



POSTGRADUATE MEDICAL EDUCATION



**RESIDENCY MANUAL
2011**

Postgraduate Medical Education Office: Contact Information

Michael G. DeGroote Centre for Learning and Discovery (MDCL) Room 3101A
Regular office hours: 8:00 a.m. – 4:00 p.m.

Assistant Dean (PGME)	Dr. Mark Walton	905-525-9140, ext 22116 waltonj@mcmaster.ca
Program Manager	Ms. Sharon Cameron	905-525-9140, ext 22116 camerons@mcmaster.ca
Administrative Assistant to Assistant Dean and Program Manager	Ms. Robyn Crozier	905-525-9140, ext 22116 crozier@mcmaster.ca
Administrative Assistant – Visa IMG Applications and Clinician Investigator Program Assistant	Ms. Sharon Ciruolo	905-525-9140, ext 22776 sciraolo@mcmaster.ca
Administrative Assistant – Resident Registration	Ms. Janet Losier	905-525-9140, ext 22719 losier@mcmaster.ca
Administrative Assistant – Fellow Registration and BCT Program Assistant	Ms. Colleen Willson	905-525-9140, ext 26660 willso@mcmaster.ca
Administrative Secretary – Reception and Certificates/Verification of Training	Ms. Dana Szostak	905-525-9140, ext 22118 dszosta@mcmaster.ca
Administrative Assistant – Medical Training Documents Coordinator	Ms. Kelly Binkle	905-525-9140, ext 22377 kbinkle@mcmaster.ca
Program Assistant – Special Projects (Postgrad Portal)	Ms. Brenda Montesanto	905-525-9140, ext 22947 bmontes@mcmaster.ca

This manual is also available on Medportal at <https://login.medportal.ca>
under “Forms & Manuals” in the “Administrative Area.”

**McMaster University
Postgraduate Medical Education (PGME)
Residency Manual**

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INTRODUCTION



**WELCOME TO McMASTER UNIVERSITY
FACULTY OF HEALTH SCIENCES
POSTGRADUATE MEDICAL EDUCATION**

Welcome to McMaster University, Faculty of Health Sciences Postgraduate Medical Education

Starting your residency / fellowship can be an overwhelming process. We have put this handbook together to provide you with a comprehensive booklet of the policies and procedures that guide postgraduate medical education, for your reference. These are our current policies. Medportal: <https://login.medportal.ca/> will have the most up-to-date information.

Many of the policies you can review at your leisure; however, **there are certain administrative issues / policies that you should attend to / review in timely fashion.** (The items identified at the time of registration, i.e., CPSO, CMPA, immunization reporting, mask fit testing, hospital computer access are all essential and not included in this list.)

***	Mandatory – attend to right away
**	Important – to be reviewed at the start of your program
*	Administrative issue – read as required

*** **McMaster University Access to Technology Services** - You **MUST** register on MUGSI (McMaster University Gateway to Student Information) in order to activate your student status with the University. As well as initiating your student status, this will provide you access to the Health Sciences Library system, Virtual Private Networking, MacConnect, etc. You will need to obtain a MAC ID and instructions were provided to you at registration. If you change your address during the year, you must change your address on MUGSI and also notify the Postgraduate Medical Education Office. (Page 7)

- ** Policy Regarding Communicable Diseases and Occupational Health for Students in Undergraduate and Postgraduate Medicine (Page 29)
- ** Summary of the Procedures for the Prevention of the Transmission of Blood Borne Pathogens (Page 32)
- ** Guidelines for the Supervision of Clinical Activities of Postgraduate Medical Students (Page 27)
- ** Responsibility Re Handling and Disposing of Personal Patient Information (Page 101)
- ** Communication/Culture and Sensitivity (Page 33)
- ** Postgrad Booklet: Housestaff Support Systems
- ** Postgrad Booklet: Information on Awards and Research
- ** HIV/Aids brochure
- * All other information, e.g., payscale, vacation, changeover dates, parking, newsletter

The Postgraduate Medical Education Office, along with your Program Office, are there to assist you. The PG Staff will be happy to help you. Please refer to the inside cover of this booklet for our contact information. All the best as you start your training program at McMaster,

Sharon Cameron
Program Manager, Postgraduate Medical Education

McMaster University Postgraduate Medical Education: Program Listing

FAMILY MEDICINE

Emergency Medicine/Family Medicine Stream
Palliative Care
Care of the Elderly

ROYAL COLLEGE SPECIALTIES

Anatomical Pathology
Anesthesiology
Cardiac Surgery
Diagnostic Radiology
Emergency Medicine
General Pathology
General Surgery
Internal Medicine
Medical Biochemistry
Medical Microbiology
Neurology
Neurosurgery

Obstetrics & Gynecology
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pediatrics
Physical Medicine & Rehabilitation
Plastic Surgery
Public Health & Preventative Medicine
Psychiatry
Radiation Oncology
Urology

ROYAL COLLEGE SUBSPECIALTIES

Allergy/Clinical Immunology (Adult & Pediatric)
Cardiology
Clinical Hematology
Critical Care
Developmental Pediatrics
Endocrinology & Metabolism
Forensic Pathology
Gastroenterology
Geriatric Medicine
Gynecological Oncology
Gynecological Reproductive Endocrinology & Infertility
Infectious Diseases

Maternal Fetal Medicine
Medical Oncology
Neonatal Perinatal Medicine
Nephrology
Pediatric Gastroenterology
Pediatric Hematology-Oncology
Pediatric Neurology
Pediatric General Surgery
Rheumatology
Respirology
Thoracic Surgery
Transfusion Medicine
Vascular Surgery

ROYAL COLLEGE – SPECIAL PROGRAMS

Clinician Investigator Program
Palliative Medicine

Important Links & Contacts

Postgraduate Medical Education Office (PGMEO)

905-525-9140, ext 22118
<http://www.fhs.mcmaster.ca/postgrad>

Benefit Information/Queries

905-393-2700
1-877-667-2700
Claim Forms available at:
http://groupbenefits.manulife.com/canada/GB_V2.nsf/public/maritimecovermeclaimforms

T2202A Tax Certificates

Available at:
<https://adweb.cis.mcmaster.ca/cis/ahtml/login.htm>

The Canadian Medical Protective Association (CMPA)

613-725-2000
1-800-267-6522
www.cmpa.org

The College of Physicians and Surgeons of Ontario (CPSO)

416-967-2617
1-800-268-7096
www.cpso.on.ca

The College of Family Physicians of Canada (CFPC)

905-629-0900
www.cfpc.ca

The Royal College of Physicians and Surgeons of Canada (RCPSC)

613-730-8177
1-800-668-3740
www.rcpsc.medical.org/

Medical Council of Canada

613-521-6012
www.mcc.ca

Professional Association of Interns and Residents of Ontario (PAIRO)

416-979-1182
1-877-979-1183
www.pairo.org

Canadian Resident Matching Service (CaRMS)

613-237-0075
1-800-291-3727
www.carms.ca

McMaster University Access to Technology Services Instructions

1. **Your Computing** identity at McMaster is called your **MAC ID**. You'll use the MAC ID for most computing services, including (but not limited to):
 - MUGSI and SOLAR
 - LibAccess (e-journals, etc.)
 - Email
 - MacConnect – using ports and wireless connections to use your computer on campus
 - Virtual Private Networking (VPN)
 - Site Licensed Software (fee applies), e.g. SPSS, SAS
 - Avenue To Learn

For a complete description of all these and other services, and managing your MAC ID visit the MAC ID homepage at http://www.mcmaster.ca/uts/email_accounts/macid.html

2. How to obtain your MAC ID

Please go to the MAC ID homepage at http://www.mcmaster.ca/uts/email_accounts/macid.html and select the link “Activate your MAC ID” in the “Getting Started” section and follow the instructions carefully. You will require the 14-digit barcode number from your McMaster ID Card. Once your Mac ID is activated you must Enable Mac ID services in order to activate your email account. You can do so by clicking on the [Enable Mac ID services](#) link in MUGSI.

3. Electronic Mail

Your Email address will be your *MACID@mcmaster.ca* once you enable Mac ID services in MUGSI and you will log into it using your MAC ID and password.

Your Email account gives you 15 Mb of storage at this time.

You can easily access your McMaster email through other mail clients like Outlook. For information on setting up one of those programs, visit http://www.mcmaster.ca/uts/support/email/client_config/index.html

Note: *Your medportal email is the address used by the PGME office and your program. It is your responsibility to forward email accounts to the one that you will be checking.*

Welcome to the Health Sciences Library

<http://hsl.mcmaster.ca>

The McMaster University Health Sciences Library extends a warm welcome to residents!

We are located on the 2nd Floor, Purple Section, of the McMaster University Medical Centre. We have an enormous collection of resources and offer many services to make it easy to access the literature you need for learning and research. The following information is designed to help you to make the most of our resources and services.

Activate your MAC ID through MUGSI: <https://mugsi.mcmaster.ca>

It is important that you activate your MAC ID through MUGSI soon after your arrival. Please see instruction on page 7. (Note: you should forward your McMaster email to the email account you will most often use in order to receive library notices.) **Your MAC ID will allow you to access the wireless network and LibAccess.**

LibAccess allows you to access e-books, e-journals and online databases from off-campus. The LibAccess login is located on our home page.

Access to Electronic Resources and Interlibrary Loan Services

Your **McMaster Student ID card** - which is different from your hospital ID card – is your **Library Card!** You must present your Student ID card in order to book study rooms, borrow books, and to register for Interlibrary Loan services (Racer).

Services Designed to Assist Residents and Develop Searching Skills

The Health Sciences Library offers individualized, in-depth research consultations for all residents. During a consultation, residents can discuss their research with the liaison librarian and get advice on useful resources, search strategies and databases.

Several of the residency programs book the liaison librarian to provide training workshops including: database searching, using clinical tools and managing research and bibliographies with RefWorks. To book a research consultation or workshop, please contact **Jo-Anne Petropoulos at 905-525-9140, Ext. 24168 or petroja@mcmaster.ca.**

This year the library will also offer a series of scheduled database training workshops. The schedule of sessions is available on our Library Instruction Classes webpage:

<http://hsl.mcmaster.ca/research/instruction>

Please contact us at the Information Desk at 905-525-9140, Ext. 22327 or hslib@mcmaster.ca if you have any questions related to library resources or services. The Information Desk is staffed from 11:00 am to 3:00 pm, Monday through Friday (between the months of May and August), and for longer hours during the University fall and winter terms. We look forward to meeting and working with you.

Staff of the Health Sciences Library

McMaster University Postgraduate Medical Education Registration Fee

The Postgraduate Medical Education Office provides centralized administrative services for postgraduate trainees and presently charges a \$500.00 registration fee (this is the present rate, however rates may change). The office is responsible for the registration and/or verification of registration, of all postgraduate trainees, as outlined in the Letter of Appointment, with the following institutions.

1. The University - Postgraduate trainees are registered with the University and receive an I.D. card to allow access to the University facilities.
2. The Affiliated Teaching Hospitals – Postgraduate trainees must be registered with the PGMEO in order to obtain medical privileges at the teaching hospitals.
3. The College of Physicians & Surgeons of Ontario – Issuance of the Letter of Appointment and verification of licensure on behalf of the Teaching Hospitals.
4. Canadian Medical Protective Association (CMPA) – Verification of membership with CMPA on behalf of the Teaching Hospitals.
5. Verification of Appointment, Level, change of status, immunization status, to the Paymaster.
6. The Royal College of Physicians and Surgeons of Canada/The College of Family Physicians – verification of training and completion of the FITER.
7. The Medical Council of Canada – verification of postgraduate registration in order to access the MCCQE Part II examination.

The PGMEO will provide written verification, on request and free of charge, while registered in the program to banks, licensing authorities, etc.

* * * * *

ADMINISTRATIVE ISSUES



Are you interested in participating on PGME committees?

Postgraduate students have an opportunity to be a participant in the planning of postgraduate education at McMaster.

Resident representatives are required for:

- **Postgraduate Education Committee**
This committee meets the 3rd Wednesday of each month from 3:00 to 5:00 p.m.
- **PAIRO Representatives**
Reps may also participate as members of the Postgraduate Education Committee.
- **Faculty Executive**
This committee meets the 4th Wednesday of the month from 10:00 a.m. to 12:00 noon, except December (meets on the 3rd Wednesday) and there are no meetings in July or August.

If you are interested in one of these committees, please email Robyn Crozier at crozier@mcmaster.ca by **July 12, 2011**. Representatives will be chosen by their peers through ballot.

I am interested in participating as follows:

- 1. Postgraduate Education Committee – ONLY
- 2. PAIRO Representative / Postgraduate Education Committee
- 3. Faculty Executive
- 4. PAIRO Representative – ONLY

Changeover Times for Housestaff Rotations

Listed below are the changeover times for the academic year 2011-2012.

Commencing 0800 hours:

2011

Friday July 1

Tuesday August 2

Thursday September 1

Monday October 3

Tuesday November 1

Thursday December 1

2012

Tuesday January 3

Wednesday February 1

Thursday March 1

Monday April, 2

Tuesday May 1

Friday June 1

Laundry Services

All laundry is sent to one main laundry company. Therefore, to ensure your lab coats are returned to the correct location during rotations, YOU must make sure that all coats have your Surname, First Initial and the Hospital Location ID # of where you want them returned. Each laundry room will mark the ID # number on your coat upon request.

Please note each hospital's procedure:

McMaster Medical Centre, 905-521-2100 ext. 76440 (location ID #05)

Drop off soiled lab coats and pick up clean coats in the Linen Department located in Room 1T1 (first floor, behind the cafeteria and yellow elevators).

Hamilton General, 905-527-0271 ext. 46230 (location ID #02)

Drop off soiled lab coats and pick up clean coats in the Linen Distribution room located on the first floor, down the hall near Porter Service.

Juravinski Hospital and Cancer Centre, 905-389-4411 ext. 42146 (location ID #03)

This hospital provides bags or bins located throughout the hospital to place soiled linen. Put your lab coat in one of these bags provided in whichever area you are working in. Clean lab coats may be picked up on the ground floor, Section M 40 Wing, Uniform Room (2nd door on the right after the fire doors).

St. Joseph's, 905-522-4941 ext. 33797 (location ID #06)

Drop off soiled lab coats and pick up clean coats in the Linen Room located in the basement level (past Receiving).

To avoid possible loss of your coat, the Linen Service Co. recommends the Hospital ID # be clearly indicated in 2 places on your lab coat, e.g., on the back of neck and front pocket.

Resident Mail Locations

Resident mail will be directed to your home program office, as listed below. It is the resident's responsibility to check for their mail.

Program	Mail Location
Anatomical Pathology	MUMC 2N10
Anesthesiology	MUMC 2U
Cardiac Surgery	HGH Mailroom Box #187 Attention: Laura Klyne
Community Medicine	HSC 2C2 Department of CE&B
Critical Care Medicine	MUMC 3A
Developmental Pediatrics	Chedoke E4
Diagnostic Radiology	MUMC 2S
Emergency Medicine/FM	HGH McMaster Clinic Room 260
Emergency Medicine/RC	HGH McMaster Clinic Room 251
Endocrinology	HGH Mailroom Box #203
Family Medicine	McMaster Innovation Park, 175 Longwood Rd South, Suite 201A
Gastroenterology (Adult)	MUMC 4W8
Gastroenterology (Peds)	MUMC 3A
General Pathology	MUMC 2N10
General Surgery (Adult)	JHCC B3 Attention: Katie Niblock
General Surgery (Peds)	SJH T2115
Geriatric Medicine	SJH Mailroom
GREI	Fellow Mail: 3210 Harvester Rd. Burlington, L7N 3T1
Hematology (Adult)	HSC 2N35A
Hematology (Peds)	HSC 3N27
Immunology & Allergy (Adult & Peds)	HSC 3V51 A-F
Infectious Diseases	HGH Room 627
Internal Medicine	MUMC 3W10B
Maternal Fetal Medicine	MUMC 4F1-8

Program	Mail Location
Medical Biochemistry	SJH L402-1 or MUMC 2N10
Medical Microbiology	SJH L424 or MUMC 2N10
Medical Oncology	JCC 3 rd Floor
Neonatal- Perinatal	MUMC 2V9
Nephrology	SJH 3 Marian Wing – M318 (attn: Wendy Clark)
Neurology (Adult)	SJH F513
Neurology (Pediatric)	MUMC 3A
Neurosurgery	HGH Mailroom Box #187 Attention: Laura Klyne
Obstetrics & Gynecology	HSC 4D9
Ophthalmology	SJH, King Street, Eye Clinic
Orthopedic Surgery	MUMC 4E14
Otolaryngology	MUMC 4E14
Pediatrics	MUMC 3N27
PMR	Regional Rehabilitation Center 300 Wellington St. N
Plastic Surgery	MUMC 4E14
Psychiatry	SJH, Mountain Site 2J05
Radiation Oncology	JCC 3 rd Floor
Respirology	SJH T2123, 2 nd Level Tower, FIRH
Rheumatology	Rheumatology Program Office 708-25 Charlton Ave E, Hamilton L8N 1Y2
Thoracic Surgery	SJH, T - 2105H
Transfusion Medicine	HSC 3V50
Trauma	HGH 6 North, Room 614
Urology	SJH, c/o McMaster Institute of Urology, 3 rd Floor, Mary Grace Wing
Vascular Surgery	HGH Mailroom Box#187 Attention: Laura Klyne

Hamilton Health Sciences Parking Policy and Procedures Residents and Fellows

Background

Residents/Fellows are a part of the Postgraduate Medical Program of the Faculty of Health Sciences at McMaster University.

As Postgraduate physicians, Residents/Fellows may rotate around the various Hamilton Hospital sites as part of their training. Residents/Fellows have the convenience of purchasing reciprocal parking privileges for the participating hospitals.

Administration

Standard Parking of Canada Ltd. administers the Residents/Fellow's parking on behalf of the participating hospitals in Hamilton. Fees are collected and allocated to the hospitals based on the rotation roster assignment to specific hospitals (Medical Program Rotation Roster).

Residents/Fellows' parking transactions are administered through the Standard Parking of Canada Ltd. (MUMC) parking office located in the Main Garage Rm. #1PG1, Red section. Transponder inquiries are handled Monday to Friday from 0800 to 1600 hours.

Permits/Transponders

Residents/Fellows have a one-year work term and are issued with a 12-month parking permit and transponder, effective from July 1st to June 30th of the following year. **Permits and Transponders are Non-Transferable and Non-Refundable.** The \$25.00 paid for the transponder is no longer a deposit, it is a purchase fee and therefore non-refundable. Any and all replacements will incur the same fee.

The transponder is a device that attaches to your windshield allowing you access to pre-determined parking lots. Failure to display the transponder will result in the payment of the posted daily fees. **There is no re-imburement for those parking charges.**

The transponder entitles the bearer to park at the following sites in these designated lots:

Please note that all HHS sites are fully operational for transponder use

Hamilton Health Sciences - Chedoke	All Lots
Hamilton Health Sciences - General	Victoria Street Ramp
Hamilton Health Sciences - Juravinski	Concession Street Ramp
Hamilton Health Sciences - McMaster	Underground Visitor's Ramp
St. Joseph's	Ramp 3 (left off James St. South)
St. Peter's	St. Peter's lot
Urgent Care Center - Staff Lot	

It is the responsibility of the Residents/Fellows to keep the parking office informed of any personal or vehicles changes. **The hospitals are not obligated and are unable to accommodate oversize vehicles. Vehicles must be able to park in the designated parking lots (e.g. Underground parking at MUMC, height restriction 6'4").**

Permit/Transponder Issue:

Parking Permits and transponders are available from the MUMC parking office, Rm. #1PG1 Monday to Friday 0800 to 1600.

New Residents/Fellows parking permit issue and transponder issue any day between 0800 and 1600.

To be issued a parking permit/transponder, Residents/Fellows must:

- Identify themselves to the Parking Office staff, as a Resident or a Fellow.
- **Present valid Hamilton Health Sciences photo identification.**
(Student cards, personal identification, driver's license etc., will not be accepted).
- Complete a parking application form at the MUMC parking office.
- Pick up permit and transponder in person from the MUMC parking office.
- Provide a \$25.00 **non-refundable purchase fee** for transponder.

Transponders and Permits are non-transferable.

Failure to abide by the parking policies and guidelines of the respective participating hospitals may result in the suspension or termination of parking privileges at one or multiple sites.

Rates and Payment Options:

The 2011/2012 parking rate is \$**1163.88** per year. Payments can be made by payroll deduction, annually, semi-annually or quarterly, monthly automatic credit card payments and monthly automatic debit payments (EFT).

Depending on funding sources, **Ministry of Health** funded Residents/Fellows will have to qualify for payroll deduction of \$**96.99** per month.

Outside Funded Residents/Fellows: Three payment plans have been outlined below:

- Payments can be made in a one-time installment
- Monthly automatic credit card payment,
- Monthly automatic debit payment (EFT).

Parking rates are subject to change annually without prior notice.

Permanent Cancellation of parking services will be processed **immediately** once determined the account is not in arrears. It must be understood that this process deals with only those Residents and Clinical Fellows that will not require parking again in the current academic year. Parking privileges will not be reinstated until requested in the following academic year if they have previously stated they are permanently canceling their parking.

Suspension and Credit:

In recognition of the special program and circumstances for Residents/Fellows, an account credit may be adjusted for time spent on an out-of-town elective, based on the Residents Rotation Roster, generated by the Postgraduates Education Program. To receive a credit, your program must request an interruption or temporary suspension of your parking privileges on your behalf,

due to the out of town elective. This request must be in writing outlining the dates of the interrupted service, and forwarded to the attention of the General Manager, Standard Parking of Canada Ltd., Parking Office MUMC Rm. #1PG1, at least two weeks before the initiation of interrupted service. Retrospective requests for credits from electives will not be accepted. With the exception of medical leaves, credits are not issued for other absences such as vacations, holidays or personal leaves.

Credits are adjusted for full or half months only (1st to 15th; 16th to 31st). There are no partial credits, are not pro-rated and are based on the Resident Rotation Roster provided by the Postgraduate Education Department.

All Residents/Follows are required to visit the McMaster parking office for any Suspensions and Cancellation. The parking office will not consider any phone calls suspensions and/or cancellations.

Refund cheques are issued by Standard Parking of Canada Ltd. Refund cheques may take from four to six weeks. Cheques will be forwarded to an updated address provided upon cancellation of parking privileges.

*** Failure to provide payment will result in the suspension of parking privileges.

Resources:

The Postgraduate Program in the Faculty of Health Sciences produces a Rotation Roster of Residents/Fellows on a monthly basis. This list identifies the postgraduates and their rotation, including electives for that month.

