforceontario.ca/Jobs/OntarioPhysicianLocumPrograms.aspx
University of Toronto Career Centre	http://www.careers.utoronto.ca/

Reference:

FRM Toolkit, 2018 <https://residentdoctors.ca/wp-content/uploads/2018/11/Fatigue-Risk-Management-ToolkitEN.pdf>

Professional Responsibilities in Medical Education

Source: *The College of Physicians and Surgeons of Ontario*

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Postgraduate-Medi>

Approved by Council: June 2021

Companion Resource: [Advice to the Profession](#)

Policies of the College of Physicians and Surgeons of Ontario (the “College”) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Practice Guide* and relevant legislation and case law, they will be used by the College and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate the College’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Undergraduate medical students (“medical students”): Students enrolled in an undergraduate medical education program. They are not members of the College of Physicians and Surgeons of Ontario.¹

Postgraduate trainees²: Physicians who hold a degree in medicine and are continuing in postgraduate medical education (commonly referred to as “residents” or “fellows” in most teaching sites). Postgraduate trainees often serve in the role of supervisors but do not act as the most responsible physician for patient care. If postgraduate trainees are supervisors, then the provisions of the policy regarding supervisors apply to them.

Most responsible physicians (“MRP”): Physicians who have overall responsibility for directing and coordinating the care and management of a patient at a specific point in time, regardless of the amount of involvement that a medical student or postgraduate trainee has in that patient’s care.

Supervisors: Physicians who have taken on the responsibility to observe, teach, and evaluate medical students and/or postgraduate trainees. The supervisor of a medical student or postgraduate trainee who is involved in the care of a patient may or may not be the most responsible physician for that patient.

Policy

Supervision of Medical Students

1. MRPs and/or supervisors³ **must** provide appropriate supervision to medical students which is proportionate to the medical student’s level of training and experience. This includes:
 - a. assessing interactions (which may include observation) between medical students and patients to determine:
 - i. whether a medical student has the ability and readiness to safely participate in a patient’s care without compromising that care;
 - ii. a medical student’s performance, abilities, and educational needs; and
 - iii. whether a medical student is capable of safely interacting with patients in circumstances where the supervisor is not present in the room;

- b. meeting at appropriate intervals with a medical student to discuss their assessments of patients and any care provided to them;
- c. ensuring that a medical student only engages in patient care based on previously agreed-upon arrangements with the MRP and/or supervisor;
- d. reviewing and providing feedback on a medical student's documentation, including any progress notes written by a medical student;
- e. subject to any institutional policies, using their professional judgment to determine whether to countersign a medical student's documentation;
- f. countersigning all orders written under the supervision or direction of a physician;⁴ and
- g. managing and documenting patient care, regardless of the level of involvement of medical students.

Supervision of Postgraduate Trainees

- 2. MRPs and/or supervisors **must** provide appropriate supervision to postgraduate trainees. This includes:
 - a. regularly assessing a postgraduate trainee's ability and learning needs, and assigning graduated responsibility accordingly;
 - b. ensuring that relevant clinical information is made available to a postgraduate trainee;
 - c. communicating regularly with a postgraduate trainee to discuss and review their patient assessments, management, and documentation of patient care in the medical record; and
 - d. directly assessing the patient as appropriate.
- 3. Postgraduate trainees **must**:
 - a. only take on clinical responsibility in a graduated manner, proportionate with their abilities, although never completely independent of appropriate supervision;
 - b. communicate with a supervisor and/or MRP:
 - i. in accordance with the guidelines of their postgraduate program and/or clinical placement setting;
 - ii. about their clinical findings, investigations, and treatment plans;
 - iii. in a timely manner, urgently if necessary, when there is a significant change in a patient's condition;
 - iv. when the postgraduate trainee is considering a significant change in a patient's treatment plan or has a question about the proper treatment plan;
 - v. about a patient discharge;
 - vi. when a patient or family expresses concerns; or
 - vii. in an emergency or when there is significant risk to the patient's well-being;
 - c. document their clinical findings and treatment plans; and
 - d. identify the MRP or supervisor who has reviewed their consultation reports and indicate the MRP's or supervisor's approval of the report.

Availability of MRP and/or Supervisor

- 4. MRPs and/or supervisors **must** ensure that that they are identified and available to assist medical students and/or postgraduate trainees when they are not directly supervising them (i.e., in the same room) or if unavailable, they **must** ensure that an appropriate alternative supervisor is available and has agreed to provide supervision.
- 5. The degree of availability of an MRP and/or supervisor and the means of availability (by phone, pager or in-person) **must** be appropriate and reflective of the following factors:
 - a. the patient's specific circumstances (e.g., clinical status, specific health-care needs);
 - b. the setting where the care will be provided and the available resources and environmental supports in place; and
 - c. the education, training and experience of the medical student and/or postgraduate trainee.

Involvement in Patient Care

Informing Patients about the Health-Care Team

6. MRPs or supervisors **must** ensure that patients⁵ are informed of their name and roles, the fact that the MRP is ultimately responsible for their care, and that patient care often relies on a collaborative, team-based approach involving both medical students and postgraduate trainees.
 - a. As medical students or postgraduate trainees are often the first point of contact with a patient, the information above can be provided by them where appropriate.

Obtaining Consent

Medical student and postgraduate trainee involvement in patient care are necessary elements of medical education and training, as well as essential components of how care is delivered in teaching hospitals and other affiliated sites. Respect for patient autonomy may warrant obtaining consent to the involvement of medical students and postgraduate trainees. Whether the consent is implied or express⁶ will depend on the circumstances.

7. In situations where medical students or postgraduate trainees are involved in patient care solely for their own education (e.g., observation, examinations unrelated to the provision of patient care⁷, etc.), physicians responsible for providing that care **must** ensure consent to medical student or postgraduate trainee participation is obtained, either by obtaining consent themselves or, where appropriate, by another member of the health care team (including the medical student or postgraduate trainee involved).
8. Where medical students provide care to patients, physicians responsible for that care **must** ensure that consent for the participation of the medical student is obtained in appropriate circumstances, and **must** determine who from the health-care team (including the medical student) will obtain it, taking into account the:
 - a. type of examination, procedure or care that is being provided (e.g. complexity, intrusiveness, sensitivity);
 - b. patient's characteristics/attributes, including their vulnerability;
 - c. increasing responsibilities medical students have in participating in patient care;
 - d. level of involvement of the MRP/supervisor in the care being provided; and
 - e. best interests of the patient.

Professional Behaviour

9. MRPs and supervisors **must** demonstrate a model of compassionate and ethical care while educating and training medical students and postgraduate trainees.
10. MRPs, supervisors, and postgraduate trainees **must** demonstrate professional behaviour in their interactions with:
 - a. each other
 - b. medical students,
 - c. patients and their families,
 - d. colleagues, and
 - e. support staff.
11. MRPs, supervisors, and postgraduate trainees **must not** engage in disruptive behaviour that interferes with or is likely to interfere with quality health-care delivery or quality medical education (e.g., the use of inappropriate words, actions, or inactions that interfere with a physician's ability to function well with others.⁸)

Violence, Harassment, and Discrimination

12. Physicians (including MRPs, supervisors, and postgraduate trainees) involved in medical education and/or training **must not** engage in violence, harassment (including intimidation) or discrimination (e.g., racism, transphobia, sexism) against medical students and/or postgraduate trainees.

13. Physicians **must** take reasonable steps to stop violence, harassment or discrimination (e.g., racism, transphobia, sexism) against medical students and/or postgraduate trainees if they see it occurring in the learning environment and **must** take any other steps as may be required under applicable legislation⁹, policies, institutional codes of conduct or by-laws.
14. MRPs and/or supervisors **must** provide medical students and/or postgraduate trainees with support and direction in addressing disruptive behaviour (including violence, harassment and discrimination) in the learning environment, including but not limited to taking any steps as may be required under applicable legislation¹⁰, policies, institutional codes of conduct or by-laws.

Professional Relationships/Boundaries

15. MRPs and supervisors **must not**:
 - a. enter into a sexual relationship with a medical student and/or postgraduate trainee while responsible for mentoring, teaching, supervising or evaluating the medical student and/or postgraduate trainee; or
 - b. enter into a relationship¹¹ with a medical student and/or postgraduate trainee that could present a risk of bias, coercion, or actual or perceived conflict of interest, while responsible for mentoring, teaching, supervising or evaluating the medical student and/or postgraduate trainee.
16. MRPs and/or supervisors (including postgraduate trainees who are supervisors) **must**, subject to applicable privacy legislation¹², disclose any sexual or other relationship¹³ between themselves and a medical student and/or postgraduate trainee which pre-dates the mentoring, teaching, supervising or evaluating role of the MRP and/or supervisor to the appropriate member of faculty (e.g., the department or division head or undergraduate/postgraduate program director) in order for the faculty member to decide whether alternate arrangements are warranted.

Reporting Responsibilities

17. Physicians (including MRPs, supervisors and postgraduate trainees) involved in the education and/or training of medical students and/or postgraduate trainees **must** report to the medical school and/or to the health-care institution, if applicable, when a medical student and/or postgraduate trainee:
 - a. exhibits behaviours that would suggest incompetence, incapacity, or abuse of a patient;
 - b. fails to behave professionally and ethically in interactions with patients and their families, supervisors, and/or colleagues; or
 - c. otherwise engages in inappropriate behaviour.¹⁴
18. Physicians involved in administration at medical schools, or health-care institutions that train physicians **must** contribute to providing:
 - a. a safe and supportive environment that allows medical students and/or postgraduate trainees to make a report if they believe the MRP and/or their supervisor:
 - i. exhibits any behaviours that would suggest incompetence, incapacity, or abuse of a patient;
 - ii. fails to behave professionally and ethically in interactions with patients and their families, supervisors or colleagues; or
 - iii. otherwise engages in inappropriate behaviour, including violence, harassment, and discrimination against medical students and/or postgraduate trainees; and
 - b. an environment where medical students and/or postgraduate trainees will not face intimidation or academic penalties for reporting such behaviours.

Supervision of Medical Students for Educational Experiences not Part of an Ontario

Undergraduate Medical Education Program

19. In addition to fulfilling the expectations set out above, physicians who choose to supervise medical students for educational experiences that are not part of an Ontario undergraduate medical education program **must**:
 - a. comply with the *Delegation of Controlled Acts* policy,¹⁵

- b. ensure that they have liability protection for that student to be in the office,
 - c. ensure that the student:
 - i. is enrolled in and in good standing at an undergraduate medical education program at an acceptable medical school,¹⁶
 - ii. has liability protection that provides coverage for the educational experience,
 - iii. has personal health coverage in Ontario, and
 - iv. has up-to-date immunizations.¹⁷
20. Where physicians do not have experience supervising medical students or are unable to fulfill the expectations outlined above, they **must** limit the activities of the medical student to the observation of patient care only.

Endnotes

¹. The *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (*RHPA*) permits students to participate in the delivery of health care by allowing them to carry out controlled acts "while fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession".

². The majority of postgraduate trainees in Ontario hold a certificate of registration authorizing postgraduate education, but regardless of the class of certificate of registration held, postgraduate trainees cannot practise independently in the discipline in which they are currently training.

³. A postgraduate trainee may also be a supervisor.

⁴. Prescriptions, telephone or other transmitted orders may be transcribed by the medical student but must be countersigned.

⁵. Throughout this policy, where "patient" is referred to, it should be interpreted as "patient or substitute decision-maker" where applicable.

⁶. Express consent is direct, explicit, and unequivocal, and can be given orally or in writing. Implied consent can be inferred from the words or behaviour of the patient, or the surrounding circumstances, such that a reasonable person would believe that consent has been given, although no direct, explicit, and unequivocal words of agreement have been given. Obtaining consent for involvement of medical students and postgraduate trainees is different than that of obtaining consent in the context of the *Health Care Consent Act* regarding treatment decisions. More information is provided in the *Advice*.

⁷. See *Advice* for examples.

⁸. For more information, please refer to the College policy on [Physician Behaviour in the Professional Environment](#), as well as the [Guidebook for Managing Disruptive Physician Behaviour](#).

⁹. For example, the obligations set out in the [Occupational Health and Safety Act](#), R.S.O. 1990, c.0.1 ("OHS") and the [Human Rights Code](#), R.S.O. 1990, c. H.19 (the "Code").

¹⁰. Physicians may have other obligations under *OHS* and the *Code* in regard to their own behaviour in the workplace, as well as specific obligations if they are employers as defined by *OHS* or the *Code*.

¹¹. Including but not limited to, family, dating, business, treating/clinical, and close personal relationships.

¹². If the relevant information to be disclosed contains personal health information or is otherwise protected by privacy legislation, the MRP and/or supervisor may either obtain consent from the medical student and/or postgraduate trainee to disclose this information or state that alternate arrangements are warranted.

¹³. Including but not limited to family, dating, business, treating/clinical and close personal relationships.

¹⁴. The College's [Disclosure of Harm](#) policy also contains expectations which may be relevant to these circumstances.

¹⁵. The College's [Delegation of Controlled Acts](#) policy applies to any physician who supervises:

- 1. an Ontario medical student completing an extra rotation that is not part of their MD program, and
- 2. a student from outside Ontario completing an Ontario educational experience where the student will be performing controlled acts.

¹⁶. For the purposes of this policy, an "acceptable medical school" is a medical school that is accredited by the Committee on Accreditation of Canadian Medical Schools or by the Liaison Committee on Medical Education of the United States of America, or is listed in either the [World Health Organization's Directory of Medical Schools](#), or the [World Directory of Medical School's online registry](#).

¹⁷. Please refer to the [Council of Ontario Faculties of Medicine's Immunization policy](#).



UNIVERSITY OF TORONTO FACULTY OF MEDICINE

Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto – February 28, 2017

Source: Post MD Education, PGME

[https://pg.postmd.utoronto.ca/wp-content/uploads/2019/04/FOM_Guidelines-for-the-Assessment-of-PG-Residents- 19Feb18_with-Mandated-Leave.pdf](https://pg.postmd.utoronto.ca/wp-content/uploads/2019/04/FOM_Guidelines-for-the-Assessment-of-PG-Residents-19Feb18_with-Mandated-Leave.pdf)

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1. Introduction

These Guidelines for the Assessment of Postgraduate Residents at the Faculty of Medicine at the University of Toronto (the “Guidelines”) contain the rules governing the Assessment and promotion of all residents in postgraduate training programs at the University of Toronto. For the purposes of this document, a resident is a physician registered in a program subject to accreditation by the Royal College of Physicians and Surgeons of Canada (Royal College) or the College of Family Physicians of Canada (CFPC). It is the responsibility of each resident to read the Guidelines and to be familiar with their content.

The Guidelines have been developed to be in compliance with the accreditation standards of the Royal College and the CFPC. The Guidelines are also designed to be consistent with the following University of Toronto academic policies, and policies of the following medical organizations:

- (a) [the University of Toronto Code of Behaviour on Academic Matters](#);
- (b) [the University of Toronto Standards of Professional Practice Behaviour for all Health Professional Students](#)
- (c) [the University of Toronto Code of Student Conduct](#)
- (d) [the University of Toronto University Assessment and Grading Practices Policy](#)
- (e) [the College of Physicians and Surgeons of Ontario Policy on Professional Responsibilities in Postgraduate Medical Education](#) (CPSO); and
- (f) [the Canadian Medical Association Code of Ethics](#) (CMA)
- (g) [University-Mandated Leave of Absence Policy](#)

The Guidelines set out the procedures for the assessment of Residents (as defined below). The Guidelines also establish the processes for remediation when a Resident has failed to meet the performance standards of the Residency Program (as defined below), or where a problem in respect of the behaviour or performance of a Resident has been identified.

In these guidelines, the word “must” is used to denote something necessary, and the word “should” is used to denote something highly desirable.

2. Definitions

The following definitions are used in this document:

- 2.1. “Board of Examiners – PG” means the Board of Examiners – Postgraduate Programs, which is the committee of the University Faculty Council responsible as set out in the Terms of Reference by Faculty Council.
- 2.2. “Dean” means the Dean of the Faculty of Medicine of the University.
- 2.3. “Designated Assessment Tools” is the specified assessment tools approved by the Residency Program Committee for inclusion in the Program Assessment Plan which are appropriately tailored to the specialty, level of training, and the national training standards
- 2.4. “Standards of Accreditation” means the standards of accreditation of the Royal College or the CFPC, as applicable.
- 2.5. “Head of Department” means administrative head of the University department.

- 2.6. “Post-Graduate Medical Education Advisory Committee” or PGMEAC, means the committee responsible for the development and review of all aspects of postgraduate medical education within the Faculty and is chaired by the Post Graduate Medical Education (PGME) Dean.
- 2.7. PGME Dean, is the decanal lead responsible for the oversight of residency education
- 2.8. “Program Director” is the University officer responsible for the overall conduct of the integrated residency program in a discipline, and responsible to the head of the University department concerned and to the PGME Dean.
- 2.9. “Remedial Period” means any of Remediation, Remediation with Probation, and Probation, all as defined in the Guidelines.
- 2.10. “Residency Program” means the Royal College or CFPC postgraduate medical training program;
- 2.11. “RPC” means the Residency Program Committee and is the committee that assists the Program Director in the planning, organization, and supervision of the residency training program, (and) must include representation from the residents in the program.
- 2.12. “Scoring Rubrics” are the scoring guides used to assess performance for individual assessments and across assessment plans.
- 2.13. “Summative Assessment” refers to a formal written summary of a resident’s performance against established expectations which is carried out at specified intervals within each program.
- 2.14. “Signature” means actual signature or electronic acknowledgement
- 2.15. “Supervisor” means a staff physician directly responsible for a period or segment of the Resident’s professional training, teaching and instruction.
- 2.16. “Postgraduate Resident” or “Resident” means a physician registered in a training program accredited by the Royal College or the CFPC who is registered in the Faculty of Medicine of the University.
- 2.17. “University” means the University of Toronto.

3. PGMEAC – Maintaining Standards of Assessment

- 3.1. It is the responsibility of the PGMEAC to establish standards for the assessment, promotion, and dismissal of Residents in all Residency Programs, by:
- 3.1.1. Ensuring that assessment processes and practices are consistent with the Guidelines, and the minimum standards set by the University and related professional organizations, including the CPSO, CFPC and the Royal College;
- 3.1.2. Ensuring that clinical and field supervisors, as well as Resident, are properly informed about assessment and related processes as required by the University of Toronto University Assessment and Grading Practices Policy; and
- 3.1.3. Monitoring the performance of programs either directly or through the relevant subcommittee of the PGMEAC.

4. Resident Assessment

4.1. Assessment Principles

As learners of the University and Residents in either a Royal College or CFPC Residency Program, Residents are routinely assessed on an ongoing basis, both formally and informally. This assessment may be formative or summative. This assessment must be conducted in accordance with the policies of the University, the Royal College and/or the CFPC.

For all clinical and field experiences, divisions must ensure that:

- (a) clinical and field assessors are fully informed regarding University, divisional and course policies concerning assessment procedures, including the specific assessment procedures to be applied in any particular field or clinical setting.
- (b) information about Resident support services are available to Residents to facilitate Resident success.

The minimum standards set by the University Grading Practices Policy for Clinical and Field Settings include regular longitudinal assessment and a written Summative Assessment against established required competencies.

4.2. Program Assessment Plan

4.2.1. Purpose

- 4.2.1.1. to provide a framework for the assessment of the Resident's knowledge, skills and attitudes by a Supervisor;
- 4.2.1.2. to facilitate feedback to the Resident by a Supervisor or the Program Director;
- 4.2.1.3. to serve as a record of the strengths and weaknesses of the Resident for the Program Director;
- 4.2.1.4. to enable the Program Director to assist future Supervisors in ongoing supervision;
- 4.2.1.5. to assist the Program Director in providing a progress and/or Summative Assessment of the Resident for the Royal College, the CFPC and/or the CPSO; and
- 4.2.1.6. to establish the basis for confirmation of progress, identification of needs and promotion.

4.2.2. Grading and Rating Practices

- 4.2.2.1. The Designated Assessment Tools must contain or be accompanied by a Scoring Rubric that includes an explanation of the rating scale to assist the Supervisor(s) in marking individual assessment items and should relate to level-specific learning goals and objectives. Comments should be made on any specific areas of performance which contribute significantly to the assessment, especially in areas of weakness.

- 4.2.2.2. For the purpose of completing the Designated Assessment Tools, appropriate medical and inter-professional team members should be consulted about the Resident's performance.

4.3. Assessment Process

- 4.3.1. As required by the University Grading Practices Policy, a Resident must be provided with:

- 4.3.1.1. a copy of Residency Program Assessment Plan which may include goals and objectives, required training experiences, entrustable professional activities

- 4.3.1.2. a statement describing the assessment processes used by the particular Residency Program;

- 4.3.1.3. a copy of the Designated Assessment tools and other required assessment forms; and

- 4.3.1.4. mechanism to engage Residents in regular discussion for review of their performance and progression.

- 4.3.1.5. a copy of these Guidelines.

- 4.3.2. During a Residency Program, Supervisors should make every effort to provide ongoing, informal, verbal feedback to all Residents, in addition to the formal feedback and assessment required by the Guidelines.

- 4.3.3. If a problem is identified at any point during the rotation, a Supervisor must bring this problem to the attention of the Resident in a timely fashion, preferably in person. This should be documented by the Supervisor and shared with the Program Director so they can support residents who are not attaining the required competencies as anticipated.

- 4.3.4. At regularly defined intervals (such as at the end of a rotation in traditional models and as per progress review timelines in competencybased models), and at least every 6 months, a completed Summative Assessment must be submitted using all data collected with the Designated Assessment Tools.

The Summative Assessment must outline the progress that has been made by the Resident in addressing any problems previously identified. The Program Director or delegate, must discuss the Summative Assessment with the Resident. This discussion should occur in a timely fashion, preferably in person.

- 4.3.5. The Resident must be asked to provide their signature or electronic confirmation on the Summative Assessment to confirm that it has been seen and discussed with the Supervisor or Program Director. This confirmation does not signify that the Resident agrees with the Summative Assessment. Failure of the Resident to sign the form does not invalidate the Summative Assessment. The Resident should be given a reasonable period of time in which to consider the Summative Assessment and be encouraged to provide comments regarding this Summative Assessment in a space provided. If

subsequent comments are added by the Supervisor, they must be shared and discussed. A copy of the Summative Assessment must be available to the Resident.

- 4.3.6. All Summative Assessments are confidential documents and must only be disclosed as strictly necessary to support learner success (e.g. learner handover). A Resident's Summative Assessment data must only be provided to the Resident, to the Resident's Supervisors, to the Program Director, Site Directors and RPC, and where appropriate, the PGME Dean, the Board of Examiners – PG and any Faculty or appeal committee considering the Resident's performance.

5. Remedial Periods

- 5.1. If a Summative Assessment is below the standards expected for the level of training of the Resident, the RPC must decide whether to recommend that the Resident be required to enter one of the following Remedial Periods:
- 5.1.1. Remediation (as defined in section 5.9);
 - 5.1.2. Remediation with Probation (as defined in in section 5.10); or
 - 5.1.3. Probation (as defined in section 5.11).
- 5.2. These Remedial Periods are intended to deal with problems which are not expected to be readily corrected in the normal course of the Residency Program
- 5.3. Any recommendation of a Remedial Period must be subject to the approval of the Board of Examiners – PG. Prior to consideration by the Board of Examiners – PG, the Resident must be given the opportunity to meet with the RPC or RPC formally designated subcommittee to discuss the recommendation, and meet with the PGME Dean or designate to review the recommendation and related processes.
- 5.4. Where a Remedial Period is being considered, for the purposes of presenting to the Board of Examiners – PG, the Program Director, in consultation with the RPC, or equivalent, must develop a written Remedial Plan for the Resident.
- 5.5. The written Remedial Plan should:
- 5.5.1. Include Resident background Information;
 - 5.5.2. Detail objectives of the formal remediation and their rationale;
 - 5.5.3. Identify the aspects of the Resident's performance or behaviour that require remedial attention;
 - 5.5.4. Describe the proposed remedial education and the resources available to the Resident to achieve these objectives;
 - 5.5.5. State the specific duration of Remedial Period;
 - 5.5.6. Define the expected outcomes of the Remedial Period and how they will be assessed; and,
 - 5.5.7. State the consequences of a successful or unsuccessful outcome of the Remedial Period;
 - 5.5.8. Outline the methods by which a final decision will be made around whether a Resident has successfully completed a period of formal remediation.

5.6. The Resident should be consulted about the Remedial Plan through interaction with the Program Director and must be provided with a copy of the Remedial Plan.

5.7. If the Resident indicates acceptance of Remedial Plan the Resident may commence the Remedial Period prior to the approval of the Board of Examiners – PG. If the Resident does not accept the recommendation, the Remedial Period may not commence until it is approved by the Board of Examiners – PG.

5.8. At the end of a Remedial Period, the Program Director, on the basis of the final Assessment and on the advice of the RPC, must inform the Resident and the Board of Examiners – PG of the outcome, which may be that:

5.8.1. The Remedial Period has been successful and the Resident will continue in the Residency Program at a level determined by the Program Director, on the advice of the RPC; or,

5.8.2. If the remedial period has been unsuccessful, the Program Director, on the advice of the RPC, may recommend outcomes as outlined in 5.9, 5.10, and 5.11.

5.9. Remedial Period: Remediation

5.9.1. Remediation is a formal program of individualized training aimed at assisting a Resident to correct identified weaknesses, where it is anticipated those weaknesses can be successfully addressed to allow the Resident to meet the standards of training.

5.9.2. Where the Remediation is unsuccessful, the RPC may recommend to the Board of Examiners – PG that the Resident enters a further period of Remediation or Remediation with Probation.

5.10. Remedial Period: Remediation with Probation

5.10.1. Remediation with Probation is a Remedial Period similar to Remediation, but provides that if the outcome of Remediation with Probation is unsuccessful, the Resident may be dismissed.

5.10.2. Remediation with Probation may be recommended and approved:

5.10.2.1. if there are exceptional circumstances

5.10.2.2. after an unsuccessful Remediation

5.10.2.3. following any documented assessment, where the Resident's overall performance or the performance in a critical area is sufficiently below expectations that there is serious concern about the Resident's ability to meet the Residency Program's required standards within a reasonable time.

5.10.3. Where the Remediation with Probation has been successful, the Resident may continue in the regular Residency Program at an appropriate level, as determined by the Program Director on the advice of the RPC.

5.10.4. Where the Remediation with Probation has been only partially successful, the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Resident enter a further Remedial Period

- 5.10.5. Where the Remediation with Probation has been unsuccessful, the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Resident be dismissed from the Residency Program.

5.11. Remedial Period: Probation

- 5.11.1. A Resident will be placed on Probation in circumstances where the Resident is expected to correct identified serious problems which are not subject to usual remedial training including, but not limited to, attitudinal deficiencies, behavioural disorders or chemical dependence, which are assessed to jeopardize successful completion of the Residency Program.
- 5.11.2. The Program Director, on the advice of the RPC, may recommend that a Resident be placed on Probation. The Probation itself may not be able to provide the intervention required to address the identified serious problems, but may permit assessment of any further intervention required, if appropriate.
- 5.11.3. Where the Probation has been successful and the problem identified has been corrected the Resident may continue in the regular Residency Program at an appropriate level, as determined by the Program Director, on the advice of the RPC:
- 5.11.4. Where the Probation has been only partially successful, the Program Director, on the advice of the RPC may recommend to the Board of Examiners – PG that the Resident is required to enter another period of Probation.
- 5.11.5. Where the Probation has been unsuccessful the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Resident be dismissed from the Residency Program.

6. Suspension

- 6.1. Suspension is the temporary interruption of a Resident's participation in the Residency Program, and includes the interruption of clinical and educational activities (hereafter, "Suspension").

6.2. Improper Conduct

Because they are both physicians and learners of the University, the conduct of the Residents is governed by the policies of professional bodies, such as the CPSO, the Canadian Medical Association and others, and by policies of the Faculty of Medicine and of the University of Toronto, including the University of Toronto Standards of Professional Practice Behaviour for all Health Professional Students, University of Toronto Code of Behaviour on Academic Matters and the University of Toronto Code of Student Conduct. Violation of any of these standards or policies may constitute improper conduct.

6.3. Suspension from the Training Program

A Program Director may, pending consideration by the Board of Examiners - PG, and after consultation with the PGME Dean, suspend a Resident for Improper Conduct if the conduct is of such a nature that the continued presence of the Resident in the clinical setting would pose a threat to the safety of persons (i.e. patients, staff and students, or the public that uses the clinical setting), or to the academic function of the training program or the ability of other Residents to continue their program of study. The Resident, as well as the Head of the Department and the PGME Dean, must be notified in writing of a Suspension, and the notification

must include the reasons for and duration of the Suspension. The Resident will continue to be paid during the Suspension, pending formal review, but may be denied access to hospitals and other clinical or laboratory facilities.

6.4. Assessment following Suspension

A decision to suspend a Resident must be reviewed by the RPC and followed by either full reinstatement or any of the processes described in sections 5 and 7, subject to approval by the Board of Examiners – PG.

7. Dismissal

7.1. Dismissal of a Resident involves the termination of the Resident from the Residency Program.

Dismissal may occur:

7.1.1. following an unsuccessful Remediation with Probation;

7.1.2. following an unsuccessful Probation;

7.1.3. following Suspension; or

7.1.4. for Improper Conduct.

7.2. The recommendation to dismiss a Resident may be made by the Program

Director on the advice of the RPC to the Board of Examiners – PG. The Resident must be informed of the decision in writing. The written statement must include the reason(s) for dismissal.

8. Decisions of the Board of Examiners – PG

8.1. All decisions of the Board of Examiners – PG must be communicated in writing by the Chair to the PGME Dean and copied to the Program Director and the Resident.

8.2. The Resident's copy of the decision should include a copy of the procedures of the Faculty of Medicine Appeals Committee.

9. Appeals

9.1. A Resident may appeal a decision of the Board of Examiners – PG.

9.2. If the Resident wishes to appeal the decision of the Board of Examiners – PG, notice should be given in writing, within 30 business days, to the Faculty administrative lead for BOE-PG. Appeals will be heard by the Faculty of Medicine Appeals Committee following the procedures of that Committee.

9.3. In the event that a Resident's appeal is rejected by the Faculty of Medicine Appeals Committee, a Resident may appeal to the Academic Appeals Board of the Governing Council, in accordance with its guidelines and procedures.

9.4. The terms and conditions of the Board of Examiners –PG decision, including any applicable Remedial Period, will begin following the disposition of the Appeal.

10. Final Assessment

When a Resident is assessed by the RPC at the end of the Residency Program as having met the prerequisites for certification by the Royal College or the CFPC, the PGME Dean will notify the Royal College or the CFPC of this in the required manner.

Standards of Professional Practice Behaviour for all Health Professional Students Approved by University of Toronto's Governing Council June 16, 2008 (effective September 2008)

Source: Faculty of Medicine

Preamble

Health professional students engage in a variety of activities with patients/clients under supervision and as part of their academic programs. During this training, the University, training sites, and society more generally expect our health professional students to adhere to appropriate standards of behaviour and ethical values. All health profession students accept that their profession demands integrity, exemplary behaviour, dedication to the search for truth, and service to humanity in the pursuit of their education and the exercise of their profession.

These Standards express professional practice and ethical performance expected of students registered in undergraduate, graduate and postgraduate programs, courses, or training (for the purposes of this policy, students includes undergraduate/graduate students, trainees including post doctoral fellows, interns, residents, clinical and research fellows or the equivalents) in the:

- (a) Faculty of Dentistry;
- (b) Faculty of Medicine;
- (c) Lawrence S. Bloomberg Faculty of Nursing;
- (d) Leslie Dan Faculty of Pharmacy;
- (e) Faculty of Physical Education and Health;
- (f) Factor-Inwentash Faculty of Social Work;
- (g) Ontario Institute for Studies in Education (OISE Programs in School and Clinical Child Psychology; Counselling Psychology for Psychology Specialists; Counselling Psychology for Community and Educational Settings).

By registering at the University of Toronto in one of these Faculties or in courses they offer, a student accepts that he/she shall adhere to these Standards. These Standards apply to students in practice-related settings such as fieldwork, practicum, rotations, and other such activities arranged through the Faculty, program of study, or teaching staff. Other Faculties that have students engaged in such activities in health settings may also adopt these standards.

These Standards do not replace legal or ethical standards defined by professional or regulatory bodies or by a practice or field setting, nor by other academic standards or expectations existing at the University of Toronto. Action respecting these Standards by the Faculty responsible for the program or course does not preclude any other action under other applicable University policies or procedures, action by program regulatory bodies, professional bodies, or practice/field settings, or action under applicable law including the Criminal Code of Canada.

Breach of any of these Standards may, after appropriate evaluation of a student, and in accordance with applicable procedures, be cause for dismissal from a course or program or for failure to promote.

Standards of Professional Behaviour and Ethical Performance

All students will strive to pursue excellence in their acquisition of knowledge, skills, and attitudes in their profession and will uphold the relevant behavioural and ethical standards of his or her health profession or Faculty, including:

1. Keeping proper patient/client records
2. Where patient/client informed consent to an action is required, the student will act only after valid informed consent has been obtained from the patient/client (or from an appropriate substitute decision-maker)
3. Providing appropriate transfer of responsibility for patient/client care
4. Being skilful at communicating and interacting appropriately with patients/clients, families, faculty/instructors, peers, colleagues, and other health care personnel
5. Not exploiting the patient/client relationship for personal benefit, gain, or gratification
6. Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence
7. Demonstrating the following qualities in the provision of care:
 - (a) empathy and compassion for patients/clients and their families and caregivers;
 - (b) concern for the needs of the patient/client and their families to understand the nature of the illness/problem and the goals and possible complications of investigations and treatment;
 - (c) concern for the psycho-social aspects of the patient's/client's illness/problem;
 - (d) assessment and consideration of a patient's/client's motivation and physical and mental capacity when arranging for appropriate services;
 - (e) respect for, and ability to work harmoniously with, instructors, peers, and other health professionals;
 - (f) respect for, and ability to work harmoniously with, the patient/client and all those involved in the promotion of his/her wellbeing;
 - (g) recognition of the importance of self-assessment and of continuing education;
 - (h) willingness to teach others in the same speciality and in other health professionals;
 - (i) understanding of the appropriate requirements for involvement of patients/clients and their families in research;
 - (j) awareness of the effects that differences in gender, sexual orientation, cultural and social background may have on the maintenance of health and the development and treatment of illness/problems;
 - (k) awareness of the effects that differences in gender, sexual orientation, and cultural and social background may have on the care we provide;
 - (l) respect for confidentiality of all patient/client information; and,
 - (m) ability to establish appropriate boundaries in relationships with patients/clients and with health professionals being supervised;

These Standards articulate the *minimum* expected behaviour and ethical performance; however, a student should always strive for exemplary ethical and professional behaviour.

(b) A student will refrain from taking any action which is inconsistent with the appropriate standards of professional behaviour and ethical performance, including refraining from the following conduct:

8. Misrepresenting or misleading anyone as to his or her qualifications or role
9. Providing treatment without supervision or authorization
10. Misusing or misrepresenting his/her institutional or professional affiliation
11. Stealing or misappropriating or misusing drugs, equipment, or other property
12. Contravention of the Ontario Human Rights Code
13. Unlawfully breaching confidentiality, including but not limited to accessing electronic records of patients/clients for whom s/he is not on the care team
14. Being under the influence of alcohol or recreational drugs while participating in patient/client care or on call or otherwise where professional behaviour is expected
15. Being unavailable while on call or on duty
16. Failing to respect patients'/clients' rights and dignity
17. Falsifying patient/client records

18. Committing sexual impropriety with a patient/client¹
19. Committing any act that could reasonably be construed as mental or physical abuse
20. Behaving in a way that is unbecoming of a practising professional in his or her respective health profession or that is in violation of relevant and applicable Canadian law, including violation of the Canadian Criminal Code.

Assessment of Professional Behaviour and Ethical Performance

The Faculties value the professional behaviour and ethical performance of their students and assessment of that behaviour and performance will form part of the academic assessment of health professions students in accordance with the Grading Practices Policy of the University of Toronto. Professional behaviour and ethical performance will be assessed in all rotations/fieldwork/practicum placements. These assessments will be timely in relation to the end of rotation/fieldwork placement/practicum and will be communicated to the student.

Students who have (or have had) a close personal relationship with a colleague, junior colleague, member of administrative staff or other hospital staff should be aware that obligations outlined in the Provost's Memorandum on Conflict of Interest and Close Personal Relations pertain to these Standards. <http://www.provost.utoronto.ca/policy/relations.htm>

Each Health Science Faculty will have specific guidelines related to these Standards that provide further elaboration with respect to their Faculty-specific behavioural standards and ethical performance, assessment of such standards and relevant procedures.

Breaches of these Standards or of Faculty-specific guidelines related to these Standards are serious academic matters and represent failure to meet the academic standards of the relevant health profession program. Poor performance with respect to professional or ethical behaviour may result in a performance assessment which includes a formal written reprimand, remedial work, denial of promotion, suspension, or dismissal from a program or a combination of these. In the case of suspension or dismissal from a program, the suspension or dismissal may be recorded on the student's academic record and transcript with a statement that these Standards have been breached.

With respect to undergraduate students, appeals against decisions under this policy may be made according to the guidelines for such appeals within the relevant Faculty.

In the case of graduate students, the procedures for academic appeals established in the School of Graduate Studies shall apply. Recommendation to terminate registration in a graduate program must be approved by the School of Graduate Studies. Decisions to terminate registration in a graduate program may be appealed directly to the School of Graduate Studies Graduate Academic Appeals Board (GAAB) in accordance with its practices and procedures.

In cases where the allegations of behaviour are serious, and if proven, could constitute a significant disruption to the program or the training site or a health and safety risk to other students, members of the University community, or patient/clients, the Dean of the Faculty responsible for the program or course is authorized to impose such interim conditions upon the student, including removal from the training site, as the Dean may consider appropriate.

In urgent situations, such as those involving serious threats or violent behaviour, a student may be removed from the University in accordance with the procedures set out in the Student Code of Conduct.

Approved by the Executive Committee June 16, 2008, effective September 2008
46918

Postgraduate Trainee Health and Safety Guidelines

Source: *Post MD Education, PGME*

University of Toronto
Faculty of Medicine, Postgraduate Medical Education

Postgraduate Trainee Health and Safety Guidelines December 2017

Revisions approved by
PGMEAC: October 2017
HUEC: November 2017

Original Document Date: March 2009

Date of Next Review: 2022

1. PURPOSE OF THIS GUIDELINE

- 1) To promote a safe and healthy environment that minimizes the risk of injury at all University of Toronto and affiliated teaching sites.
- 2) To confirm the University of Toronto Faculty of Medicine's commitment to the health, safety, and protection of its postgraduate trainees.
- 3) To provide a procedure to report hazardous or unsafe training conditions and a mechanism to take corrective action
- 4) To identify and clarify the roles and responsibilities of the University and Training Sites
- 5) This centralized guideline regarding resident safety is intended for program-specific additions and/or variations as appropriate.

2. BACKGROUND

Indicator 4.1.3.2 of the General Standards of Accreditation for Institutions with Residency Programs states

There is an (are) effective centralized policy(ies) addressing residents' physical, psychological, and professional safety, including but not limited to:

- i. travel,
- ii. patient encounters (including house calls),
- iii. after-hours consultation,
- iv. patient transfers (e.g., Medevac),
- v. complaint management, and
- vi. fatigue risk management.

Under the PARO-CAHO collective agreement between the Professional Association of Residents of Ontario (PARO) and the Council of Academic Hospitals of Ontario (CAHO), residents have dual status of being both postgraduate medical trainees registered in University programs and

physicians employed by the hospitals. As trainees, they are entitled to secure and private call rooms and secure access between call room facilities and service areas. Residents have access to and coverage for Occupational Health services (including TB tests, immunizations and follow-up, and post-exposure prophylaxis and management), on the same terms as applicable to other hospital employee groups.

- Accreditation Canada standards indicate that member hospitals must have an operational safety and security program for staff and patients.
- The Ontario Occupational Health and Safety Act, 1990, (OHSA) outlines minimum standards for health and safety and establishes procedures for dealing with workplace hazards and protection against risks of workplace violence.
- The University of Toronto Health and Safety Policy (Governing Council January 23, 2017) states that the University is committed to the promotion of the health, safety and wellbeing of all members of the University community, to the provision of a safe and healthy work and study environment, and to the prevention of occupational injuries and illnesses.

The review of this safety guideline is informed by data relating to adverse events involving residents and individuals in resident teaching.

3. SCOPE

The University, hospitals, and affiliated teaching sites are accountable for the personal, environmental, and occupational health and safety of their employees and have the right to make implementation decisions within their respective policies and resource allocations. Postgraduate trainees must adhere to the relevant health and safety policies and procedures of their training site. All teaching sites must adhere to the requirements of the PARO-CAHO collective agreement, unless specifically exempted in the agreement.

These guidelines cover all postgraduate trainees, including residents and fellows, and encompass:

- **Personal Health and Safety** including:
 - o risk of violence or harm from patients or staff;
 - o access to secure lockers and facilities including call rooms;
 - o safe travel:
 - between call facilities and service location, and
 - to private vehicle or public transportation between workplace and home;
 - o while working in isolated or remote situations including visiting patients in their homes or after hours; and
 - o safeguarding of personal information.
- **Workplace and Environmental Health and Safety** including:
 - o hazardous materials as named in the Occupational Health and Safety Act; and
 - o radiation safety, chemical spills, indoor air quality.

Occupational Health and Safety including:

- o blood borne pathogens;
- o immunization policies; and
- o respiratory protection.

4. PERSONAL HEALTH AND SAFETY

The University of Toronto Faculty of Medicine strives for a safe and secure environment for postgraduate trainees in all training venues.

- 1) All teaching sites, hospitals, and long-term care institutions are responsible for ensuring the safety and security of trainees in their facilities in compliance with their existing employee safety and security policies and procedures as well as the requirements outlined in the PARO-CAHO collective agreement. The PGME Office will work with the Medical Education and Occupational Health Offices at these affiliated training sites to ensure adherence to these requirements.
- 2) Locations without a formal health and safety policy or joint committee will be guided by the standards outlined in the Occupational Health and Safety Act.
- 3) Safety and security issues related to Intimidation and Harassment are outlined in the [PGME Guidelines for the Reporting of Intimidation, Harassment and other kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education](#).

Responsibility of the Program and or Training Site:

- Indicator 5.1.2.2 of the General Standards of Accreditation for Residency Programs states
- There is an (are) effective resident safety policy(ies), aligned with the centralized policy(ies) and modified, as appropriate, to reflect discipline-specific physical, psychological, and professional resident safety concerns. The policy(ies) include(s), but is (are) not limited to:
 - i. travel,
 - ii. patient encounters (including house calls),
 - iii. after-hours consultation,
 - iv. patient transfers (e.g., Medevac),
 - v. complaint management, and
 - vi. fatigue risk management.
- The central PGME Office will provide programs with best practices for orienting learners to individual safety risks. Programs must ensure trainees are adequately oriented to policies prior to initiating clinical services.
- Programs and trainees share a responsibility to identify safety risks specific to each location and to the extent possible, will work together to assess safety risks specific to each rotation.
- Where safety risks exists or are uncertain, programs **may not expect** postgraduate trainees to see a patient in hospital, clinic or at home, during regular or after hours, without the presence of a supervisor or security personnel.
- Training sites must endeavour to safeguard trainees' personal information, other than identifying them by name when communicating with patients, staff and families.
- Patient transfers (e.g. Medivac) must take place with appropriate safety and security measures in accordance with departmental guidelines.
- Trainees must be **made** aware of alternate options when exposing oneself to workplace risks or during travel to and from the workplace (i.e. driving a personal vehicle when fatigued).

Responsibility of the Trainee:

- Trainees must use all necessary personal protective equipment, precautions and safeguards, including back up from supervisors, when engaging in clinical and/or educational experiences.
- Trainees and programs share a responsibility to identify safety risks specific to each location and to the extent possible, will work together to assess safety risks specific to each rotation.
- Trainees must exercise judgment and be aware of alternate options when exposing oneself to workplace risks or during travel to and from the workplace (i.e. driving a personal vehicle when fatigued).
- Trainees must use caution when offering personal information to patients, families or staff.
- Trainees are expected to call patients from a hospital or clinic telephone line. The use of personal mobile phones for such calls is discouraged; if used, the call blocking feature should be engaged.
- Trainees must promptly report any health and safety concerns (e.g., risk of needlestick injuries, fatigue, etc.) to their supervisor.

Reporting Protocol for Breaches of Personal Safety:

- Trainees who feel their personal safety or security is threatened should remove themselves immediately from the situation in a professional manner and seek urgent assistance from their immediate supervisor or from the institution's security services.

Trainees cannot be negatively impacted for refusing to engage in clinical or educational experiences if they truly feel at risk in doing so and have communicated this to their Program Directors and respective site supervisors. It is recognized however that there are times (for example, in outbreaks of infectious disease such as SARS), when a residual risk will remain after all known precautions are taken. Professional responsibility to patients may require engaging in care despite these risks See [University of Toronto Health Sciences Faculties Guidelines for Clinical Sites](#)

- Trainees in hospital/institutional settings identifying a personal safety or security breach must report it to their immediate supervisor at the training site as well as to the program director to allow a resolution of the issue at a local level, and to comply with the site reporting requirements, such as completion of an [Incident Report Form](#).
- Trainees in community-based practices or other non-institutional settings should discuss issues or concerns with the staff physician or community-based coordinator, or bring any safety concerns to the attention of their Program Director.
- Trainees may also report their concerns to the Director, Resident Wellness at the PGME Office. Consent to do will be obtained from the trainee. Pending investigation and resolution of identified concerns:
 - o The Program Director and/or Director of Resident Wellness have the authority to **remove trainees** from clinical placements if a risk is seen to be unacceptable.
 - o If a decision is taken to remove a trainee, this must be communicated by the Program Director promptly to:
 - the Chair;

- the Vice President, Education/Hospital Medical Education Lead or designate at the training site;
 - the Residency Program Committee; and
 - the Vice Dean, PGME.
- If the safety issue raised is not resolved at the local level, it must be reported to the appropriate decanal lead responsible for the educational program who will investigate and may re-direct the issue to the relevant hospital medical education office or University office for resolution. The trainee/faculty member bringing the incident forward will receive a response within 10 days outlining how the complaint was handled or if it will require further review.
- The appropriate decanal lead responsible for the educational program will bring the issue to the hospital office responsible for safety and security, and may involve the University Community Safety Office, Faculty of Medicine Health and Safety Office for resolution or further consultation. The Director, Resident Wellness will report on safety concerns semi-annually through the Associate Dean, PGME to the Postgraduate Medical Education Advisory Committee (PGMEAC) and the Hospital University Education Committee (HUEC) through the Vice-Dean, Post MD Education.
- Urgent trainee safety issues will be brought to the attention of the Vice-Dean, Post MD Education, Associate Dean, PGME, as well as to the relevant hospital VP Education/Hospital Medical Education Lead or as appropriate.
- The Director, Resident Wellness may at any time investigate and act upon health and safety systems issues that come to her/his attention by any means, including internal reviews, trainee/faculty/staff reporting, or police/security intervention.
- Trainees in breach of the occupational health policies of their training site are subject to the procedures by that site consistent with the requirements of the Occupational Health and Safety Act. If attempts to resolve the situation by internal protocols are not successful, it may be brought to the attention of the training site Medical Education Lead.

5. WORKPLACE AND ENVIRONMENTAL HEALTH AND SAFETY

and

OCCUPATIONAL HEALTH AND SAFETY

In the course of their training, postgraduate trainees may be exposed to hazardous agents and communicable pathogens. Trainees, the University and teaching sites including hospitals, laboratories and community clinical settings are jointly responsible for supporting a culture promoting health and safety and preventing injury and incidents. Accidents, incidents and environmental exposures occurring during training will be reported and administered according to the reporting policies and procedures of the University, hospital or clinical teaching location.