Updates:

Policies and procedures are subject to change at the commencement of permit issue without prior notice.

Postgraduate Office Contact:

Michael DeGroot Bldg
Rm #3113
x. 22118
x. 22719

John Walker
Facility Manager
Standard Parking of Canada Ltd.
McMaster Parking Office
x. 76157

Photo ID Badge

In the event of a lost or stolen ID, contact the Postgraduate Medical Education Office immediately. (905-525-9140, ext. 22118). The ID badge is traceable to you, so it is important that you are careful how it is used. You are not permitted to use your photo ID badge beyond the dates of your appointment with the Postgraduate Medical Education Office. When your appointment is terminated you will be asked to return the badge to your program or the PG Office. Your certificate will not be issued until your Photo badge is returned.

- Always carry your ID card when on hospital property (you may be asked to present this card to security services personnel at any time).
- Never give your card to anyone else.
- When not in use please ensure your card is safely stored.
- Never allow anyone to enter the building VIA the door in use (“tailgater”).
- Never enter an area or building when the door in use has been opened by another (“tailgate”)

Acronyms and Associations

AAMC	Association of American Colleges
ACGME	Accreditation Council for Graduate Medical Education
ACLS	Advanced Cardiac Life Support
ACMC	Association of Canadian Medical Colleges
ACTH	Association of Canadian Teaching Hospitals
AFMC	Association of Faculties of Medicine of Canada
AFP	Alternate Funding Plan
AHSC	Academic Health Sciences Centre
ATLS	Advanced Trauma Life Support
AUCC	Association of Universities and College of Canada
AVP	Assessment Verification Period
BCT	Basic Clinical Training
BIU	Basic Income Unit
CACMS	Committee on Accreditation of Canadian Medical Schools
CAHO	Council of Academic Hospitals of Ontario
CAIR	Canadian Association of Interns and Residents
CAME	Canadian Association of Medical Education
CAPER	Canadian Post MD Education Registry
CaRMS	Canadian Resident Matching Service
CCFP	Certificate, College of Family Physicians
CCCA	Critical Care Clinical Assistant
CCT	Confirmation of Completion of Training
CDO	Community Development Office
CEB	Clinical Education Budget
CEHPEA	Centre of the Evaluation of Health Professionals Educated Abroad
CFMS	Canadian Federation of Medical Students
CFPC	College of Family Physicians of Canada
CIHR	Canadian Institute of Health Research
CITER	Core In-Training Evaluation Report
CFPC	College of Family Physicians of Canada
COA	Confirmation of Appointment
COFM	Council of Ontario Faculties of Medicine
	PGE:COFM.....Postgraduate Education Committee of COFM
	PGM:COFM.....Postgraduate Management Committee of COFM
	UE:COFM.....Undergraduate Medical Education Com of COFM
	NOC:COFM.....Northern Ontario Committee of COFM
	GIC:COFM.....Gender Issues Committee of COFM
	CME:COFM.....Continuing Medical Education Comm of COFM
	DME:COFM.....Distributed Medical Education Comm of COFM
	MAC:COFM.....Medical Admissions Committee of COFM
	CMR:COFM.....Committee on Medical Research
CMA	Canadian Medical Association
CMG	Canadian Medical Graduate
CME	Continuing Medical Education
CMPA	Canadian Medical Protective Association
COU	Council of Ontario Universities
CPSO	College of Physicians and Surgeons of Ontario
CSCI	Canadian Society for Clinical Investigation
CTU	Clinical Teaching Unit
ECAH	Educational Committee on Aging and Health

EFPO.....	Educating Future Physicians in Ontario
EAB	Educational Advisory Board (McMaster)
FAIMER.....	Foundation for Advancement of International Medical Education & Research
FHS	Faculty of Health Sciences
FITER	Final In-Training Evaluation Report
FLEX.....	Federal Licensing Examination (USA)
FMRAC.....	Federation of Medical Regulatory Authorities of Canada
FMRQ.....	Federation des medecins residents du Quebec
FRCPC.....	Fellow of the Royal College of Physicians and Surgeons of Canada
FRCSC.....	Fellow of the Royal College of Surgeons of Canada
FSMB.....	Federation of State Medical Boards
FTE.....	Full-time Equivalent
HSEC.....	Health Sciences Education Committee (McMaster)
ICU	Intensive Care Unit
IMG.....	International Medical Graduate
LCME.....	Liaison Committee of Medical Education
LHIN	Local Health Integration Network
LMCC	Licentiate of the Medical Council of Canada
LOA	Letter of Appointment or Leave of Absence
LOE	Letter of Eligibility
MacCARE.....	McMaster Community and Rural Education
MAD.....	Multidisciplinary Academic Days (McMaster)
MCC	Medical Council of Canada
MCCEE.....	Medical Council of Canada Evaluating Examination
MCCQE	Medical Council of Canada Qualifying Examination Part I Medical Council of Canada Qualifying Examination Part II
MD	Doctor of Medicine
MOHLTC	Ministry of Health and Long-Term Care
MTCU	Ministry of Training, Colleges and Universities
NBME	National Board of Medical Examiners
NOSM.....	Northern Ontario School of Medicine
NRMP	National Resident Matching Program (USA)
OFM.....	Ontario Faculties of Medicine
OHA.....	Ontario Hospitals Association
OMA	Ontario Medical Association
OMSAS.....	Ontario Medical School Application Service
OPHRDC	Ontario Physicians Human Resource Data Centre
OSCE	Objective Structured Clinical Evaluation
OTPC.....	Orientation to Training and Practice in Canada (orientation program done by Specialty IMG's)
PA.....	Physician Assistant
PAIRO	Professional Association of Interns and Residents of Ontario
PD.....	Program Director
PGEC	Postgraduate Education Committee
PGMEO	Postgraduate Medical Education Office
PGY1	Postgraduate year one
PGY2	Postgraduate year two etc.
PHAC.....	Public Health Agency of Canada
PHP	Physician Health Program
PEAP	Pre-Entry Assessment Program
PRP	Pre-Residency Program (orientation program done by Family Medicine International medical graduates)
PSI.....	Physicians Services Incorporated
PRA	Practice Ready Assessment
QA	Quality Assurance

RCPSC	Royal College of Physicians and Surgeons of Canada
RMA.....	Regional Medical Associates
ROMP.....	Rural Ontario Medical Program
ROS.....	Return of Service
RPC.....	Residency Program Committee
RRN.....	Rural Regional Network
SEAMO.....	Southeastern Ontario Academic Medical Association
SWOMEN	Southwestern Ontario Medical Education Network
UAP	Underserviced Area Program
USMLE	United States Medical Licensing Examinations
WHO.....	World Health Organization
WHMIS	Workplace Hazardous Material Information System

Policies & Procedures

POLICIES & PROCEDURES/GUIDELINES



Advanced Cardiac Life Support (ACLS)

Excerpt from the PAIRO Contract

Effective July 1, 1986, for the period of the Agreement between PAIRO and OCATH, OCATH undertakes to PAIRO that interns and residents will be provided free of charge with an Advanced Cardiac Life Support course or equivalent that is consistent with educational and training requirements as determined by the Faculty of Medicine of the respective university. The course will be provided by the universities and will be free of charge to all interns and residents.

It is agreed that the letter appended to the 1985 Agreement relating to ACLS will be extended until July 1, 1986.

McMaster Policy

The ACLS course is free only through the Continuing Health Sciences Education Program (CHSE) at McMaster University for all **NEW PGY1**'s whose program requires it. The Resident is responsible for purchasing his/her own course manual. Of note the Pediatric Program supports PALS instead of ACLS and Surgical program ATLS. Therefore, Pediatric and Surgery PGY1's are not eligible for free ACLS through CHSE. (please check with your program if you are unsure before signing up for ACLS). **If your course fees are waived – contact Rose Galano – CHSE at 905-525-9140 x 22671 directly to secure your spot. Space is limited.** To review the ACLS brochure for upcoming program dates/times please visit the Continuing Health Sciences Education website at www.fhs.mcmaster.ca/conted/.

Please note that you must leave your credit card information to hold a spot in the course. Cancellations up to 3 weeks prior to the course will be refunded minus a 25% administrative fee. One transfer is permitted with a \$100.00 fee at time of transfer. **The postgraduate offices will not cover the transfer fee.** No refunds will be made on any cancellations after this deadline.

Continuing Health Sciences Education:
<http://fhs.mcmaster.ca/conted/> go to "Calendar of Events" for list of training dates
MDCL Room 3510
Phone: 905-525-9140 ext. 22671

COUNCIL OF
**ONTARIO FACULTIES
OF MEDICINE**

An affiliate of the Council of Ontario Universities

Assessment Verification Period (AVP) Guidelines

Background

Prior to 2004, the only route to residency in Ontario for International Medical Graduates (IMGs) was through the Ontario International Medical Graduate Program in which candidates completed a 9-month clerkship and then applied directly to residency.

In November 2003, in response to the government's request to increase IMG entry at both the PGY1 and PGY2+ levels, IMG Ontario proposed the implementation of the Assessment Verification Period (AVP). The medical schools and the College of Physicians and Surgeons of Ontario (CPSO) developed the structure of the AVP, basing it on the existing Pre-Entry Assessment Program (PEAP). As of July 2004, a new stream of candidates were recruited through Direct Entry at the PGY1 level and were required to pass an AVP before entering residency. The CPSO used the existing PEAP regulations to include the AVP so the terms and conditions of the AVP is issued in the form of a PEAP certificate (see Appendix 2). The length of the AVP was initially variable at 8-12 weeks, but was standardized at 12 weeks in September 2006 at the request of the Ontario PG Deans and can be automatically extended up to an additional month without Registration Committee approval if required for non-remedial reasons.

Purpose

The AVP is a period of assessment to determine if the candidates can function at their appointed level of training prior to full acceptance in the program. The AVP provides an opportunity for the Program Director to:

- Assess the candidate's basic skills in internal medicine, obstetrics and gynecology, pediatrics, psychiatry and general surgery, appropriate for practice in the chosen discipline.
- Ensure that the candidate is: mentally competent to practice medicine; has the ability to practice with decency, integrity and honesty and in accordance with the law; has sufficient knowledge, skills and judgment to engage in the kind of medical practice authorized by the certificate, can communicate effectively and displays an appropriately professional attitude.

Supervision:

The AVP assessment must take place within appropriate, supervised clinical activity in a multidisciplinary environment with patient input on an ongoing basis.

AVP candidates may sign their own orders; however, the clinical supervisor may choose to have orders co-signed initially, or for the duration of the assessment period. The certificate granted for

the AVP states that the candidate may practice medicine “*under a level of supervision that is determined to be appropriate for the holder and the program of medical education and assessment, by a member of the College of Physicians and Surgeons of Ontario designated by the director of the program.*” It is up to the supervising physician to determine whether or not the candidate may write orders. In addition, there may be hospital policies which require AVP candidates to have their orders co-signed throughout the AVP.

Licensure

The candidate must hold a valid certificate of registration (Pre-Entry Assessment Program Certificate of Registration) from the CPSO to participate in the AVP. The AVP candidate:

- Is to function at the assigned training level during the assessment
- May be assigned to several rotations during the assessment period
- Is assessed for 12 weeks in duration

Once the AVP is finished, the AVP certificate is not valid, and the candidate cannot continue training until the CPSO has issued the Postgraduate Certificate. The AVP form must be submitted to the CPSO 2 – 3 days prior to the identified end date to avoid a break in the license and/or allow processing time for the changeover in license.

Application for extension of AVP can be made to CPSO in exceptional circumstances. Extension is for up to 4 weeks to allow for adequate assessment of the candidate, but not for remediation. The Postgraduate Dean must submit the request to CPSO. The CPSO Registration staff have the authority to extend the certificate up to 4 weeks without referral to the Registration Committee.

Assessment/Evaluation Format:

Program Directors must ensure that candidates are evaluated and given written feedback on a regular basis during the AVP. Evaluations and meetings should be well-documented, and should take place at the end of the 2nd week, a mid-rotation evaluation by the end of the 8th week, and a final evaluation at week 12. Attached is a sample of a more detailed evaluation form (sample attached Appendix 3).

If the candidate has been assigned to one or more rotations, the evaluation form completed by the supervisor should be forwarded to the Program Director for compilation in the final AVP evaluation form.

The final evaluation at the 12-week mark is to be completed by the Program Director on the AVP form and forwarded to the PG Dean’s Office for authorization and further forwarding to the CPSO and CEHPEA.

Possible Outcomes:

1. Satisfactory

AVP candidate continues in the postgraduate training program.

2. Unsatisfactory

A candidate with an unsatisfactory assessment has his/her appointment with the University terminated. The PG Office informs the CPSO and CEHPEA by forwarding copy of completed AVP form.

3. Withdrawal

An AVP candidate may choose to withdraw from the AVP at any time. Withdrawal may have an impact on the terms of the Ministry of Health and Long Term Care's Return of Service Agreement. Candidates should consult the MOHLTC regarding their ROS obligations.
http://www.health.gov.on.ca/english/providers/ministry/recruit/repatriation/docs/ros_guidelines.pdf

4. Other

Candidates should refer to individual school and hospital policy regarding suspension or other potential outcomes.

Appeals

AVP candidates may choose to appeal the Unsatisfactory evaluation based on process issues only. The candidate would refer to the individual school's policy and procedures regarding appeals. If the appeal is upheld by the school, the candidate would repeat the AVP. The school would request that the CPSO extend the AVP certificate. For an extension of more than 4 weeks, approval of the CPSO Registration Committee would be required.

Reapplication of Failed/Withdrawn Candidates

- a) A candidate in the PGY2 Advanced stream may request the Program Director for consideration at the PGY1 level. Re-Entry at this level is at the discretion of the Program Director and will require CPSO approval.
- b) As a failed AVP is not creditable residency training, a candidate who failed an AVP (PGY1 or PGY2 level) may apply to the first iteration of CaRMS.
- c) Restriction on the re-application of failures are:
 - Cannot apply to the same specialty at the same level of entry. They may apply to a lower level of entry in the same specialty, if applicable (see (a) above).
 - May apply to a different specialty.

Vacation Requests during the AVP

The AVP is a high stakes assessment over a short timeframe. As such, candidates are discouraged from taking vacation during the AVP, as it may put their assessment in jeopardy.

Return of Service

Candidates must contact the Ontario Ministry of Health and Long Term Care regarding arrangements for Return of Service contracts.

Reference documents:

1. Flowchart: AVP Process
2. AVP Form

McMaster Guidelines for the Supervision of Clinical Activities of Postgraduate Medical Students

Adequate clinical supervision requires meaningful involvement and visibility by the supervising physician in all aspects of patient management. This includes:

1. Validation, preferably in writing and within a reasonable time, of pertinent aspects of the history and physical findings
2. A discussion of the findings and their significance and of plans for management
3. Involvement and agreement concerning major decisions relating to management and disposition
4. Appropriate involvement with the planning and performance of procedures
5. Identification of aspects of the case affording educational emphasis
6. When a disagreement between a trainee and a clinical supervisor involves the appropriateness of patient care, and in the mind of the trainee the patient's care is in jeopardy, the same mechanism as already exist in the hospitals to guarantee patient safety shall be used.

Specifically these include contact with the head of the appropriate service, the chief of the appropriate department or the Chief of Staff of the hospital

N.B. Use of such mechanisms does not implicitly reaffirm the suspicions of either party, but patient safety is "of paramount importance".

The adequate supervision of the trainee is dependent upon the appropriate and timely notification of the responsible physician. Supervision promotes a high standard of patient care and medical education. When a postgraduate student is involved in the care of the patient, the notification of the attending (responsible) physician is the responsibility of the trainee. Notification implies direct contact with the responsible physician.

It must be understood that every patient must have an identified medical staff person who is ultimately responsible for their care. This ultimate responsibility cannot be delegated to a postgraduate student.

It is expected that the postgraduate student will indicate clearly to the patient (or responsible family member) the name of the responsible (supervising) physician and the fact that he/she has been contacted. It is advisable that the postgraduate student note, in writing, that such communication has occurred.

It is expected by the Faculty of Health Sciences and the teaching hospitals that all postgraduate students will comply with the following policy. This is a general statement of policy which may require interpretation by programs, hospitals, and clinical or laboratory services. It is expected that ongoing assessment should be documented at appropriate intervals to substantiate the delegation of responsibility. Exceptions may be negotiated as follows.

programs, in order to promote graded responsibility may permit their more experienced trainees to use their discretion in the following guidelines. Such arrangements should only be undertaken with the understanding and agreement of the trainee, attending physician, CTU director and program director involved. This delegation should in no way be thought to lessen the responsibility of the supervising

physician. Particular care must be taken when such arrangements may involve other department(s). It must be recognized that this policy applies to all settings eg. ambulatory clinics, in-hospital, etc.

Policy for Notification of the Responsible Physician by the Postgraduate Trainee

A. Prior to or At the Patient's Entrance to the System

The responsible physician must be notified prior to the patient's admission to hospital for all emergency admissions and for elective admissions arranged by residents. Patients whose admission have been arranged by the attending physician, the intern or resident will ensure that the attending physician is notified of the admission.

B. While the Patient is Within the System - notification of the responsible physician must occur:

- (a) whenever there is significant change in the patient's condition
- (b) whenever an unusual or unexpected finding is observed
- (c) whenever the diagnosis or management is in doubt
- (d) PRIOR to the undertaking of a procedure or therapy which has the potential for immediate or future serious morbidity
- (e) whenever the trainee becomes involved because of a patient referral from another service
- (f) prior to arranging a patient referral to another service.

C. Prior to the Patient's Exit from the System - notification of the responsible physician must occur:

- (a) prior to the patient's discharge from the emergency department
- (b) prior to the patient's discharge from an ambulatory setting - whenever the diagnosis or immediate management is in doubt
- (c) prior to discharge from hospital (unless previously approved by the responsible physician).

Communicable Diseases and Occupational Health For Applicants to and Students in Undergraduate and Postgraduate Medicine

McMaster Policy

A. Applicants

All applicants should be aware that they will be required to participate in the care of patients with various communicable diseases including hepatitis, TB and AIDS throughout their education. Therefore, there is a risk that the student may contract a communicable disease during the course of their studies.

As each student has a responsibility to prevent the spread of communicable diseases to others, the Faculty of Health Sciences is committed to providing education and training to all students in the methods of preventing spread of communicable diseases that is consistent with Health Canada Guideline Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care (Reference: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/25s4/index.html>) and the Ontario Hospital Association/Ontario Medical Association Communicable Disease Surveillance Protocols for Ontario Hospitals.

B. Requirements on acceptance into the program

1. All students are expected to be in a state of health such that they may participate in the academic program, including patient care, without posing a risk to themselves or others. (Reference: Council of Ontario Faculties of Medicine (COFM) Policy Document: Essential Skills and Abilities Required for the Study of Medicine; http://65.39.131.180/ContentPage.aspx?name=MD_Program_Admissions)
2. All students will be required to understand and comply with Faculty/program immunization policies and requirements. All students will be required to comply with provincial communicable disease surveillance protocols developed under the Public Hospitals Act, Regulation 965. (Reference: Public Hospitals Act, R.R.O. 1990, Regulation 965, http://192.75.156.68/DBLaws/Regs/English/900965_e.htm)

C. Students with a communicable disease

Strict confidentiality concerning the student's state of health will be maintained. The student is central to the process. Students who are accepted into the program, who have a communicable disease, may pursue their studies provided that their continued involvement does not pose a health or safety hazard to themselves or to others. Students will be offered counseling regarding career decisions and transferring.

1. Students with tuberculosis, hepatitis B, hepatitis C or HIV infection are professionally obligated, on acceptance, to inform the relevant Assistant Dean (Undergraduate, Postgraduate).

2. The Assistant Dean should consult with an Expert Board (ExB), and/or other experts, as appropriate.

When a student's clinical duties or clinical exposure is to be modified, limited or abbreviated, the Assistant Dean should be notified. The Assistant Dean will request input from the Expert Board regarding the details of the modifications or limitations.

3. The student will be offered advice and counseling that will assist him/her regarding clinical practice.
4. Students who acquire a communicable disease, or incur an injury or other medically related incident during their education program are required to seek medical attention immediately. The incident must be reported and documented by the student, at the earliest opportunity, to the Faculty of Health Sciences Occupational Health and Safety Office, the appropriate clinical supervisor, program director and the Assistant Dean. The Assistant Dean will ensure that appropriate documentation and counseling is provided through the assistance of the Expert Board.
5. Students and residents have the right to appeal decisions made by the Assistant Dean or the Expert Board by submitting, in writing or in person, a proposed amendment to the decision and the rationale supporting such an amendment. The student or resident may submit additional documentation from his/her personal physician or other healthcare worker in support of their appeal. In the case where the student's or resident's appeal is rejected by the Assistant Dean and/or Expert Board, the student or resident may engage in the Student Appeal Procedure of the University to submit any additional appeal.

D. Composition of the Expert Board

The case will be reviewed anonymously by the Expert Board. To ensure that the student's confidentiality is respected and maintained, the student will be advised of the membership of the Board prior to the case being reviewed. Disclosure of the nature of the communicable disease will be limited to the relevant Assistant Dean and the Director of the student's education program.

Assistant Dean, Chair (from appropriate program)
Infectious diseases expert physicians (2)
Physician from the discipline of the student (if applicable)
Student representative (e.g., local PAIRO representative)

Additional resources available to the Expert Board:

Medical Officer of Health
Occupational Health
Ethicist

The Expert Board will meet on an ad hoc basis, as required.

E. Co-Responsibility with Hospitals

The Faculty of Health Sciences and the teaching hospitals each are responsible for ensuring that students are adequately instructed in infection prevention and control as it relates to communicable diseases. This will include the following:

1. The Faculty will provide an introductory program on routine practices/standard precautions, infection prevention and control that is consistent with current guidelines and occupational health and safety. In addition, the Faculty will inform students as to their responsibilities with respect to infection prevention and control and occupational health and safety.
2. Affiliated teaching hospitals are required to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals developed under the Public Hospital Act, Regulation 965. Compliance with these Protocols requires the hospitals, in liaison with the University's academic programs, to provide instruction in infection prevention and control and occupational health and safety.

F. Occupational Health

All students will receive appropriate instruction with respect to adverse exposures (e.g., chemicals and radiation) which they may encounter during their program.

"While students are not covered by the Occupational Health and Safety Act or its regulations, the University is also committed to fulfilling its responsibilities concerning the health and safety of its students." (Note: residents, as employees of the hospitals are covered through the hospital Occupational Health; refer to PAIRO/CAHO agreement, Article 19.14: <http://pairo.jibby-jab.com/Content/Default.aspx?pg=1091>)

Examples of specific communicable diseases included in this policy:

Blood-borne pathogens

HIV/Hepatitis B, C, D.

Enteric pathogens

Salmonella / Shigella / Campylobacter / E-coli 0:157/ verotoxin producing Giardia Amoebiasis

Other

Influenza / Hepatitis A / Meningococcal disease/ Measles / Mumps /Rubella / Tuberculosis / Varicella

February 7, 2006

Summary of the Procedures for the Prevention of the Transmission of Blood Borne Pathogens including Hepatitis B, Hepatitis C, and HIV and the Management of Parenteral Injuries

1. Follow ROUTINE PRACTICE/STANDARD PRECAUTIONS when dealing with patients:

- a. **WASH YOUR HANDS** before and after every patient contact.
- b. **DO NOT** recap needles or resheath scalpels.
- c. Wear gloves for all blood taking and procedures involving direct contact with body fluids.
- d. Wear gowns, masks, and goggles or face shields for extensive body fluid exposures when splattering or splashing may occur.
- e. Remember: a complete history includes asking about infectious and contagious diseases.
- f. Ensure that your Hepatitis B vaccination series has been completed and your Tetanus is up to date.

2. IF you have a needle stick, sharp injury or a significant mucosal exposure to blood or body fluid:

- a. **C** - cleanse the affected area with free running water (mucosal exposures) and soap (for wounds). Allow wounds to bleed freely.
- b. **U** - utilize the Occurrence Report Form to document the exposure **AFTER IMMEDIATELY** cleansing the exposed area and notifying the clinical supervisor (nurse or physician).
- c. **T** - obtain treatment for the wound and assessment for the exposure **AS SOON AS POSSIBLE** (within 2 hours) from Employee Health Services (during normal working hours) or the hospital Emergency Room. Preventative therapy for HIV exposures must be started within **TWO HOURS** of the exposure.
- d. **S** - baseline serological testing is recommended for HBV, HCV and HIV for yourself and the source patient and **must be** coordinated through Employee Health Services or Emergency Department if EHS is closed.

3. Special information about HIV infections:

NO PATIENT can be refused appropriate medical care, including HIV infected people. When a resident or member of the medical staff is unable to provide this care, then the Responsible Physician or Head of Section should be notified.

When dealing with patients with known or suspected HIV infection:

- a. Inform the medical and nursing staff providing care to the patient.
- b. Before ordering an HIV antibody test ensure that the approved form for obtaining *valid, voluntary, informed consent* for testing is obtained from the patient.
- c. Check with the appropriate policy regarding testing and reporting procedures. Protect the patient's rights. Be sensitive to the issues of HIV infection, including confidentiality.

For additional information please refer to the following documents on the HHS Intranet under Infection Control:

- Standard (Routine) Precautions
- Health Safety and Wellness for Percutaneous or Mucus Membrane Exposure
- Or consult the Employee Health Service or the Infection Control Practitioner.

Updated: Infection Prevention and Control Office, April 2008

Also visit the College of Physicians and Surgeons of Ontario: <http://www.cpso.on.ca/policies/policies/>

McMaster Affiliated Teaching Hospitals Communication / Culture and Sensitivity

Attention to communication/culture and sensitivity issues is expected of all the members of the health care team.

Professional interactions, including a physical examination, can be anxiety-producing hospital experiences for many.

A. Communication/Culture

- Introduce yourself and wear identification so it can be seen. Call people by their preferred name.
- Be mindful of the social and cultural uniqueness of all individuals and how your cultural background affects others.
- Avoid jargon, abbreviations and complicated terminology. Speak in lay terms. Always check to make sure that the information was received and understood.
- Speak WITH the person, not AT the person. When possible, be seated.
- Explain what to expect honestly - even if there will be discomfort.
- Provide explanations, information and options - answer **every** question possible or find someone who can.

B. Sensitivity

- Ensure privacy as much as possible.
- Appropriate eye contact, tone of voice and reassuring touch will enhance rapport.
- Openness, honesty and best explanation possible are expected throughout examinations.
- Confidentiality must be respected.
- Watch the person. Their reaction will reveal fear and/or discomfort.
- Ask if she/he wishes a support person(s) present during an examination.
- Keep patients covered as much as possible during examination.
- Overly long and less than gentle examinations are not acceptable and are completely unnecessary. If you need assistance in your exam, admit it and get it.
- Conclude the examination with attention to the persons' physical and emotional comfort.

**McMaster University
Postgraduate Medical Education**

**Guidelines for Appropriate Use of the Internet Electronic
Networking and Other Media**

(This policy was adapted from the University of Toronto)

These guidelines apply to all postgraduate trainees registered with McMaster University, Faculty of Health Sciences, Postgraduate Medical Education Office. It includes Residents, Clinical and Research Fellows. Use of the internet includes posting on blogs, instant messaging (IM), social networking sites, email, posting to public media sites, mailing lists and video sites.

The capacity to record, store and transmit information in electronic format brings 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 but trainees 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 postgraduate trainees and the profession in the appropriate use of the Internet and electronic publication is necessary to avoid problems while maintaining freedom of expression.

Postgraduate trainees 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, and as employees of hospitals and other institutions. These obligations extend to the use of the internet 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*, September 2007, the *McMaster University, PGME Guidelines on Professional Behaviour and Ethical Performance*, and the *McMaster University, PGME Policy and Procedures on the Evaluation of Postgraduate Students' Performance* (<https://login.medportal.ca/>, Under 'Policies and Procedures').

Postgraduate trainees are also subject to the Personal Health Information and Privacy Act (http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm) "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.
- Individual responsibility for the content of blogs.
- The permanency of published material on the Web, and
- That 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) http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm , which defines a record as:

“information in any form or any medium, whether in written, printed, photographic or electronic form or otherwise.”¹

(a) Posting Information about Patients

Never post personal health information about an individual.

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.”²

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. Trainees should ensure that anonymized 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.

Exceptions that would be considered appropriate use of the Internet:

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.³
3. Within specific secure course-based environments⁴ that have been set up by McMaster University and that are password-protected or have otherwise been made secure.

Even within these course-based environments, participants should:

- (i) adopt practices to “anonymize” individuals;
 - (ii) ensure there are no patient identifiers associated with presentation materials; and
 - (iii) 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 labeled.

(b) 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 University policies on Sexual Harassment and Anti-Discrimination (<http://www.mcmaster.ca/hres/>)

¹ *Personal Health Information Protection Act, S.O. 2004 C.3,s.2.*

² *Personal Health Information Protection Act, S.O. 2004 C.3,s.4.*

³ *Faculty, instructors and postgraduate trainees are reminded that portable devices are not necessarily secure, and that confidential patient information should not be removed from the hospital.*

⁴ *Faculty and instructors are reminded that they must use a secure environment provided by the University.*

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 policies on Sexual Harassment and Anti-Discrimination (<http://www.mcmaster.ca/hres/>)

(d) 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.

Postgraduate trainees 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 Public Relations Department of the hospital, Postgraduate Medical Education Office, or institution who can provide advice in reference to material posted on the Web that might identify the institution.

(e) Offering Medical Advice

Do not misrepresent your qualifications.

Postgraduate trainees 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 trainees outside of this context is inconsistent with the terms of educational registration.

(f) Academic Integrity extends to the appropriate use of the Internet

McMaster University's Academic Integrity Policy contains provisions on academic dishonesty and misconduct. (<http://www.mcmaster.ca/univsec/policy/AcademicIntegrity.pdf>)

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.

Penalties for inappropriate use of the Internet

The penalties for inappropriate use of the Internet include:

- Remediation, dismissal or failure to promote by the Postgraduate Medical Education Office, Faculty of Health Sciences, McMaster University
- Discipline for breach of hospital or institutional policy.
- 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, s/he may complain in writing to the Assistant Dean, Postgraduate Medical Education, or to the College of Physicians and Surgeons of Ontario through designated processes.

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

Postgraduate Education Committee of COFM

Principles of Cross Coverage and Multi-Site Coverage

Approved
Revised March 14, 2010

Definitions

Cross-coverage is defined as taking “call” for a service outside of the resident’s current assigned/designated educational rotation.

Multi-site coverage is defined as taking “call” for a service over multiple sites, and potentially city/community-wide.

Background

Cross coverage and multi-site coverage may be required due to service requirements or for urgent/emergent reasons (e.g. staff illness). When implemented, cross and multi-site coverage must be pedagogically sound, relevant to the educational program, maintain service to education principles and consistent with the guidelines of the RCSPC and/or CFPC.

Principles of Geographic Cross-Site Coverage

Cross coverage and multi-site coverage *must*:

- have educational merit – objectives, evaluation and feedback – for each resident in his/her program consistent with the guidelines of the RCPSC and/or CFPC;
- have an appropriate service to education balance;
- ensure that patient and resident safety is a consistent priority;
- be relevant to the educational program;
- be supported by appropriate hospital infrastructure and policies (e.g. each site has similar policies regarding when a resident needs to be present);
- be appropriately supervised by the most responsible physician;
- have appropriate:
 - handover,
 - documentation,
 - transfer of information, and
 - review of cases;
- be at a level of responsibility commensurate with the resident’s level of training and experience;
- not compromise other objectives of the resident’s current rotation.

Information on Electives & MacCARE

McMaster Trainees Doing:

I MacCARE – Core rotations only

II Electives

- Within Ontario/ROMP/ERMED/SWOMEN/NEP
 - Electives Outside of the Province/Outside of Canada
-

I MacCARE *Core rotations only*

The Resident should contact his/her Program Assistant/Administrator (PA) who will complete the appropriate MacCARE forms.

- The PA will complete the appropriate MacCARE Rotation Request form to secure the rotation and funding, as applicable.
- The PA will provide the Postgraduate Medical Education Office with a copy of the form.
- On receipt of the form the PGME Office will issue the **Confirmation of Registration Letter of Good Standing** letter (otherwise referred to as a Letter of Good Standing) to the appropriate community hospital. **It is the Resident's professional responsibility to ensure that all immunizations and mask fit testing information is current with the PGME Office. The Confirmation of Registration letter may include a report of the Immunization status and mask fit testing (if requested) as recorded with the PGME Office (McPost).**

The Confirmation of Registration will include:

- Resident information: Name, Program, Level of training
- Rotation information: Name of the hospital, dates, service
- Verification of current CPSO registration
- Verification of current CMPA
- Resident's immunization record and/or mask fit results as recorded in McPost will sent by request.
- If the request comes from the Residency Program, then the PGME Office will also verify that the resident is academic good standing.

II Electives

- The Royal College of Physicians and Surgeons of Canada defines eligibility for Electives in their "Policies and Procedures for Certification and Fellowship" document, e.g., maximum of 6 months in an unaccredited setting, defined objectives and evaluation.
- The University requires that the trainee complete a "*Field Trip and Electives Planning and Approval Policy form*". The form and information can be found on medportal, under Policies and Procedures: http://www.workingatmcmaster.ca/link_doc.php?link=/med/document/RMM-801-Field-Trip-and-Electives-Planning-and-Approval-Program-1-36.pdf The form should be completed by the Resident and submitted to PGME Office, MDCL 3101, attention: Robyn Crozier (crozier@mcmaster.ca)

- The trainee must follow the registration instructions of the visiting medical school/institution as well as the regulations of the licensing authority and membership rules of the malpractice insurance carrier.
- **Contact information for Canadian medical schools, as well as individual school requirements are available on medportal, under Policies and Procedures – Electives**

⇒ **Within Ontario:**

ROMP Region – ROMP supports **Electives only** (versus Core) rotations. The ROMP region includes the MacCARE region.

The Resident should contact ROMP directly.

Website: <http://www.romponline.com/>
 Email: romp@romponline.com
 Fax: 705-445-8911
 Write: 459 Hume Street, Collingwood, ON L9Y 1W9

Other Distributed Medical Education (DME) providers in Ontario:

- Southwestern Ontario Medical Education Network (SWOMEN): <http://www.schulich.uwo.ca/swomen/>
- Eastern Regional Medical Education Program (ermep): <http://www.ermep.com/>
- Northern Ontario Electives Program (NEP): <http://www.nosm.ca/education/general.aspx?id=526>

⇒ **Out-of-Province/Out-of-Country:**

Prior to elective, Residents must complete the Out-of-Province Request form and have it approved by their Program Director and then the PG Dean. The elective should be unique, in that it is not available within the Province of Ontario.

Foreign sponsored trainees: because foreign trainees are here on a work permit and the regulations vary from province to province, you may be required to submit additional documents at the school where you are going to do the elective. Please check with the Postgraduate Medical Education Office of that school.

U.S. ELECTIVES: are not encouraged because of the high liability issues. Trainees wishing to take an elective in the U.S. should ensure they have the correct traveling documents by contacting Health Canada at http://www.hcsc.gc.ca/hppb/healthcare/health_resources.htm. CMPA coverage does not cover medical electives in the U.S. The University does have limited coverage, but again, do not encourage U.S. electives. See section below on **Liability**,

Liability

Canadian Medical Protective Association:

CMPA will cover electives within Canada but do not provide coverage in the United States or other foreign jurisdictions.

Out-of-Province/Within Canada

Trainees taking an out-of-province elective must pay the Province of Work (POW) of their training program. If the elective is part of their training program, it is not considered “moonlighting”. The **Resident should contact CMPA with:**

- the exact dates of the elective and
- the educational license number from the province in which the elective is taking place and its effective date.

Outside of Canada

The CMPA does not provide coverage for outside of Canada. There may be some exceptions for missionary/charity work, and the Resident should contact CMPA directly.

The Resident is advised as follows:

- that they require licensure and malpractice insurance coverage before undertaking an elective outside of the country.
- Contact the hospital where they are doing the elective to see if they offer malpractice insurance or alternatively,
- Contact an insurance broker or provider. Link to a list of Physician Insurers Association of America (PIAA): 2275 Research Blvd., Suite 250

http://www.piaa.us/Member_Directory1/AM/PIAA_Custom/Directory.aspx?iSession=47cf659c09e74043b6bd5456489ae35e&Section=Member_Directory1

Related articles from CMPA: (available on medportal)

- Providing care outside of Canada
- Potential gap in liability protection when teaching or learning outside Canada
- Clarifying CMPA assistance when providing care as a good Samaritan

CMPA contact:
1-800-267-6522

Canadian Universities Reciprocal Insurance Exchange (CURIE)

Out-of-Province/Within Canada/ Outside of Canada

All residents from CURIE covered schools maintain coverage under CURIE when on electives in Canada, in the United States and outside of North America. The coverage is normally sufficient depending on what the institution requires (CURIE currently has \$5,000,000 liability, including malpractice insurance – this may change from time to time).

If the institution requires verification of this information, CURIE can issue a “Certificate of Insurance”. CURIE will require documentation of an agreement to undertake the elective from the program.

**McMaster University
Postgraduate Medical Education
Policy and Procedures
for the Evaluation of Postgraduate Students' Performance**

I. PREAMBLE

The purpose of evaluating students is, two fold:

1. to assess their individual strengths and weaknesses in order that they may further develop their strengths and address their weaknesses
2. and to ensure that the graduates of the program meet or exceed defined levels of competence.

Evaluations should be based on both program and rotation specific goals and objectives. They should be both formative and summative and not a one-time report card. Evaluation should encourage continuous quality improvement and form the basis for an educational prescription for the student. It should not be punitive in nature.

The process of evaluating students must be fair and based on objective tools. The process should ensure that evaluations are constructive, accurate, timely and delivered in a face-to-face manner. Evaluation is a process that requires active participation of the faculty and student in order to share information. Once an evaluation has occurred it is important that the documentation is both entered and reviewed in a timely manner by the faculty and student.

This policy takes effect July 1st, 2009 for all new and outstanding matters, which have proceeded under the previous policy.

II. PURPOSE

The purpose of this policy is:

- To provide minimum process and substantive standards for the evaluation and remediation, where necessary, of postgraduate students in order to ensure consistency with the standards of Faculty of Health Sciences, McMaster University, the requirements of the Royal College of Physicians and Surgeons of Canada (RCPSC) / the College of Family Physicians of Canada (CFPC) and the College of Physicians and Surgeons of Ontario (CPSO).
- To provide minimum process and substantive standards for an appeal of a decision made through the evaluation process in order to ensure objectivity, fairness and consistency of treatment among students.

III. SCOPE

This policy applies to all postgraduate students (Residents and Fellows) who are registered with the Postgraduate Medical Education Office, (collectively "Students"). All matters surrounding evaluation will fall within the jurisdiction of the Postgraduate Medical Education Office, Faculty of Health Sciences, McMaster University. Postgraduate Students do not have access to the University Senate process.

IV. DEFINITIONS

Clinical Supervisor:

The most responsible staff physician to whom the Student reports.

Clinical Teaching Unit (CTU) Director:

The staff physician who is responsible for the overall functioning of the teaching unit. (It is recognized that in some departments the CTU Director and the Clinical Supervisor may be the same individual.)

Program Director/Home Program Director:

The Program Director of the Student's program who is the officer responsible for the overall conduct of the integrated residency program in a discipline, reporting to the head of the department concerned and to the Assistant Dean, Postgraduate Medical Education, for the Faculty.

Assistant Dean, Postgraduate Medical Education (or Postgraduate Dean):

The officer responsible for the overall conduct and supervision of postgraduate medical education within the Faculty, reporting to the Associate Dean (Education).

Dean, Faculty of Health Sciences

The officer responsible for all matters within the Faculty of Health Sciences

Appeals Review Board (ARB):

Is an arm's length body that adjudicates appeals and academic decisions that have been reviewed at the Program level (Level 1 Appeal). The ARB:

- Adjudicates and investigates on behalf of the Postgraduate Medical Education Office, Residency Program committees and/or the Assistant Dean, Postgraduate Medical Education concerning:
 - Level 2 appeals.
 - the dismissal, failure, suspension of postgraduate medical students.

Education Advisory Board (EAB)

Is an arm's length body that assists the programs and residents on academic matters. The EAB:

- Acts on behalf of the Postgraduate Medical Education Office:
- Acts as an educational advisor for residents and programs.
- Considers the performance of any Student whose name has been referred to it by a Program Director, and/or Residency Program Committee or by the Assistant Dean, Postgraduate Medical Education.

V. EVALUATION PROCESS

Beginning of the rotation

1. The Clinical Supervisor or CTU Director should meet with the Student at the beginning of the rotation to discuss the evaluation process, and in particular, should discuss the following:
 - a. delineate the Student's role during the rotation;
 - b. outline the duties and responsibilities expected of the Student;
 - c. outline the goals and objectives of the program and rotation, with reference to the standards of the RCPSC or the CFPC;
 - d. explain the structure and interrelationships of the health care team, where appropriate; and
 - e. advise the student on what evaluation tools will be used in the evaluation process, the prescribed evaluation format particular to the Student's home program, how the ITER (in-training evaluation report) is completed and the timing of evaluations (including on-going informal feedback, the mid-rotation evaluation and the ITER).

During the rotation

2. The Clinical Supervisor should provide regular ongoing informal feedback to Students during the rotation.

3. Normally, a mid-rotation evaluation is recommended; however, where concerns or deficiencies regarding a Student's performance arise during a rotation, a formal mid-rotation evaluation must take place. The Clinical Supervisor should meet with the Student to discuss the concerns or deficiencies. This face-to-face meeting should occur as soon as reasonably possible during the rotation (generally within two weeks of the midpoint date) so that the Student has an opportunity to address and correct such concerns or deficiencies. A mid-rotation ITER will be completed and provided to the Student in a timely manner.
4. For rotations longer than 3 months the interval between written evaluations should be no longer than 3 months and a formal, documented mid-unit evaluation must take place.

End of the rotation

5. It is the responsibility of the Clinical Supervisor, and ultimately the Home Program Director, to ensure that an ITER is completed and submitted for each Student for each rotation.
6. In completing the ITER, the Clinical Supervisor should draw on the feedback of other members of the health care team; the Clinical Supervisor should synthesize all information (e.g., correspondence) received from the team about the Student's performance during the rotation.
7. Within each domain and for each goal and objective on the ITER, there may be several levels of competence identified. However, the overall (summative) evaluation on the ITER should indicate one of the following designations:

Satisfactory	Student has successfully met the goals and objectives of the rotation
Provisional Satisfactory	Student has <i>demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies</i> identified in the rotation objectives, or any other requirement of the rotation, and that while such deficiencies require remediation, <u>they are not so severe to necessitate the Student repeating the entire rotation</u> ; the Clinical Supervisor believes that the Student can satisfy the deficient rotation objective(s) or requirement(s) during other rotations.
Unsatisfactory	Student has <i>demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies</i> identified in the rotation objectives, or any other requirement, and the Clinical Supervisor believes that the rotation objective(s) or requirement(s) <u>can only be reasonably met by remediation and having the Student repeat the entire rotation</u> . (For example, a designation of "Unsatisfactory" is appropriate and remediation is necessary where the deficiency is in the "Medical Expert" category of the rotation.) ¹

¹ It is recognized that it is legitimate for a Program Director to inform the College of Physicians and Surgeons of Ontario or other authority that an unsatisfactory evaluation has been given. If an appeal is underway that should be indicated. If the results of the appeal are known then they must be indicated as well.

Incomplete	<p>“Incomplete” indicates that the Clinical Supervisor has been unable to properly and fully evaluate the Student because the Student’s time spent on the rotation was insufficient, for whatever reason, e.g. illness, extenuating circumstances etc.² <u>As the rotation is incomplete, time will have to be made up to fulfill the requirements of the rotation.</u></p> <p>As a guideline, a designation of “Incomplete” may be appropriate where the Student has not spent at least 50% of the required time on the rotation. Even where a designation of “Incomplete” is indicated, the Clinical Supervisor should complete the ITER in order to document the Student’s time spent in the rotation and the Student’s performance during that limited time.</p>
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8. Prior to the end of the Student’s rotation, the Clinical Supervisor should meet with the Student to discuss and review the completed ITER and all supporting documentation, which documentation is necessary to substantiate the ITER. Where a designation of “Unsatisfactory” or “Provisional Satisfactory” is indicated, the supporting documentation should include an identification of the Student’s deficiencies and, if appropriate, the Clinical Supervisor’s recommendation for remediation.
9. The Clinical Supervisor should sign (by written signature or electronically) and date the ITER and ask the Student to do the same. The Student should be advised that his/her signature does not imply agreement with the ITER but simply signifies that s/he has read it. The Student may add comments to the ITER, e.g. to indicate agreement or disagreement or to clarify specific points.
10. It is the responsibility of the Clinical Supervisor to ensure that the Home Program Director receives a signed copy of the ITER and all supporting documentation.
11. In exceptional circumstances where it is not possible for the Clinical Supervisor to meet with the Student prior to the end of the rotation, the Clinical Supervisor should attempt to meet with the Student as soon as possible thereafter. If the Clinical Supervisor and Student have not met within 10 working days after the end of the rotation, the Clinical Supervisor should proceed to send the Home Program Director a copy of the ITER and all supporting documentation, including any documentation which evidences the Clinical Supervisor’s failed attempt(s) to meet with the Student.
12. It is expected that a student will review his or her evaluation either on-line through Webeval or in paper format within 20 working days from the end of the rotation.