Responsibilities of the Program, PGME Office and Training Site:

- Programs and training sites must ensure trainees are appropriately oriented to current best practices for workplace safety guidelines.
- Programs must have guidelines to address exposures specific to each training site (e.g., radiation safety, hazardous materials, infection control), communicate these to trainees at site-specific orientation sessions, and assess trainees for appropriate understanding prior to involvement in these activities.
- Programs must ensure trainees are capable of assessing site and situation specific safety risks.

- The Postgraduate Medical Education Office will ensure trainees have all required immunizations (as per the Council of Ontario Faculties of Medicine Immunization Policy) prior to initiating clinical duties. This information will be available to appropriate individuals at the training sites as required via the Postgraduate Web Evaluation and Registration (POWER) system. Trainees not meeting the immunization requirements of the faculty are not permitted to complete their registration with the PGME Office and will not be registered at the hospital.
- The PGME Office will ensure all concerns relating to communicable diseases, including blood borne pathogens, will be reviewed by the Expert Panel on Infection Control and dealt with on a case-by-case basis prior to finalizing a trainee's registration. Disclosure of communicable disease status of the trainee will be limited to those required to know in order to provide the necessary procedures to address the health and safety concerns of the trainee and others.

Responsibilities of the Trainee:

- Trainees must participate in required safety sessions as determined by their Program or training site.
- Trainees must follow all of the occupational health and safety policies and procedures of the training site including, but not limited to, the appropriate use of personal protective equipment.
- Trainees must agree to report unsafe training conditions as per the protocol outlined below.

Reporting Protocol for Workplace Accident/Injury or Incident (See appendix 2):

- A) During **daytime hours** while working at an affiliated hospital or site associated with an affiliated hospital:
- 1) The trainee must go immediately to the Employee/Occupational Health Office of the institution.
 - 2) The trainee must complete the incident report form as required by the institution's protocol.
 - 3) The trainee must report the incident to his/her immediate supervisor.
 - 4) The trainee is encouraged to submit a copy of the report form to their Program office which will then forward a copy to the PGME Office.
- B) During **evenings or weekends** or at a training site with no Occupational Health Office:
- 1) The trainee must go immediately to the nearest emergency room and identify him/herself as a trainee of the University of Toronto and request to be seen on an urgent basis.
 - 2) The trainee must report to the available supervisor, comply with the institution's protocol for completion of appropriate incident report forms, and keep a copy of this form to be forwarded to their Program office.
 - 3) Incident reports for fellows reported to the PGME office, are sent back to the fellowship program

APPENDIX 1:

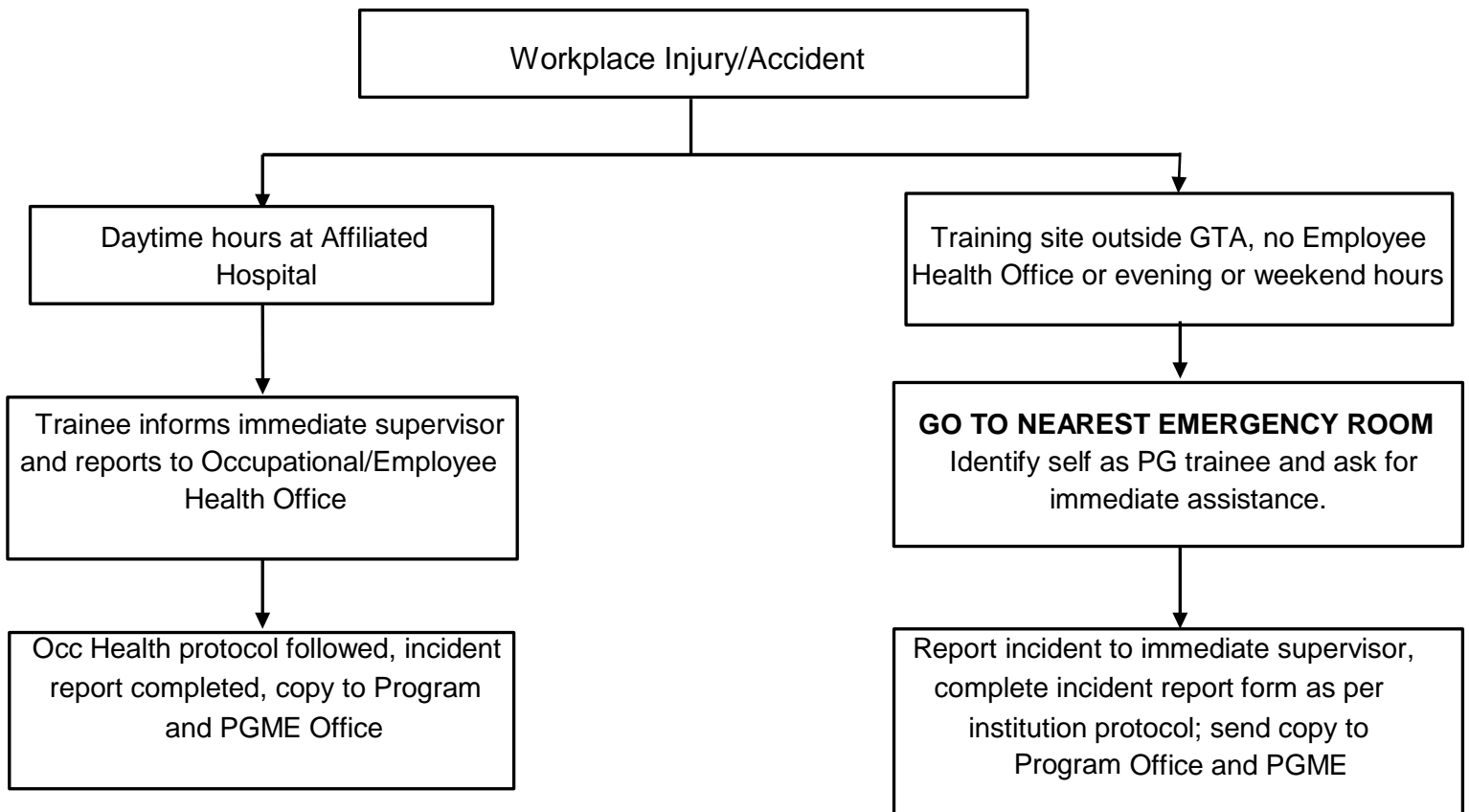
Related Documents:

- 1) A Guide to the Occupational Health and Safety Act, May 2011
<https://www.ontario.ca/document/guide-occupational-health-and-safety-act>
- 2) PARO-CAHO agreement: <http://www.myparo.ca/your-contract/>
- 3) University of Toronto, Health and Safety Policy (Governing Council, January 2017)
<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmar292004.pdf>
- 4) Blood and Body Fluid Exposure Policy for University of Toronto Postgraduate Medical Trainees:
<http://pg.postmd.utoronto.ca/wpcontent/uploads/2016/06/BloodBodyFluidExposurePolicyNov2012.pdf>
- 5) COFM Immunization Policy <http://pg.postmd.utoronto.ca/wp-content/uploads/2016/06/COFMImmunizationPolicy.pdf>
- 6) PGME Intimidation and Harassment Guidelines http://pg.postmd.utoronto.ca/wp-content/uploads/2016/08/PGMEGuidelinesAddressIntimHarassUnprofessBehaviour_PGMEACHUEC_Mar2016.pdf
- 7) University of Toronto Health Sciences Faculties Guidelines for Clinical Sites re: Student Clinical Placement in an Emergency Situation: Postgraduate Medical Education.
<http://medicine.utoronto.ca/sites/default/files/Revised%20HSCEP%20Guideline%20for%20Clinical%20Sites.pdf>

Resources:

- 1) Occupational/Employee Health Offices at all University affiliated teaching hospitals
- 2) PGME Office:
 - a. Office of Resident Wellness; or
 - b. Immunization Officer

Appendix 2: Protocol for Workplace Exposure/Injury



Approved by PGMEAC and HUEC, December 2017

Resident Intimidation and Harassment Policy and Resource Checklist

Key University Policy	Website Link:
Guidelines Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in PGME	https://pg.postmd.utoronto.ca/wp-content/uploads/2019/05/PGME-Guidelines-to-Address-Intim-Harassment-Unprofessional-Behaviour-PGMEAC-HUEC-March-20163-1.pdf
Sexual Harassment Protocol, University of Toronto, Faculty of Medicine	https://medicine.utoronto.ca/research/sexual-harassment-complaints-involving-faculty-and-students-university-toronto-arising
Other Resources Available	
Sexual Harassment Policy and Procedures, University of Toronto Sexual Harassment Office, 416-978-3908	http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppnov251997.pdf
Anti-Racism and Cultural Diversity Office, University of Toronto, 416-978-1259	http://www.antiracism.utoronto.ca/
Community Safety Office, University of Toronto, 416-978-1485	http://www.communitysafety.utoronto.ca/
PARO Break the Cycle: Resident Intimidation and Harassment	http://www.myparo.ca/

Post MD Education Policies and Guidelines are available at <http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>.

Career Planning

Resources Available	
PARO Transition to Practice Program	http://www.myparo.ca/after-residency/
Health Force Ontario (HFO) Practice U	http://www.healthforceontario.ca/Jobs/MarketingandRecruitment/practiceu.aspx
Ontario Physicians Locum Program	http://www.healthforceontario.ca/Jobs/OntarioPhysicianLocumPrograms.aspx
University of Toronto Career Centre	http://www.careers.utoronto.ca/

Post MD Education Policies and Guidelines are available at <http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>.



Guideline for Managing Disclosures about Learner Mistreatment

Source: Post MD Education, PGME

https://pg.postmd.utoronto.ca/wp-content/uploads/2021/02/PGME_MistreatmentGuideline_Feb1121_FINAL.pdf

Approved by: *To be approved by* Postgraduate Medical Education Advisory Council (PGMEAC)

Date of approval: January 29, 2021

Date of next scheduled review: 2023

Note: This Guideline for Managing Disclosures about Learner Mistreatment is a revision to the ***Guidelines for Addressing Intimidation and Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education***, approved by PGMEAC in May 2016. This revision brings the Guideline into alignment with the Protocol for managing allegations of mistreatment within the MD Program (approved in March 2020). This Guideline represents changes that harmonize the definitions of what constitutes mistreatment, guiding principles, and intake processes. Resolution mechanisms have also been modified to reflect existing policy documents at the University of Toronto and additions to Professional Values standards and expectations.

Important: *This Guideline is NOT for emergency use.*

Learners with reasonable concern about imminent harm to themselves or others should call 911 or seek immediate assistance from on site security or other authorities.

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A. Preamble: Purpose and Scope

Postgraduate Medical Education (PGME) places the utmost importance on the safety and well-being of learners, including their ability to learn in an environment of professionalism, collegiality, civility, and respect.

The purpose of this Guideline is to clarify processes available for University of Toronto (U of T) PGME learners to disclose/report certain behaviours or incidents that they have experienced or witnessed where there may be a concern related to potential mistreatment. This Guideline does not replace or limit the legal and ethical standards established by professional or regulatory bodies; by relevant clinical settings; or by other applicable University standards, policies, and procedures that are outlined in **Appendix A**, which may apply in certain circumstances.

We acknowledge the role that power and positionality play in enabling the mistreatment of learners and have constructed this Guideline according to an anti-racist, anti-oppressive, and inclusive framework.

This Guideline is available to support all residents and clinical fellows (including International Medical Graduates (IMGs) and externally sponsored learners), as well as visiting elective learners who are registered with PGME.

We encourage PGME Learners in the Assessment Verification Period (AVP) or Pre-Entry Assessment Period (PEAP) who have concerns about potential mistreatment to contact the Director of Learner Experience directly, given that registrants in AVPs or PEAPs, as pre-entry learners, may not necessarily have access to the full breadth of University resources or other policies outlined in this Guideline. Any concerns that they raise regarding mistreatment will be reviewed by PGME with the utmost seriousness.

We encourage all faculty in leadership roles to contact the Director of Learner Experience directly should they have any questions or concerns pertaining to mistreatment in their programs and/or learning environments, particularly when managing issues locally, in order to ensure alignment with this Guideline. We recognize that many issues will be appropriately managed at a departmental or hospital level; these should be addressed in a manner that upholds the frameworks, definitions, processes, and principles for managing learner mistreatment as outlined in this Guideline.

B. Guiding Principles

The Postgraduate Medical Education program considers the following principles to be relevant to the disclosure/reporting and subsequent review process:

- **Learner safety, trauma-informed approaches, well-being and support:** Any experience of mistreatment may be extremely stressful. Throughout the disclosure/reporting process the approaches taken will be trauma-informed, with utmost care taken to minimize further harm or stress to the learner; to limit - to the extent possible - the number of times a learner has to re-share their story; and, to protect the learner from retaliation. Learners who disclose/report alleged mistreatment will be offered appropriate physical, emotional and psychological supports.

- **Equity, Diversity, and Inclusion:** This Guideline recognizes that power differentials related to both the inherently hierarchical nature of medical education and to sociodemographic identifiers can influence the learning environment and enable learner mistreatment. These effects are pronounced for learners identifying as Black and Indigenous, under-represented racialized minorities, sexual or gender minorities, minoritized faith groups, and individuals living with a disability, among others. This Guideline has the goal of dismantling systemic barriers that learners face during their training and also supporting learners to achieve resolution of their individual concerns in ways that are EDI-informed. This Guideline is founded on anti-racist, anti-oppressive, and inclusive principles in all aspects of its development and implementation.
- **Fairness:** The University is committed to fairness for all involved in a complaint review process, including for example, ensuring that both complainants and respondents have an opportunity to be heard with impartiality and with protection of their privacy.
- **Distinction between disclosure and reporting:** A disclosure occurs when a complainant conveys information about the conduct of an individual to the University and/or seeks information about options. Reporting is when a complainant conveys information about the conduct of an individual to the University with the intention that the University formally reviews and potentially acts upon the information, which could result in remedial or disciplinary action taken against the individual responsible for the concerning behaviour, or further processes. The decision to disclose and the decision to report are separate decisions made by the learner, except in cases where the University deems it necessary to act upon a disclosure, independent of the learner's intent, including out of health or safety concerns, as required by law, a regulatory body, or a University regulation.
- **Designated points of contact:** Learners will have designated points of contact to disclose/report alleged mistreatment they experienced or witnessed to provide learners with advice and guidance regarding possible next steps to address the concerning behaviour.
- **Confidentiality:** All parties must maintain confidentiality to the extent possible and the privacy of complainant and respondent should be respected. Only those who need to be involved to review the matter, to respond, to provide information about an incident they witnessed, or those who are requested to provide personal support to an involved party, should be informed about the disclosure or report.
- **Anonymity:** We recognize that sometimes learners may feel it is unsafe to report in an identified manner and they may only wish to come forward anonymously. Although we receive anonymous disclosures, (i.e. disclosures made without a requirement that learners provide their identity), the ability to respond to such disclosures/reports is limited and the learner should be aware:
 - that it may be possible for the individual who is the subject of the concern to identify the learner based on their description of the underlying incident(s);
 - that the institution may have a limited ability to respond to an unidentified or anonymous disclosure or report;
 - that the University may be limited in the scope of its review, if the respondent has not had a meaningful chance to respond to the disclosure or report;
 - that the University may be limited in the sanctions that it can impose against the respondent.

We acknowledge that certain groups are under-represented in various programs, which may make learners reticent to report in that they may be more easily identifiable. This will be considered by PGME when deciding on whether to proceed with formal review of an anonymous disclosure. Furthermore, when deciding whether to proceed with a review of an anonymous disclosure or report, the University will also consider whether the issues underlying the disclosure or report are egregious and if there is sufficient information to enable the review. If the University decides to act on an anonymous disclosure or report, the learner(s) who submitted the disclosure/report will not be known and so will be unable to participate in the review process or receive information about its outcome.

C. Categorization and Definitions of Mistreatment

Mistreatment can be defined within the medical education context as intentional or unintentional behaviour that shows disrespect for the dignity of others. Mistreatment can involve a single incident or a pattern of behaviour and can range from subtle gestures and/or comments to egregious actions². Mistreatment may include making remarks of an intimidating or discriminatory nature. Any behaviour involving mistreatment of another person compromises the learning environment.

The Temerty Faculty of Medicine recognizes as harmful all of the behaviours and actions that are deemed unacceptable under one or more of the statements, policies, protocols, codes, and standards referenced below and listed in **Appendix A**.

For the purposes of this Guideline, mistreatment is categorized as follows:

- i. Unprofessional behaviour
- ii. Discrimination and discriminatory harassment
- iii. Sexual violence and sexual harassment

Behaviours that fall under the discrimination and discriminatory harassment or sexual violence and sexual harassment categories are considered in principle to be unprofessional. However, they are presented as discrete mistreatment categories since they are defined and addressed through specific policy and procedure documents, as summarized below.

The examples provided throughout the Guideline are not exhaustive and are not intended to represent the spectrum of behaviours that may be considered mistreatment.

¹ Association of American Medical Colleges (AAMC)

Any learner or other Temerty Faculty of Medicine community member who witnesses behaviour that they perceive as or suspect to be mistreatment can disclose/report the concerning behaviour, as outlined below in Section D Disclosure/Reporting Procedures, in order to make an informed decision about next steps. PGME encourages all members of the Temerty Faculty of Medicine community, including learners, to practice allyship by disclosing/reporting mistreatment witnessed in the learning environment, even if not experienced directly. Note that the reporter should have more than a superficial understanding of what happened (i.e. direct knowledge of the situation), and the welfare and interests of the person who directly experienced the mistreatment should be a primary consideration.

Definitions

i. Unprofessional behavior³

Unprofessional conduct is demonstrated when a healthcare professional or trainee does not act respectfully towards other physicians, hospital staff, volunteers, trainees, patients and/or their families. Such behaviour has the potential to harm the learning environment. It may include making remarks of an intimidating or discriminatory nature.

- *The Temerty Faculty of Medicine [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#) outlines expectations. Selected examples of unprofessional behavior for Clinical Faculty may include:*
 - Public humiliation;
 - Being subjected to recurring outbursts of anger (e.g. shouting, throwing objects);
 - Being subjected to non-constructive disparaging remarks about the character of another physician / health professional / learner
 - Being subjected to reprisal or a threat of reprisal for bringing a concern forward, where the reprisal is made or threatened by a person in a position to confer or deny a benefit or advancement.
- *Selected examples of unprofessional behavior for PGME learners, as outlined in the University of Toronto [Standards of Professional Practice Behaviour for all Health Professional Students](#) may include:*
 - Committing any act that could reasonably be construed as mental or physical abuse;
 - Failure to work harmoniously with instructors, peers and other health professionals;
 - Failure to maintain appropriate boundaries with patients / clients and other health professionals.

² Key documents with respect to identifying and addressing behaviours that are considered unprofessional include but are not limited to:

- CPSO [Physician Behaviour in the Professional Environment](#) and [Guidebook for Managing Disruptive Physician Behaviour](#)
- CPSO [Professional Responsibilities in Postgraduate Medical Education](#)
- Temerty Faculty of Medicine [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#)
- University of Toronto [Standards of Professional Practice Behaviour for all Health Professional Students](#)
- CPSO [Physician Behaviour in the Professional Environment](#) and [Guidebook for Managing Disruptive Physician Behaviour](#)
- CPSO [Professional Responsibilities in Postgraduate Medical Education](#)

ii. Discrimination and discriminatory harassment

Discrimination under the [Ontario Human Rights Code](#) refers to unequal treatment based on the following protected grounds: age, ancestry, citizenship, colour, creed (religion/faith), disability, ethnic origin, family status, gender expression, gender identity, marital status, place of origin, race, record of offences, sex (including pregnancy and breastfeeding), and sexual orientation. Discrimination can be direct or indirect, subtle or overt.

Learners have the right to freedom from discriminatory harassment, which refers to a course of vexatious conduct based on any of the protected grounds identified in the Ontario *Human Rights Code* that the alleged perpetrator knows, or ought reasonably to know, to be unwelcome.

Selected examples of discrimination and discriminatory harassment include:

- Being subjected to offensive remarks/names related to or based on any of the protected grounds identified in the Ontario *Human Rights Code*;
- Being denied opportunities for training or rewards based on any of the protected grounds identified in the Ontario *Human Rights Code*;
- Receiving lower evaluations/grades based on any of the protected grounds identified in the Ontario *Human Rights Code*;
- Being subjected to reprisal or a threat of reprisal for bringing a Human Rights concern forward, where the reprisal is made or threatened by a person in a position to confer or deny a benefit or advancement.

Mistreatment under this category also includes ‘micro-aggressions’, which are often unintentional, but experienced as a pattern of snubs, slights, put-downs, and gestures that demean or humiliate individuals based on their belonging to a group, particularly those identified by gender, race/ethnicity, sexual orientation, immigration status, and/or socioeconomic class.

iii. Sexual violence and sexual harassment

According to the University of Toronto [Policy on Sexual Violence and Sexual Harassment](#):

- Sexual violence includes any sexual act or act targeting a person’s sexual orientation, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened, or attempted against a person without the person’s consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism, and sexual exploitation;
- Sexual harassment includes but is not limited to engaging in a course of vexatious comments or conduct that is known, or ought to be known, to be unwelcome and is sexual in nature;

Selected examples of sexual violence and sexual harassment include:

- Being sexually solicited or subjected to an advance made by a person in a position to confer or deny a benefit or advancement to the person where the person making the solicitation or advance knows, or ought reasonably to know, that it is unwelcome;
- Being subjected to reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance, where the reprisal is made or threatened by a person in a position to confer or deny a benefit or advancement;
- Being subjected to sexist remarks/names;
- Being subjected to sex-related comments about physical appearance or actions.

D. Disclosure/Reporting Procedures

If a learner feels comfortable, willing, and judges that it is safe to do so, they may choose to approach the individual responsible for the concerning behaviour and communicate their concerns with the goal of ending the behaviour. This approach recognizes the important role of collegial conversation in the PGME community and emphasizes the principle of addressing problems locally wherever possible. However, if such a conversation is inappropriate in the circumstances (e.g., it has previously been ineffective, or if more support is required due to a significant power imbalance) then we recognize that a learner may choose to disclose their concerns to someone in the University of Toronto community who is not named in this document and who may not be in a position to act on the disclosure. These individuals should either refer the learner to Designated PGME Program Leaders for further support and resources or contact the Designated PGME Program Leaders directly for consultation on how to manage the situation locally in ways that are in alignment with this Guideline.

i. Who to Contact: Designated PGME Program Leaders

Learners may disclose an incident of alleged mistreatment to departmental / program or hospital leadership including (but not limited to) Program Directors, Site Education Leaders, Vice Chairs of Education, Chief Residents, or directly to a Designated PGME Program Leader. For the purposes of this Guideline, the term “Designated PGME Program Leader” refers to the following individuals, who are officially designated to receive and discuss disclosures/reports from PGME learners regarding any behaviour experienced or witnessed that a learner perceives or suspects as being mistreatment. These designated PGME leaders include the:

- Director, Learner Experience (MD and PGME)
- Associate Dean, Postgraduate Medical Education (PGME)⁴

Contact information for the Designated PGME Program Leaders is provided on our Temerty Faculty of Medicine Learner mistreatment webpages.

³ The Director of Learner Experience or Associate Dean PGME may delegate management of a learner concern based on learner request, conflict of interest, volumes, or expertise of another program leader

When a learner contacts an individual other than a Designated PGME Program Leader, the individual receiving the disclosure should make the learner aware of this Guideline and:

- Inform the learner that they may contact a Designated PGME Program Leader (as per above), or
- Proceed to manage the situation locally (See Section F below for applicable procedures), and contact a Designated PGME Program Leader if there are any questions related to how this Guideline applies in the local management of learner concerns.

ii. How to Disclose/Report

The Disclosure Form (DF) is an online tool that learners can use to provide information to a Designated PGME Program Leader regarding any behaviour experienced or witnessed that the learner perceives as or suspects to be mistreatment. The PGME Program, via a designated PGME Program Leader, will strive to promptly contact the learner to initiate a discussion regarding the behaviour, possible next steps, and supports.

Learners have the option to disclose anonymously (i.e. without the requirement that they provide their identity) information regarding mistreatment they have experienced or witnessed to a designated PGME Program Leader, with the understanding that doing so is subject to the limitations outlined above.