**VI. DESIGNATION OTHER THAN SATISFACTORY
(PROVISIONAL SATISFACTORY, UNSATISFACTORY, INCOMPLETE)**

1. In all cases, the Home Program Director and Student should meet as soon as reasonably possible to discuss and review the ITER and all supporting documentation. This may lead to discussion at the Residency Program Committee.
2. The Student may elect to accept or reject the designation. If s/he elects to reject the designation, s/he may appeal the designation at Level 1 Appeals – Program Level, in accordance with Section VII (Appeals).

² Students should be aware that time away from rotations (e.g., vacation, professional leave, etc.) exceeding one week per one month rotation period may interfere with the acquisition of the competencies outlined by the goals and objectives of the rotation. While ultimately, the PAIRO collective agreement regulates time allowed away from rotations, students/residents and faculty are advised to consider this when requesting or authorizing time away from the rotation.

Remediation Plan

3. If the Student accepts the designation, a Remediation Plan designed to address the Student's deficiencies should be implemented as soon as possible.
4. The terms of the Remediation Plan shall be subject to the agreement of the Student, the Home Program Director and the Clinical Supervisor but should include:
 - a. Nature of the Remediation Plan;
 - b. A statement of the expected outcomes of the rotation;
 - c. Identification of the areas of deficiency;
 - d. Defined time frame for completion of the Remediation Plan;
 - e. Specification of how the Remediation Plan will be evaluated; and
 - f. Consequences of receiving a designation of "Unsatisfactory".
5. The Home Program Director shall provide a copy of the ITER and Remediation Plan to the Education Advisory Board and to the Student's file. The EAB will review the Remediation Plan and may or may not offer comments.
6. The Student and/or the Home Program Director may request the assistance of the Education Advisory Board in designing the Remediation Plan. Such requests should be made in writing to the Postgraduate Medical Education Office, outlining any specific concerns. The Postgraduate Medical Education Office will facilitate a meeting of the Education Advisory Board. (see below, *Meeting of the EAB*).
7. If the Student completes the Remediation Plan with a designation of "Satisfactory", as determined by the Home Program Director, then the Student will proceed in the program and the Home Program Director will notify the Education Advisory Board of the outcome. The documentation surrounding the remediation will remain part of the Student's file.

Meeting of the EAB

8. In the event that the program requests assistance of the Education Advisory Board (as noted in #6 above), the EAB shall review the past performance of the Student with reference to documentation presented by the Home Program Director and the Student. Additional information may be presented to the EAB at the time of the meeting.
9. The purpose of the meeting will be to gather information to assist the EAB in developing recommendations and strategies that will help address the Student's issues. The Student will be offered the opportunity to invite an individual for support.
10. The Chair of the EAB shall ensure that the Assistant Dean, Postgraduate Medical Education, the Home Program Director and the Student are notified, in writing, of the EAB's discussion and recommendations.
11. The Home Program Director and/or the Student may wish to discuss the recommendations made by the EAB, with the Assistant Dean, Postgraduate Medical Education.

Remediation is designated Provisional Satisfactory, Unsatisfactory, or Incomplete

12. If the Student completes the Remediation Plan with a designation of Provisional Satisfactory, Unsatisfactory or Incomplete, then the case would be reviewed by the Residency Program Committee. The Student may, at any time, elect to reject the designation, within the Appeal guidelines as outlined in the Level 1 Appeals –in accordance with Section VII.

13. The RPC should review and make one of the following recommendations to the Assistant Dean, Postgraduate Medical Education:
- a. the Student be allowed to continue in his / her normal program;
 - b. the Student be allowed to continue in a modified program to be designed by the Student, the Home Program Director and the Clinical Supervisor, and approved by the Education Advisory Board;
 - c. that the Student be dismissed from the program; or
 - d. any other recommendation deemed by the Residency Program Committee to be just and reasonable in the circumstances.

The Program Director will advise the Assistant Dean, Postgraduate Medical Education of the RPC's decision, in writing.

14. In the case where the recommendation has been made that the Student be dismissed from the program, or any other recommendation from the Residency Program Committee, the Assistant Dean, PGME has the authority to request a meeting of the Appeals Review Board (ARB). The Assistant Dean, PGME, will advise the Student and the Home Program Director, in writing, of a decision to convene the ARB.
15. A meeting of the Appeals Review Board will be convened for the purpose of reviewing the case and making a recommendation to the Assistant Dean, Postgraduate Medical Education, of a course of action in respect of the Student's continued participation in the program. (Refer to Level 2 Appeals - Appeals Review Board (ARB), page 9).
16. The Assistant Dean, Postgraduate Medical Education, may suspend³ the Student, without loss of pay, from all activities involving the care or investigation of patients, pending the findings and recommendations of the Appeals Review Board.
17. The Appeals Review Board will make written recommendations to the Assistant Dean, PGME and the Assistant Dean will make a decision based on those recommendations. (Refer to page 10, Decision of the Assistant Dean.)

VII. APPEALS

Level 1 Appeals – Program Level

(Within 15 working days after having become aware of the decision under appeal.)

1. A Student may submit an appeal, in writing, to the Home Program Director in respect of any process or substantive decision (i.e. decisions involving academic judgment or specialty specific skills) arising out of the Evaluation Process, including a decision to indicate a designation other than "Satisfactory" on the Student's ITER.

All appeals submitted at Level 1 must include a written statement from the Student clearly stating the decision(s) under appeal, providing detailed reasons why the decision is thought to be incorrect or inaccurate, and the desired result. The Student must submit the appeal within 15 working days after having become aware of the decision under appeal.

2. Level 1 Appeals should consider both the procedure of the evaluation as well as the substantive content.

³ See Appendix A in respect of suspensions for "Emergent Situations", such as situations involving danger to patient safety or lack of professionalism.

3. *For decisions in respect of rotations within the Student's specialty*, the Student's home program appeals process will apply.⁴ Other rotations may be arranged within McMaster teaching hospitals or at another academic centre to provide second opinions regarding specialty specific ability. This would be mutually agreed upon by student and program.

For appeals in respect of process and substantive decisions, if the appeal is denied, it may proceed to Level 2 Appeals – Appeals Review Board, in accordance with this Section VII.

4. *For decisions in respect of rotations outside the Student's specialty*, the Home Program Director should consider the appeal and will consult the Clinical Supervisor and / or the Program Director of that rotation, along with other appropriate individuals, e.g., the CTU Director. If the appeal is denied, the appeal may proceed to Level 2 Appeals – Appeals Review Board, in accordance with this Section VII.
5. *For Students completing a Pre-Entry Assessment Program (PEAP), an Assessment Verification Period (AVP), a Practice Ready Assessment (PRA), or clinical examinations (STACERs)*, the sole remedy that may be granted following a successful appeal is the ability to repeat relevant components of the assessment or the clinical event, as applicable, one more time only. In these instances, if the appeal is denied at Level 1 (Program), the student has the option to appeal to Levels 2 and 3 however, the sole remedy remains - to repeat relevant components, one more time only.
6. The Chair of the Residency Program Committee shall ensure that a record of the meeting be kept, including any written submissions and the findings and recommendation of the Residency Program Committee concerning the matters before it. The Chair of the Residency Program Committee shall provide the Student with a written report of the findings and recommendations of the committee. A copy of the report will be sent to the Assistant Dean, Postgraduate Medical Education.
7. The Student shall have the right to appeal the recommendation of the Residency Program Committee, to Level 2 Appeals, for both process and substantive issues. The Student must submit the appeal within 15 working days after having become aware of the decision.

Level 2 Appeals – Appeals Review Board (ARB)

(Within 15 working days after having become aware of the decision under appeal.)

The ARB may be convened:

Category 1

By the Student - to submit an appeal in respect of a process and/or substantive recommendation denied at Level 1. Grounds of appeal may include medical, compassionate or extenuating circumstances, bias, inaccuracy or unfairness.

All appeals at Level 2 must be directed to the Postgraduate Medical Education Office, with a copy sent to the Home Program Director, and include a written statement from the Student clearly stating the recommendation(s) under appeal, providing detailed reasons why the recommendation at Level 1 is thought to have been incorrect, inaccurate or unfair, and the desired result. The Student must submit the appeal within 15 working days after having become aware of the recommendation under appeal.

Category 2

By the Assistant Dean, Postgraduate Medical Education - to review an adverse recommendation made by the Residency Program Committee.

On receipt of a Level 2 appeal, the Postgraduate Medical Education Office will convene a meeting of the Appeals Review Board at its earliest convenience to hear the appeal.

⁴ Students should contact their home program for details of its appeals process.

Meeting of the Appeals Review Board (ARB)

1. The Appeals Review Board shall review the past performance of the Student with reference to documentation presented by the Home Program Director and the Student. All reports of the Education Advisory Board will be submitted. The Home Program Director and the Student shall be entitled to make written submissions to the Appeals Review Board. Additional information may be presented to the ARB in writing or orally through a party's own testimony or other individuals.
2. The Student, with counsel if desired, and the Home Program Director will be invited to attend the meeting of the ARB, along with any other appropriate individuals, as determined by the Appeals Review Board, e.g. the Clinical Supervisor who completed the ITER.
3. The Student and the Home Program Director shall be entitled to make written submissions to the ARB.
4. The Chair of the ARB shall ensure that a record of the meeting be kept, including any written submissions and the findings and recommendations of the ARB concerning the matters before it.
5. The Chair of the Appeals Review Board shall ensure that the Assistant Dean, Postgraduate Medical Education, the Home Program Director and the Student are notified, in writing, of the ARB's recommendation, reasons for the recommendation and remedy, if any.

Recommendations of the ARB

Category 1 - ARB convened at the request of the Student

Category 2 – ARB convened at the request of the Assistant Dean, PGME

For both Category 1 and 2 the Chair of the ARB may recommend one of the following:

1. the Student be allowed to continue in his / her normal program;
2. where the Student had been suspended in accordance with paragraph 10, page 7, that the suspension be lifted and the Student be allowed to continue in a modified program to be designed by the Home Program Director and approved by the Education Advisory Board;
3. that the Student be dismissed from the program; or
4. any other recommendation deemed by the Appeals Review Board to be just and reasonable in the circumstances.

The Chair of the ARB will ensure that the Assistant Dean, Postgraduate Medical Education, the Home Program Director and the Student are notified, in writing, of the ARB's findings and recommendations.

Decision of the Assistant Dean, Postgraduate Medical Education

1. As soon as possible following receipt of the findings and recommendations of the ARB, the Assistant Dean, Postgraduate Medical Education, shall, at his/her sole discretion, decide to accept the recommendation of the ARB or to substitute any other course of action.
2. The decision of the Assistant Dean, Postgraduate Medical Education will be final in substantive matters.
3. The Student shall have the right to appeal the decision of the Assistant Dean, Postgraduate Medical Education, to Level 3 Appeals, for process issues only. The Student must submit the appeal within 15 working days after having become aware of the decision under appeal.

Level 3 Appeals – Dean, Faculty of Health Sciences

(Within 15 working days after having become aware of the decision under appeal.)

1. A Student may submit a Level 3 appeal to the Dean, Faculty of Health Sciences in respect to any appeal of a process decision denied at Level 2. Grounds of appeal may include medical, compassionate or extenuating circumstances, bias, inaccuracy or unfairness. The Student must submit the appeal within 15 working days after having become aware of the decision under appeal.
2. The Student's submission must include a written statement outlining the decision(s) under appeal, providing detailed reasons why the decision at Level 2 is thought to have been incorrect, inaccurate or unfair, and the desired result.
3. The Dean shall arrange for a hearing to be held in accordance with Faculty-approved procedures before the Faculty Postgraduate Tribunal, defined by the Faculty, as the final adjudicator of this appeal.
4. The three members of the Faculty Postgraduate Tribunal will be chosen from a pre-selected group of faculty and postgraduate students (refer to Terms of Reference for the Postgraduate Tribunal).
5. The Designate appointed by the Dean, Faculty of Health Sciences, will request the Postgraduate Medical Education Office to prepare a file consisting of the Student's written evaluation reports, ITERs, other relevant reports and correspondence, and a summary statement of actions relevant to the appeal. The Deputy should ensure that the parties to the appeal (the Student and the Assistant Dean, Postgraduate Medical Education) have a copy of this file in reasonable time to prepare for the meeting to hear the appeal.
6. At any time throughout the process, the Tribunal may request documents from the Assistant Dean if the Tribunal finds that such documents are relevant to the proceeding.
7. The Postgraduate Tribunal has sole jurisdiction to hear and make a final adjudication on the appeal.
8. The Postgraduate Tribunal shall conduct itself in accordance with the principles of natural justice as maintained in the Statutory Powers Procedure Act. It is recommended that the Tribunal follow the procedures outlined in Appendix B, which are consistent with the Statutory Powers Procedure Act (Copies of the Statutory Powers Procedure Act are available in the University Secretariat, Room 210, Gilmour Hall).
9. The Postgraduate Tribunal shall give written notice of the decision, with reasons, to the student and to the other parties involved. This decision will be delivered as soon as reasonably possible following the conclusion of the hearing. The Postgraduate Tribunal shall make one of the following decisions:
 - a. to uphold the appeal and grant the remedy sought by the Student;
 - b. to uphold the appeal and re-instate the Student at the appropriate stage of his/her Postgraduate program, with no remedy; or
 - c. to uphold the appeal and fashion any remedy deemed just and reasonable in the circumstances,
 - d. to deny the appeal and to require the Student to complete a Remediation Plan developed by the Postgraduate program with a designation of "Satisfactory" prior to being permitted to continue in the Postgraduate program; or
 - e. to deny the appeal and to require the Student to withdraw from the Postgraduate program.
10. The decision of the Postgraduate Tribunal is final. Postgraduate Students do not have access to the University Senate process. (Refer to McMaster University, Student Appeals Procedures, September 1, 2009; page 6, item (vii).)

Emergent situations include the following:

- Danger to patient safety i.e., inappropriate and/or harmful clinical actions (e.g. improper technique, lack of judgment etc.). *Refer to Guidelines re Patient Safety.*
- Lack of professionalism i.e., inappropriate professional behaviours (e.g. sexual misconduct, blatant, inappropriate breaches of confidentiality, harassment, boundary issues etc.) *Refer to the McMaster University, Postgraduate Medical Education, Guidelines on Professional Behaviour and Ethical Performance,*

Process:

1. A Clinical Supervisor may make a decision to relieve a Postgraduate Student from clinical duties if there are grounds to show that patient care is likely to be adversely affected if the Student continues in the placement.
2. The Clinical Supervisor and/or Clinical Teaching Unit Director should recommend immediately to the Home Program Director that the Postgraduate Student be suspended.
3. The Home Program Director will investigate the situation. At the same time, the Program Director shall notify and consult with the Assistant Dean, Postgraduate Medical Education.

The Assistant Dean, Postgraduate Medical Education, shall notify the Student, in writing, that s/he has been suspended, without loss of pay pending the investigation of the Program Director.

4. On receipt of the written report and supporting documentation, at the discretion of the Assistant Dean, PGME, the Assistant Dean shall conduct an investigation as required. The Assistant Dean has the authority to request a meeting of the Appeals Review Board (ARB). The Assistant Dean, PGME, will advise the Student and the Home Program Director, in writing, of a decision to convene the ARB.
5. The ARB will conduct a thorough review of the documentation. The ARB may wish to meet with appropriate individuals, including the Student. The Student will have the opportunity to seek clarification of the documentation presented and will have the right to request clarification as required and invite appropriate individuals that can support his/her case.
6. The recommendation of the ARB shall be one of the following:
 - i) the postgraduate Student shall be re-instated;
 - ii) the postgraduate Student be re-assigned to another similar rotation;
 - iii) a Remediation Plan shall be implemented; or
 - iii) the postgraduate Student shall be dismissed from the program.
7. The Chair of the ARB shall ensure that the Assistant Dean, Postgraduate Medical Education, the Home Program Director and the Student are notified, in writing, of the Appeals Review Board findings and recommendations.
8. As soon as possible following receipt of the findings and recommendations of the ARB, the Assistant Dean, Postgraduate Medical Education, shall, at his/her sole discretion, decide to accept the recommendation of the ARB or to substitute any other course of action. The decision of the Assistant Dean, Postgraduate Medical Education, including reasons for the decision shall be

provided in writing to the Student and the Home Program Director with copies to the ARB and the Student's file. The Student shall have the right to appeal the decision of the Assistant Dean, Postgraduate Medical Education, at Level 3 Appeals – Appeals Committee, in accordance with Section VII (Appeals).

Documents for Further Reference:

1. McMaster University, Postgraduate Medical Education, Guidelines on Professional Behaviour and Ethical Performance.
2. Guidelines re Patient Safety.
3. Terms of Reference Education Advisory Board.
4. Terms of Reference Appeals Review Board.
5. Terms of Reference Faculty Postgraduate Tribunal
6. Appendix B-Rules of Procedure for Faculty Postgraduate Tribunal
7. McMaster University Student Appeal Procedures

Chart 1: Evaluation Process

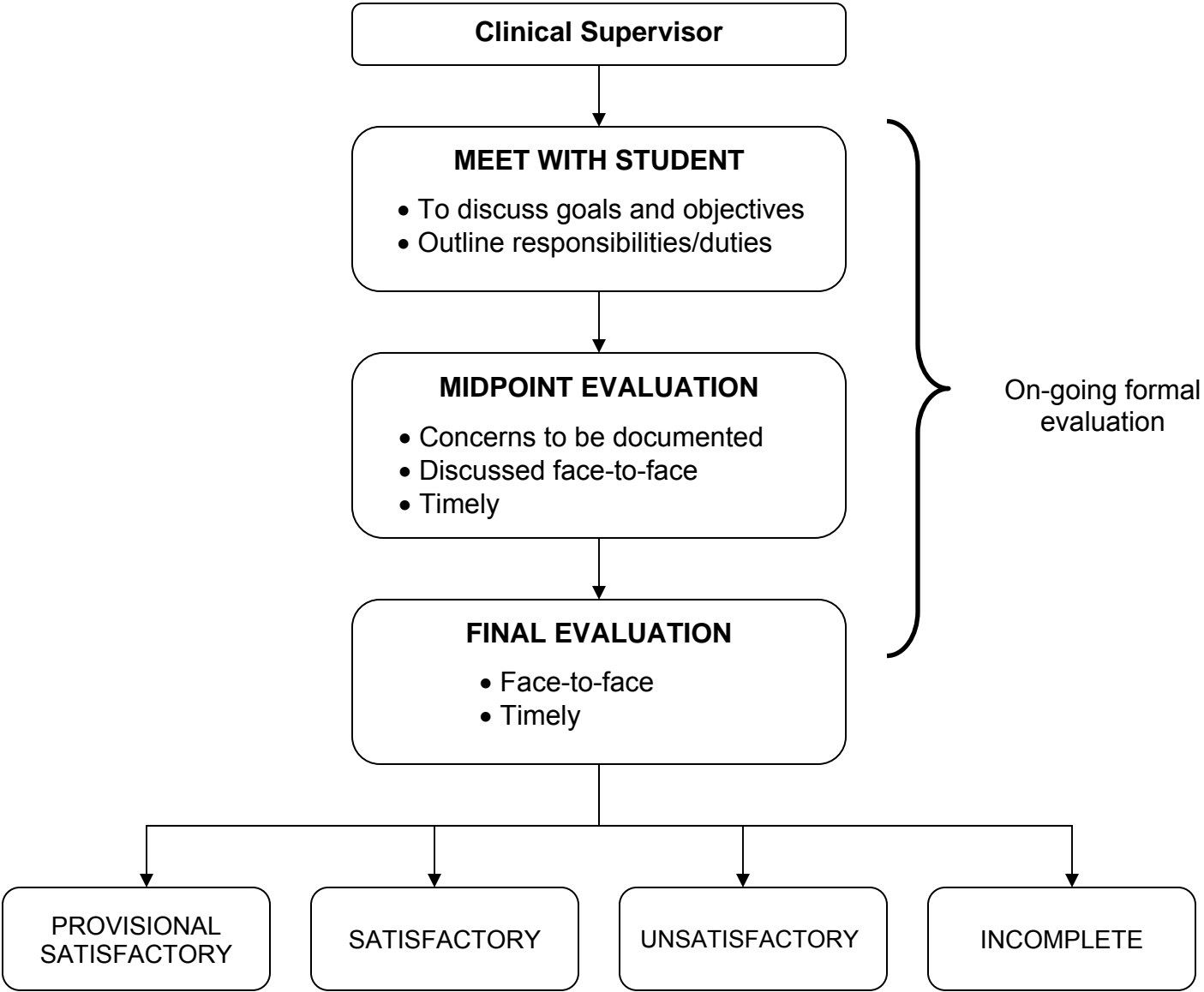


Chart 2: DESIGNATION OTHER THAN SATISFACTORY
(Refer to Section VI, page 5 for details)