Designated PGME Program Leaders can also be contacted through more traditional communication, such as email, telephone, and in-person communication. Written submissions (including by e-mail) should be clearly dated and labelled “Confidential disclosure for the attention of “Dr.” to ensure priority review. Contact information for the Designated PGME Program Leaders, as well as other supports, is provided on the Learner mistreatment webpages.

Learners also have the option of providing information regarding experienced or witnessed concerns on course and teacher evaluation forms. While every effort is made to review evaluation forms in a timely manner, learners should be encouraged to make disclosures or reports through a DF or through a Designated PGME Program Leader.

E. Next Steps Following a Disclosure/Report

Procedures and Principles following a Disclosure/Report.

1. The PGME Program will strive to review all DFs and clearly labelled written submissions to a Designated PGME Program Leader in a timely manner and contact the learner within 7 business days to initiate a plan for a discussion (if the learner provided their identity on submission).
2. During the initial discussion with the learner, the designated PGME Program Leader should inform the learner:
 - about this Guideline and how to access it, along with any other applicable University policies and procedures (if known, based on the information provided in the DF; otherwise, this information can be provided to the learner in a subsequent communication);
 - about the supports that are available to them, ensuring that best efforts are made to prioritize the learner’s psychological, social, and physical safety;
 - about the distinction between disclosure and reporting (and gauge the learner’s intent);

- that there could be egregious circumstances triggering the University's obligation to act on a disclosure, independent of the learner's intent to disclose vs. report (e.g., CPSO mandatory reporting, health/safety risk, other requirements at law);
 - about the restrictions associated with confidentiality and anonymity (outlined above);
 - that the University will not tolerate retribution or reprisal towards learners who come forward;
 - that the University works with its affiliated hospitals to determine which party should investigate a complaint, depending on the nature of the issues raised;
 - that the Director of Learner Experience, Associated Dean PGME, or Designate is involved in intake and ensuring the learner has adequate supports and resources to decide on next steps. Formal review and investigation, if determined to be necessary, will be undertaken by the relevant hospital and / or University leadership (see Resolution Processes, below);
 - about any relevant referrals if the issues raised clearly fall outside of the University's jurisdiction (e.g. a complaint about a member of the public, or a patient at a clinical site).
3. Following the discussion with the learner, the designated PGME Program Leader may wish to:
- consult with individuals in relevant leadership positions within hospitals and / or the University on a need-to-know basis in order to determine applicable policies (if not already known), to determine primary jurisdiction (hospital vs. University), to coordinate efforts, to provide effective options to the learner;
 - provide referrals to the learner for concerns that must be addressed through an alternative process (e.g., sexual harassment/assault, criminal behaviour, research misconduct, referral to CPSO, complaint that would be more appropriately addressed by a clinical site).

F. Review and Resolution Processes for Reports

Once a learner decides to make a report, a variety of actions may be undertaken depending on the nature and severity of behaviour identified, the individuals involved in the incident(s), the environment in which the incident(s) occurred, and other factors.

For the purposes of review and resolution:

- The “**complainant**” is the person who makes the report (claim) of mistreatment.
- The “**respondent**” is the alleged source of mistreatment within the Temerty Faculty of Medicine against whom a petition (i.e., a report of learner mistreatment) is made. This may be a faculty member, postgraduate learner, or medical student. For respondents outside of the Temerty Faculty of Medicine (e.g. professional from another health discipline, patient or family member) jurisdiction for managing the report will generally fall outside of the Temerty Faculty of Medicine.

Jurisdiction

Where a review or investigation involves another university office outside of the Temerty Faculty of Medicine, PGME will provide ongoing support to the learner and remind learners of other relevant local University resources (i.e. Wellness, Equity Offices, Office of Equity Diversity and Inclusion, Sexual Violence Prevention and Support Centre (SVPSC)) that can provide support.

Where an affiliated hospital is involved in a review or investigation, Departmental/Program leadership or the Associate Dean PGME will contact the VP-Education or equivalent to notify them of the review/investigative process.

The expectation is that relevant matters brought forward under this Guideline are to be addressed by the University with assistance by the Hospital, as appropriate. This Guideline is not intended to address matters that fall within the jurisdiction of the hospital (e.g. patient safety, strictly clinical care, complaints against a hospital employee). In these latter circumstances, the Director of Learner Experience will provide support to the Learner to navigate relevant Hospital procedures.

Departmental/Program-level Review and Resolution

Depending upon the nature of the complaint, reports of mistreatment may be reviewed and resolved at the departmental/program-level. To enable and support an integrated approach across the Temerty Faculty of Medicine, local-level review and resolution of complaints may occur and should operate in accordance with the guiding principles and processes articulated in this Guideline, including the understanding that other policies, guidelines, or processes may apply depending upon the nature of the complaint. Agreed upon resolution actions must be informed by the nature of the complaint, with particular attention paid to impact on the complainant and the learning environment. Any questions about applicable policies, guidelines, and processes can be directed to the Director of Learner Experience to ensure alignment.

There is a spectrum of resolution actions, including discussion and informal awareness building. Examples of resolution actions across this spectrum are included in **Appendix B**, including actions that require consultation with the Director of Learner Experience, decanal leadership, and other sources of advice at the University of Toronto.

Departmental/program-level leadership will work in partnership with the Director of Learner Experience and decanal leadership to review the complaint and determine the appropriate resolution process if:

- the complaint falls under the jurisdiction of other University offices (e.g. Research Oversight, Sexual Violence, Conflict of Interest, etc.);
- agreement is not reached between departmental/program-level leadership and the respondent regarding whether the complaint is substantiated and/or appropriate resolution;
- departmental/program-level leadership believes that resolution actions should involve discipline, revocation or restriction in rights or entitlements of the respondent (including relating to promotion, awards and/or other University appointments).

If departmental/program-level leadership determines that the complaint is not substantiated, the department/program will notify the complainant of this determination. The complainant may speak with the Director of Learner Experience to discuss next steps.

If the learner is not satisfied with the resolution actions, the complainant may speak with the Director of Learner Experience to discuss next steps.

Hospital-level Review and Resolution

Hospital-level review and resolution may be undertaken for complaints falling under the hospital's jurisdiction (e.g. Patient safety, strictly clinical care, complaints against a hospital employee, see **Jurisdiction** above). If any complaints arise that involve a learner as a complainant or respondent, this should be managed through the educational unit of the hospital, in collaboration with PGME. Any questions about applicable policies, guidelines, and processes can be directed to the Director of Learner Experience to ensure alignment.

PGME Investigations

Establishing the Investigative Committee

When it is determined that an investigation is necessary and appropriate, the following steps will be taken:

- a) The Associate Dean PGME will designate a Chair of the investigative committee, and together they will determine membership for the investigative committee.
- b) PGME will strive to establish an investigative committee within 30 days when a decision is made that an investigation is required. Where appropriate, this will be a joint committee with representatives from both the applicable hospital site and the University. The membership of the investigative committee will be submitted for information to the Director of Learner Experience.
- c) Where possible, the investigative committee must strive to be inclusive of members from equity-deserving groups. It is expected that all members of the investigative committee undertake unconscious bias training prior to the first meeting, and the Chair of the committee is responsible for ensuring all committee members attest to its completion. The committee will convene in advance of commencing the investigation to review procedures and clarify the goals and required output (a report) of their work.
- d) The investigation will include meeting with the complainant, the respondent, and with willing participants who have evidence about the allegations (witnesses). The committee may also consider other evidence such as documents and communications.
- e) In meeting confidentially with the **complainant**, the committee will:
 - i. Summarize the procedure that will be followed for investigating the complaint;
 - ii. Provide information about relevant policies and procedures to be followed for investigating the complaint;
 - iii. Reassure the complainant that they will be given full opportunity to state their case and present relevant evidence with the right to a representative (e.g. faculty mentor or other support person);

- iv. Advise the complainant of their right to have a PARO representative accompany them, if applicable, to meetings;
 - v. Remind the complainant of steps that PGME takes to protect the complainant against retaliation.
- f) In meeting with the **respondent**, the committee will:
- i. Inform them that there has been a complaint and summarize its content;
 - ii. Provide information about relevant policies and procedures to be followed for investigating the complaint, including the mandate and scope of the investigative committee;
 - iii. Reassure the respondent that they will be given full opportunity to state their case and present relevant evidence with the right to a representative (e.g. PARO if applicable for a PGME learner; Clinical Faculty Advocate, if a clinical faculty member);
 - iv. Advise them that the University takes seriously any retaliation against or intimidation of the complainant or of anyone connected with the report (e.g., witnesses).

Decision/Outcome of the Investigation

- a) The committee will review all relevant evidence as it relates to the allegations and determine whether there is evidence to support the concerns; if the committee decides that there is insufficient evidence then no further action will be taken unless there is a request for review (see Section G, below).
- b) The committee will write a report, outlining the evidence it considered, the reasons for its decision, and a final determination, including whether any corrective or follow-up action(s) is necessary. The committee will send a letter to the respondent and the complainant with a copy of the report. The University and / or hospital leader with jurisdiction as well as the Director of Learner Experience and University Associate Dean PGME will also receive copies.

The complainant and the respondent will have 10 days after receipt to accept or seek review of the outcome of the investigation.

G. Requests for Review

Following their receipt of the committee's decision, a complainant or respondent may seek a review, in the form of a written request to the Vice Dean, Medical Education, based on grounds that the decision was unreasonable because:

- I. A fair process was not followed; or
- II. Relevant evidence was not taken into consideration when the decision was made; or
- III. The decision could not be supported by the evidence which was considered when it was made.

A request for review is not an opportunity to re-hear a report of mistreatment, rather it is a review of the decision that was made to ensure that a fair process was followed during the initial review.

If a review relates to a jurisdiction outside of the University, the complainant will be referred to the appropriate body with oversight (e.g., Hospital leadership).

Members of the University community retain the right to bring an application directly to the Human Rights Tribunal of Ontario in appropriate matters.

H. Relationship Between the University and Hospital

The University and hospital are governed by existing affiliation agreements and these will be respected and upheld in the application of this Guideline. Review and management of learner concerns will comport with these existing University and hospital affiliation agreements vis-à-vis information sharing.

In particular, sexual harassment/sexual abuse incidents must be reported to the University of Toronto Sexual Violence Prevention and Support Centre (SVPSC).

I. Institutional Responsibility: Tracking, Analyzing, and Addressing Trends

The Director of Learner Experience is responsible for oversight and implementation of this Guideline and holds primary responsibility for the tracking of allegations of mistreatment disclosures/reports by PGME learners. The Director along with the Associate Dean, PGME are also jointly responsible for identifying concerning rates or trends in mistreatment within our learning environments, in collaboration with partners such as University departments, hospital affiliates, the decanal team, and others.

The tracking and storage of documentation pertaining to disclosures/reports of mistreatment by PGME learners will be in accordance with university policy and the Freedom of Information and Protection of Privacy Act (FIPPA).

The Director of Learner Experience will coordinate the production of an annual report that summarizes the frequency and spectrum of alleged mistreatment disclosures / reports by PGME learners, including the types of resolutions. To inform the production of this annual report, departmental/program-leadership will provide the Director of Learner Experience with de-identified data regarding incidents reviewed locally. Any data included in the annual report will be conveyed in an anonymous and aggregated manner to ensure that individuals (complainants and respondents) are not identifiable.

Appendix A

Relevant Statements, Policies, Guidelines, Codes and Standards

- [Ontario Human Rights Code](#)
- University of Toronto:
 - [Statement on Human Rights](#)
 - [Statement on Prohibited Discrimination and Discriminatory Harassment](#)
 - [Policy on Sexual Violence and Sexual Harassment](#)
 - [Protocol with Health Care Institutions: Sexual Violence and Sexual Harassment Complaints involving Faculty Members and Students of the University of Toronto arising in Independent Research Institutions, Health Care Institutions and Teaching Agencies](#)
 - [Code of Student Conduct](#)
 - [Standards of Professional Practice Behaviour for all Health Professional Students](#)
 - [Policy with Respect to Workplace Harassment](#)
 - [Policy with Respect to Workplace Violence](#)
 - [Policy on Conflict of Interest and Close Personal Relations](#)
 - [Human Resources Guideline on Workplace Harassment and Civil Conduct \(Civility Guideline\)](#)
 - [Terms of Reference of the Office of the Ombudsperson](#)
- Temerty Faculty of Medicine:
 - [Faculty of Medicine Diversity Statement](#)
 - [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#)
 - [Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education](#)
 - [Principles Resolution of Resident Disagreement with Attending Physician or Supervision](#)
 - [Postgraduate Trainee Health and Safety Guidelines](#)
 - [Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education](#)
- College of Physicians and Surgeons of Ontario (CPSO):
 - [Physician Behaviour in the Professional Environment](#) and [Guidebook for Managing Disruptive Physician Behaviour](#)
 - [Physician Behaviour in the Professional Environment](#)
 - [Professional Responsibilities in Postgraduate Medical Education](#)
 - [Guidelines for Supervision](#)
- Canadian Medical Association (CMA)
 - [CMA Code of Ethics and Professionalism](#)

Appendix B

Review and Resolution Processes

Review and management of a report may include, but is not limited to, one or more of the following actions (at the discretion of leadership who are tasked with acting on a report):

- Referral to another University process or body, as appropriate;
- Informal conversation by a University and/or hospital leader with the respondent with the aim of encouraging self-awareness and self-reflection;
- Referral for mentoring, coaching, or education (for example, Center for Faculty Development, Canadian Medical Protective Association);
- Written reflection or apology from the respondent;
- Confidential, mediated discussion or resolution between the respondent and the complainant. This approach recognizes the role of collegial conversations in the PGME community, but this must take into account the power imbalances that exist in our clinical and learning environments. A mediator who is acceptable to both parties may be appointed to work towards a resolution. Learners can ask PARO representatives to accompany them;
- Notification to applicable regulatory body;
- Temporary or permanent change to teaching, research, or leadership duties;
- Termination of Academic Appointment;
- Notification to campus police or law enforcement.

Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media¹

Source: Faculty of Medicine

<https://pg.postmd.utoronto.ca/wp-content/uploads/2020/05/2020-Guidelines-for-Appropriate-Use-of-the-Internet-Electronic-Networking-and-Other-Media.pdf>

Date of original approval: 2008

Date of last revision and approval: PGMEAC April 2008; HUEC June 2008

Date of review: 2020

These Guidelines apply to all medical learners registered at the Faculty of Medicine at the University of Toronto, including undergraduate and postgraduate students, fellows, clinical research fellows, or equivalent. Use of the Internet, Electronic Networking and Other Media includes posting/commenting on blogs; direct messaging (DM), instant messaging (IM), private messaging (PM) on social networking sites; posting to public media sites, mailing lists and video-sites; and emails.

The capacity to record, store and transmit information in electronic format brings specific responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, institutions and practices. Significant educational benefits can be derived from this technology and learners need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institutions. Guidance for medical learners and the profession in the appropriate use of the Internet, Electronic, Networking and Other Media publication is necessary to avoid problems while maintaining freedom of expression. The University of Toronto is committed to maintaining respect for the core values of freedom of speech and academic freedom.²

Postgraduate learners are reminded that they must meet multiple obligations in their capacity as university students, as members of the profession and College of Physicians and Surgeons of Ontario (CPSO), and as employees of hospitals and other institutions. These obligations extend to the use of the Internet, Electronic, Networking and Other Media at any time – whether in a private or public forum.

Undergraduate medical students are reminded that they must meet multiple obligations in their capacity as university students and as future members of the profession. These obligations extend to the use of the Internet, Electronic, Networking and Other Media at any time – whether in a private or public forum.

These Guidelines were developed by reference to existing standards and policies as set out in the *Regulated Health Professions Act*, the *Medicine Act* and *Regulations*, CPSO *The Practice Guide: Medical Professionalism and College Policies*,

¹ Internet, Electronic, Networking and Other Media means and devices includes emails sent or received, email accounts, digital music, digital photographs, digital videos, social networks, file sharing accounts, other online accounts and similar digital items which currently exist or may exist as technology develops, regardless of the ownership of a physical device or digital item that is stored

² <https://governingcouncil.utoronto.ca/secretariat/policies/freedom-speech-statement-protection-may-28-1992>

September 2007, the *Standards of Professional Practice Behaviour for all Health Professional Students* [the Standards] and the *Policy on Appropriate Use of Information and Communication Technology*.

Medical learners are also subject to the *Personal Health Information and Privacy Act* as “health information custodians” of “personal health information” about individuals.

General Guidelines for Safe Internet Use:

These Guidelines are based on several foundational principles as follows;

- The importance of privacy and confidentiality to the development of trust between physician and patient,
- Respect for colleagues and co-workers in an inter-professional environment,
- The tone and content of electronic conversations should remain professional.
- Bloggers are personally responsible for the content of their blogs.
- Assume that published material on the Web is permanent, and
- All involved in health care have an obligation to maintain the privacy and security of patient records under *The Personal Health Information Protection Act [PHIPA]*, which defines a record as: “information in any form or any medium, whether in written, printed, photographic or electronic form or otherwise.”³

a) Professional Behaviour

Medical learners will engage in behaviour that displays and reflects truth, honesty, representation in, on and around electronic platforms and/or devices. Medical learners are to engage only in on-line activities that are respectful and exemplify professional behaviour that would preclude cyberbullying.

Such activities may breach the University’s codes of behaviour regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and Discriminatory Harassment.⁴

b) Posting Information about Patients

Never post personal health information about an individual patient.

Personal health information has been defined in the PHIPA as any information about an individual in oral or recorded form, where the information “identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.”⁵

These guidelines apply even if the individual patient is the only person who may be able to identify him or herself on the basis of the posted description. Learners should ensure that anonymised descriptions do not contain information that will enable *any* person, including people who have access to other sources of information about a patient, to identify the individuals described.

³ *Personal Health Information Protection Act*, S.O. 2004 C. 3, s. 2.

⁴ See *University of Toronto*, <https://governingcouncil.utoronto.ca/sites/default/files/import-files/ppjul0120024733.pdf> ; <https://governingcouncil.utoronto.ca/sites/default/files/import-files/ppnov2519974827.pdf> ; <https://governingcouncil.utoronto.ca/sites/default/files/import-files/ppmar3119944776.pdf>

⁵ *Personal Health Information Protection Act*, S.O. 2004, C. 3 s. 4.

Exceptions that would be considered appropriate use of the Internet, Electronic, Networking and Other Media

It is appropriate to post:

1. With the express consent of the patient or substitute decision-maker.
2. Within secure internal hospital networks if expressly approved by the hospital or institution. Please refer to the specific internal policies of your hospital or institution. ⁶
3. Within specific secure course-based environments⁷ that have been set up by the University of Toronto and that are password-protected or have otherwise been made secure.

Even within these course-based environments, participants should

- a. adopt practices to “anonymise” individuals;
 - b. ensure there are no patient identifiers associated with presentation materials; and
 - c. use objective rather than subjective language to describe patient behaviour. For these purposes, all events involving an individual patient should be described as objectively as possible, i.e., describe a hostile person by simply stating the facts, such as what the person said or did and surrounding circumstances or response of staff, without using derogatory or judgmental language.
4. Entirely fictionalized accounts that are so labelled.

c) Posting Information About Colleagues and Co-Workers

Respect for the privacy rights of colleagues and coworkers is important in an interprofessional working environment. If you are in doubt about whether it is appropriate to post any information about colleagues and co-workers, ask for their explicit permission – preferably in writing. Making demeaning or insulting comments about colleagues and co-workers to third parties is unprofessional behaviour.

Such comments may also breach the University’s codes of behaviour regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and Discriminatory Harassment.⁴

d) Professional Communication with Colleagues and Co-Workers

Respect for colleagues and co-workers is important in an inter-professional working environment. Addressing colleagues and co-workers in a manner that is insulting, abusive or demeaning is unprofessional behaviour.

Such communication may also breach the University’s codes of behaviour regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and Discriminatory Harassment⁴

e) Posting Information Concerning Hospitals or other Institutions

Comply with the current hospital or institutional policies with respect to the conditions of use of technology and of any proprietary information such as logos or mastheads.

Medical learners must not represent or imply that they are expressing the opinion of the organization. Be aware of the need for a hospital, other institution and the university to maintain the public trust. Consult with the appropriate resources such as the Public Relations Department of the hospital, Postgraduate or Undergraduate Medical

⁶Faculty, instructors and postgraduate learners are reminded that portable devices are not necessarily secure, and that confidential patient information should not be removed from the hospital.

⁷ Faculty and instructors are reminded that they must use a secure environment provided by the University.

Education Office, or institution who can provide advice in reference to material posted on the Web that might identify the institution.

d) Offering Medical Advice

Do not misrepresent your qualifications.

Postgraduate learners are reminded that the terms of their registration with the College of Physicians and Surgeons of Ontario limits the provision of medical advice within the context of the teaching environment. Provision of medical advice by postgraduate medical learners outside of this context is inconsistent with the terms of educational registration.

e) Academic Integrity extends to the appropriate use of the Internet, Electronic, Networking and Other Media

The University of Toronto's Code of Behaviour on Academic Matters contains provisions on academic dishonesty and misconduct.⁸

These provisions may be breached by sharing examination questions, attributing work of others to oneself, collaborating on work where specifically instructed not to do so, etc.

f) Penalties for inappropriate use of the Internet, Electronic, Networking and Other Media

The penalties for inappropriate use of the Internet include:

- Remediation, dismissal or failure to promote by the Faculty of Medicine, University of Toronto.
- Prosecution or a lawsuit for damages for a contravention of the *PHIPA*.
- A finding of professional misconduct by the College of Physicians and Surgeons of Ontario.

Enforcement

All professionals have a collective professional duty to assure appropriate behaviour, particularly in matters of privacy and confidentiality.

A person who has reason to believe that another person has contravened these guidelines should approach his/her immediate supervisor/program director for advice. If the issue is inadequately addressed, he/she may complain in writing to the Vice-Dean, MD Program, Vice-Dean, Post MD Programs or Associate Dean Postgraduate Medical Education or to the CPSO through a designated process.

Complaints about breaches of privacy may be filed with the Information and Privacy Commissioner/Ontario.

⁸ See University of Toronto, <https://governingcouncil.utoronto.ca/sites/default/files/2019-08/Code%20of%20Behaviour%20on%20Academic%20Matters%20July%202019.pdf>

See Code s. Bi for the list of academic offences, Appendix A s. 2(d) for the definition of “academic work” and s. 2(p) for the definition of “plagiarism” for the purpose of the Code.

References:

College of Physician and Surgeons of Ontario:

CPSO Social Media Appropriate Use by Physicians

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Statements-Positions/Social-Media-Appropriate-Use-by-Physicians>

CPSO *The Practice Guide: Medical Professionalism and College Policies*, September 2007

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Practice-Guide>

CPSO Physician Behaviour in the Professional Environment #4-07, November 2007.

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Physician-Behaviour-in-the-Professional-Environment>

CPSO Confidentiality of Personal Health Information #8-05, November 2005

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Confidentiality-of-Personal-Health-Information>

University of Toronto:

University of Toronto Standards of Professional Practice Behaviour for Health Professional Students

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppsep012008i.pdf>

Policies on workplace harassment:

<https://governingcouncil.utoronto.ca/secretariat/policies/workplace-harassment-policy-respect-october-26-2017>

Appropriate Use of Information and Communication Technology

<https://www.provost.utoronto.ca/planning-policy/information-communication-technology-appropriate-use/>

Code of Behavior on Academic Matters

<https://governingcouncil.utoronto.ca/sites/default/files/2019-08/Code%20of%20Behaviour%20on%20Academic%20Matters%20July%202019.pdf>

Personal Health Information Protection Act

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm#BK3 OK

Information and Privacy Commissioner/Ontario

<http://www.ipc.on.ca/>

The Canadian Medical Protection Association (CMPA)

Using electronic communication, protecting privacy

<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2013/using-electronic-communications-protecting-privacy>

Guideline for Standards for Completion of Family Medicine Residency Program

Source: Department of Family and Community Medicine

1. Program Length

- a) The residency program is 24 months in duration. *(Please see policy below regarding Consideration for Reduction in Program Length).*
- b) For residents who have transferred into the Family Medicine residency program from another postgraduate training program, the expectation is that 24 months of training in Family Medicine will be completed. However, upon review of prior postgraduate training experiences, and on the advice of the Site Director, the Director of Postgraduate Education may grant a transfer resident up to 6 blocks (1 block = 4 weeks) credit for prior training in experiences relevant to Family Medicine. Decisions regarding credit for previous training will be made after the resident has been observed for a minimum of 4 blocks as a Family Medicine Resident. The Director of Postgraduate Education will then apply to the College of Family Physicians of Canada Board of Examinations and Certification on behalf of the resident to obtain approval for a shortened family medicine residency no less than 18 months.
- c) A resident who successfully completes a period of remediation will normally extend his/her program by the length of the remedial period.