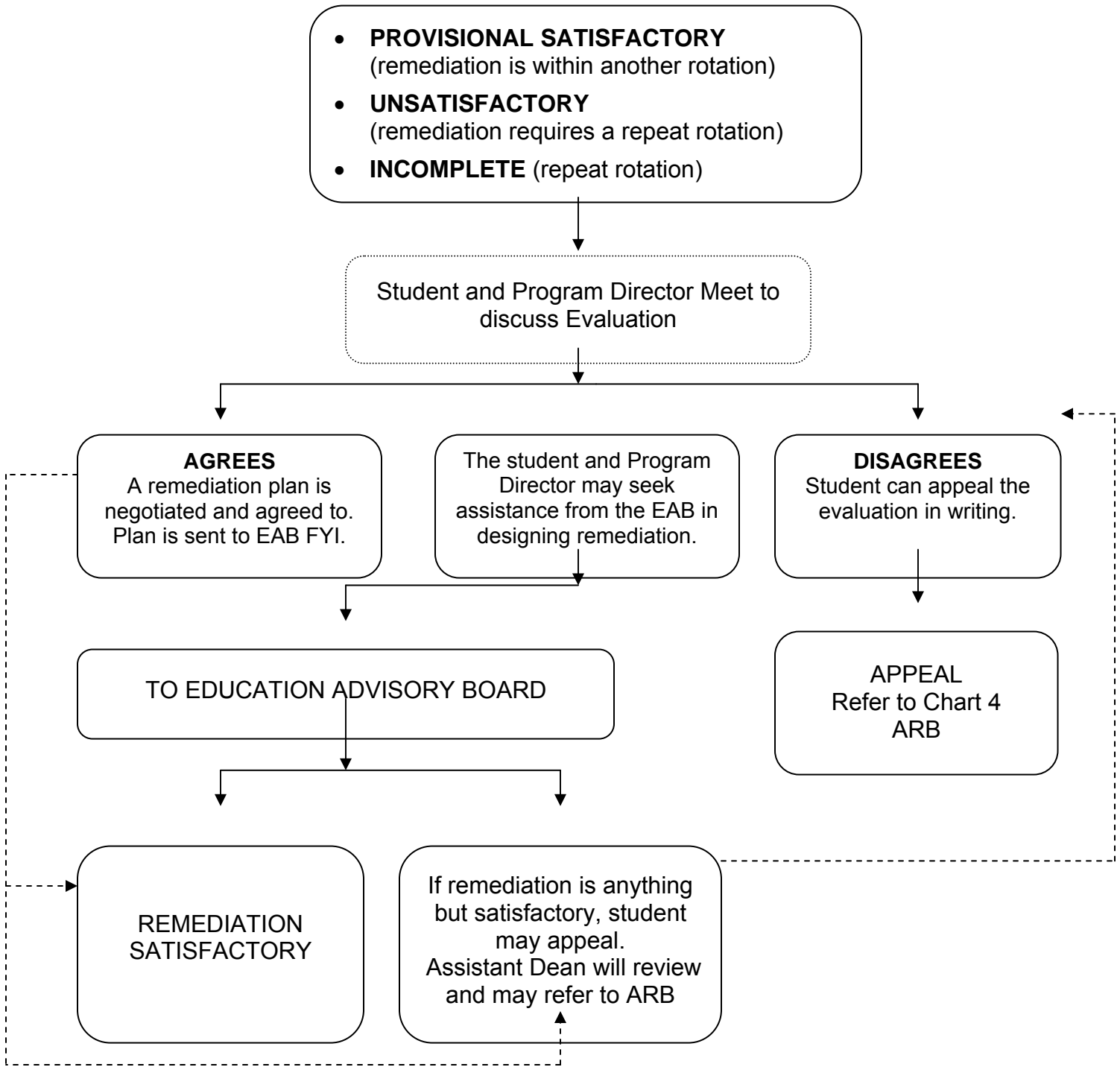


Chart 3: APPEALS - OVERVIEW
(All appeals must be made within 15 working days after
having become aware of situation)
(Refer to Section VII, page 7 for details)

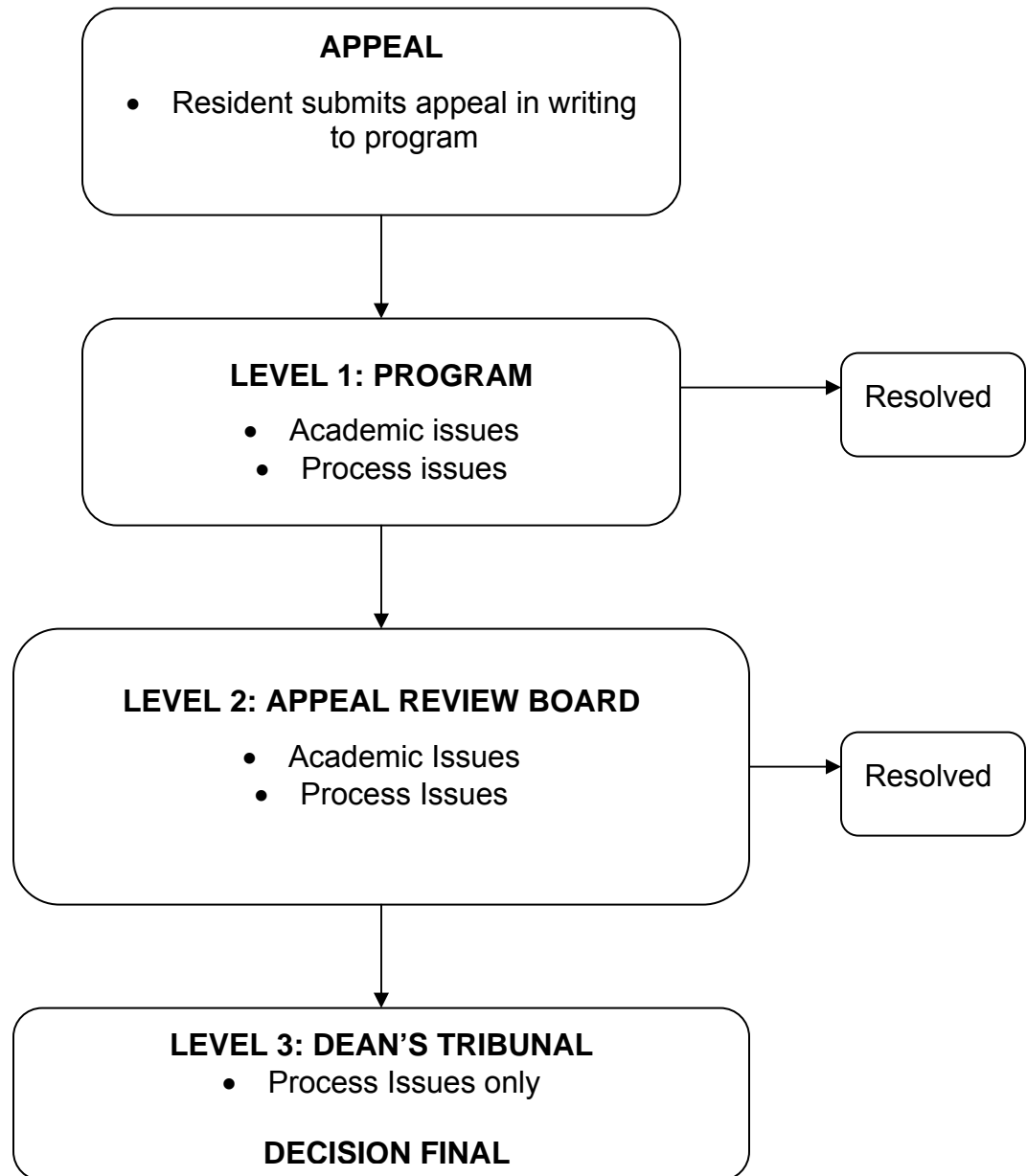


Chart 4: APPEALS LEVEL 1 (PROGRAM)

(within 15 working days after having become aware of situation)

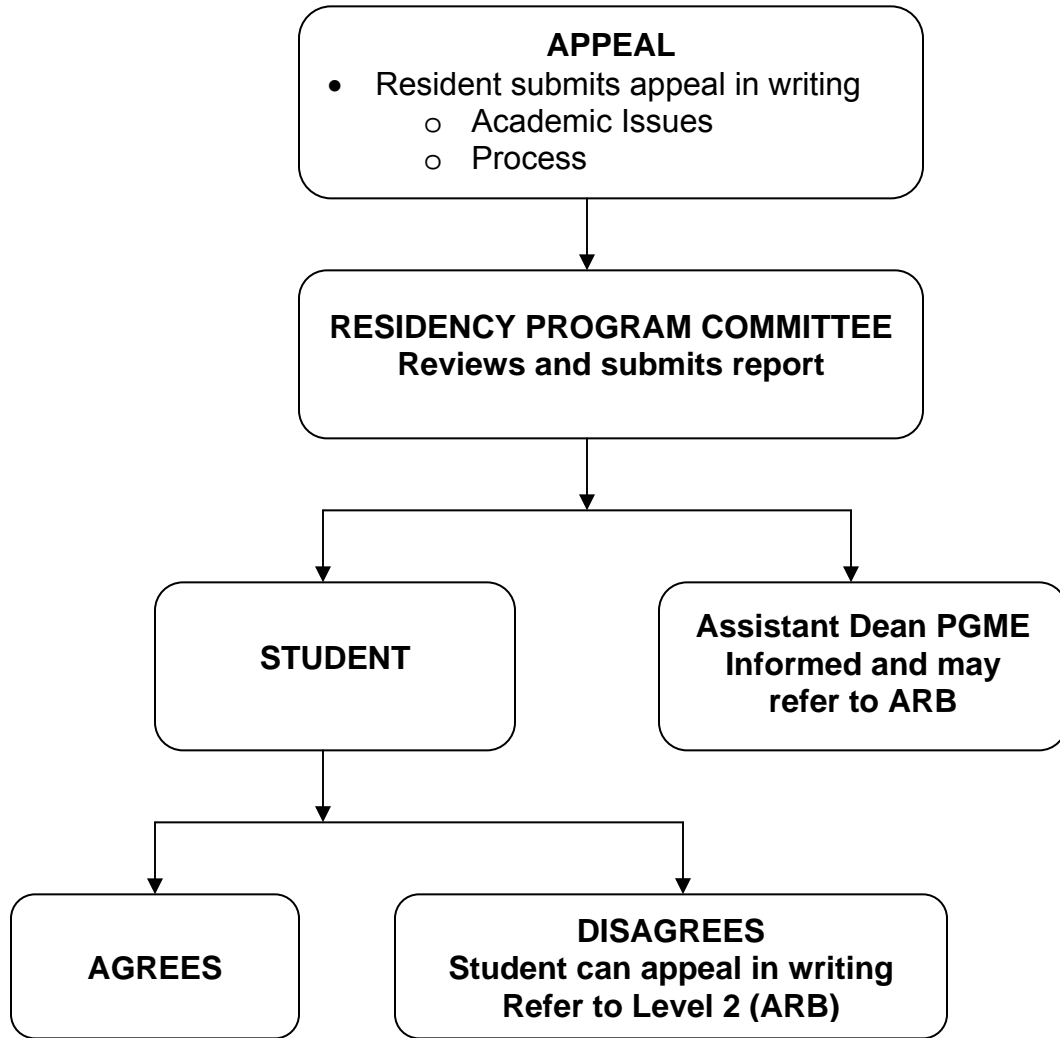


Chart 5: APPEALS LEVEL 2
 (within 15 working days after having become aware of situation)

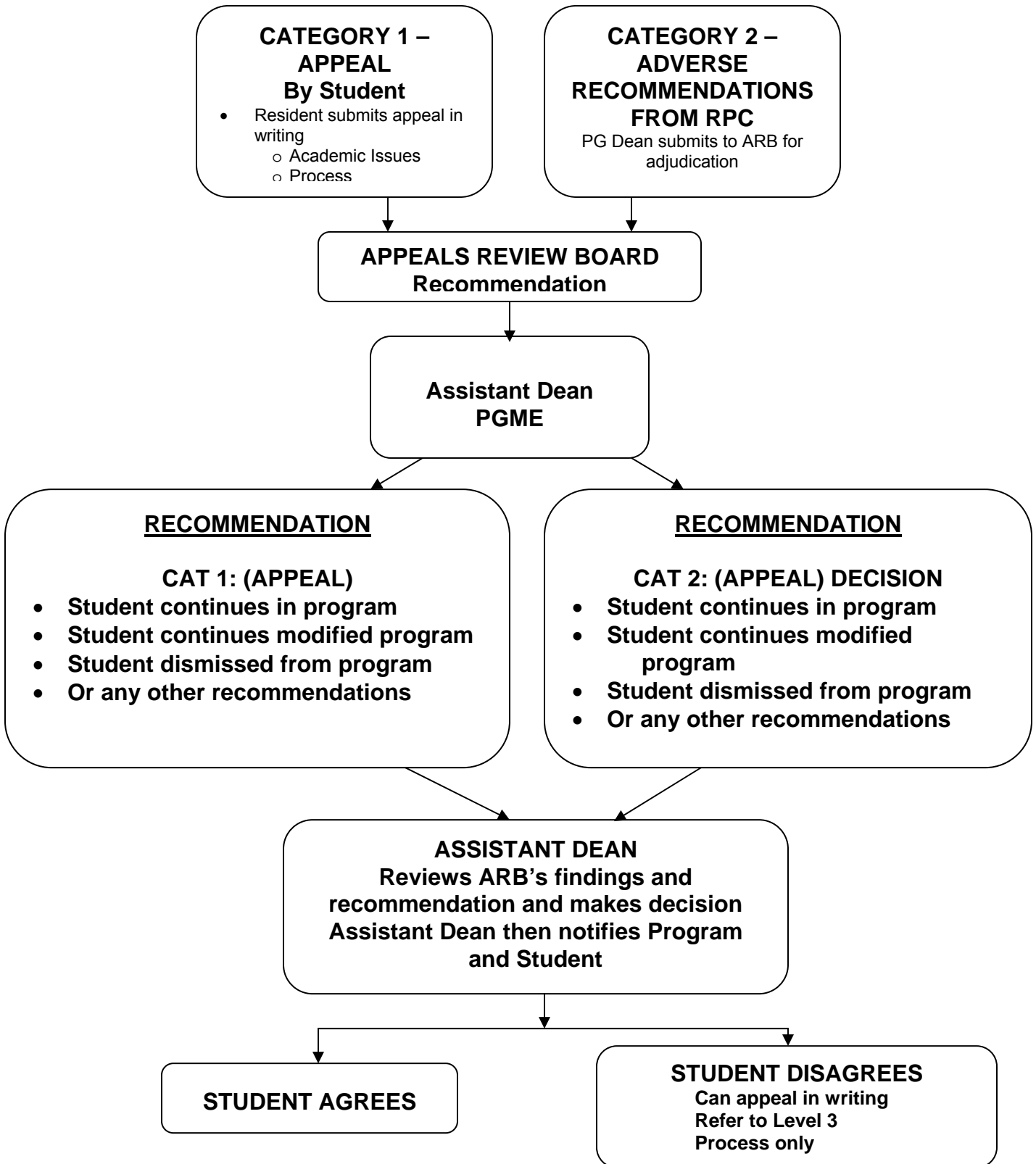


Chart 6: APPEALS LEVEL 3 (DEAN'S TRIBUNAL)
(within 15 working days after having become aware of situation)

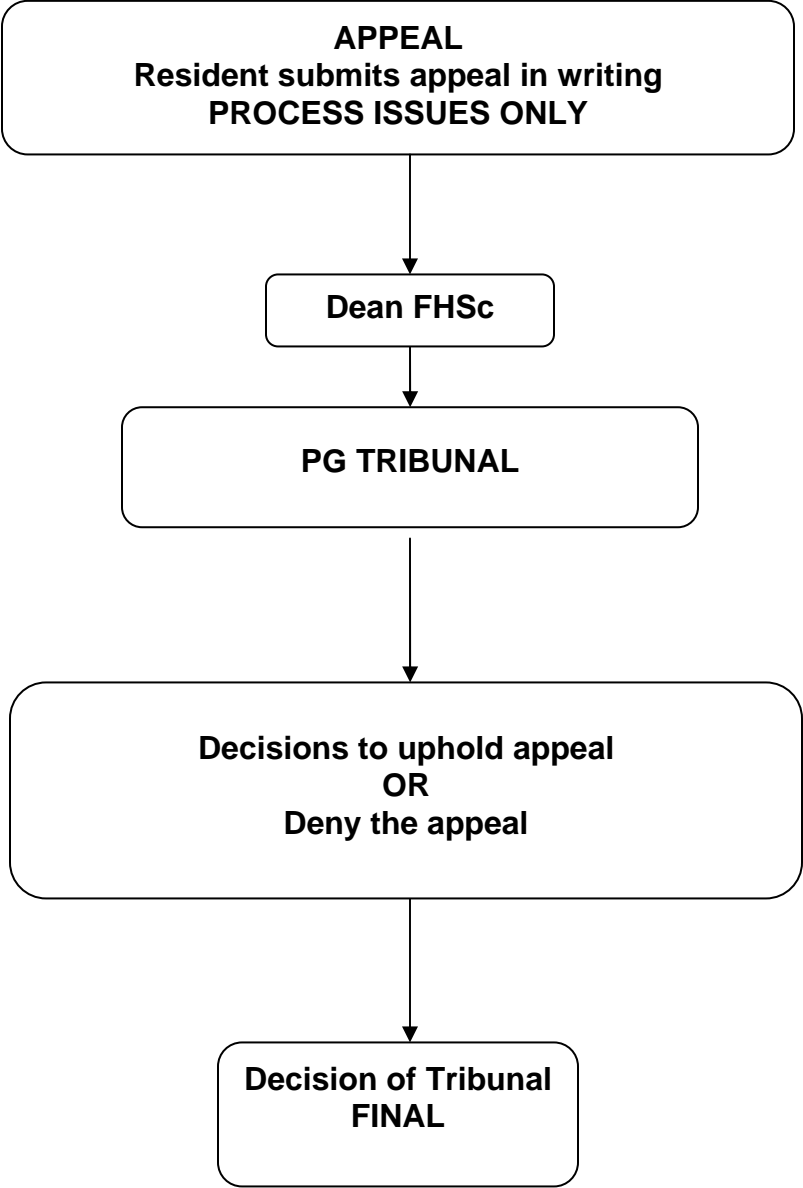
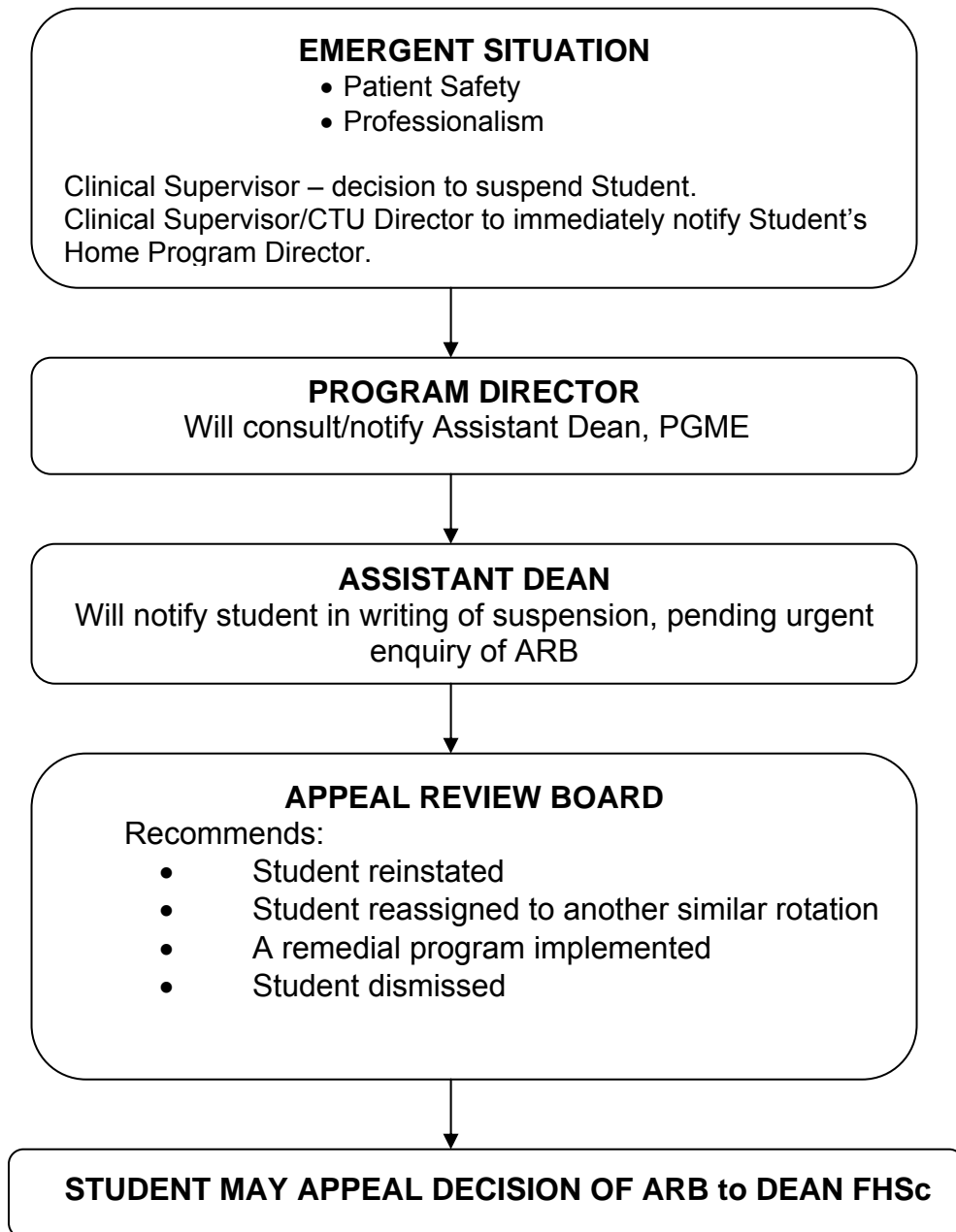


Chart 7: EMERGENT SITUATION – refer to Appendix A, page 11 for details



Policy and Procedures for Evaluation of Clinical Teaching Faculty

Preamble

The highest and best interests of each of the participants in the training of residents are advanced through the professional growth and development of the clinical teaching faculty members. The Faculty of Health Sciences at McMaster University, the residents within its programs, and the individual teaching faculty members shall be beneficiaries of teaching excellence.

Periodic evaluation of each clinical faculty member is accepted and expected to be regarded as a prime instrument of faculty development. Through evaluation and feedback greater individual insight will be attained toward regularly advancing the better professional growth of each clinical teaching faculty member. Evaluation and feedback is expected to reflect the four broad domains of influence which the clinical teaching faculty has with residents: the domains of **supervision; teaching; evaluation; and professional behaviour** (outlined in Clinical Teacher's Role).

This policy is to provide a protocol for:

- Obtaining information in reliable and consistent format;
- Evaluation of and presentation of the information to clinical teaching faculty members;
- Providing advice and remedial assistance;
- Where necessary, establishing sanctions.

Obtaining Information

Residents to Complete Clinical Faculty Teaching Evaluation Reports

1. At the end of each rotation each resident shall complete a faculty evaluation report in respect of each member of the clinical teaching faculty with responsibility for the resident. Such forms shall be completed by:
 - a) residents in the training program; and
 - b) residents rotating from other training programs where the residents have reasonable opportunity to evaluate the clinical teaching faculty member.

The faculty evaluation report shall be in substantial accordance with the generic Faculty Evaluation form, which may be adapted by Program Directors to the particular circumstances.

2. All faculty evaluation reports shall be delivered to the responsible Program Director who shall retain the forms. At the request of either a resident or a group of residents or at the request of the Program Director a meeting shall be held between a resident and/or residents and a Program Director to review any faculty evaluation.
3. A group of residents may request the approval of their Program Director to complete a faculty evaluation report as a group where a group has clinical exposure to a clinical teaching faculty member, supported by a written explanation for the request. Where the residents' Program

Director is satisfied that the circumstances are sufficiently exceptional to permit an evaluation report by a group of residents a group evaluation may be approved. The Program Director shall notify the clinical teaching faculty member and the residents. Each of the residents shall be obliged to sign the report expressing any individual comments. Attached to the group report shall be individual faculty evaluation reports by each resident in accordance with the faculty form evaluation sample attached.

4. Within the Program Director's department and/or division of responsibility each Program Director is responsible for an annual evaluation of each clinical teaching faculty member who interacts with residents in training.
5. The annual evaluation shall include a written Program Director's evaluation report. The format of the Program Director's annual evaluation report shall be in substantial accordance with the generic Faculty Evaluation form which may be adapted by the Program Director to meet particular circumstances.
6. An interim evaluation report may be completed by a Program Director where:
 - a) in the opinion of the Program Director an interim report is requisite and necessary e.g., if there are problems;
 - or -
 - c) upon a written request of the Departmental Chair, the Dean, or an Associate Dean to the Program Director, supported by an explanation for the request.

The Program Director to Investigate and Evaluate

7. In preparing each Program Director's evaluation report the Program Director shall be entitled to consider:
 - a) The individual faculty evaluation reports completed by the residents during the period under review
 - b) Any individual faculty evaluation reports completed by residents in prior periods which the Program Director considers useful and relevant.
 - c) Any prior annual evaluation report completed by a Program Director regarding the clinical faculty teacher.
 - d) Reliable information which has been received by the Program Director from time to time.
 - e) Information received from or provided by the clinical faculty teacher.
8. The Program Director's annual report shall include all information considered and the sources of such information.
9. A copy of the Program Director's annual report shall be provided to the clinical teaching faculty member and to the Departmental Chair forthwith upon its completion. This report should be discussed at regular performance reviews by the Departmental Chair or designate.
10. The evaluation, feedback and any subsequent discussion is intended and expected to provide to the clinical faculty teacher greater insight in one or more of the broad instructional domains: supervision, teaching; evaluation; and professional behaviour. The interests of the University

Faculty, of the residents, and of the clinical faculty teachers are acknowledged to be fostered through the enhancement of professional growth of each clinical faculty member.

11. After the Program Director has met with the clinical teaching faculty member (or has provided the clinical teaching faculty member with a reasonable opportunity to meet) to review the Program Director's evaluation report, then the Program Director shall make a final evaluation in writing.
12. The final evaluation shall be one of:
 - (i) Satisfactory – in all four domains;
 - (ii) Satisfactory with areas of weakness of one or more of the four domains. In which case the Program Director shall effect one of the following resolutions:
 - A. Settle upon a remedial course with the faculty member;
 - B. In conjunction with the faculty member obtain advice from the available resources including one or more of:
 - The postgraduate Evaluation Review Board or a member thereof;
 - Departmental Chair;
 - Assistant Dean, Postgraduate Education;
 - Members of the program;
 - Residents
 - C. Refer the matter to the Evaluation Review Board (ERB).
 - D. Where the Program Director's final evaluation of the clinical faculty teacher is satisfactory with areas of weakness in one or more of the four domains, and where either:
 - a) the clinical teaching faculty member is in substantial disagreement with the conclusions of the Program Director; or
 - b) after consultation the clinical teaching faculty member is unable to agree with the remedial program directed by the Program Director.

Then the clinical teaching faculty member may appeal in writing the Program Director's evaluation to the Evaluation Review Board. The clinical teaching faculty member shall notify and provide a copy of the written notice of appeal to the Program Director. The ERB shall follow the same procedure as in the case of an unsatisfactory (see below).
 - (iii) Unsatisfactory – where in the opinion of the Program Director substantial areas of weakness in one or more of the four domains are present. In such cases the Program Director shall:
 - A. Meet with the clinical teacher, Departmental Chair and other appropriate individuals;
 - B. Refer the matter to the Evaluation Review Board;
 - C. Provide Program Director's evaluation report and notice of the referral to the ERB to:
 - The faculty member;
 - The Departmental Chair;
 - Assistant Dean, Postgraduate Education.

13. Where the clinical teacher is a Program Director all evaluations must be forwarded to the chair of the department. Any unsatisfactory evaluation of a Program Director must be sent to the Assistant Dean of Postgraduate Education who will then follow standard policy discussed in 12(iii).

Emergency Situation

14. Where the Program Director receives information which causes the Program Director to be concerned that an interaction by a clinical teaching faculty member with a resident resulted in either a serious breach within one or more of the four domains; supervision; teaching; evaluation; professional behaviour, then the Program Director may request the Assistant Dean, Postgraduate Education to suspend the clinical teaching faculty member from clinical teaching. The Program Director and Chair will consult with the Departmental Chair. In making such request the Program Director shall provide to the Assistant Dean, Postgraduate Education a written evaluation report adapted to the particular and extraordinary circumstances.
15. The Program Director and the Assistant Dean, Postgraduate Education will notify and consult with the Departmental Chair with respect to the circumstances and the information available.
16. The Assistant Dean, Postgraduate Education may in writing notify the clinical teaching faculty member that the member is forthwith suspended from supervision and teaching of residents, pending an inquiry and determination by the Evaluation Review Board.

The Evaluation Review Board

17. The Evaluation Review Board shall:
 - Review the Program Director's evaluation report;
 - Review any written comments from the Departmental Chair and/or from the Assistant Dean, Postgraduate Education;
 - Review the past performance of the faculty member;
 - Direct one or more members of the ERB to investigate the matter and report in writing to the ERB with copies to:
 - faculty member;
 - Program Director;
 - Departmental Chair;
 - Assistant Dean, Postgraduate Education.
18. Upon receipt of an appeal by a clinical teaching faculty member, or upon receipt of notice from a Program Director or Departmental Chair, the chair of the Evaluation Review Board shall convene the Evaluation Review Board.
19. At the outset of the proceedings the chair of the Evaluation Review Board shall invite brief submissions, written and/or oral, from the PROGRAM Director, from the Departmental Chair (if present) and from the clinical teaching faculty member as to the scope and nature of the issues and the dispute, for the purpose of determining the nature and scope of the inquiry and of the sanctions sought by the Program Director or the Departmental Chair.

20. The parties shall make reasonable efforts to agree as to the nature and scope of the inquiry required and the sanctions sought. Following the preliminary submissions the ERB shall make a determination and notify the parties as to whether the ERB will conduct an informal inquiry followed by a ruling or a formal inquiry followed by a ruling.
21. In making its determination
 - a) the ERB may investigate and give directions as to the scope and nature of a remedial program, including a determination as to whether any such remedial program is appropriate in the circumstances;
 - b) the ERB may investigate and hear witnesses and then decide whether:
 - (i) the clinical teaching faculty member may continue in the member's normal teaching capacity;
 - (ii) the clinical teaching faculty member may continue in a modified supervisory and teaching role with residents as determined by the Program Director and approved by the ERB;
 - (iii) the clinical teaching faculty member may be suspended from supervising or teaching residents. Such suspension may be absolute or may be on terms as determined by the ERB.
 - c) Where the determination of the ERB arises from an emergency situation the ERB may, in addition to the foregoing rules, direct that the clinical teaching faculty member may continue in the members normal teaching capacity without having the episode recorded in the member's file.
22. Upon reaching its decision the ERB by its chair shall make recommendations, rulings and determinations in writing and shall provide a copy to:
 - The clinical teaching faculty member,
 - The Program Director, Assistant Dean, Postgraduate Education.

Role of a Clinical Teacher

Supervision

A clinical teacher will:

- provide appropriate supervision for trainees.

This means being willing and able to see patients under their care when action is required or when requested to by a trainee. In addition, they must take appropriate initiative to ensure that trainees are not operating outside of the realm of competence, thus jeopardizing patient care. At the same time they must allow trainees the responsibility that is appropriate to their level of training, commensurate with their ability, and necessary for their growth as clinicians.

Teaching

A clinical teacher will:

- teach the knowledge, skills, and attitudes, and provide the experience that the trainee requires to grow toward becoming a skilled and compassionate physician in her/his field of choice;
- demonstrate to students the rational basis for clinical decision making from investigation to diagnosis and to treatment, based on the best evidence available;
- support and encourage trainees in their endeavours to learn, and to develop a sense of enquiry;
- foster the trainee's ability to form effective therapeutic relationships with patients and families.

Evaluation

A clinical teacher will:

- at the beginning of a rotation, outline the duties, responsibilities, and expectations of the trainee;
- assess carefully and accurately (with a minimum of personal bias) the trainee's abilities and provide timely verbal and written feedback to the trainee and to the trainee's PROGRAM;
- in addition to a formal evaluation at the end of a rotation, provide a midpoint evaluation, and make the trainee aware of any concerns about the trainee's performance in order to provide opportunity for correction.

Professional Behaviour

A clinical teacher will:

- provide a model of compassionate care and skilled communication for trainees;
- maintain a professional teacher/trainee relationship at all times and avoid the development of sexual and/or financial relationships with trainees;
- refrain from the intimidation and harassment of trainees in any fashion; emotional, physical or sexual;
- recognize that there is a power differential between the teacher and trainee, and therefore treat all trainees with respect regardless of race, sex, gender, sexual orientation, colour or field of study.

McMaster University

Postgraduate Medical Education

Code of Conduct for Postgraduate Teachers

Preamble

This Code of Conduct for postgraduate teachers has been developed from the Queen's University's Guide to Ethical Behaviour of Clinical Teachers. This document must be viewed in context with the Canadian Medical Association of Code of Ethics, which is appended.

The Code of Conduct is applicable to all individuals who accept the responsibility to train postgraduate medical trainees.

Responsibilities to Students

The ethical clinical teacher will:

1. treat students with respect regardless of level of training, race, creed, colour, gender, sexual orientation, or field of study, recognizing that there is a power differential between the teacher and student;
2. refrain from the intimidation and harassment of student in any fashion - emotional, physical or sexual;
3. maintain a professional teacher/student relationship at all times and avoid the development of sexual and/or financial relationships with students;
4. be willing and able to see patients under their own care or under the care of their service when so requested by students;
5. teach the knowledge, skills, attitudes and behaviour and provide the experience that the student requires to become a physician in his/her chosen career;
6. supervise students and allow them responsibility as is appropriate to their level of training and commensurate with their ability, as well as to the extent that is allowed by law;
7. support and encourage students in their endeavours to learn, and to develop their skills, attitudes and a sense of enquiry;
8. demonstrate to students the rational basis for clinical decision making from investigation to diagnosis and to treatment, based on the best evidence available;
9. assess carefully and accurately with a minimum of personal bias, the student's abilities and provide timely verbal and written feedback to the student and to the student's program;
10. support and facilitate remedial teaching when it is necessary;
11. conduct herself/himself as exemplary physician.

If a student has concern that s/he has not been dealt with by a teacher in an ethical manner s/he has the option and should be encouraged to discuss the situation more fully with one or more of the following individuals:

- Individual with whom the student is having the problem
- Friend, confidante
- Program Director
- Assistant Dean, Postgraduate Education
- Associate Dean (Education)
- Faculty of Health Sciences Liaison Officer
- Human Rights and Equity Services Office, McMaster University

**Canadian Medical Association Code of Ethics:
Principles of Ethical Behaviour for all Clinical Teachers,
Including those who may not be engaged directly in Clinical Practice**

1. Consider first the well-being of the patient.
2. Honour your profession and its traditions.
3. Recognize your limitations and the special skills of others in the prevention and treatment of disease.
4. Protect the patient's secrets (confidences).
5. Teach and be taught.
6. Remember that integrity and professional ability should be your best advertisement.
7. Be responsible in setting a value on your services.

McMaster University
Postgraduate Medical Education
Forwarding of Assessment Information

The Faculty Postgraduate Education Committee agreed:

1. That generally speaking growth in clinical sciences is advanced through a combination of teaching and counselling with respect to weaknesses. The principle of forwarding of assessment information is a beneficial and growth promoting process. Further, this policy is consistent with the better protection of the public interest for the care of patients.
2. That the student should remain central to the process. The student should initiate the process.
3. That the clinical supervisor, at the beginning of a rotation, should encourage the student to share his/her areas of concern. That these areas of concern are built into the student's educational objectives and a mechanism to assist the student in addressing the concerns be discussed.
4. The student may be requested by the program director to notify the next supervisor of his/her previous evaluations to share his/her areas of weakness. If the student fails to do so, the program director may with the student's knowledge initiate the process.

Senate Guidelines

As the student remains central to the process the faculty consider that the forward feeding contemplated as a general policy is necessary for the individual student's growth and is in the public interest. There is a "need to know".

Postgraduate Medical Education Guidelines on Harassment

Guidelines

- These guidelines are intended to deal with harassment of any nature, sexual or otherwise, involving postgraduate medical trainees. This process is complainant driven, such that the complainant will be consulted along each step of the way. The sexual harassment issues will be dealt with in accordance to the McMaster University Policy and Procedures on Sexual Harassment.
- Relationships with other agencies:
 - If the resident has reported the incident to an outside institution with a collective agreement in place, (eg. the respondent may be affiliated with another hospital, agency, etc.) the collective agreement will supersede these guidelines and, as well, the University Policy and Procedures on Sexual Harassment.
 - If the incident is patient related it must be reported to the College of Physicians and Surgeons of Ontario and dealt with in accordance to CPSO policy.
 - Consideration of the Regulated Health Professions Act, including the Medicine Act, Nursing Act, Midwifery Act, etc.
- No one shall be compelled to proceed with a complaint.
- Intimidation and discrimination will not be tolerated.
- Reprisal of the complainant for involvement in this process will not be tolerated.
- Confidentiality of the identity of the complainant and the respondent will be protected.

Reporting Mechanism

A. Informal Complaint (i.e., not written)

If a resident has experienced problems with harassment, sexual or otherwise, s/he should choose to deal with the issue in a way that s/he feels most comfortable.

The following are some resources/options available to deal with these types of problems. Again, the complaint is informal, i.e., unwritten; however, it is preferred that these discussions include the Faculty of Health Sciences Liaison, where appropriate. Even if discussions do not include the Faculty of Health Sciences Liaison, it would be preferred if the incident was reported to him/her, without naming the individuals involved; however, reporting will be left to the discretion of the complainant.

- a) Discuss with the individual who is involved in the incident.

- b) Discuss options with the Clinical Supervisor and/or Program Director and/or Assistant Dean, Postgraduate Education. If the incident falls within the University definition of sexual harassment, the Director of Human Right and Equity Services and/or Faculty of Health Sciences Liaison will be consulted. The complainant and respondent will not be identified.
- c) Seek advice through the Professional Association of Interns and Residents of Ontario.
- d) Document what is happening
- e) Discuss with a friend or family physician.
- f) If the incident is a sexual harassment issue, discuss options with the Director, Human Rights and Equity Services and/or Faculty of Health Sciences Liaison.

B. Formal Written Complaint

- a) When a formal, written/verbal complaint is received in the Postgraduate Education, the Assistant Dean Postgraduate Education will formally seek appropriate counsel eg. Sexual Harassment Officer of Faculty Liaison, in consultation with the Resident's Program Director.

The complaint should be made in a timely fashion, eg. no later than 12 months from the date of the harassment.

The complaint should include:

- dates
- names of individuals involved
- full description of the incident

- b) The respondent will be notified that a formal complaint has been filed with the Postgraduate Education Office.
- c) With the permission of the complainant and the respondent a meeting will be scheduled with the Assistant Dean, Postgraduate Education and/or Program Director and/or Clinical Supervisor and appropriate University counsel eg. Sexual Harassment Officer. The complainant and/or respondent may be invited to meet separately with these individuals. Other individuals may be contacted to substantiate information.

The group will arrive at a negotiated process. However, the group may reach the conclusion that no resolution is possible. Both the complainant and respondent will be informed, in writing, within 5 working days of that determination.

- d) If the complainant and/or the respondent is not satisfied with the decision of the group, s/he may request, in writing, a formal hearing. This request will be forwarded to the Board of Governors.

The procedures for formal hearings are detailed in the McMaster University Policy and Procedures on Sexual Harassment.

Excerpt from McMaster University Policy and Procedures on Sexual Harassment

Statement of Principles

1. Sexual harassment is prohibited at McMaster University and constitutes a punishable offence under this policy.
Inasmuch as sexual harassment is demeaning to human dignity and is unacceptable in a healthy work environment and one in which scholarly pursuit may flourish, McMaster University will not tolerate the sexual harassment of any member of the University community and will strive through education and deterrence to create an environment free from such behaviour on its premises.
2. McMaster University affirms the right of every member of its constituencies to live, study and work in an environment that is free from sexual harassment. Behaviour constituting sexual harassment as defined in this document is incompatible with standards of professional ethics and with behaviour appropriate to an institution of higher learning.
3. McMaster University recognises that as an academic and free community it must uphold its fundamental commitments to academic freedom and to freedom of expression and association. It will maintain an environment in which students and teaching and non-teaching staff can engage in free enquiry and open discussion of all issues. The Sexual Harassment Officer, like all other officers of the University, is obliged to uphold academic freedom, and freedom of expression and association.
An academic and free community must also include freedom of movement and freedom of access to facilities and resources without fear of harassment, discrimination or violence.
4. All persons entrusted with authority by the University have a particular obligation to ensure that there is no misuse of that authority in any action or relationship.
5. Sexual harassment is a serious human rights issue. It can be exacerbated by discrimination on other grounds such as disability, race, religion, ethnic origin or sexual orientation.
6. The University recognizes its legal and moral responsibility to protect all of its members from sexual harassment and to take action if such harassment does occur. To these ends it has developed a policy on, and procedures for, dealing with complaints of sexual harassment, including a range of disciplinary measures up to and including dismissal. It has also established an educational PROGRAM to prevent incidents of sexual harassment.
7. The University prohibits reprisal or threats of reprisal against any member of the University community who makes use of this policy or participates in proceedings held under its jurisdiction. Any individual or body will be subject to disciplinary action for such reprisals or threats of reprisal.
8. The intention of this policy and its procedures is to prevent sexual harassment from taking place, and where necessary to act upon complaints of sexual harassment promptly, fairly, judiciously and with due regard to confidentiality for all parties concerned.
9. All administrators, Faculty deans, managers, department chairs, directors of schools or PROGRAMS and others in supervisory or leadership positions have an obligation to be familiar with and to uphold this policy and its procedures and to inform members of their staff about its existence.
10. Notwithstanding this policy, individuals have the right to seek the advice and services of the Ontario Human Rights Commission.

Excerpt from College of Physicians and Surgeons of Ontario Article on Strategies for Preventing Sexual Abuse

Prevention and Avoidance of Sexual Misconduct

1. Avoid any behaviour, gestures or expressions that may be seductive or sexually demeaning to a patient.
2. Show sensitivity and respect for the patient's privacy and comfort at all times:
 - do not watch a patient dress or undress
 - provide privacy and appropriate covers and gowns.
3. Obtain permission to do intimate examinations, offer explanations as to the necessity of the examination and answer or anticipate questions concerning the examination.
4. Use gloves when examining genitals.
5. Do not make sexualized comments about a patient's body or clothing.
6. Do not make sexualized or sexually demeaning comments to a patient.
7. Do not criticize a patient's sexual preference.
8. Do not ask or make comments about potential sexual performance except where the examination or consultation is pertinent to the issue of sexual function or dysfunction.
9. Do not ask details of sexual history or sexual likes/dislikes unless related to the purpose of the consultation or examination.
10. Do not request a date with a patient.
11. Do not kiss a patient. Do offer appropriate supportive contact when warranted.
12. Do not engage in any contact that is sexual (from touching to intercourse).
13. Do not talk about your own sexual preferences, fantasies, problems, activities or performance.
14. Learn to detect and deflect seductive patients and to control the therapeutic setting.
15. Maintain good records which indicate the necessity for intimate examinations or questions of a sexual nature as well as the pertinent positive or negative clinical findings.
16. Patients have the right to a third party present during internal/intimate examinations if they wish, with the exception of life threatening emergencies. In some cases, the physician will be able to provide this third party. In cases where the physician is unable to provide such a person, patients should be informed that they may bring a person of their choosing with them. In non-emergency situations, physicians have the right to insist that a third party be present during internal/intimate examinations, and to refuse to conduct this examination if the patient refuses consent for a third party to be in the room.

Health and Personal Safety Policy

Preamble

Resident education must occur in a physically safe environment (Royal College of Physicians and Surgeons of Canada, standard A.2.5; College of Family Physicians of Canada).

The collective agreement between the Professional Association of Interns and Residents of Ontario (PAIRO) and the Council of Academic Hospitals of Ontario (CAHO) states, that residents are postgraduate trainees registered in university programs as well as physicians employed by the hospitals. The agreement states that the residents must have secure and private rooms with secure access between call room facilities and the service area; maximum duty hours are defined; uniforms and protective equipment standards; as well as access to and coverage for Occupational Health services.

McMaster University is committed to provide and maintain healthy and safe working and learning environments for all employees, trainees (including postgraduate trainees), volunteers and visitors. This is achieved by observing best practices which meet or exceed the standards to comply with legislative requirements as contained in the Ontario Occupational Health and Safety Act, Environmental Protection Act, Nuclear Safety and Control Act and other statutes, their regulations, and the policy and procedures established by the University. (President Peter George, 2008)

Purpose

- To demonstrate the commitment of Postgraduate Medicine, Faculty of Health Sciences', to health, safety and protection of its postgraduate medical trainees.
- To minimize the risk of injury and promote a safe and healthy environment on the university campus and affiliated teaching sites
- To provide a procedure to report hazardous or unsafe training conditions and injury along with a mechanism to take corrective action.

Scope

- All Postgraduate Trainees – Residents and Clinical / Research Fellows
- Personal Health and Safety – may include, violent or harmful behaviour in patient or staff; damage to personal items; secure lockers; safe access routes from call room to service floor; secure call room doors; panic/emergency buttons in patient observation room; transportation home; access to personal vehicle in parking garage.
- Workplace and Environmental Health and Safety – e.g. hazardous material, indoor air quality, chemical spills, radiation safety
- Occupational Health – e.g., immunization policies, blood borne pathogens, respiratory protection
- Training outside of Canada

PERSONAL SAFETY

McMaster University, Faculty of Health Sciences strives for a safe and secure environment for postgraduate trainees to train in its facilities and training sites through maintenance of affiliation agreements. Affiliated hospitals are responsible for ensuring the safety and security of postgraduate trainees training and supervision in their facilities in compliance with their existing employee safety and security policies/procedures as well as the requirements outlined in the PAIRO-CAHO collective agreement.