2. Educational Experiences

- a) Family Medicine - 8 block months or the equivalent in a longitudinally structured program must be successfully completed. This includes full attendance at half-days back (except while ill, on vacation, teaching practice, etc.).
- b) Core experiences in related areas (including for example, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Emergency Medicine, Psychological Medicine, Geriatric Medicine, Palliative Care, Surgery, Musculoskeletal Medicine etc.) must be successfully completed. The content and design of these learning experiences will be determined by site directors.

3. Assessments:

- a) Residents must receive satisfactory evaluations at the completion of each core learning experience (as defined in 2a and 2b above) and elective experiences (as defined by the Site Director). Residents receiving marginal or unsatisfactory evaluations after partial or full completion of an educational experience may be required to successfully complete remedial experiences, at the discretion of the Site Director and Director of Postgraduate Education, Residency Program Committee and Board of Examiners - Postgraduate Programs.
- b) 3 completed progress reviews with Site Director
- c) Obtain an adequate number of Field Notes in each core family medicine rotation to support Site Directors and supervisors in the completion of ITERs
- d) Residents must generate an adequately complete practice profile by logging all patient encounters in Family Medicine and Teaching Practice using the Resident Practice Profile ("ResPro") tool (procedures to be logged on all rotations)

- e) Residents must successfully complete the required PGCorEd modules.
- 4. Resident Projects
 - a) Residents must attend the Quality Improvement (QI) session and complete a satisfactory QI project.
 - b) Residents must satisfactorily complete the academic project in its written and oral form by the date designated by the Site Director. Projects deemed unsatisfactory may require additional work (at the discretion of the Site Director).
- 5. Resident Evaluations of Learning Experiences/Faculty
 - a) Residents must complete evaluations of faculty and all major learning experiences as required by the POWER Evaluation System.
- 6. Certification in Family Medicine

Trainees in good academic standing will be eligible for the Certification in Family Medicine Examination provided they meet the eligibility requirements of the CFPC.

Updated: July 2019

Guideline for Consideration for Reduction in Program Length

Source: Department of Family and Community Medicine

The Department of Family and Community Medicine's Residency Program Committee has set the family medicine residency program length at 24 months for all residents, regardless of any individual's reason for a leave of absence. Only by exception and under unusual circumstances will the department agree to review or grant a shortened program.

The College of Family Physicians of Canada expects residents to have completed 24 months of training. The residency program in Family Medicine in Canada is shorter than most training programs for Family Medicine throughout the world. Given the complexity of our discipline and training requirements, any consideration for a reduction in program length must be treated seriously. There is a need to ensure optimal training for practice and to maintain program standards and integrity. Thus any requests for this privilege will be considered carefully at the University of Toronto DFCM level through the office of the Director of Postgraduate Education.

Without limiting the scope of the review by the Director of Postgraduate Education, residents should consider the following factors before making application:

1. The resident must demonstrate that undue hardship would be incurred by a requirement to complete the full 24 months of training.
2. The resident will be required to demonstrate exemplary performance throughout the residency program, customarily reflected by in-training evaluations;
3. The core experiences in Family Medicine must be completed;
4. Supportive documentation reflecting contributions of leadership, and strong participation in residency community life would enhance the application;
5. A maternity or paternity leave would not in itself be accepted solely as a reason to be granted a shortened training experience;
6. Under no circumstances will a resident be permitted to complete residency training in Family Medicine in less than 23 months;
7. For residents who have transferred into the Family Medicine residency program from another postgraduate training program, the expectation is that 24 months of training in Family Medicine will be completed. However, upon review of prior postgraduate training experiences, and on the advice of the Site Director, the Director of Postgraduate Education may grant a transfer resident up to 6 blocks (1 block = 4 weeks) credit for prior training in experiences relevant to Family Medicine. Decisions regarding credit for previous training will be made after the resident has been observed for a minimum of 4 blocks as a Family Medicine Resident. The Director of Postgraduate Education will then apply to the College of Family Physicians of Canada Board of Examinations and Certification on behalf of the resident to obtain approval for a shortened family medicine residency no less than 18 months.

Updated: July 2019

Guideline for Part-Time Residency Training Option

Source: Department of Family and Community Medicine

In exceptional circumstances, consideration may be given to the completion of residency on a part-time basis. Due to the unavoidable impact of part-time attendance on the acquisition of educational competencies, particularly those related to continuity of care, it is expected that this will be an exceedingly rare occurrence.

Those interested in part-time training should approach the Postgraduate Program Director for further discussion. Applications will only be considered from residents who are in good standing, and must be reviewed and approved by the Residency Program Committee.

In keeping with the College of Family Physicians' Statement on Part-time and Shared Residency Training, the overall program length is not to exceed 4 years, and any part-time commitment is to be no less than 50% of that of a full-time resident. Any extension beyond these limits requires review by the CFPC Board of Examiners.

Email familymed.postgrad@utoronto.ca

Phone: 416-978-6467

Updated: April 2016

Guideline for Supervision and Direct Observation of Residents in Family Medicine

Source: Department of Family and Community Medicine

A. Definition and Purpose of Supervision:

1. Supervision, defined as the guidance, observation and assessment of residents, serves the dual purpose of a) ensuring safe, high quality patient care, and b) providing appropriate teaching and evaluation of trainees. Supervision is carried out in a graded fashion consistent with the training level and skill of the learner. The provision of graduated responsibility promotes trainee self-confidence while ensuring that standards of care are met and requires that supervisors routinely assess the competence of trainees.
2. Supervision may take place through direct (real time) observation of resident-patient interactions, review of interactions recorded on videotape or audiotape (with explicit patient permission), and/or by discussion and review of patients currently being assessed or previously seen.
3. Supervisors are providers with responsibility in overseeing the education of trainees and are often the most responsible provider (MRP) (unless a senior trainee is providing supervision under an MRP). Allied health professionals may play a role in supervision and feedback in accordance with their expertise.

B. Guidelines for Supervision:

1. Identification and role of the supervising physician:

Whenever a resident provides care to patients, a MRP/supervising physician must be identified for both the resident and patient, and be readily available for advice and assistance.

The level of supervision provided, in terms of degree of involvement with direct patient care, will vary with the nature of the care provided, in addition to the level of training and competence of the resident.

The supervising physician's responsibilities include:

- a) Ensuring that patients receive care that meets current standards.
 - This responsibility is met by reviewing patient care activities (including charting) either during the course of the day or during a designated period of "chart review".
 - Being available to assess patients when required.
- b) Providing teaching and timely feedback to residents, in accordance with program objectives, and involving observation of resident-patient interactions as described below.

2. Trainee Observation:

For the purpose of teaching elements of the doctor-patient relationship, verbal and non-verbal communication skills, and the patient-centered clinical method, and to ensure that patients receive high quality care, observations of resident-patient interactions should be conducted periodically.

Observations may take place in real time using audio-video equipment or direct observation, or through review of previously recorded videotapes or audiotapes of patient encounters.

Observations should occur at periodic intervals over the course of residency to provide an opportunity to measure resident progress and to capture a variety of patient encounters.

To ensure a balanced perspective in teaching and evaluation, two or more Family Medicine supervisors should conduct observations of each resident over the course of training.

3. Clinical Supervision in Family Medicine:

Teacher-learner ratios are approximately 1:3 to 1:4 at Family Medicine Teaching Unit (FMTU) sites. In situations where a 1:1 ratio exists (e.g. teaching practices, preceptor-based teaching sites, some FMTUs), supervisors may see patients concurrent with teaching and supervising responsibilities provided they remain readily accessible.

In situations where more than one resident is being supervised, the supervising physician will not normally participate in patient care or other activities that compete with supervising responsibilities.

4. Resident Assessment:

Residents should be monitored for and assessed on their acquisition of the Family Medicine Competencies.

Field notes are the main source of documented formative feedback for residents. It is the shared responsibility of the resident and supervisor to ensure that an adequate number of field notes are completed throughout the residency program. Field note completion should span the duration of training, capture a variety of feedback parameters and be sufficient in number to support supervisors and Site Directors in the completion of ITERS.

When a supervisor identifies a resident-in-difficulty, in addition to providing timely feedback to the resident, the supervisor should notify the Site Director of their concerns.

5. Supervisor Assessment:

Supervisors are responsible for acting as role models in the provision of professional, patient-centered and collaborative care.

Competence of supervisors will be measured through regular teaching evaluations completed anonymously by learners. Site Chiefs are expected to meet with teachers to review evaluations and take appropriate action in the case of substandard performance.

Updated: August 2019

Guideline for Resident Attendance at Academic Sessions

Source: Department of Family and Community Medicine

1. The academic component of the family medicine residency program is a core requirement of training as outlined in the CFPC “Red Book”.
2. Participation in this curricular component is required for a resident to meet the minimum standards for program completion.
3. Attendance at all local and central academic sessions, in their entirety, will be monitored by the Site Director.
 1. Residents will sign-in at each session
 - At central sessions, residents will sign-in indicating their name and time of arrival, and sign-out indicating their time of departure.
 2. Residents who are unable to attend a session, or who are able to attend only a portion of a session, will notify the Site Administrator in advance by email or other appropriate method. The resident must indicate the reason for their inability to attend.
 - Notification will not be required for residents on vacation, attending teaching practice, a conference, or who have received approval for the absence from their Site Director.
 4. Site Administrators will notify Site Directors of absences for which acceptable explanations have not been received. Site Directors will then liaise with the resident, as appropriate, to further elucidate the circumstances resulting in the absence.
 5. If a resident does not attend a core day or site academic day and has not communicated this to the Site Administrator or Site Director in advance AND with a satisfactory explanation (and in the absence of extenuating circumstances), a resident’s professionalism lapse will be acknowledged in one of the following ways:
 - First occurrence: Results in a mandatory professionalism lapse recorded on a Field Note**
 - Second occurrence: Results in a mandatory 2 in professionalism on a Family Medicine ITER. Consequently, the resident would be presented at the central resident progress review committee.
 - Third occurrence: The resident would be put forward for remediation under Professionalism.

**With the first occurrence, a resident has the option to petition the Site Director to use a vacation day or professional day in lieu of a below level Field Note. Subsequent incidents will be recognized formally as a professionalism lapse as a mandatory 2 in professionalism on a Family Medicine ITER.

Please be aware that professionalism lapses can affect PGY3 program applications and future job opportunities as they are specifically asked about and documented on reference letters.



Guideline for Protected Academic Time

Source: Department of Family and Community Medicine

With respect to the acquisition of core competencies, the academic curriculum is recognized as an important supplement to residents' clinical experiences. As such, the Department of Family & Community Medicine supports freeing residents from their clinical responsibilities to participate in these academic activities.

The following include examples of activities for which "protected time" will be provided:

Academic Half-Days & Core Days

With the exception of residents on Teaching Practices, "away" rotations or post-call, all residents are required to attend Academic Half-Days and Core Days.

Quality Improvement & Resident Academic Projects

In order to support the completion of meaningful QI and academic projects, residents will be provided 20-30 hours (or 5-10 half-days) over the span of the 2 year program. This time will be assigned/allocated based on site-specific preferences (e.g., during academic-half day time, FM block time, etc.).

Chief Resident Duties

Chief residents will be provided with one half-day per month of protected time to complete administrative activities.

Since residents are being relieved of their clinical duties to attend to the activities listed, their punctual attendance and active participation is mandatory. Deviations from this (e.g., unaccounted-for absences during academic half-day time, failure to sign in for Core Days, etc.) will be considered breaches of professionalism and addressed as such.

June 2016

The Family Medicine ‘Medical Expert’ Assessment of Progress (FM-MAP)

Guiding principles and Guidelines for Residents

Revised April 2, 2021

Fok-Han Leung, Associate Program Director – Assessment and Evaluation

Source: Department of Family and Community Medicine

Summary:

The Competency-based Curriculum serves as the backbone for progress testing, called the Family Medicine ‘Medical Expert’ Assessment of Progress (FM-MAP). This in-training examination will test the depth and breadth of a resident’s clinical knowledge and its application. All residents in the program (PGY 1 and PGY 2) are expected to partake in the FM-MAP. The progress tests are administered twice per academic year. Each resident’s score is compared to that of peers and feedback about strengths and areas requiring attention will be provided to each resident.

Change in title

The FM-MAP was previously known as the Family Medicine Mandatory Assessment of Progress. This was to reflect the need for all residents to write the test and to emphasize its importance. Now that the progress test has been in operation for multiple years, and to reflect the policies/recommendations noted below, the FM-MAP will now stand for: Family Medicine – ‘Medical-Expert’ Assessment of Progress. This emphasizes the focus of the progress test on the Medical Expert CanMEDS role, and also does not require a change in the acronym itself.

For residents doing their family medicine rotation during the administration of the FM-MAP:

- Residents will be expected to attend and write the FM-MAP according to the same policies which govern academic half-days (see associated policy for guidance).
- As per academic half-day policy, residents should not be post call
- If residents are post-call, they will have an opportunity to write the FM-MAP during a supplemental day.
- If the residents are not able to write the FM-MAP on the provided day or the supplemental day, they will not be provided another opportunity.
 - Absences (acceptable or otherwise) are governed by the academic half-day policy

For residents doing an off-service rotation during the administration of the FM-MAP:

- The same as above

For residents on teaching practice during the administration of the FM-MAP:

- Residents are not required to return to their base sites to write the FM-MAP. This is intended to be similar to the expectations regarding attendance governing academic half-days.
 - As residents are not required to return to their base sites, travel time and travel funding support will not be provided. (Because the FM-MAP is delivered electronically, geographic location is no longer an impediment)
- Residents are expected to write the FM-MAP on teaching practice – it is the responsibility of the resident to inform their supervisor at the beginning of the rotation to secure protected time in their schedule to write the FM-MAP.

Disclosure of results

Background: The FM-MAP test is a formative (low stakes) assessment, intended to give an indication of progress in the Family Medicine Expert role. The FM-MAP results are a tool to tailor resident studying and future clinical experiences.

- Both the resident and site director will be provided results of the FM-MAP
- Both the resident and site director will be provided a breakdown by domain of individual results
- The site director will be provided the overall score of each resident writing the FM-MAP as well
- The site director will be provided a site-based average with site-based comparators provided.
- The program director and the associate program directors will have access to all the results including raw scores

Use of results

- Aggregate results will be discussed at the following committees when appropriate for the purposes of program evaluation and education scholarship:
 - Resident Programming Committee
 - Joint Evaluation and Curriculum Committee
- Site aggregate results will be used at the indicated site-based committees for program evaluation (informing site directors about domain knowledge and for consideration of improvements to rotations)
- Individual results will be discussed at the following committees when appropriate for the purposes of resident progress:
 - Curriculum Committee
 - Resident Programming Committee
 - Resident Progress Review Committee
- The results, when appropriate, may also be used to inform the creation of, and assessment in, a program of remediation.

A note on proctoring:

- FM-MAP proctoring procedures are to be determined by the site, with guidance from the associate director (assessment and evaluation).
- 'remote' proctoring via webcam/zoom is permitted if determined appropriate by the site (i.e. with adequate resources to monitor)
- Proctors can be physicians, administrative personnel, or other health disciplines.
- Proctors cannot be other trainees.

Guideline for Online Modules for Residents

Source: Department of Family and Community Medicine

Family Medicine Residents are responsible to complete their online modules by each of the DFCM deadline dates below:

DFCM Deadline Dates (PGY-1)	Online Modules
August 31 st	PGCorEd Teaching in Residency Module
October 31 st	VICCTR #1 & #2 Modules
November 30 th	PGCorEd Professionalism Module
January 31 st	VICCTR #3 & #4 Modules
February 28 th	PGCorEd Communicating with and for Patients Module
April 30 th	PGCorEd Patient Safety Module
July 1 st – June 30 th	San'yas Training - Completion by the end of PGY-1 year

DFCM Deadline Dates (PGY-2)	PGCorEd Modules
July 31 st	PGCorEd Collaborator Module
August 31 st	PGCorEd End of Life Care Module
October 31 st	PGCorEd Resident as Leader Module
January 31 st	PGCorEd Health Advocacy and Health Systems Module

Requirements

Completion of these modules according to the DFCM deadlines is a mandatory requirement of the program. Failure to complete the module by the deadline will result in a Field Note noting a professionalism lapse, as per the approved DFCM policy. Repeated failures by a resident to complete the modules on time can result in a “2” in professionalism on a Family Medicine ITER.

Accessing PGCorEd

You can access the modules with your UTORid and Password here: [PGCorED Modules](#)

Accessing VICCTR

You can access the Virtual Care Educational Modules here: [VICCTR Modules](#)

Accessing San'yas Indigenous Cultural Safety Training

For further information on san'yas training, please speak with your Site Administrator.

Contacts:

If you have any PGCorEd modules related questions, please contact pgcoredinfo@utoronto.ca

If you have any VICCTR modules related questions, please contact DFCM.PGCurriculum@utoronto.ca

If you have further questions on the above, please contact familymed.postgrad@utoronto.ca



Guideline for Resident Stipends

Source: Department of Family and Community Medicine

Resident Academic Project Stipends

Residents will receive \$250.00 per year for academic support to be used for educational purposes. An educational purpose includes residents' costs for courses, medical resources, exam materials, medical software and electronic hardware devices excluding cell phones. The unused money will **not** carry forward into the resident's second year.

Also resident is entitled to \$150.00 once to support the resident project.

Original receipts will be required for consideration of funding for academic support.

For further information on claiming the above, please speak with your Site Administrator.

Updated: May 2019



Postgraduate Scholarly Dissemination Fund

Source: Department of Family and Community Medicine

Description

The Postgraduate Scholarly Dissemination Fund is intended to assist up to two residents supervised by DFCM faculty to present scholarly work at national and international conferences. The application must be for a conference that has not taken place at the time of submission. Applicants may request funding for travel, accommodation, and other reasonable and related expenses in accordance with the University of Toronto's [Travel and Other Reimbursable Expenses Policies and Guidelines](#). Conference registration fees will not be funded.

Eligibility

- Must be current University of Toronto (UofT) resident (PGY1, PGY2 or PGY3) supervised by UofT DFCM faculty.
- Must be in good academic standing.
- Residents are not eligible to apply if they have other sources of funding for the conference in question.

Criteria

The body of work should:

- advance Family Medicine or Family Medicine scholarship
- be consistent with DFCM's Strategic Plan <http://www.dfcm.utoronto.ca/strategic-plan>
- promote UofT to an external audience
- contribute to the professional development of the applicant
- be from the current academic year

Travel Safety

Residents attending conferences outside of Canada are responsible for complying with University of Toronto's Safety Abroad Guidelines. Please visit the Safety Abroad website for information <http://safetyabroad.utoronto.ca/>

Application Process

Please submit:

1. A completed application form
2. A letter of support from your DFCM faculty supervisor
3. A copy of the submitted abstract
4. Written notice from conference organizer that your abstract has been accepted for presentation
5. A budget for approval

Application Deadlines

May 15 and September 15 annually. The successful proposal will be determined by lottery following each deadline.

Award Value

Two grants of up to \$500 are available each academic year (Jul 1 - Jun 30)

Selection

Residency Program Committee

Applications

Application packages should be submitted to Elicia Bryant at dfcm.admissions@utoronto.ca



Postgraduate Scholarly Dissemination Fund Application

Name of Applicant:

Date:

Mailing Address:

Email:

Telephone:

Conference Name:

Conference Date(s):

Conference Location:

Type of Presentation (e.g., paper, poster):

Title of Presentation:

Name of DFCM Faculty Supervisor:

Amount of funding requested \$

(Please note that residents are not eligible for funding if they have other sources of funding for the conference).

Please remember to submit supporting documentation:

1. A letter of support from your DFCM faculty supervisor
2. A copy of your submitted abstract.
3. Written notice from conference organizer that your abstract has been accepted for presentation.
4. A budget for approval.

Application packages should be submitted to Elicia Bryant at dfcm.admissions@utoronto.ca

FOR OFFICE USE ONLY

Date application received by DFCM:

Amount approved:

Date approved:

Signed approval of Postgraduate Program Director:

Postgraduate Scholarly Dissemination Fund funded by the Vice-Chair, Education
Scholarship Travel Account
CF 104950 CC 23599

Postgraduate Quality Improvement Curriculum 2023-2024 Quality & Innovation Program

Source: Department of Family and Community Medicine

The postgraduate quality improvement (QI) curriculum aims to better enable family medicine residents to improve quality in primary care.

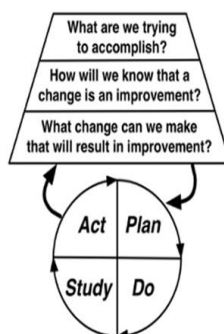
Curriculum Learning Objectives:

- To understand the role of engaging in quality improvement work in realizing the IHI triple aim of better patient outcomes, cost effectiveness and improved patient experience.
- To engage in collaborative, inter professional teamwork to contribute to collective improvements in practice.
- To apply the science of improvement to improve systems of patient care.
- To utilize data in various forms to improve the quality of patient care and optimize patient safety.
- To demonstrate a commitment to improving quality for patients from an individual, team, organization and system perspective.

Curriculum access:

The QI Curriculum is accessible via Quercus - U of T's learning management system. Each academic site has a customized link to their page where all curriculum elements will be available, including links to evaluations.

The curriculum incorporates the **Model for Improvement** supported by the **Pathway to Improvement** which describes the steps required to improve quality.



Curriculum: The curriculum is comprised of three components: 1) a series of self-guided online modules, 2) an application session and 3) a practicum



Introduction 	Patient Engagement 
Improving Equity 	Measuring System Performance 
Using a QI Methodology 	Patient Safety 
Achieving Positive Change 	Pathway to Scholarship 

To preview the self-guided online modules on Articulate Rise, please click this link:

https://rise.articulate.com/share/cv50ccbFnf__poNASyWd5OhyMHta3sia/

Curriculum Practicum:

Family medicine residents are required to complete a QI Practicum during their PGY-1 year. The practicum is designed as an application of knowledge and skills that have been introduced in the curriculum. It is supported by the **Practicum Guide (available on Quercus)**, which provides a framework for the completion of a focused project and guidance for the production of an academic poster.

Evaluation:

Residents will be provided with written feedback from their practicum supervisor.

Residents will also have an opportunity to provide us with feedback on the QI curriculum at the end of the academic year.



“QI skills will help make important changes at the level of my practice. This fits well with how I'd like to continually improve my care throughout my career”

- PGY1 FM Resident 2018

For more information, please contact dfcm.quality@utoronto.ca.

Citation: Patricia O'Brien, Tara Kiran. Improving quality in primary care — a curriculum for postgraduate family medicine trainees. Quality and Innovation Program, Department of Family and Community Medicine, University of Toronto; Toronto, Canada, 2021.

Resident Academic Projects

Source: Department of Family and Community Medicine

Introduction

The Resident Academic Project contributes to the professional development of residents in the CanMEDS-FM scholar role. The purpose of the Resident Academic Project is to facilitate skills development that will be useful to the life-long practicing family physician, and to help them:

- Maintain a lifelong curiosity and interest in improving patient care;
- Understand the tradition of scholarship and the research foundation of family medicine;
- Learn to ask a question and develop a strategy and a project to answer it;
- Enhance their knowledge and understanding of the nature of evidence in clinical medicine and how to apply it to their individual patients and to their practice as a whole.

The specific objectives of **all projects** are to:

- 1) Develop and precisely iterate a question that arises during residency;
- 2) Develop and submit a preliminary project plan;
- 3) Conduct a critical review of the relevant literature;
- 4) Complete the specific objectives of the project chosen (see below);
- 5) Reflect on your findings and its implications for you as a family physician, and for the discipline of Family Medicine;
- 6) Submit a final written report;
- 7) Present your findings and respond to questions at your site's Resident Research Day;
- 8) Consider additional opportunities for dissemination such as conference presentations or distributing findings or tools to stakeholders.