It is expected that the Postgraduate Trainee, the Residency Program, the Postgraduate Medical Education Office will work together with the affiliated teaching hospitals and community training sites to ensure the personal safety of all Postgraduate trainees.

Responsibility

1. Postgraduate Trainee

It is the responsibility of the trainee to participate in required safety sessions, which include Workplace Hazardous Materials Information and Safety (WHMIS), Fire Safety (as required), etc. and abide by the Safety codes of the designated area where s / he is training. This includes dress codes, particularly as they relate to safety.

The Postgraduate trainee must report any situation where personal safety is threatened (see Faculty Protocol below).

2. Residency Program and the Postgraduate Medical Education Office

It is a responsibility of each Residency Program and the Postgraduate Medical Education Office to ensure that appropriate educational safety sessions are available to all Postgraduate Trainees eg. generic WHMIS and safety training. In addition to WHMIS, the Residency Program must ensure that there is an initial, specialty, site-specific orientation available to the Postgraduate trainee.

It is the responsibility of the Residency Program to ensure that individual clinics or practice settings develop a site specific protocol to deal with:

- patient(s) who may represent a safety risk and policies
- working alone
- working in isolated areas or situations e.g., medivac transports (See Ontario Guidelines re: the Role of Residents during Medivac/Ambulance Transports – Appendix 2)
- or any other situation that may be a safety issue to the Postgraduate Trainee.

The protocol must be communicated to the Postgraduate Trainee at the beginning of the rotation.

The Postgraduate Medical Education Office will work, in conjunction with the affiliated Hamilton teaching hospitals to ensure that hospital areas are in compliance with the requirements as outlined in the PAIRO-CAHO collective agreement.

Site Specific Protocol

The protocol should include the following:

- identify potential risks to the Postgraduate Trainee
- include how the Postgraduate Trainee would alert the supervisor if they felt at risk during an encounter, identification of potentially problematic patients at the beginning of the encounter, so they could be monitored, etc.
- A supervisor* or co-worker must be present:
 - (a) while the Postgraduate Trainee is seeing a patient after hours in clinic. This would not apply if the patient is being seen in an emergency room / hospital based urgent care clinic, nursing home and hospice.
 - (b) When the Postgraduate Trainee does home visits.
 - (c) At the end of office hours if the Postgraduate Trainee is still with patients.

* The supervisor as defined by the Occupational Health and Safety Act – “a person who has charge of a workplace or authority over any worker.” It can be a physician (including another Postgraduate Trainee), midwife, nurse practitioner or social worker depending on the encounter.

Faculty Protocol

Postgraduate Trainees identifying a personal safety or security breach:

1. If a Postgraduate Trainee identifies a personal safety or security breach, it must be reported to their immediate supervisor and/or Program Director to allow resolution of the issue at the local level.
2. If a Postgraduate Trainee feels that his / her own personal safety is threatened, s/he should seek immediate assistance and remove themselves from the situation in a professional manner. The Postgraduate Trainee should ensure that their immediate supervisor has been notified and/or Program Director, as appropriate.
3. The Postgraduate Medical Education Office (905-525-9140, extension 22118) is available for consultation during regular work hours, particularly if the Program Director is not available. If an issue arises after regular office hours, where the clinical supervisor and/or Program Director may not be available, contact Security of the institution where the Postgraduate trainee is based.

Travel

If, in the residents' estimation, it would not be safe to travel because of weather, the resident may elect not to attend their academic half day, clinic, etc., but must inform the appropriate people as soon as possible in a professional manner.

If travel between sites, in remote areas, is more than 300 km., the Resident may be provided with one day of travel time (post call day not included) between sites.

Training Outside North America

Postgraduate Trainees must complete the Field Trips and Electives Planning and Approval process when planning to do an elective outside of North America to ensure compliance with standards and best practices for the safety of all Postgraduate Trainees.

<http://www.workingatmcmaster.ca/link.php?link=eohss%3Aeohss-events-electives>

WORKPLACE ENVIRONMENTAL HEALTH AND SAFETY

(Eg. hazardous material (biological or chemical agent named in the Occupational Health and Safety Act), indoor air quality, chemical spills)

OCCUPATIONAL HEALTH

(e.g., immunization policies, blood borne pathogens, respiratory protection)

Both McMaster University and its employees are jointly responsible for implementing and maintaining an Internal Responsibility System directed at promoting health and safety, preventing incidents involving occupational injuries and illnesses or adverse effects upon the natural environment.

The University is responsible for the provision of information, training, equipment and resources to support the Internal Responsibility System and ensure compliance with all relevant statutes, this policy and internal health and safety programs. Managers, Supervisors, Deans, Directors, Chairs, Research Supervisors are accountable for the safety of postgraduate trainees who work/study within their area of jurisdiction. Postgraduate trainees are required by University policy to comply with all University health, safety and environmental programs such as Workplace Hazardous Materials Information and Safety (WHMIS). (excerpt from Peter George 2008)

The Faculty of Health Sciences and the teaching hospitals each are responsible for ensuring that postgraduate trainees are adequately instructed in infection prevention and control as it relates to communicable diseases.

The Faculty and the teaching hospitals will provide an introductory program on routine practices / standard precautions, infection prevention and control that is consistent with current guidelines and occupational health and safety. In addition, the Faculty and the teaching hospitals will inform postgraduate trainees as to their responsibilities with respect to infection prevention and control and occupational health and safety.

Affiliated teaching hospitals are required to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals developed under the Public Hospital Act, Regulation 965. Compliance with these Protocols requires the hospitals, in liaison with the University's academic programs, to provide instruction in infection prevention and control and occupational health and safety. Refer to Policy regarding Communicable Diseases and Occupational Health for Applicants to and Trainees in Undergraduate and Postgraduate Medicine - <http://www.fhs.mcmaster.ca/postgrad/> (See Policies)

The Faculty Postgraduate Medical Education Office collects the immunization data on all Postgraduate Trainees on behalf of the teaching hospitals.

If an injury occurs while working, the injury must be reported as follows (Refer to Chart 1 on following page)

- During daytime hours, while working at one of the Hamilton teaching hospitals: (e.g. Hamilton Health Sciences, St. Joseph’s Healthcare)

The Postgraduate Trainee should go to the Employee Health Office at any of the teaching hospitals. An incident form will be provided by the Employee Health office to the Postgraduate Trainee.

Reporting: All trainees are encouraged to submit a copy of the incident form to their home program for notification. The home program will send a copy to the Postgraduate Medical Education Office for University records. **Non-Ministry of Health funded trainees:** (e.g., foreign sponsored Residents and all Clinical Fellows *) must submit a copy of the incident form to the Postgraduate Medical Education Office, in order for the PGME Office to notify their sponsor and ensure proper follow-up. Occupational Health & Safety Office of the University will be notified.

Postgraduate Medical Education Office (PGME) Phone: 905-525-9140, ext. 22118 Fax: 905-527-2707

- During the evening or on the weekend at one of the Hamilton teaching hospitals or if working at a training site outside of the Hamilton area

The Postgraduate Trainee should go to the nearest Emergency Room and **identify themselves as a Resident / Clinical Fellow and request to be seen on an urgent basis.** The Postgraduate Trainee must complete, within **24 hours**, an Injury/Incident Report (forms should be available in the local Emergency Room).

In Ontario - The injury/incident form should be submitted to the hospital where the injury took place. That hospital will be responsible for administering the claim.

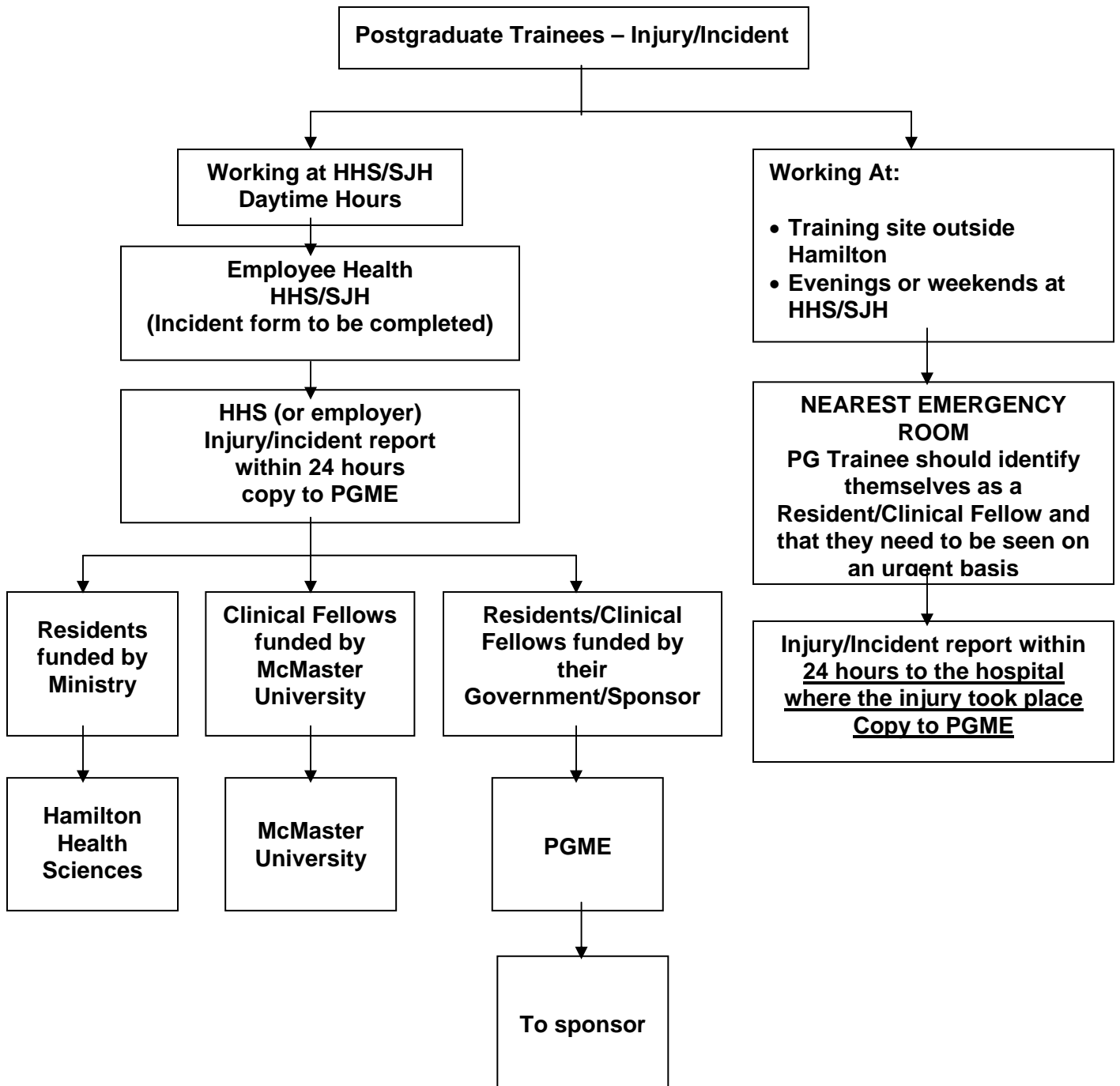
Reporting is the same as indicated above.

* The Postgraduate Trainee’s employer administers the claim. All Ministry of Health funded Residents are paid through Hamilton Health Sciences. There are a variety of different funding sources for externally funded Residents and Clinical Fellows. In these instances, HHS would not administer the claim or be responsible for follow-up. **Important: Please see Appendix 1 for information on follow-up.**

Resources available:

<p>Postgraduate Medical Education Office Phone: 905-525-9140, ext. 22118 Fax: 905-527-2707</p>	<p>Hamilton Health Sciences Human Resources – Employee Health Telus Sourcing Solutions 120 King Street West, Suite 200 Hamilton, ON Phone: 905-387-9495, ext. 63900</p>
<p>Faculty of Health Sciences Safety Office Phone: 905-525-9140, ext. 24956 Fax: 905-528-8539 Health Sciences Centre, Room 3N1C 1200 Main Street West Hamilton, ON L8N 3Z5</p>	<p>St. Joseph’s Healthcare Occupational Health and Safety Services 50 Charlton Avenue East Hamilton, ON L8N 4A6 Phone: 905-522-1155, ext. 33344</p>

Chart 1: Workplace Environmental Health & Safety



Appendix 1

Notes:

1. Residents* who are funded by the Ministry of Health and Long Term Care and are seen at the Employee Health office at St. Joseph's Healthcare, SJH will submit the incident report to HHS and the Postgraduate Medical Education Office. HHS will follow up with the Resident re Workplace Safety and Insurance Board (WSIB) and follow-up. Hamilton Health Sciences is the paymaster for Ministry of Health funded residents.
2. Residents* and Clinical Fellows who are funded by a foreign sponsor and are seen in Employee Health - the Postgraduate Medical Education Office will forward the incident report to the sponsor for handling. The individual trainee is responsible for follow-up with their family physician.
3. Clinical Fellows who are funded through McMaster University, McMaster University will handle WSIB.

* Residents refers to individuals proceeding to certification examination, ie. not for Clinical Fellows; who are funded through a variety of sources, but often paid through the University.

Appendix 2

POSTGRADUATE EDUCATION COMMITTEE OF COFM (PGE:COFM) Dec. 9, 1999 EDUCATIONAL PRINCIPLES

RE: THE ROLE OF RESIDENTS DURING MEDIVAC/AMBULANCE TRANSPORTS

1. In many programs, participation in patient transport is a valuable learning experience for residents.
2. There must be clear educational objectives underlying the resident's participation in patient transport.
3. Residents must have appropriate training with demonstrated competency in the circumstances relevant to the transport experience.
4. Communication and supervision between the resident and his/her designated supervising physician must be available at all times.
5. Resident well-being should be considered in all transports.

Note: On occasion residents/fellows may be confronted with a situation for which they are not sufficiently trained. It is expected that they, like other physicians, will deal with such situations as practicing professionals to the best of their ability.

Some related links for further reference:

(links available on Medportal)

1. Occupational Health and Safety Act: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm
2. PAIRO/CAHO Agreement: <http://www.pairo.org/>
3. Hamilton Health Sciences – Infection Protection and Control and Personal Protective Equipment <http://www.hamiltonhealthsciences.ca/Workfiles/PHYSICIANS/IC-Physician%20Orientation%20Manual%202007-08.doc%20dec4.07.doc>
4. McMaster University, Postgraduate Medical Education Support Systems Booklet: <http://postgrad.medportal.ca/>
5. McMaster University, Postgraduate Medical Education, Communicable Diseases Policy <http://postgrad.medportal.ca/>

November 20, 2008

Postgraduate Medical Education Completion of Health Records by Residents

- As of July 1, 1995 residents will be expected to complete health records on the date of discharge.
Charts will remain on the ward for 48 hours for this purpose.
- After this it will be the responsibility of the appropriate staff physician. All notifications and communications by the Health Records Department will be directed to the staff physician.
- This will be in effect at all the affiliated Hamilton teaching hospitals.

Immunization and TB Skin Test Form

Name: _____ Training Program: _____

RETURNING TRAINEES:

It is your professional responsibility to ensure that all IMMUNIZATIONS and MASK FIT TESTING information is current and that the information has been updated with the PGME Office on McPost.

This should be done annually at the time of Re-registration.

Annual TB Skin Testing is REQUIRED if you are rotating through a high risk area and is available at any Employee Health Office in the Hamilton Teaching Hospitals. High risk areas have been identified as Respiratory Medicine, Internal Medicine and Thoracics.

CRITERIA THAT MUST BE MET BEFORE STARTING TRAINING

TETANUS, DIPHTHERIA, PERTUSSIS

Completed primary series of tetanus and diphtheria as a child or adult: Yes

AND

Received a booster of dTaP* vaccine within the past 5 years, on _____(date)^①

*dTaP = diphtheria, tetanus, acellular pertussis vaccine

HEPATITIS B

Received three doses of vaccine on _____(date), _____(date), _____(date)

AND

After immunization, blood tested for anti-HBs on: _____

Result was: Positive Negative (result doesn't have to be positive)

Note: Known carriers of HBsAg do not need vaccine but should check here:
(this information will be kept strictly confidential)

MEASLES, MUMPS, RUBELLA

Received two doses of MMR vaccine on _____(date), and _____(date)^①

OR

Blood test for antibodies to all three viruses was **positive** on _____(date)^②

CHICKENPOX

Had chickenpox at the age of: _____ (approximate age must be known)

OR

Blood test for antibody was **positive** on _____(date)^②

OR

Received **two** doses of vaccine on _____(date), and _____(date)^③

^① This vaccine is readily available from your own doctor; all necessary doses should be administered and recorded on this form before starting training.

^② It is your responsibility to arrange for any necessary blood tests through your doctor and then record the results on this form before starting training. If the test is negative, then you must receive the appropriate doses of vaccine.

^③ If you are not immune to chickenpox, there is a vaccine that will be provided to you by the hospital, if necessary, when you begin training.

TB SKIN TESTING

This really is not complicated, but some people get confused. To keep it simple, we have provided you with three options, any of which are acceptable. You must satisfy one of the options before you start your training program.

Choose which one of the following options that applies to you, complete the tasks as outlined, and then check the box opposite that option to show that you have complied with the requirements.

OPTION #1

You are already known to be TB skin test positive

A TB skin test was done **within** the past 5 years and it showed 10 mm or more induration:

Date of Test _____ (date) Number of mm induration _____

OR

A TB test was done **more** than 5 years ago, it must be repeated now:

Date of Test _____ (date) Number of mm induration _____

In either event, you must have a CXR done within the past 6 months and fax the written **report** to 905-525-2707 or CXR Report Attached

OPTION #2

If previously your TB skin test was negative, the test must have been repeated within the past 6 months.

A TB skin test was done anytime within the past 5 years and was read as 0 to 9 mm induration; (we'll call that Test 1) and another must have been done within the past 6 months (we'll call that Test 2).

Date Test 1: _____ (must be within the past 5 years) Result: _____ mm induration

Date Test 2: _____ (must be within the past 6 months) Result: _____ mm induration

If Test 2 shows 10 mm or more induration, you must have a CXR done after the test and fax the written **report** to 905-527-2707 or CXR Report Attached

OPTION #3

You have never had TB skin tests in the past or cannot remember the dates or results of previous tests.

Date Test 1: _____ (must be within the past 6 months) Result: _____ mm induration

If the induration is 0mm to 9mm, you need a second test before starting

If the induration is 10 mm or more, you must have a CXR done after the test and fax the written **report** to 905-527-2707 or CXR Report Attached. You do not need a second test.

Date Test 2: _____ (must be within past 6 months) Result: _____ mm induration

A second test is not needed if Test 1 is 10 mm or more.

Information on Leave of Absence from your Postgraduate Training Program

It is understood for those residents who maintain a current level of appointment in a residency program that a resident:

1. Will return to a residency program following a leave of absence; and
2. Is still registered with the program, notwithstanding his/her inactivity, hence s/he is still expected to maintain a standard of conduct in keeping with the standards of the residency program, the university and the medical profession at large.

Failure to meet these two obligations may result in the withdrawal of a resident's appointment in the program. Leave of absence does not include professional leave time or vacation. *(Note that vacation time must be taken within the academic year July to June, see Vacation Policy)*

It is anticipated that the required time lost or rotations missed must be made up with equivalent extra time in the residency on the resident's return to the program. Normally all residents will be required to complete all mandatory/elective components of the program.

When possible, it is the Resident's professional responsibility to try to ensure that appropriate people are notified of the leave and that the appropriate arrangements for coverage have been made. It is recognized that this will not always be possible and, in such cases, will not affect the Resident's leave.

All leaves are reported, by the Postgraduate Medical Education Office, to the College of Physicians and Surgeons of Ontario.

The Postgraduate Medical Education office normally does not need to be informed about leaves < one week in duration.

MEDICAL LEAVE

The Postgraduate Medical Education Office requires that, before returning from your leave, you must provide a written medical letter from your physician, indicating that you are fit to resume training. Normally, a doctor's note is not required for leaves < two weeks in duration. If there are recurrent leaves, the Program Director/PGME Office may require a doctor's note for leaves < two weeks.

Some programs may require a doctor's note prior to taking a scheduled medical leave; please check with your own residency program office.

To maintain your residency appointment with the University, the resident or his/her delegate will provide a report to the Postgraduate Dean on the resident's status every three months.

Ministry of Health funded residents, on medical leave, will receive full pay for 6 months and after 6 months are eligible to apply for Long Term Disability.

MATERNITY/PATERNITY LEAVE

The total amount of time off for a maternity/parental leave is 52 weeks. This is comprised of the following:

- 2 weeks unpaid EI waiting period
- 15 weeks of Maternity Leave
- 35 weeks of Parental Leave

Maternity benefits are paid to the birth mother. The mother can start collecting benefits up to 8 weeks prior to the expected birth. If on vacation when the baby is born, Maternity Leave will start on the birth date and the vacation will end. The Postgraduate Office must be informed of this change.

Parental benefits can be claimed by one parent or shared between the two parents but will not exceed a combined maximum of 35 weeks. Parental leave cannot be taken until the birth of the baby.

How much will you receive?

Employment Insurance will pay a maximum of 50 weeks at a basic benefit rate of 55% of your average insured earnings up to a maximum payment of \$423 per week.

Top-Up

For 25 weeks only the Hamilton Health Sciences Corporation will top-up salary to 75% of Resident's earnings based on what you receive from Employment Insurance. To receive your top-up you must submit your EI stubs to Frieda Gies, Payroll, Standard Life Building, 120 King Street West, Suite 200, Hamilton, ON L8P 4V2 or by fax at 905 393-2726.

Record of Employment

On your last day worked or paid (in the event you are taking vacation prior to the birth of your child or have been on sick leave) contact Frieda.Gies@telus.com at 905 393-2700 or 1-877-667-2700. Your Record of Employment can either be mailed to your home or you can make arrangements to pick up.

Apply to Employment Insurance as soon as you stop working. For more information contact 1 800 206-7218. Website www.hrhc-drhc.gc.ca -Employment Insurance-
Apply for Employment Insurance.

This information is subject to change.

LEAVE OF ABSENCE WITHOUT PAY

Residents will be responsible for prepaying benefits for duration of leave. If payment is not received benefit coverage will cease effective start of leave. Please call Human Resources at (905) 393-2700 OR 1-877-667-2700 to arrange.