All projects are supported and guided as follows:

- The project must have an identified supervisor who is a faculty member of your Teaching Site;
- An external supervisor can be considered, provided an identified DFCM in-house faculty member is involved;
- You are recommended to work in **groups no larger than 2**
- A budget of \$150 is available for each resident.

Project Formats

It is recommended that you complete your project in one of the following formats:

1a) Research Project Resources (Quantitative)

The Research page on the Central DFCM website provides links to several resources for those interested in doing a quantitative research project or designing research studies. For example, under the "Research Program Resources" link there is a link to "Writing Research Proposals". Within this section, the "Template for writing a grant for a quantitative study" gives an overview of some of the things to consider (e.g. background/literature review, objectives, research questions, hypotheses, study design, participant recruitment, sampling, sample size, intervention/exposure, data collection, variables, data analysis, ethics, time line, budget) and may be a good starting place.

Under the "Preparing a Research Funding Application" link, there are additional links such as the "Ethics submission" link, the "study design" and "statistical analysis" link which provide additional recommendations for texts, articles, websites, and free software that may be helpful. For example, those

interested in conducting surveys are strongly encouraged to read “Internet, Mail, and Mixed-Mode Surveys: The Tailored Design Method” by Don A. Dillman et al.

1b) Research Project Resources (Qualitative)

In addition to the general links provided above on the Central DFCM website, there are additional recommendations for texts, articles and websites that might be helpful for beginning qualitative researchers. While the overall structure of a qualitative research proposal is similar to a quantitative study there are some important differences of which to be aware. For example, qualitative research is considered inductive and researchers do not begin with a hypothesis to test. Sampling is purposive rather than random and sampling continues to a point of saturation rather than a pre-determined statistical size. In addition, having a theoretical framework is essential to the development of a sound qualitative proposal.

2. Quality Improvement (QI)

Residents will be familiar with QI projects through their experience in their PGY1 year. Completing a project for the PGY2 year utilizing the same methodology as in the first year is acceptable providing:

- The project is truly interdisciplinary (includes a nurse, allied professional, and/or administrative staff (or others, including patients) on the QI Project Team
- A staff physician must be part of the QI Team
- The project should demonstrate spread through the organization beyond the first change idea (or pilot) stage. This would normally require multiple PDSA cycles.
- No more than two residents on the project.
- It is acceptable to continue a project from the first year providing the above criteria are met, and reflecting a significantly increased scope of project.

3. Education Scholarship

Education scholarship is a field of study that seeks to gather and understand the evidence behind teaching and learning. This project requires a defined question related to some aspect of resident teaching, either from the perspective of the learner or the teacher.

- Example of question: Are there any best practices established in relation the number of field notes required in a given learning experience?
- Requirements:
 - Conduct a literature search focused on the selected question (ex: key word search; synthesis of information).
 - Identify gaps from the literature search
 - Propose a solution (through a research lens, or QI lens, or develop a large group lecture, small group seminar or workshop that outlines their search, identifies gaps, and suggests some future direction).

4. Community-Oriented Primary Care (COPC)

This format refers to a structured process of developing a population-based program intervention that closes a gap in needed service for the population in question. Residents will identify a population of interest, a specific health issue or outcome and work with an individual, agency or agencies within the community to identify current services, complete a “gap analysis”, design a new program of intervention based on the identified gap(s), and develop a proposed form of evaluation and follow-up. For projects that are larger in scope, the resident project may focus on one of the two parts of this activity:

a) development, conduct and report on a gap analysis with options and recommendations for possible program interventions;

b) based on the community agency's existing needs assessment or gap analysis, undertake a systematic review of the literature for the effectiveness of specific interventions, and design, implement and evaluate a new program of intervention to address the identified needs/gaps.

5. One-pager

One-pagers are competency-based curriculum summaries for family medicine residents. The aim of these one-pagers is to be an aid for the 99 topics in Family Medicine.

- Purpose: to revise the one-pagers with the current up-to-date evidence and information.
- Requirements:
 - synthesizing clinical summaries on key family medicine topics (as described by the CFPC 99 topics),
 - updating the existing documents with recent evidence
 - conducting a thorough systematic review, and documentation of the literature review process
 - creation of 1-2 short answer management problem style questions to help with exam preparation.
- Note: depending on the complexity of the topic covered in the selected one-pager, additional one-pager topics may be addressed by the resident to ensure appropriate/adequate academic rigour is applied to this format of RAP (resident academic project)

6. Other

Independent consideration of individual project plans

Family Medicine Curriculum for Postgraduate Training

The DFCM postgraduate program uses a competency framework. Our competency framework has 4 different levels:

1. Resident readiness competencies
2. Essential competencies
3. Enriched competencies
4. Enhanced competencies

We expect all residents to move from the first level to the second level through their postgraduate training. Residents with a particular area of interest or who have high volume exposures in a particular domain of practice are likely to achieve the third level. The fourth level is aimed towards residents pursuing additional training in a particular domain of practice beyond the core residency program. The levels are described below.

1. Resident readiness competencies
 - Prior to having experience and exposure to clinical rotations, learners are expected to have 'resident readiness' level competencies.
 - **The baseline for starting residency**
2. Essential competencies
 - The 'essential competencies' describe what is expected to be attained during the clinical experiences and exposures of core rotations, i.e. they are the baseline for progression and completion of residency.
 - **The baseline for completing residency**
3. Enriched competencies
 - The 'enriched competencies' describe what is expected to be attained during the clinic experiences and exposures of supplemental rotations.
4. Enhanced competencies
 - The 'enhanced competencies' describe even more rigorous and distilled educationally focused experiences, akin to what might be experienced during fellowship training.

Family Medicine Assessment for Postgraduate Training

The Department of Community Medicine (DFCM) at the University of Toronto provides a twenty-four month training program consistent with the Accreditation Standards of the College of Family Physicians of Canada (CFPC). The goal of the program is to prepare residents to be safe, effective and comprehensive Family Physicians who will meet the needs of their individual patients, communities and society as a whole.

Our training program uses the approach of the CFPC's CRAFT (Continuous Reflective Assessment for Training) document, addressing various assessment activities:

- Frequent low-stakes assessment
- High stakes assessment
- Reflective assessment

Frequent low-stakes assessment

- Electronic Field Notes
 - Provides the foundation of feedback and assessment during family medicine clinical experience.
- Resident Practice Profile (RPP)
 - Logging tool monitors the presentation variety, volume and case mix of clinical experiences at both the resident and site level.
 - Linked to an evidence-based database of clinical topics, the One-Pagers (see Question 8 below); monitors comprehensiveness of clinical exposure.
 - **It is mandatory for trainees to log all of their family medicine encounters as well as applicable 'off-service' procedures.**
- Family Medicine 'Medical Expert' Assessment of Progress (FM-MAP)
 - Progress test twice per year.
 - Multiple choice progress test blueprinted to the competency-based curriculum and designed using a key-features process.
 - Addresses the Family Medicine Expert role with a focus on the clinical reasoning, selectivity, and procedural skill dimensions.
 - **It is mandatory for all trainees to complete the prescribed progress testing**
- Round/Seminar Evaluations
 - Presentations during rounds and at seminars are logged and tracked at the hospital site level.
- Simulated Office Orals (SOOs) Assessment Tool
 - Hospital sites provide practice SOOs to trainees.
 - Emphasis on communication and problem synthesis.
 - Feedback provided to residents.

High stakes assessment

- In-Training Evaluation Reports (ITERS) – done through POWER – see below.
 - End-of-rotation assessment of resident performance.
 - Assesses achievement of the Essential Competencies and the CanMEDS-FM roles.
- PGCORed Modules
 - A series of web-based, self-directed, multi-media modules covering foundational competencies and topics in the CanMEDS 2015 Physician Competency Framework (Resident as Teacher, Professionalism, Communicating with and for Patients, Patient Safety, Collaborator, Advocacy, Resident as Leader, and End of Life Care).
 - Mandatory and a requirement for successful completion of residency.

Reflective assessment

- 6-month Progress Reviews
 - One-on-one meetings every 6-months between a resident and the Site Director or designate.
 - Discuss case mix, general progress, academic achievement, resident academic project and career goals.
 - Reflection prior to meeting required with provided prompts for the resident. Residents reflect on their overall progress and complete a one-paragraph narrative reflection. At the 12 month mark, residents do an additional one paragraph reflection on the hidden curriculum.

Process for Determining Resident Progress Towards the Achievement of Competence:

- Frequent low-stakes assessment
 - Reviewed by site Competence Committee (Teacher Evaluation Meeting)
 - Reviewed at 6-month Progress Reviews
- High stakes assessment
 - Reviewed by site Competence Committee (Teacher Evaluation Meeting)
 - Reviewed at 6-month Progress Reviews
- Reflective assessment

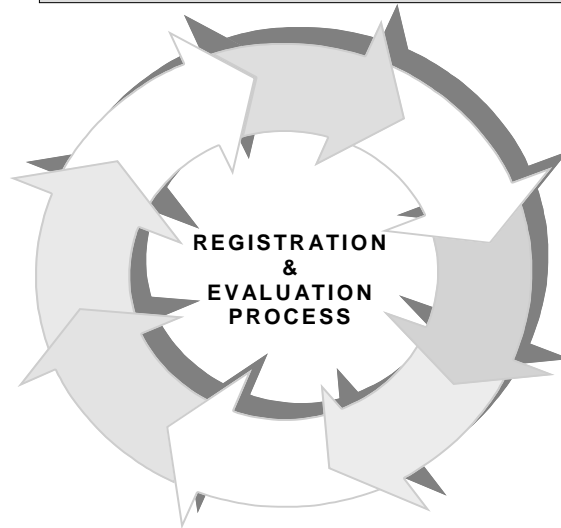
POWER (Postgraduate Web Evaluation and Registration) System <https://pgme.med.utoronto.ca/power/>

- An Internet based Registration and Evaluation service for Postgraduate Medical Education (PGME) trainees enrolled at the University of Toronto, Faculty of Medicine and its associated training hospitals.
- Used to complete ITERs (see above).
- It is the resident's responsibility to obtain completed evaluation forms.
- If no evaluation is entered into the POWER system that rotation will be considered incomplete and you will not have met program requirements.
- Satisfactory clinical performance of your various rotations is required in order to (1) complete the program and (2) be eligible to sit the Certification Examinations of the College of Family Physicians of Canada. **Re-appointment to the next level of trainee and eligibility to sit the CCFP exam may be withheld until program requirements are met.**
- If you have any questions on POWER registration or evaluation system, contact your site administrator.

1. Residents can log in the system by using the PIN and Password provided by the PGME Office at the time of registration. Residents can also get their PIN and Password by clicking on the *Forgot your Password* link on the website log in page.

5. No education system is complete without a commitment to comprehensive evaluation of the trainees, the training program and the teachers.

Full participation by residents in the entire evaluation process is necessary to maintain the continued excellence of the teaching program.



2. For registration purposes Residents are asked to do the following:

- Complete Registration Form
- Resolve outstanding registration requirements (there will be a warning)
- Make payment(s)
- Maintain Personal Data (address and contact information)

4. The Online Electives Catalogue is available through POWER. Residents can log on to POWER click on Search Electives.

To arrange for an elective, Residents need to contact the Elective Supervisor as shown on the catalogue and arrange their elective. In order to update their rotation schedule, Residents are required to provide their site administrator with the name, training site and dates of their electives at least 1 month prior to the start of their elective rotation.

3. For Evaluation purposes Residents are required to login and click on Evaluation Forms and complete the following for each rotation:

- Outstanding Teacher Evaluation
- Outstanding Rotation Evaluation
- Sign off and/or comment on evaluations submitted by rotation supervisor(s)

Residents are also able to view/print their rotation schedule by clicking on Rotation Schedule. If any rotation information is incorrect, for ie. the rotation name, training site and/or training dates residents should contact their site program administrator, who will be able to edit the training information.

Resident POWER Alerts

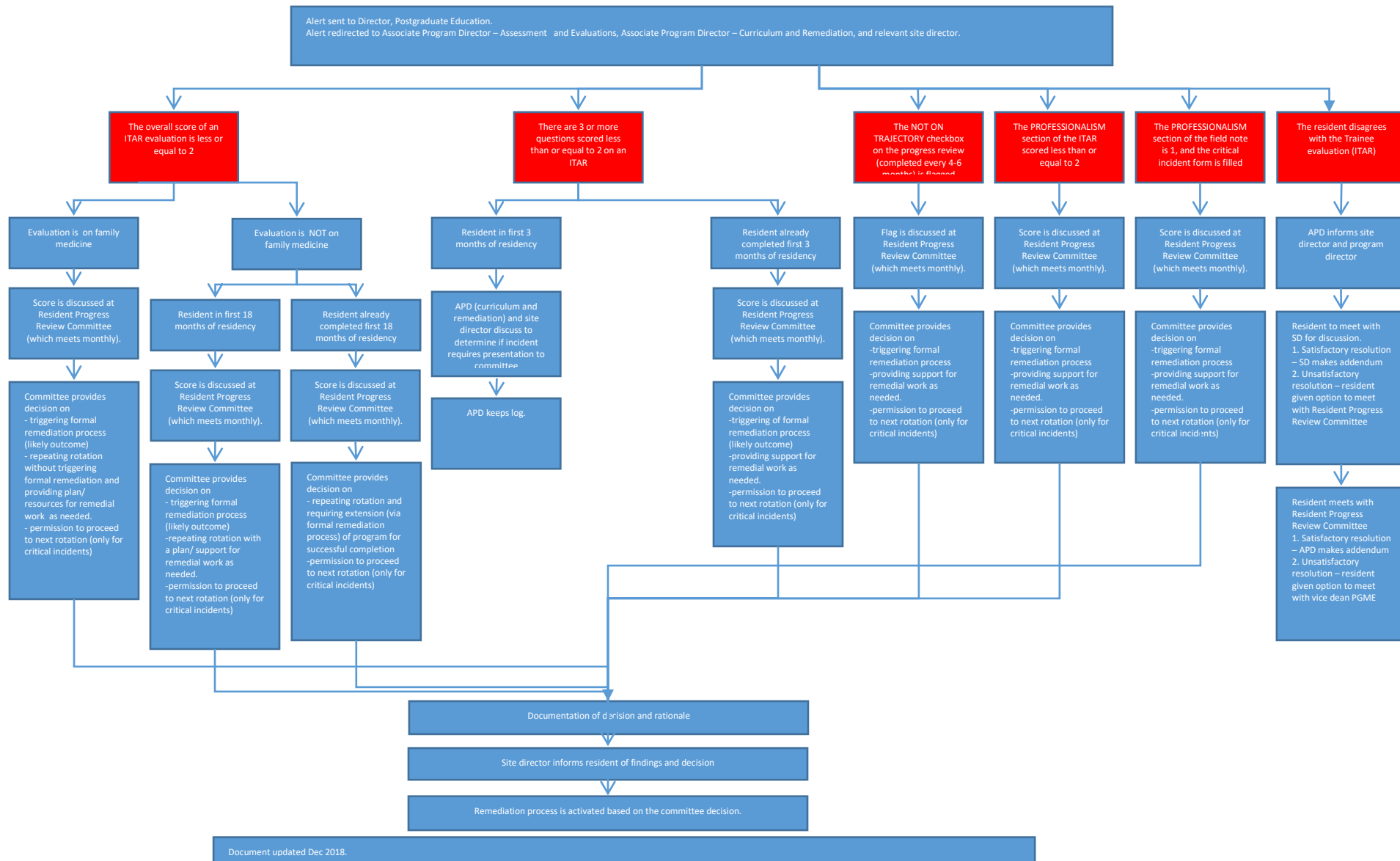
POWER alerts

The POWER evaluation system has been set up to provide alerts to the program director and residency leadership team. These Alerts are then forwarded to your site director. Specific alerts will be triggered for In-Training Evaluation Reports (ITERS) which have

- An overall score of less than or equal to 2
- Scores of less than or equal to 2 in 3 or more subsections
- A score of less than or equal to 2 in the CanMEDS-FM Professional role
- Resident-indicated disagreement with the ITER

The Resident Progress Review Committee (Terms of Reference below) will examine and discuss the details and context of the alert. Alert decisions can range from no action required, development of learning plans, in-person meetings with trainees, or initiation of formal remediation programs.

Resident POWER Alerts - Flow Diagram



Resident Progress Review Committee - Terms of Reference (TOR)

Resident Progress Review Committee- Postgraduate Education

Terms of Reference

Revision date – April 7, 2015

1. Purpose of the Committee

The Resident Progress Review Committee- Postgraduate Education has a mandate to make recommendations to the Residency Program Committee (RPC) on resident progress to be used as part of the Competency-based Education in Family Medicine at the University of Toronto.

2. Role of the Committee:

- 2.1 To support site directors in determining the progress and promotions of their residents.
- 2.2 To review alerts generated from the POWER system, as well as other evaluations of resident progress
- 2.3 To, as appropriate advise the RPC on appropriate action for items reviewed in 2.2
- 2.4 To suggest modifications and enhancements to the POWER alert system.

3. Reporting:

- 3.1 Provides updates to the Residency Program Committee at regularly scheduled RPC meetings.
- 3.2 Provides Alert decision algorithms to all residents and supervisors annually

4. Committee Meetings:

- 4.1 The Committee meets monthly usually on the fourth Tuesday of the month at the departmental office.

5. Membership:

- 5.1 Membership of the Evaluation Committee- Postgraduate Education will consist of:
 - 5.1.1 Director, Postgraduate Education (Chair)
 - 5.1.2 Associate Director, Assessment and Evaluations, Postgraduate Education
 - 5.1.3 Associate Director, Curriculum and Remediation, Postgraduate Education
 - 5.1.4 Associate Director, Admissions and Awards, Postgraduate Education
 - 5.1.5 Site Director (standing member)
 - 5.1.6 Site Director (standing member)
 - 5.1.7 Site Director (of affected resident)



Elective Experiences - Outside the University of Toronto System (Provincial, National, International)

Terminology

For the purpose of this document, “Provincial, National, International Electives” refers to electives conducted outside of the University of Toronto, often in a specific clinical area where equivalent learning opportunities are not available locally and the learning objectives of the resident do not directly pertain to the care of populations made vulnerable by adverse social determinants of health. In contrast, “International Global Health (IGH) electives” refers to electives taking place outside Canada, in a resource-limited setting or with populations made vulnerable by adverse social determinants of health, for the purpose of enhancing competencies that prioritize improving and achieving health equity. To minimize confusion between these two distinct learning experiences, “International Global Health” is often shortened to “Global Health” electives.

Please see separate policies for International Global Health Electives if applicable.

Preamble

The Department of Family and Community Medicine expects that residents will be able to acquire the vast majority of their core educational competencies within the confines of the local program. In the case that a resident wishes to pursue a competency that they cannot acquire locally, away electives may be permitted. Away electives include International Electives or electives within Canada, but outside the University of Toronto System. By definition, away electives preclude residents from participating in their local clinics and often, academic half-days. Applications for away electives may also be considered for the purposes of career exploration; however, these experiences must also allow for the acquisition of specific and relevant clinical competencies.

Eligibility

Residents must be in good standing in order to participate in away electives and residents are strongly encouraged to only consider an away elective during their second year of training. This allows time for residents to establish continuity in their own practices during their first year, to reach a level of competency that optimizes their readiness to learn in new settings and to minimize the level of oversight required by the host community. All away electives will be limited to one block in the PGY-2 year. Residents who feel they have a compelling reason to participate in an away elective in their first year should communicate their request and rationale in writing to their local site director for consideration. At the discretion of the site, an away elective may be granted in the PGY-1 year. The absolute maximum number of away electives that may be granted is one block per academic year.

Supervision

Elective supervisors must belong to a regulated health care profession, be familiar with the requirements of the family medicine residency program at the University of Toronto and be able to provide daily supervision and teaching to the resident. When required, supervisors should also be able to provide support to learners as they integrate into sometimes new and challenging learning environments. Supervisors must also agree to complete an end of rotation evaluation.

Planning

Your safety is paramount. Choose your away elective at a reputable site with a safe clinical and living environment. For example, is there a reference available from a past trainee?

Application & Approval Process

- All electives outside the University of Toronto system require approval by the Site Director and the DFCM Postgraduate Director.
 - Applications are first to be submitted to the Site Director for approval.
 - All requests for elective experiences outside the University of Toronto system require approval by the Postgraduate Program Director after the Site Director has provided approval.
- Applications must be submitted a minimum of 12 weeks prior to the proposed departure date in order to allow sufficient time for review, consideration and approval or rejection. *Residents are advised not to secure travel arrangements or incur non-refundable expenses prior to receiving final approval of their application.*

*A purchased non-refundable ticket will not be considered a compelling reason to receive elective approval.

Application Content

- Residents must provide well thought-out educational objectives for their experience.
- Residents should complete a Learning Plan with their host supervisor in order to clearly define expectations of the experience.
- Residents must complete the timetable in the application in detail including how much on-call time they will be required to cover.

Supervision

Host supervisors must complete Section #3 of the application or substitute a signed letter of intent. Residents may submit their application pending completion of the Supervisor's Declaration in order to prevent unnecessary delays in processing the application.

Mandatory administrative requirements

Residents traveling outside of the University of Toronto system must comply with all registration, licensure and insurance regulations applicable to that particular university/province/country. Residents should note the following:

- You are registered as a postgraduate trainee at the University of Toronto. You should enquire about and fulfill the registration requirements of the host institution.
- A resident's educational license is valid in the Province of Ontario ONLY. For out of province electives within Canada, you must apply to the appropriate authorities for a temporary license in the province you are working in. For International Electives, it is the resident's responsibility to liaise with the host institution to determine if a temporary license is required for the duration of the elective and to fulfill that requirement. You are advised to verify with CMPA that your coverage is valid on this elective. The CMPA does not provide malpractice insurance for practice outside of Canada. Residents should clarify malpractice coverage requirements in the host jurisdiction prior to departure.
- Residents must provide the program information regarding how they can be reached during their stay abroad as per Section #4 (Telephone, fax, address, email).



ELECTIVE EXPERIENCE APPLICATION

Outside the University of Toronto System (Provincial, National, International)

Name: _____ Level: _____ Current Site: _____
Experience: _____ Location of Elective: _____
Dates: _____ to _____ Vacation: _____
Supervisor: _____
Supervisor's University/Hospital Affiliation: _____
Supervisor's Email Address: _____

1. List your specific learning objectives for this experience: _____

2. Outline your schedule during this experience.

(Be specific -- detail teaching in both ambulatory, in-patient and on call responsibility.)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
a.m.						
p.m.						

3. **Supervisor's Declaration: (an email letter of intent may also be substituted)**
- * I agree to provide this resident direct supervision during the experience outlined above and to evaluate the trainee in writing prior to the completion of this experience.

Signature

Date

4. **Resident's Declaration:**

I agree to comply with all registration requirements of the sponsoring University and where required, to acquire appropriate licensure and insurance coverage for the duration of this experience. I further agree to submit an evaluation of this experience on the Postgraduate Web Evaluation and Registration (POWER) system.

- * During this experience I may be contacted at:

Tel: _____ Fax: _____

Address: _____

Email: _____

Signature: _____ Date: _____

 **Approved by:**

Site Director

Date

For DFCM Office Use Only:

University Program Director

Date

Please return this form to Lela Sarjoo
Department of Family and Community Medicine
Temerty Faculty of Medicine, University of Toronto
500 University Avenue, 3rd Floor, Toronto, ON M5G 1V7
Fax: 416-978-8179 ~ Email: familymed.postgrad@utoronto.ca

Updated: April 2023



Electives - International Global Health Electives

International Global Health Electives

Terminology

For the purpose of this document, “International Global Health (IGH) electives” refer to electives taking place outside Canada, in a resource-limited setting or with populations made vulnerable by adverse social determinants of health, for the purpose of enhancing competencies that prioritize improving and achieving health equity. In contrast, “International Electives” refer to electives conducted outside Canada, often in a specific clinical area (addiction medicine, emergency medicine, etc.) where equivalent learning opportunities are not available locally and where the learning objectives of the resident do not directly pertain to the care of populations made vulnerable by adverse social determinants of health. To minimize confusion between these two distinct learning experiences, the first is often shortened to “Global Health electives”.

Background

The Department of Family and Community Medicine is supportive of global health electives for which no similar experience is available locally insofar as they are academically sound, thoughtfully prepared, and adequately debriefed.

The process presented below is intended to support learners in the selection, preparation and debriefing of their global health elective experience.

Eligibility

Residents must be in good standing in order to participate in global health electives abroad. Residents are strongly encouraged to undertake global health electives during their second year of training. This allows time for residents to establish continuity in their own practices during their first year, to reach a level of competency that optimizes their readiness to learn in the global health setting and to minimize the burden of oversight they inevitably bring to the host community. Residents who feel they have a compelling reason to participate in a global health elective abroad in their first year should communicate their request and rationale in writing to their local site director for consideration.

Supervision

Elective supervisors must belong to a regulated health care profession, must be familiar with the requirements of the family medicine residency program at the University of Toronto and must be able to provide daily supervision and teaching to the resident. When required, supervisors should also be able to provide support to learners as they integrate into sometimes challenging learning experiences.

Planning

- The Global Health Program should be contacted as soon as a resident is considering a global health elective, **at least three months before the proposed date of departure**
- **All Global Health Electives must be at least four weeks long, not including vacation.** That is to say, residents are expected to spend four weeks working in the international learning setting. Electives that do not meet this requirement will be declined.

- Residents should familiarize themselves with the Global Health Elective Experience Report Form to be completed within one month of return prior to committing to a global health elective abroad. The form can be found at the end of your application form.
- A date for debrief should be set before departure. Please contact dfcm.globalhealth@utoronto.ca to arrange.
- **Flights should not be purchased** until the elective has been approved by all required parties.
- A purchased non-refundable ticket will not be considered a compelling reason to receive elective approval.

Application & Approval Process

- All global health electives require approval by the site director, the DFCM Global Health and Social Accountability Vice-Chair, and the DFCM postgraduate director.
- Applications must be submitted a minimum of 12 weeks prior to the proposed departure date in order to allow sufficient time for review, consideration, approval or rejection. *Residents are advised not to secure travel arrangements or incur non-refundable expenses prior to receiving final approval of their application.*
- Applications are submitted to the site director for approval. If approved by the site director, the application will then be reviewed by the Global Health and Social Accountability program at the DFCM. Residents **must** contact the Global Health and Social Accountability program dfcm.globalhealth@utoronto.ca in advance to inform them of their plans to arrange.

Application Content

- Residents must provide well thought-out, SMART educational objectives for their experience (Specific, Measurable, Achievable, Relevant and Time). Appendix A provides information to assist residents in defining their objectives.
- Residents are encouraged to complete a Learning Plan with their host supervisor in order to clearly define expectations of the experience. We encourage residents to reflect on the Guiding Principles of Global Health Electives when developing their plans.
- Residents must complete the timetable in the application in detail including how much on-call time they will be required to cover.

Supervision

Host supervisors must complete Section #3 of the application or substitute a signed letter of intent. Residents may submit their application pending completion of the Supervisor's Declaration in order to prevent unnecessary delays in processing the application. However, **final approval of the application will not be granted until the supervisor's Declaration has been received.**

Mandatory administrative requirements

Residents traveling outside of the University of Toronto system must comply with all registration, licensure and insurance regulations applicable to that particular university/province/country. Please note the following:

- Residents are registered as a postgraduate trainee at the University of Toronto. They should enquire about and fulfill the registration requirements of the host institution.
- A resident's educational license is valid **ONLY** in the Province of Ontario

- It is the resident's responsibility to enquire with the host institution to determine if a temporary license is required for the duration of the elective and to fulfill that requirement.
- The CMPA does not provide malpractice insurance for practice outside of Canada. Residents should clarify malpractice coverage in the host jurisdiction prior to departure.
- Residents must provide the program information regarding how they can be reached during their stay abroad as per Section #4. (Telephone, fax, address, email).
- Residents are required to comply with Faculty of Medicine's requirements for pre-departure preparation by completing Pre-Departure Training provided by Post Graduate Medical Education (PGME). More information can be found on their website at http://gh.pgme.utoronto.ca/?page_id=7001
- Residents must forward proof of attendance in the Pre-Departure Training to the Global Health and Social Accountability Program at least 2 weeks prior to departure.
- It is the resident's responsibility to review and adhere to the travel notices issued by the Government of Canada's Travel Advice and Advisories <https://travel.gc.ca/travelling/advisories> and the University of Toronto's Safety Abroad Policies: <https://safetyabroad.utoronto.ca/>

Mandatory Post Return Report and debrief

To consolidate their learning experience residents are expected to fulfill the following post-return requirements:

- a. Submit a Global Health Experience Report Form
- b. Participate in a debrief meeting with the DFCM Global Health and Social Accountability Vice-Chair. A field note will be completed following this conversation.

Please email dfcm.globalhealth@utoronto.ca to schedule a debrief and to submit your post-return report.

Global Health Elective Check list

Getting the ball rolling

Thinking of doing a global health elective abroad? Please review this check list.

- ✓ Check with your site director to confirm that you can start planning.
- ✓ Identify a host institution and supervisor.
- ✓ **At least 12 weeks prior to departure**, contact the Global Health Program (<mailto:dfcm.globalhealth@utoronto.ca>) to inform them of your intent to apply.
- ✓ Contact the host preceptor and:
 - Develop/discuss your educational objectives
 - Fill out the activity and supervision schedule
 - Let them know you need their signature or a letter of commitment to receive approval
 - Enquire about licensing and registration requirements
 - Confirm language requirements
 - Enquire regarding housing and ground transportation on site
- ✓ Submit your completed form to your site director, to be forwarded to the DFCM Global Health and Social Accountability Program and then to the DFCM postgraduate director for final approval.
- ✓ Call the CMPA to clarify coverage

ONCE YOU RECEIVE FINAL APPROVAL

- ✓ Book your flight!
- ✓ Complete the pre-departure training requirements of the Faculty of Medicine

UPON YOUR RETURN

- ✓ Within 4 weeks of leaving your host community, submit your trip report
- ✓ Contact the DFCM Global Health and Social Accountability program to confirm a debrief conversation
- ✓ Receive a field note!

Appendix A

SMART Objectives

Developing SMART Objectives

One way to develop well-written objectives is to use the SMART approach. Developing specific, measurable objectives requires time, orderly thinking, and a clear picture of the results expected from program activities. The more specific your objectives are, the easier it will be to demonstrate success.

SMART stands for

Specific

Measurable

Attainable/Achievable

Relevant

Time bound

Specific—*What exactly are we going to do for whom?*

The “specific” part of an objective tells us what will change for whom in concrete terms. It identifies the population or setting, and specific actions that will result. In some cases it is appropriate to indicate *how* the change will be implemented (e.g., through training). Coordinate, partner, support, facilitate, and enhance are not good verbs to use in objectives because they are vague and difficult to measure. On the other hand, verbs such as provide, train, publish, increase, decrease, schedule, or purchase indicate clearly what will be done.

Measurable—*Is it quantifiable and can WE measure it?*

Measurable implies the ability to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data are identified, and that collection of these data is feasible for your program or partners. A baseline measurement is required to document change (e.g., to measure percentage increase or decrease). If the baseline is unknown or will be measured as a first activity step, that should be indicated in the objective as “**baseline to be determined using XXX database, 20XX.**” The data source you are using and the year the baseline was obtained should always be specified in your objective statement. If a specific measurement instrument is used, you might want to incorporate its use into the objective.

Another important consideration is whether change can be measured in a meaningful and interpretable way given the accuracy of the measurement tool and method.

Attainable/Achievable—*Can we get it done in the proposed time frame with the resources and support we have available?*

The objective must be feasible with the available resources, appropriately limited in scope, and within the program's control and influence.

Sometimes, specifying an expected level of change can be tricky. To help identify a target, talk with an epidemiologist, look at historical trends, read reports or articles published in the scientific or other literature, look at national expectations for change, and look at programs with similar objectives. Consult with partners or stakeholders about their experiences. Often, talking to others who have implemented similar programs or interventions can provide you with information about expected change. In some situations, it is more important to consider the percentage of change as a number of people when discussing impact. Will the effort required to create the amount of change be a good use of your limited resources?

Relevant—*Will this objective have an effect on the desired goal or strategy?*

Relevant relates to the relationship between the objective and the overall goals of the program or purpose of the intervention. Evidence of relevancy can come from a literature review, best practices, or your theory of change.

Time bound—*When will this objective be accomplished?*

A specified and reasonable time frame should be incorporated into the objective statement. This should take into consideration the environment in which the change must be achieved, the scope of the change expected, and how it fits into the overall work plan. It could be indicated as "By December 2010, the program will" or "Within 6 months of receiving the grant,..."

Using SMART Objectives

Writing SMART objectives also helps you to think about and identify elements of the evaluation plan and measurement, namely indicators and performance measures.

An indicator is what you will measure to obtain observable evidence of accomplishments, changes made, or progress achieved. Indicators describe the type of data you will need to answer your evaluation questions. A SMART objective often tells you what you will measure.

A performance measure is the amount of change or progress achieved toward a specific goal or objective. SMART objectives can serve as your performance measures because they provide the specific information needed to identify expected results.

Annex 1



Family & Community Medicine
UNIVERSITY OF TORONTO

GLOBAL HEALTH ELECTIVE APPLICATION

Name: _____ Level: _____ Current Site: _____
Experience: _____ Location of Elective: _____
Dates: _____ to _____ Vacation: _____
Host Supervisor: _____
Host Supervisor's University/Hospital Affiliation: _____
Host Supervisor's Email Address: _____

1. List your SMART learning objectives for this experience:

SMART stands for: **S**pecific, **M**easurable, **A**ttainable/Achievable, **R**elevant, **T**ime bound

Educational Objectives:

You may use another page if necessary.

(Be specific -- detail teaching in both ambulatory, in-patient and on call responsibility.)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
a.m.						
p.m.						

3. **Supervisor's Declaration: (an email letter of intent may also be substituted)**

- * I agree to provide this resident direct supervision during the experience outlined above and to evaluate the trainee in writing prior to the completion of this experience.

Signature

Date

4. **Resident's Declaration:**

- * I agree to comply with all registration requirements of the sponsoring University and where required, to acquire appropriate licensure and insurance coverage for the duration of this experience. I further agree to submit a written evaluation of this experience to my Site Director.
- * During this experience I may be contacted at:

Tel: _____

Fax: _____

Address: _____

Email: _____

Signature _____

Date _____

 **Approved by:**

Site Director

Date

 **For Global Health Electives:**

Reviewed by:

Global Health and Social Accountability Program

Date

For DFCM Office Use Only:

University Program Director

Date

Please return this form to Lela Sarjoo
Department of Family and Community Medicine
University of Toronto
500 University Avenue, 3rd Floor, Toronto, ON M5G 1V7
Fax: 416-978-8179
Email: familymed.postgrad@utoronto.ca

Annex 2



Family & Community Medicine
UNIVERSITY OF TORONTO

GLOBAL HEALTH ELECTIVE EXPERIENCE REPORT FORM

The purpose of this form is to document and reflect on your experience. Return completed forms to Lela Sarjoo familymed.postgrad@utoronto.ca and Jamie Rodas dfcm.globalhealth@utoronto.ca at the DFCM office.

Location of the elective:

Dates of the elective:

Your name and contact information:

Name of Supervisor(s):

Supervisor's contact information (including email if available):

In 3 to 5 pages, please describe your global health elective experience, including the following:

- Briefly describe the elective including patient population seen, responsibilities, amount of supervision etc.
- What were the proposed educational outcomes of the rotation and were they achieved?
- Provide a description and evaluation of the host setting including quality of clinical interaction and supervision, language requirements, openness of the host community to receiving other learners and recommendation to other learners.
- Provide highlights of the experience and a description of how it might inform/benefit your practice in the future.
- Comparison of country's PHC system and services to Canada's, and what Canada can learn from this country and vice-versa.
- If possible, please include pictures of the site.

Updated: September 2022



Family & Community Medicine
UNIVERSITY OF TORONTO

**(Complementary) Horizontal Clinical Training Opportunities in the Family
Medicine Residency Program**

**Department of Family and Community Medicine
University of Toronto
May 31, 2019**

Dr. Ilan A. Fellus, BHSc., MD
Residency Program Committee, First-Year Resident Representative
Dr. Venus Valbuena, B.ScN, MD
Co-President, Family Residents Association of Toronto
Dr. Melissa Graham MD, CCFP, MScCH
Family Medicine Residency Site Director – Credit Valley Hospital

Purpose

The purpose of this document is:

1. To outline the requirements and procedures family medicine residents should take in order to participate in Complementary Horizontal Clinical Training Opportunities at the University of Toronto, outside of their expected training.
2. To promote the role of family medicine residents as independent professional learners.
3. To ensure that site directors, site administrators, and DFCM faculty are informed of the additional extracurricular training opportunities in which their residents are participating.

Definition

Complementary Horizontal Clinical Training Opportunities, or Horizontal Training Opportunities (HTOs) for short, are **optional** clinical training experiences which family medicine residents at the DFCM may undertake in the specialty of their choice (with the below guidelines applied). These opportunities DO NOT fulfill any of the core requirements of the program. Rather, HTOs are meant to allow for residents to complement their family medicine training in areas which they feel are relevant to their current and future practice, in a longitudinal manner.

Background

Continuity, both of patient care and physician education, is a central tenet of family medicine (FM). The Triple C competency-based curriculum, which has been recently implemented in Canadian family medicine residency programs, focuses on continuity of care, education, and providing comprehensive care.¹ Similarly, the College of Family Physicians of Canada has outlined its recommendations for a flexible curriculum and longitudinal learning opportunities in its accreditation guidelines:

“The curriculum should be flexible to allow residents to develop the special skills they will need to practice in widely varied setting. Other medical specialty services offer unique clinical resources that can be used to facilitate and enhance family practice experience. Such experiences need not be provided as blocks of time but can and should be integrated as much as possible into the family medicine context of learning.”²

Notably, the practice of FM physicians working in non-FM specialties, in addition to their usual clinical duties, has been becoming an increasing trend in recent years.³⁻⁴ This may be in part a result of the increasing popularity of enhanced skills programs, as well as the continually expanding role of family physicians.⁴⁻⁶ This has been reflected in work trends, with up to a third of Canadian family physicians choosing to complement their practice with an additional clinical focus.⁷ This trend is expected to continue with future resident cohorts.^{3,5} The value of being proficient in additional specialties has also been recognized as being particularly important when practicing medicine in rural Canadian communities, where family physicians must fill in the gaps left by the lack of other specialists in the area.⁸

Presently, there is no unified policy at the University of Toronto's Department of Family and Community Medicine that addresses the phenomenon of residents implementing additional clinical experiences into their curriculum that are separate from their core rotations. While few sites have outlined principles for residents to undertake horizontal training opportunities, others have no policy in place. In these cases, the resident's site director and faculty may not be aware of the additional clinical work the resident is doing, and the potential effect it may have on their expected duties.

With the guidelines for Complementary Horizontal Clinical Training Opportunities we hope that learners will be able to maintain their continuing educational experiences and enhance their learning during residency at the University of Toronto, particularly in areas which they require and desire additional practice and refinement. This is not only meant to provide residents who intend to practice in a subspecialty additional exposure to that specialty, but also to better prepare learners for a comprehensive family medicine practice. Moreover, having registration and approval procedures for horizontal training opportunities will allow site directors, administrators and faculty to be informed of residents' additional clinical experiences and ensure it does not disrupt their regular professional expectations.

Scope

This document may apply to all DFCM sites, with site-specific modifications as applicable.

Requirements:

1. HTO shifts cannot interfere with the resident's core rotation or family medicine clinic requirements.
2. HTO shifts do NOT qualify for call-stipend
3. ALL shifts must align with PARO scheduling rules (see <http://www.myparo.ca/top-contract-questions/>)
4. All of the above must be approved by the Site Director*, as well as the chief of the department of the specialty in question if it is being completed at a hospital or clinic.**
5. All HTOs must consist of a minimum of 16 hours in order to be credited. Up to 5 HTOs may be done in a year, with up to a total maximum of 80 hours per academic year (combined). A resident may choose to complete all 80 hours within one HTO.
6. HTOs may take place in any medical specialty with a physician associated with the University of Toronto. Learners are encouraged to conduct these in areas in which they feel they could use additional training or exposure to. Learners will be encouraged to pursue these training opportunities first at their local site and if they are not available, at other hospitals/sites associated with the University of Toronto.
7. HTOs may **NOT** be completed at another University.

*The chief of the specialty in question must be notified (where applicable) in order to ensure that core learners who are also on the rotation are not affected;

**The site director may decline a resident's HTO request if there are any concerns for the resident's academic or clinical performance, wellness, burn-out, or professionalism.

Responsibilities of the Trainee

1. The resident is responsible for having a learning plan written with and signed by their HTO preceptor and approved by their site director.
2. Scheduling for the HTO will be determined at the discretion of the site. HTOs must NOT disrupt acquisition of core competencies/duties.

Please Note:

- HTOs are to be used by residents to complement their clinical knowledge and better prepare them to future practice, not replace their current responsibilities.
- If the site director/faculty determines that the resident's regular clinical duties are jeopardized by their HTO, the site director has the right and ability to cancel it, effective immediately. The learner's family medicine clinic and scheduled rotation responsibilities will always take priority over HTOs.
- The site director reserves the right to decline HTOs for reasons as outlined above and for any concerns with regards to the resident's performance and regular duties.

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Application Form: (Complementary) Horizontal Clinical Training Opportunities

The Department of Family and Community Medicine expects that residents acquire the vast majority of their core educational competencies within the confines of their core program. Occasionally, residents may wish to further develop their competencies in other specialties relevant to family medicine. In this case, “Complementary Horizontal Clinical Training Opportunities,” also known as “Horizontal Training Opportunities” or HTOs may be permitted. Applications for HTOs may also be considered for the purposes of career exploration; however, these experiences must also allow for the acquisition of specific, clinical competencies that are relevant to family medicine practice. Please note that HTOs are **optional** and do not fulfill any of the core requirements of the program.

Unless there are exceptional circumstances, HTOs will be limited to a maximum of 5 per year, totalling 80 hours for the academic year. A minimum 16-hour requirement is needed per HTO. Residents may wish to do one or several HTOs. Residents may complete all 80 hours within one HTO if they so choose, although diversity is encouraged.

Planning should begin at least three months in advance. In order to participate in an HTO residents must be in good academic standing and gain the approval of their site directors. HTO supervisors must be licensed physicians, practicing in a hospital and/or clinic associated with the University of Toronto, and be familiar with the requirements of the program.

PLEASE NOTE:

- HTO applications may be declined at the discretion the site directors for reasons including but not limited to: professionalism or academic concerns, difficulties with practice management, or inability of the resident to meet their core competencies based on ITERs/RPP.
- HTOs may **NOT** be done at other Universities.
- A resident's core rotation and family clinic responsibilities **MUST** be prioritized and are **NOT** to be compromised by HTO shifts. IF there are any concerns regarding the resident's performance in their core duties, the site director reserves the right to terminate the HTO effective immediately.

Important Information for Residents: Please Review Carefully

1. Applications must be submitted at least 12 weeks in advance in order to provide sufficient time for review.
2. Applications are to be submitted to the site director for approval. Requests for HTOs do not require approval by the DFCM Program Director.
3. Residents should note that HTO shifts do **NOT** qualify for call-stipend
4. Specific objectives and learning plan for the HTO should be developed with the **HTO supervisor**. This is done in order to define relevant outcome competencies and goals. These will subsequently need to be approved, with possible modifications, by the site director at the time of the application.
5. Residents must complete the timetable in detail including the number, dates, and times for HTO shifts. Residents **MUST** receive approval for shifts from the scheduling coordinator and/or chief of

the department where the HTO in question is completed to ensure their presence will not impede on the learning opportunities of core learners.

6. Residents must contact the coordinator for the hospital/clinic where they will be working to arrange for ID cards, computer access and training as required.
7. ALL shifts must align with PARO scheduling rules (see <http://www.myparo.ca/top-contract-questions/>).
8. Supervisors must complete Section #3 of the application or substitute a signed letter of intent. On occasion, it may be advisable for residents to submit the application pending completion of the Supervisor's Declaration (in order to prevent unnecessary delays in processing the application). Residents are advised to consult with their Site Director.
9. Residents must continue to comply with all applicable registration, licensure and insurance regulations of the University of Toronto, as well as their host hospital/clinic. Residents should contact the registration office at the hospital/clinic to inquire about their registration requirements.

**Complementary Horizontal Clinical Training Opportunities
(*Within the University of Toronto)**

Name: _____ Level: _____
 Experience: _____ Location of HTO: _____
 Dates: _____ to _____
 Supervisor: _____
 Supervisor's Hospital Affiliation: _____
 Supervisor's Email Address: _____

1. Please list your specific learning objectives for this experience. These should be developed with and approved by your HTO supervisor:

Please outline your tentative schedule during this experience.
 (*Minimum of 16 hours per HTO, maximum of 80hrs combined for all HTOs per academic year)

Shift date	Time	Setting (ambulatory/inpatient/ED/other)

Supervisor's Declaration: (an email letter of intent may also be substituted)

I agree to provide this resident direct supervision during the experience outlined above.

Signature

Date

2. Resident's Declaration:

I agree to comply with all registration requirements of the "Horizontal Elective Opportunity" as outlined above as well as the requirements and regulations of the hospital/clinic where I will be working. I understand that undertaking the HTO should not in any way impede my core family medicine and specialty rotation commitments. I am aware that should any concerns arise from my site director, including but not limited to my performance, professional commitments or practice management, the site director reserves the right to terminate the HTO effective immediately.

Signature

Date

 **Approved by:**

Site Director Signature

Date

****Please return this completed form to your Site Director/Program Administrator**

May 2019



DFCM Postgraduate Research Elective Guideline

Background/Purpose

The CanMEDS-FM role of Scholar indicates that family physicians should “demonstrate a lifelong commitment to excellence in practice through: continuous learning and teaching others; gathering, combining, and evaluating evidence; and contributing to the creation and dissemination of knowledge.” The Postgraduate Family Medicine curriculum at the University of Toronto also states that one of the Entrustable Professional Activities in Family Medicine is to “Demonstrate an awareness of the need to become a lifelong learner” for which one of the enabling competencies includes development of basic skills in research and scholarly inquiry. For this reason, there is value in supporting our residents who want to expand their skills in research and scholarly inquiry. In recent years, requests for research electives to foster this skill set have been increasing within our program.

However, with the current 24-month family medicine residency training in Canada, which is the shortest program internationally for family practice residents to develop their clinical competencies, time is limited. Moreover, with the required duty hour restrictions and other necessary protected time, it is also extremely important to ensure that our residents get adequate protected clinical experience to build their clinical competencies and in turn, be able to practice comprehensive family medicine safely.

The purpose of this guideline is to provide residents and site directors direction regarding the appropriate parameters for granting a research elective to residents that will ensure that residents are able to meet the clinical competencies of the family medicine program while still providing opportunities for excellent residents to pursue scholarly interests.

Requirements

1. Any resident pursuing a research elective **must** be in good standing and be achieving their other clinical competencies on an appropriate trajectory as indicated by their field notes, FM-MAP scores, ITERS and relevant 6 month progress reviews.
2. All residents who wish to schedule a research elective **must** have the elective approved a **minimum of 8 weeks prior to the elective**. You must allow a minimum of 2 weeks for review of your proposal. Requests submitted less than 10 weeks (8 + 2 weeks) in advance of the elective will **not** be considered.
3. Requests for research electives must be submitted to and approved by the Resident Academic Project team (where applicable) and the Site Postgraduate Program Director.
4. Research electives are meant to allow residents protected time to work on research projects that go beyond the requirements of the resident academic project. If the request for the research elective involves Resident Academic Project (RAP) related work, it should be towards a significantly expanded resident academic project with clear deliverables as outlined below and there needs to be a clear justification for why protected weekday time is required (i.e. if the data analysis can only be done in a location that is open Monday-Friday).
5. All research electives must have an identified DFCM supervisor. If residents wish, their project may also involve a faculty investigator outside of the DFCM (i.e. public health or other fields related to family practice); however, a DFCM co-supervisor is necessary.
6. All research electives must have the following:

- a. Clear learning objectives and deliverables, related to CanMEDS-FM roles. The learning objectives and deliverables must be as specific as possible (i.e. saying that you need protected time to have meetings with people to build relationships is not specific enough; you need to outline exactly who you will be meeting with and what the anticipated objectives/outputs of the meetings are).
- b. A schedule to clearly show the resident's time during the elective and justify the percentage of protected time being requested.

The above items (6a, 6b) must be developed with input from the resident's proposed elective supervisor prior to submitting the research elective request for approval.

7. When requesting a research elective, residents must submit items 6a & 6b above to the Resident Academic Project team (where applicable) and the Site Postgraduate Program Director. Residents submitting a research elective request should also copy their elective supervisor on the email to the Resident Academic Project team (where applicable) and the Site Postgraduate Program Director.
8. Research electives cannot occur during the first 6 months of their PGY-1 year or in the two months prior to the CCFP exam.
9. Research electives will be approved for a maximum of 4weeks.
10. Once research electives are approved, residents need to provide their supervisors with the elective evaluation form, learning objectives, deliverables and their proposed schedule at least 1 week in advance of the start of their elective.
11. A report on the status of the deliverables (i.e. a research report, draft paper for publication or other progress and results summary) should be submitted to the site director at the close of the elective.

Professional Association of Residents of Ontario (PARO) Contract

Source: PARO

2020-2023 PARO-OTH AGREEMENT

To view the full version of your contract, please go to the PARO website at <http://www.myparo.ca/your-contract/>

Your Contract

- [General Purpose and Definition of Parties](#)
- [Recognition](#)
- [Postgraduate Consultation Committee](#)
- [Terms Of Agreement And Negotiation](#)
- [Letter Of Appointment](#)
- [Association Dues](#)
- [Procedures Re: Work Assignment](#)
- [Grievance](#)
- [Dismissal](#)
- [Vacation](#)
- [Professional Leave](#)
- [Statutory Holidays](#)
- [Salary And Benefit Continuance](#)
- [Pregnancy And Parental Leave](#)
- [Maximum Duty Hours](#)
- [Administrative Bonuses](#)
- [Facilities](#)
- [Employee Benefits](#)
- [Part-Time Status](#)
- [Salary Classification](#)
- [Annual Salary Scale](#)
- [Call Stipends](#)
- [PARO Business](#)
- [Hospital/PARO Committee](#)
- [Academic Rounds And Seminars](#)
- [General Provisions](#)
- [Health and Safety](#)
- [Schedule A – Implementation of Collective Agreement for Pool C Residents](#)
- [Attachments](#)

If you have any questions regarding the Agreement, please contact the PARO Office at <http://www.myparo.ca/>

Family Medicine Residents' Association of Toronto (FRAT)

The Family Medicine Residents' Association of Toronto (FRAT) is an organization consisting of all family medicine residents enrolled in the Family Medicine Residency Program at the University of Toronto. FRAT is the single largest organization of family medicine residents in Canada. FRAT is fully affiliated with and financially supported by the Department of Family & Community Medicine (DFCM) at the University of Toronto.

Given that residents are sited at hospital divisions across the region, the overall purpose of FRAT is to ensure a strong, united voice at the departmental and university levels on matters of relevance to family medicine residents.

The FRAT Council is a steering body within FRAT composed of two Presidents, the Divisional Chief Residents, liaisons with other organizations that serve resident interests (e.g., the Professional Association of Internes and Residents of Ontario), and any interested members of the FRAT general body.

The Council serves three major roles for family medicine residents in Toronto: advocacy, education, and community-building.

Advocacy

- Members of FRAT advocate for the needs of family medicine residents at various levels. The FRAT President(s) are full contributing members of the Residency Program Committee, representing residents' interests from all divisions to the DFCM. The FRAT President(s) and other members of FRAT also represent Toronto family medicine residents at meetings of internal Department committees, the Postgraduate Medical Education Office, PARO, the College of Family Physicians of Canada, the Ontario College of Family Physicians, International Medical Graduates and the university in general. On occasion, we are asked to sit on committees at other organizations, such as the Ontario Medical Association and the Ontario Ministry of Health and Long Term Care.

Education

- The FRAT Council is responsible for organizing central core days. Residents from across the city attend these one-day conferences which are based on a medical theme (e.g., musculoskeletal medicine, geriatrics). Central core days serve to enhance the curriculum already in place at each hospital division. FRAT currently organizes three core days per year.

Community-building

- The FRAT Council organizes a number of social events for residents, in order to increase cross-division interaction and networking. FRAT also supports the work of the Interest Group in Family Medicine at the University of Toronto, thereby enhancing collaboration between medical students and residents.

FRAT Presidents & Site Resident Representatives

FRAT Presidents

The FRAT Presidents serve a vital role in the operation and development of the residency program. Their duties include: serving as the Chief Residents in Family Medicine at University of Toronto in all official university capacities; scheduling and chairing all Council meetings; preparing previous meeting's minutes and the next meeting's agenda; recording all financial transactions of resident activities that utilize FRAT funds and applying for financial reimbursement from the DFCM; and facilitating information flow between the FRAT Council and the Residency Program Committee (RPC) of the DFCM.

2023 - 2024 FRAT Co-Presidents

FRAT Co-Presidents	Site	E-mail
Han Yan	SHN	fratpresidents@gmail.com
Nardin Hanna	SRHC	fratpresidents@gmail.com

2023 - 2024 Site Resident Representatives

The Site Chief Residents serve an important role in the operations and resident education at each site. Although roles may vary from site to site, they generally include: serving on the FRAT Council, arranging call schedules for FM residents at each site, planning and organizing educational seminars at each site, liaising with Site Directors and advocating for residents, and facilitating information flow from the FRAT presidents to the residents at each site.

Last Name	First Name	Site	Email
Salerno	Anthony	NYGH	anthony.salerno@nygh.on.ca
Soriano	Joelle	NYGH	joelle.soriano@nygh.on.ca
Suen	Wun Ting "Imelda"	RVH	isuen@student.ubc.ca
Hamann	Karyssa	RVH	karyssa.hamann@medportal.ca
Lee	Min Joon	SJHC	MinJoon.Lee2@unityhealth.to
Dmytryshyn	Julia	SJHC	Julia.Dmytryshyn@unityhealth.to
Levesque	Alexander	SM	Alexander.Levesque@unityhealth.to
Kyne	Luke	SM	LukeThomas.Kyne@unityhealth.to
Mulholland	Alannah	SHSC	alannah.mulholland@sunnybrook.ca
Cheung	Rachel	SHSC	rachelmj.cheung@sunnybrook.ca
Fan	Angela	SRHC	afan@southlakeregional.org
Heer	Shyan Van	SRHC	svanheer@southlakeregional.org
Gill	Sarfraz	CVH	sarfraz.gill@thp.ca
Jose	Shauna	CVH	shauna.jose@thp.ca
Mehdian	Yasna	MSH	Yasna.Mehdian@sinahealth.ca
Czegledy	Nicole	MSH	NicoleMargaret.Czegledy@sinahealth.ca
Yan	Han	SHN	hyan1@shn.ca
Figueiredo	Carlyn	SHN	cfigueiredo1@shn.ca
Janhager	Melinda Caputo	TEHN	melinda.caputo@mail.utoronto.ca

Kelly	Brendan	TEHN	b.kelly@mail.utoronto.ca
Leis	Maria	TEHN	maria.leis@mail.utoronto.ca
Rana	Jayoti	TWH	jayoti.rana2@uhn.ca
Demarco	Tatsiana	TWH	tatsiana.demarco@uhn.ca
Jardim	Mariana Da Silva	MRK	mdasilvajardim@oakvalleyhealth.ca
Lin	Kenneth	MRK	kenlin@oakvalleyhealth.ca
Yu	Raymond	MH	Raymond.Yu@thp.ca
Gorgi	Fadi	MH	fadi.gorgi@mail.utoronto.ca
Gangireddy	Rakshith	MH	Rakshith.Gangireddy@thp.ca
Beck	Lauren	WCH	lauren.beck@wchospital.ca
Hughes-Visentin	Alexz	WCH	Alexzandra.Hughes-Visentin@wchospital.ca
Stone	Hilary	ICP	hilary.stone@mail.utoronto.ca

Committee Resident Representatives:

- Committee Representatives:
 - Evaluations Committee, 1 per year
 - Curriculum Committee/Quality Improvement Representatives, 1 per year
 - Awards/Alumni Engagement Committee Representative, 1 per year
 - Internal Match/Open House Committee Representative, 1 per year
 - Teaching Practice/Integrated Communities Program Committee Representative, 1 per year
 - FM Undergrad Education Committee Representative, 1 per year
 - Residency Program Committee (RPC) Representative, 1 PGY1
 - Enhanced Skills Resident Representative, 1 per year
- External Representatives:
 - CFPC Representative, 1 per year
 - OCFP Representative, 1 per year
- Internal Positions
 - Social/Wellness Representatives, 2 per year
 - Social Media Representative, 1 total
 - FRAT Internal Affairs/Elective Portal Representative, 1 total
 - Environmental Health Lead, 1 total
 - Indigenous Health Lead, 1 total
 - Social Accountability Lead, 2 total

Please contact fratpresidents@gmail.com if you have any questions.

ALARM (Advances in Labour and Risk Management)

ALARM was developed by family physicians, obstetricians, midwives and nurses, who jointly continue to maintain and teach the course. Backed by the SOGC, the ALARM course arose out of our work to improve the care provided to women during labour, their fetuses and newborns, and their families.

This two-day course offers case-based plenary sessions, hands-on workshops and a comprehensive examination process. The content of the course is evidence based and incorporates the Canadian practice guidelines, so participants who complete the course gain an understanding of the latest best practices for providing care.

The ALARM course objective is to evaluate, update and maintain the competence of specialists, family physicians, midwives and nurses. Upon completion, participants understand how to improve the outcomes and process of intra-partum and immediate postpartum care.

The course is presented by local faculty in combination with The Society of Obstetricians and Gynaecologists of Canada (SOGC) and is provided to both PGY1 and PGY2 residents.

This course will be offered to residents at a reduced cost and sign up is on a first-come first-served basis.

To inquire about **dates and location**, please contact 416-978-3216 or dfcm.pgcurriculum@utoronto.ca

Rural Northern Initiative Program

Physician Coordinator – Dr. Nadia Incardona, MD, CCFP

This initiative will allow one resident to travel to northern Ontario with a DFCM Faculty member for a two-week “locum” type visit involving full exposure to rural family medicine, including clinic work, ER work, inpatient work and in some cases, obstetrics.

There are a number of these opportunities throughout the year, with different family physicians from Toronto travelling to several different communities. Each placement lasts 2 weeks and should be done during elective time or family medicine block time with the permission of the Site Director and Preceptor.

All travel and accommodation costs are covered. The program is intended for PGY2 residents.

If interested, please fill out the application form available on Quercus (q.utoronto.ca)

If you have any questions, please contact the RNI Program at 416-978-8530 or by email at dfcm.teachingpractice@utoronto.ca

Teaching Residents to Teach (TRT)

Teaching Residents to Teach

The Teaching Residents to Teach (TRT) program is an experiential introduction to the principles of medical education. Residents in the program are provided with modules on common teaching scenarios, and they integrate this knowledge into their work with medical students in a variety of settings. If you are excited about teaching or medical education, the TRT program will provide you with a foundation of important skills for working with learners. Many of our program graduates have stayed in our units, undertaking significant academic and teaching roles.

To sign up for this course, please contact: familymed.undergrad@utoronto.ca

Advanced Cardiac Life Support (ACLS)

Advanced Cardiac Life Support (ACLS)

We strongly encourage you to complete ACLS Certification within the first month of your training. The Advanced Cardiac Life Support recertification training is not a requirement during residency. The cost of completing the Advanced Cardiac Life Support (ACLS) course for the first time is subsidized for PGY1 trainees at the University of Toronto, Post MD Education Office. There is no subsidy for recertification.

In order to be eligible for a subsidy you must be appointed as a postgraduate medical trainee with the University of Toronto and for reimbursement, please contact Gerard Nagalingam by email at gerard.nagalingam@utoronto.ca or by phone at 416-978-8328. You can obtain a list of ACLS course providers at <http://pg.postmd.utoronto.ca/current-trainees/while-youre-training/complete-acls-training/>

DFCM Postgraduate Program Awards

Faculty, residents and staff affiliated with the DFCM Postgraduate Department are eligible for nomination for the awards listed on this page during two nomination periods throughout the residency program year (Winter Awards & Spring Awards). The award nomination process is coordinated locally by Site Chiefs, Site Directors and the Enhanced Skills Director twice a year and submitted to the DFCM Postgraduate Award Committee for review. Please see the DFCM [website](#) for deadlines and award nomination processes, and contact Lela Sarjoo at familymed.postgrad@utoronto.ca if you have any questions.

External Winter Awards: Deadline November

AWARD NAME	ELIGIBILITY	DFCM DEADLINE	POST MD EDUCATION DEADLINE
CAME Rising Star Certificate of Excellence	<u>Residents</u> registered with PGME	November	November
Social Responsibility Award in Postgraduate Medical Education	UofT Faculty members involved in PGME training and <u>Residents</u> registered with PGME	November	January
PARO Trust Fund: Resident Teaching Award	UofT senior <u>Residents</u> registered with the PGME Office	November	December
Robert Sheppard Award for Health Equity and Social Justice	UofT <u>Residents/Fellows</u> involved in the development and/or implementation of activities, programs or research related to social justice and health equity in faculty development or postgraduate medical education.	November	January
Postgraduate Medical Trainee Leadership Awards	<u>Residents</u> registered with PGME	November	March
W Dale Dauphinee Award for Excellence in Medical Education and Assessment	<u>Residents</u> registered with PGME	November	March
M Ian Bowmer Award for Leadership in Social Responsibility	<u>Residents</u> registered with PGME	November	March

Internal Spring Awards: Deadline April

A. DFCM Postgraduate Awards

DFCM Faculty, Staff and Residents are eligible for the DFCM Postgraduate Awards. Each Site and Enhanced Skills Program will determine locally **one** faculty and **one** resident to receive an award in one of the categories as listed below. Selected winners and nominees from each site will be forwarded to the DFCM Postgraduate Awards Committee. Please see the DFCM [website](#) for deadlines and award nomination processes.

FACULTY Categories

1. New Teacher Award
2. Excellence in Teaching
3. Role Modeling Clinical Excellence

FACULTY & STAFF Categories

4. Program Leadership
5. Innovation in Education
6. Resident Advocacy

RESIDENT Categories

7. Leadership
8. Teaching Excellence
9. Advocacy for Patients
10. Clinical Excellence

External Spring Awards: Deadline April

Please see the DFCM [website](#) for deadlines and award nomination processes.

B. CFPC Family Medicine Resident Scholarship & Val Rachlis Leadership in Family Medicine Award

Site Directors and the Enhanced Skills Director may put forth a nomination for one resident per site to the DFCM Postgraduate Department in order to allow the DFCM Postgraduate Award Committee to review nominations and select a nominee to be put forward to the CFPC.

C. Sam Leitenberg Award for the Humanitarian Practice of Family and Community Medicine

This award will be open to all PGY2 residents in the Department of Family and Community Medicine (DFCM), and nominations from each site are to be sent to the DFCM Postgraduate Award Committee (familymed.postgrad@utoronto.ca)

- The Award has a monetary value of \$3000.
- To be awarded annually to a Postgraduate PGY2 resident in Family and Community Medicine who best exemplifies the qualities Dr. Leitenberg embodied:
 - Recognizes the central importance of the doctor-patient relationship.
 - Provides exemplary care to patients.
 - Treats patients and their family members with compassion, empathy, and respect.
 - Demonstrates superior diagnostic and clinical skills

2. INTEGRATED COMMUNITIES PROGRAM

Program Details

The Integrated Communities Program information are available on Quercus. Please go to the Quercus site at q.utoronto.ca to view the Integrated Communities Program information.

ICP Guidelines

1. All PGY-2 ICP Residents are required to live in the community to which they are assigned for their second year.
2. We strongly recommend that you review the competencies and discuss your goals and objectives for the year with your ICP preceptor at the "Orientation Session." Should your preceptor not be able to meet your stated goals and objectives, they will negotiate a new plan with you during Orientation. It is also expected that a "mid" and "exit" interview take place during the year. You should schedule these sessions with your preceptor.
3. During the second year, residents will have two or three primary family medicine preceptors to provide exposure to differing practice styles while maintaining continuity of care.
4. The first one or two months are spent focused on family medicine to allow integration into the practice and the community. The remainder of the year is spent practicing in a longitudinal program including four or five half-days of family medicine each week. Emergency shifts, in-patient care and intra-partum obstetrics are included as CORE experience.

Resident Learning Competencies: By the end of your training..

- **The resident will demonstrate competence in caring for an adequate patient volume on a daily basis.**
- **The resident will demonstrate ability in caring for both hospitalized inpatients and ambulatory office patients concurrently.**
- **The resident will have participated in the care of patients in a variety of settings in a practice pattern similar to the preceptor's.**
- **The resident will manifest an understanding of the context of family medicine in a community setting.**
- **The resident will show a basic understanding of the business and management aspects of family medicine.**
- **The resident will show measurable gains towards the goals set in consultation with the preceptor at the intake and mid-rotation interviews.**
- **The resident is aware of the competencies specific to this education experience as described in the competencies based curriculum**

5. Longitudinal experiences include geriatrics, MSK, outpatient psychiatry, obstetrics, Internal medicine, surgery and anesthesia may be arranged with specialist either based in the community or visiting on a regular basis, and will account for at least two half days weekly.
6. **Mandatory Attendance Half Days Back** One-half to one day per week is set aside for academic work with all ICP sites connected to TEGH or NYGH by video conferencing. This allows participation in regularly scheduled interactive academic rounds with their resident colleagues in the city, as well as attendance at periodic core days in Toronto. All ICP Residents must sign in to confirm your attendance with your base site program administrators; if there are any extenuating circumstances in which you are not able to attend you must get written approval from the ICP Program Director Dr. Jeff Golisky. (See attached Core Day schedule)
7. **Field Notes:** It is the residents responsibility to make sure you have a minimum of **35** Field Notes completed by the end of the year.
8. The ICP office will be sending Letters of Good Standing to ROMP on behalf of all TP residents.
9. Mandatory requirement that all ICP residents **complete a preceptor evaluation at the end of your rotations** as feedback is important to the program.

Contact Information

DIVISION	SITE DIRECTOR	SITE ADMINISTRATOR	TEL	FAX	E-MAIL
North York General Hospital	Kimberly Lazare	Sally Principio	416-756-6827	416-756-6822	Kimberly.Lazare@nygh.on.ca Sally.Principio@nygh.on.ca
Toronto East Health Network	Peter Tzakas	Joanne Mount	416-469-6580x6545	416-469-6108	peter.tzakas@utoronto.ca j.mount@utoronto.ca
Integrated Communities Program	Jeff Golisky	Fadia Bravo	416-978-8530	416-978-8179	jeff.golisky@utoronto.ca dfcm.icp@utoronto.ca
Midland	Jennifer Johnson Coordinator		705-526-7956	705-526-6287	johnsonjkarlin@gmail.com
Orillia	Peter Daniel Coordinator		705-326-4401	705-326-5212	pdaniel@rogers.com
Port Perry	Amita Dayal Coordinator		905-985-2895 Ext. 5420	905-985-3464	amita.dayal@utoronto.ca
Orangeville	Stephen & Stephanie Milone Coordinators		519-941-2702	519-941-8981	sdmilone@rogers.com slmilone@rogers.com

If you have any questions, please contact the Integrated Communities Program by phone 416-978-8530 or by email at dfcm.icp@utoronto.ca

3. TEACHING PRACTICES PROGRAM

Program Details

The Teaching Practices Program information are available on Quercus. Please go to the Quercus site at q.utoronto.ca to view the Teaching Practices information.

TEACHING PRACTICES (TP) MATCHING PROCESS

Teaching Practice is an integral part of family medicine training. Our network consists of a roster of over 90 experienced faculty located in approximately 30 community practices in Ontario, ranging in location from rural southern Ontario to as far north as Moose Factory.

Your Family Medicine Residency Program curriculum requires you to do two blocks of community teaching practice during your PGY-2 year. The College of Family Physicians of Canada accreditation standards require all family medicine residents to spend 2 blocks of their core family medicine training in a rural setting.

Residents are expected to reside in the community. All TP rotations consist of 2 consecutive 4 week blocks in the same community practice. (NB. Having a vehicle is highly recommended for several TP communities).

Residents will have the opportunity to rank their top 8 choices during the week of November 13-17, 2023. A detailed email from the TP office will be sent to the resident to begin their ranking selections.

Our algorithm will try to assign residents to their top choices.

APPLICATION FOR PRACTICE WITHIN COMMUTING DISTANCE

There is very limited availability of practices within commuting Distance. These practices are restricted for those residents who have special personal or family circumstances that prevent them from residing in the practice community.

If you feel that you have extenuating circumstances you should discuss them with your Base Hospital Site Director.

Application Deadline: October 18, 2023

SELF-INITIATED TEACHING PRACTICES ROTATION

In the past some residents have requested the opportunity to arrange their own Teaching Practices rotation within Ontario or outside the province.

This may be approved providing the practice and preceptor meet the usual TP requirements and the practice is approved by the Teaching Practices Director as providing a rural experience.

These criteria are:

- 1) The preceptor holds a teaching appointment with another Canadian University.
- 2) The preceptor provides in patient care to her/his patients.
- 3) The preceptor does regular emergency room shifts and/or intrapartum obstetrics.

NB. Residents **CANNOT** apply for self initiated in a community that is already on our current roster. Please refer to the Teaching Practices Map & Profile Section for our TP Communities.

Out of province expenses due to self-initiated rotations are not covered by the program and are the resident's own responsibility.

Application Deadline: October 18, 2023

If you have any questions, please contact the Teaching Practices Program by phone 416-978-8530 or by email at dfcm.teachingpractice@utoronto.ca

4. ENHANCED SKILLS PROGRAM

Current Opportunities Available for Further Training

Further Training:

Opportunities exist for further training beyond the two years Family Medicine Residency program in areas such as:

- 1) Addiction Medicine (Cat. 1)
- 2) Adolescent Medicine (Cat. 2)
- 3) FP-Anesthesia (Cat. 1)
- 4) Breast Diseases (Cat. 2)
- 5) Care of the Elderly (Cat. 1)
- 6) Clinical Palliative Care (Cat. 2)
- 7) Clinician Environmental Health (Cat. 2)
- 8) Clinician Scholar (Cat. 1)
- 9) Education Scholar (Cat. 2)
- 10) Intellectual and Developmental Disabilities (Cat. 2)
- 11) Emergency Medicine (Cat. 1)
- 12) Global Health in Vulnerable Populations (Cat. 2)
- 13) HIV Care (Cat. 2)
- 14) Hospital Medicine (Cat. 2)
- 15) 2SLGBTQ Health (Cat. 2)
- 16) Low Risk Obstetrics (Cat. 2)
- 17) Palliative Care (Cat. 1)
- 18) Sport and Exercise Medicine (Cat. 1)
- 19) Women's Health (Cat. 2)

2023 – 2024 Application Dates

- Category 1 Programs: <https://www.carms.ca/match/family-medicine-enhanced-skills-match/applicants/timeline-fmes/>
- Category 2 Programs: <https://dfcm.utoronto.ca/enhanced-skills-program-admissions>

Please visit our website for more details on the above descriptions and application forms at: <http://dfcm.utoronto.ca/enhanced-skills-program>

For additional information, please contact the Enhanced Skills Program at fammed.enhanced@utoronto.ca (for Category 1 programs) and dfcm.enhancedskillscat2@utoronto.ca (for Category 2 programs)



Family & Community Medicine
UNIVERSITY OF TORONTO

500 University Avenue, 3rd Floor, Toronto, ON M5G 1V7

Phone: 416-978-6467

Fax: 416-978-8179

Email: familymed.postgrad@utoronto.ca

Website: <http://dfcm.utoronto.ca>