COMPASSIONATE/PERSONAL LEAVE – the resident must complete the leave form and attach a letter of support from the Program Director.

WAIVER OF TRAINING REQUIREMENTS AFTER A LEAVE OF ABSENCE FROM RESIDENCY

Normally all residents will be required to complete the full duration of the program. However, it is recognized that in certain circumstances a waiver of training may be appropriate.

Please refer to separate policies on Waiver of Training for the College of Family Physicians of Canada

<http://www.cfpc.ca/English/cfpc/education/examinations/family%20medicine/default.asp?s=1#leave> and the joint policy for the Royal College of Physicians and Surgeons of Canada and the College des medecins du Quebec, http://rcpsc.medical.org/residency/certification/policy-procedures_e.pdf Item 4.3.2

Process to request for waiver of training requirements:

1. In the beginning of the final year of training a resident may make a request, in writing, to the Program Director.
2. The Program Director will review the request once the Resident has completed approximately 4 - 6 months of training in their final year.
3. If the Program approves the request for the waiver, the Program Director will then submit a letter of support to the Postgraduate Dean, along with the Resident's original request. The Program Director's letter should include the following information:
 - a. Resident's name, program, level, and dates of the leaves taken during the program and the recommended revised end date.
 - b. That the Resident has successfully completed all training requirements of the program, including in-training examinations, quality assurance projects, case logs, etc.
 - c. A detailed description of the circumstances surrounding the request and why the waiver is being supported. Some examples of special circumstances: continuation in a fellowship program that will allow completion of primary program requirements during the fellowship, job opportunity, individual specific circumstances.
4. The Postgraduate Dean will review the request and if approved, write a letter of support to the Credentials Committee of the Royal College or the College of Family Physicians. Notification will be made prior to submission of the FITER. A decision to grant a waiver of training cannot be granted after the resident has taken the certification examinations.

When considering whether to grant a waiver of training requirements following a leave of absence in which time does not have to be made up, it is within the purview of the Program Director and the Postgraduate Dean to determine whether consultant competency has been achieved.

Maximum Allowable times for waivers

College of Family Physicians of Canada

Family Medicine – 4 weeks

Enhanced Skills Programs of one year or less – no waiver allowed

Royal College of Physicians and Surgeons of Canada

1. One year programs – no waiver allowed
2. Less than one year for remediation or enhanced skills – no waiver allowed
3. Two years – 6 weeks
4. Three years – 6 weeks
5. Four years – three months
6. Five years – three months
7. Six years – three months
8. In Internal Medicine and Pediatrics, where residents are undertaking three core years and two subspecialty years, a maximum of six weeks may be waived in the first three core years, and a maximum of six weeks in the final two subspecialty years. The process for these programs is as follows:
 - (i) The three core years followed by two or more subspecialty years are treated separately for the purpose of the waiver of training.
 - (ii) In the first three core years, a waiver must be recommended by the Core Program Director, and approved by the Postgraduate Dean on the Core in-Training Evaluation Report (CITER). A decision to grant a waiver is made in the PGY3 year.
 - (iii) In the subspecialty years (PGY4, 5 and 6), a decision to grant a waiver is recommended in the final year by the Subspecialty Program Director and approved by the Postgraduate Dean. A maximum of 6 week waiver of training can only be taken in the PGY5 year.
 - (iv) If the resident undertakes core training at one university and subspecialty training at another, it is the responsibility of the Postgraduate Dean where the core or subspecialty training occurs to approve the waiver of training.

Approved PGEC June 17/09 revised November 2010



Faculty of Health Science
Office of Postgraduate Medical Education

Room MDCL-3101A
1280 Main Street West
Hamilton, Ontario
Canada L8S 4K1

Phone 905.525.9140
Ext. 22118 or 22116
Fax 905.527.2707

Request for Leave of Absence

In order to request a leave of absence from the program, the Resident should complete this form and submit it to his/her Program Director for approval.

Name of Resident: _____

Current Training Level: _____

Training Program: _____

Start Date of Leave: _____

Return Date from Leave: _____

Type of Leave:

	Maternity ***If start date of leave and delivery date are different, it is very important that the Postgrad Office is notified immediately. Email losier@mcmaster.ca ***
	Paternity
	Medical Leave
	Compassionate/Personal *This is an unpaid leave*
	Unpaid Leave

Resident's Signature: _____ Date: _____

Program Director's Signature _____ Date: _____

Completed form returned to the: **Postgraduate Medical Education Office, MDCL-3101B**
Fax: 905-527-2707

Form is available on Medportal: <http://postgrad.medportal.ca/documents/LeaveNov2010.pdf>

Leave form May 2009

Medico-Legal Guidelines

If you are involved in any legal matters related to your professional activities (including being asked to give evidence) the following guidelines are recommended, according to the specific nature of the problem:

1. Contact your Clinical Supervisor

You should always contact the clinical supervisor responsible for the case in question; they will be able to provide support and advice, especially if they are required to participate in the same legal proceedings.

2. Contact your Program Director

Your Program Director is there to offer support and guidance. S/he will ensure your best interests are being attended to and that appropriate management is being offered.

3. Contact Canadian Medical Protective Association

Canadian Medical Protective Association should be contacted if you are a member. Membership with CMPA is mandatory.

4. Contact PAIRO

You may wish to contact PAIRO; you are a member of the Professional Association of Interns and Residents of Ontario. Each school has representatives who will be able to counsel and assist you.

Moonlighting Policy

COFM policy

Moonlighting is defined as: Residents registered in postgraduate medical education programs leading to certification with the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada who provide clinical services for remuneration outside of the residency program. Moonlighting has been more recently called “restricted registration for residents”.

The Ontario Faculties of Medicine does not support resident moonlighting. Moonlighting compromises postgraduate programs and undermines the educational environment.

McMaster Postgraduate Medical Education Policy on Resident Moonlighting

McMaster Postgraduate Medical Education (PGME) supports the COFM policy on Resident Moonlighting. It is recognized that McMaster PGME cannot restrict, from a practical point of view, those residents with an independent practice certificate but feel that this activity must not interfere with the training program. The program director should be informed by the resident of this activity so that s/he can monitor its effect on the resident as well as the program.

It is recognized that there is a manpower problem within health care in Ontario but it is not under the mandate of McMaster PGME to solve this problem. The McMaster Postgraduate Medical Education Program wishes to maintain an environment in which there is

1. a positive balance between education and service
2. a strong academic focus in our training programs
3. no confusion regarding the resident’s role in the clinical setting

Background:

In 2004 the College of Physicians and Surgeons of Ontario outlined a proposal for Restricted Registration for Residents.

In September 2006 the Ontario Ministry of Health and Long-Term Care identified Restricted Registration as a potential solution to Emergency Room challenges. In November 2006 PGE:COFM approved the submission of a proposal to the CPSO and the Ministry.

At the request of the Minister and after consultations with stakeholders, the University of Toronto developed a pilot project for Restricted Registration with the participation of the CPSO, PAIRO and the other medical schools.

In May 2010, PGE:COFM put forth a recommendation that the Restricted Registration Pilot Project transition to a permanent program.

Restricted Registration

There is a process whereby residents are able to practice medicine with a certificate of Restricted Registration. “Restricted Registration” is a certificate offered by the College of Physicians and Surgeons of Ontario (CPSO) to Residents who meet agreed on criteria.

The Council of Ontario Faculties of Medicine have defined “Restricted Registration”, another term for Limited Licensure, as “Residents registered in postgraduate medical education programs leading to certification with the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada who provide clinical services for remuneration outside of the residency program.”

For details, please refer to the website: <http://www.restrictedregistrationontario.ca/index.html>

Approved PGEC/November 26/05

Revised May 2011

Guidelines for the Support of Learners in Clinical Placements of the Faculty of Health Sciences During an Influenza Pandemic or Localized Outbreak

Summary

- As a general principle, as long as learners can be provided with a safe learning environment, there should be no restriction on their clinical placements.
- All learners and faculty should use appropriate infection control measures to prevent infection.
- During a clinical placement/rotation, the clinical facility will provide the following, and students will follow the protocol of the facility:
 - Provision of personal protective equipment (PPE), including N95 masks, by the hospital;
 - Management of the health care workers, including students, by the provision of prophylaxis to exposed health care workers either through a prescription for Tamiflu or being provided with the drug;
 - A learner who develops symptoms of influenza should not come to work and, in addition to seeking appropriate medical care, must follow the procedures for notification defined by the program and the health care institution (i.e. inform the preceptor/attending/senior medical resident and inform the program as well as notifying Occupational Health/Employee Health Service, in accordance with the institution's policy).

While in class, students will self-screen, and use the self-report tool on the McMaster web site.

Preamble: *page 90*

- Who are the guidelines for?
- Why do they say what they say?

General: *page 90*

- Overview of infection control practices
- Where to find more information

Learners: *page 92*

- What is expected of learners during a pandemic or local outbreak?
- What learners should do if they are ill

Faculty: *page 94*

- What is the role of faculty with respect to learners in the clinical setting during a pandemic or local outbreak?

Programs: *page 95*

- How will programs prepare to support their learners during a pandemic or local outbreak?
- How do the programs throughout the Faculty of Health Sciences relate to one another in sharing information?

Preamble:

These guidelines have been developed to give direction to the learners, faculty, staff, and programs of the Faculty of Health Sciences, McMaster University about how to manage clinical placements during a pandemic or local outbreak of influenza. The schools and educational programs affected by these guidelines include the School of Nursing; the Michael G. DeGroote School of Medicine (Physician Assistant, undergraduate MD and post-graduate programs); the School of Rehabilitation Science; the Midwifery Education Program, and Undergraduate and Graduate Health Sciences programs. These guidelines refer to learners who are participating in activities (academic, clinical, and research) which occur in clinical environments.

Pandemic and outbreak planning requires that policies and practices are flexible enough to match the current and local circumstances. Clinical education in the Faculty of Health Sciences occurs in a wide range of geographic and jurisdictional environments. The clinical settings (hospitals to community placements) and programs vary significantly. As a result of these realities, these guidelines do not specify information such as which learners should be allowed to work in which environments, which diagnostic tests or therapeutic interventions should be utilized under what circumstances, or policies about who should be speaking to whom for each program and clinical site.

Instead, the guidelines refer learners, faculty, staff, and programs to existing policies; and outline a fluid continuum of relationships and responsibilities which may be necessary under pandemic and outbreak conditions. Where such policies or relationships do not currently exist, these guidelines offer a possible roadmap to aid in their development.

Finally, these guidelines offer flexibility to programs, and their clinical staff, and public health partners to improve responsiveness to the local and current circumstances. As a general principle, as long as learners can be provided with a safe learning environment and resources are adequate, there should be no restriction on their clinical placements.

General:

What are the most appropriate infection control practices for limiting the transmission of an infectious disease?

1. “Self screen” for symptoms of infection before entering any clinical setting. Stay home if you are ill and use appropriate infection control practices to protect the people with whom you may come in contact (your family, friends, visitors, etc.).
2. Always use universal precautions. Wash your hands or use alcohol-based hand hygiene before and after patient care, and before and after procedures.
3. Follow posted infection control guidelines. When you are uncertain about how to implement the guidelines, ask someone who has the knowledge or check with your local infection control personnel. Faculty should act as role models in encouraging learners to follow guidelines. We are all role models to patients, their families, friends, and caregivers when we follow the posted guidelines.
4. Use appropriate personal protective equipment (gowns, gloves, masks, face shield, respirator, goggles, etc.) when indicated. Receive training in the appropriate use of equipment if you are not certain about its use. When the required equipment is not available, contact the appropriate supervisor or infection control.
5. Use proper coughing and sneezing etiquette (i.e. coughing or sneezing into your arm rather than into your hand).

Where can I go to get more information about pandemic or outbreak conditions? Where do I get more information about specific infectious illnesses?

Ministry of Health and Long-Term Care (MOHLTC):

- Follow links to information about current infectious disease pandemics or outbreaks (i.e. “H1N1 Flu Virus”).
- Check out information for “Health Care Professionals” for guidelines on prevention of disease transmission.

<http://www.health.gov.on.ca/en/default.aspx>

Public Health Agency of Canada (PHAC):

- Provides support to Canada’s healthcare agencies and infrastructure to aid in health promotion and prevention of disease, including infectious diseases.
- Contains information for health professionals about current infectious diseases of concern and infection control practices.

<http://www.phac-aspc.gc.ca/index-eng.php>

MOHLTC – Public Health Units:

- For information about your local circumstances, refer to the above websites, as well as your local public health unit website. All of the websites for the public health units are available on the MOHLTC website.

http://www.health.gov.on.ca/english/public/contact/phu/phuloc_dt.html

Ontario Hospital Association (OHA) - Influenza Surveillance Protocol for Ontario Hospitals:

- Provides information to Ontario hospitals concerning recommendations for immunization, medical exemption to vaccination, high risk patients, and use of prophylaxis during an outbreak.

<http://www.oha.com/Services/HealthSafety/Documents/Protocols/Influenza%20Protocol.pdf>

Hospital internet/intranet for local hospital policies related to outbreak and pandemic.

McMaster University:

- H1N1 flu information and self reporting tool.

http://www.mcmaster.ca/opr/h1n1_flu/

Learners:

What is my role in the clinical setting with respect to the present H1N1 Flu Virus Pandemic or local outbreaks?

1. Use appropriate infection control measures as outlined in the “General” section above to protect yourself and your patients, and to help in preventing the spread of flu. If you are not certain about how to implement the suggested infection control measures, ask your supervisor, clinical staff on your unit or local infection control personnel.
2. Maintain an appropriate index of suspicion when interacting with individuals who describe or display signs or symptoms of influenza like illness (ILI). If you are unsure of the appropriate infection control measures to follow with a patient, discuss this with your supervisor, clinical staff on the unit, or local infection control personnel.
3. Be prepared to respond to requests by the province and/or university to increase or decrease your clinical activity depending on public health policy decisions related to clinical education and human health resource issues.
4. Comply with the requirements of your program with respect to completion of the health screening record, and annual mask fit testing and training.
5. Be aware of the opportunities to obtain an influenza vaccination. Provide documentation to your program when you receive the vaccination. If you are exempt from immunization because of a medical condition (persons who had a serious adverse reaction to a previous dose or any component of the vaccine, or with known anaphylactic hypersensitivity to eggs which is manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension, and shock), obtain documentation from your physician and provide it to your program.

What if I think I have H1N1 Flu Virus? What if I have signs or symptoms of Influenza-like Illness?

1. If you are in a clinical setting, use the same screening tool as that used for other health care workers in that setting. In the event that the facility does not provide you with a self-screening tool as part of your orientation, use the screening tool below (adapted from St. Joseph’s Hospital and Hamilton Health Sciences staff self-screening tool). Note that this tool may be updated as circumstances change – ensure you have access to the latest version available through your educational webportal. McMaster University also has a screening tool on its web site, under ‘flu information’.

Do you have the following symptoms?

A. New onset or worsening of existing cough;

AND

B. Fever greater than 38° C.

PLUS

C. Sudden onset of any of the following:

- Sore throat
- Headache
- Joint pain
- Muscle pain
- Severe fatigue

If you have answered **yes** to **A AND B, PLUS** one of **C** you have **FAILED** the

Influenza Like Illness – Self Screening Tool.

If you fail the screening:

- Do not attend school or your clinical placement;
- Notify Employee Health of the facility if you are on a clinical rotation;
- Notify your preceptor if you are on a clinical rotation;
- Notify your program (this can be done through the McMaster web page – ‘Student H1N1 Symptom Reporting Tool’ found under the ‘flu information’ link. This reporting tool will inform your program that you are ill and will be away from school for up to 7 days

***Note:** If you are pregnant or if you have an underlying medical condition such as asthma, cardiac disease, diabetes, immunosuppression or renal disease you need to be assessed by your physician as you may need anti-viral treatment.

1. If you are off work due to influenza-like illness, your return to work is at the direction of Employee Health. Students in a clinical setting should remain off until 24 hours after all symptoms, apart from a mild cough, have resolved. If you are in class, you should stay home until fever has been absent for 24 hours and you are feeling well enough to resume normal activities.
2. Treat your symptoms as you normally would. Contact your healthcare provider in the way that you normally would if you were suffering from flu symptoms. If possible, make reasonable attempts to isolate yourself from others while you continue to have symptoms. Make appropriate use of healthcare resources by using your personal primary care provider, Student Health services, walk-in clinics, or Telehealth Ontario rather than hospital emergency rooms.
3. Make reasonable attempts to avoid infecting others by washing your hands, using proper etiquette when coughing or sneezing, etc.
4. You may be contacted by individuals with information about recommended or required diagnostic tests or therapeutic interventions. Information may come from your personal primary care provider, supervisor, educational program, hospital or clinic staff, local public health unit, etc. While you must consent to participate in matters related to your own

healthcare, many recommendations will be based on public health interests or your own ability to continue working in the clinical environment (e.g. nasopharyngeal swabs, use of antiviral medications for prophylactic or symptomatic treatment, immunizations, etc.); therefore, you are strongly encouraged to participate.

What if I feel severely ill or compromised by symptoms of ILI?

1. Contact your personal primary care provider or get seen at an appropriate hospital emergency department. Taking appropriate precautions (e.g. wearing a mask) until you have been assessed. If you are at work when this occurs, advise your supervisor and then go to the emergency department (if available in your clinical setting) of Employee Health Services.
2. Call an ambulance (9-1-1) if you are too ill to be seen by your primary care provider or to get to an appropriate emergency department on your own.

What if I am exposed to H1N1 at my clinical placement?

If you are exposed to H1N1, antiviral prophylaxis (Tamiflu) may be given on the advice of Employee Health. They will distribute the Tamiflu and keep records.

Make reasonable attempts to isolate yourself. Practice social distancing, perform hand washing and coughing etiquette.

Faculty:

What is my role in supervising learners in the clinical setting with respect to the current H1N1 Flu Virus Pandemic or local outbreaks?

1. Encourage learners to use appropriate infection control measures as outlined in the “General” section above. Act as a role model by practicing the infection control measures yourself. These measures help to protect you, your learners, and your patients and help prevent the spread of flu.
2. Remain informed about local circumstances by reviewing healthcare bulletins, memos, and e-mails from the MOHLTC, clinical site, or educational program. Consider how learners might be affected by local circumstances (e.g. how is the hospital managing antiviral medications and immunizations). Bring concerns to the attention of leaders of your educational program and clinical site.
3. Know how to get in contact with your learner. Know the policies of your clinical site, in order to advise a student what to do if a learner reports to work with symptoms of H1N1 Flu Virus or influenza like illness. Know what to do if a learner comes into contact with an individual with H1N1 Flu Virus or influenza like illness. The appropriate responses may be determined by (1) the evolution of the pandemic or outbreak and our current response to it; (2) the individual learner; and (3) the clinical situation. If you are uncertain about the appropriate response, contact the local leadership of your educational program.
4. Depending on the circumstances of a pandemic or outbreak, the Ministry of Health and Long Term Care may instruct hospitals and academic institutions to increase or decrease the involvement of learners in the clinical setting. Please be supportive of learners under these circumstances.

Program Responsibilities for H1N1 Pandemic:

The responsibilities of the program are in accordance with the OHA principles of reciprocity.

Educate/orient learners on:

1. How to use appropriate infection control measures as outlined in the “General” section above. Act as a role model by practicing the infection control measures yourself. These measures help to protect you, your learners, and your patients and help prevent the spread of flu.
2. The use and importance of personal protective equipment.
3. The benefits of the annual influenza vaccination.
4. Who may be a high-risk individuals, from the OHA:

Health care workers with acute respiratory infections other than influenza should refrain from patient care activities, particularly during the first few days of illness when communicability is highest. If the health care worker must continue to work, i.e. if the absence of the health care worker poses a risk to patient safety, they should not work with high risk patients (see below), and must wear a mask and gloves and practice good hand hygiene during patient contact.

High Risk Patients

- People of any age who are residents of nursing homes or chronic care facilities
- People \geq 65 years of age
- Adults and children with selected chronic health conditions, including, cardiac or pulmonary disease, diabetes mellitus and other metabolic diseases, cancer, immunodeficiency and immunosuppression, renal disease, anemia or hemoglobinopathy, conditions that predispose to aspiration, and those \leq 18 years on long term treatment with acetylsalicylic acid
- Healthy children aged 6-23 months
- Pregnant women

Immunization

1. OHA Guidelines require programs to keep records of immunizations, and provide health care facilities with the immunization rates when requested. Each program must set up a system to obtain proof of vaccination from their students (educate students to keep that documentation with them when they go to clinical placement). Immunization against pandemic H1N1 influenza is strongly recommended.
2. Advise students that there may be a restriction of the ability to work if immunization is not completed.
3. Each program must enable students, to the best of its ability, to receive the vaccine. This may be through their clinical setting, if offered, through public health clinics (coordinate class times with clinic times), or a clinic organized by the program or Faculty.
4. If a student is exempt from immunization because of a medical condition (persons who had a serious adverse reaction to a previous dose or any component of the vaccine, or with known anaphylactic hypersensitivity to eggs which is manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension, and shock), obtain medical evidence from the student, and include it in your records.
5. Screen for students who are a high priority for immunization for health care workers, and encourage those students to be vaccinated as a priority (pregnancy, cardiac or pulmonary disease, diabetes mellitus and other metabolic diseases, cancer, immunodeficiency and immunosuppression, renal disease, anemia or hemoglobinopathy, conditions that predispose to aspiration)

*Note on Residency Programs: Record keeping for immunization and mask fit testing are the responsibility of the program (post-graduate education) until the resident enters the hospital. From then, it is the responsibility of the hospital.

Risk Assessment of Clinical Placements

1. Have a tool available to know when to pull students from a clinical placement. This decision is made in collaboration with the clinical facility.
2. If a clinical facility determines that Tamiflu is necessary to work there, and the facility cannot provide it to the students, the programs may need to decide to pull the students out of that placement site.

FHS programs will support our students being a part of the clinical response to a pandemic in accordance with their education and ability.

Remain informed about local circumstances by reviewing healthcare bulletins, memos, and emails from the MOHLTC, clinical site, or educational program. Consider how learners might be affected by local circumstances (e.g. how is the hospital managing antiviral medications and immunizations). Bring concerns to the attention of leaders of your educational program and clinical site.

Know how to get in contact with your learner. Programs must, at any time, be able to inform a facility what students are in any particular location.

Ensure that each faculty member understands the students' responsibilities, and can advise the students of such if required.

Program Pandemic/Emergency Planning:

Educational programs are the primary administrative structures within the Faculty of Health Sciences by which learners can receive consistent information about their roles and responsibilities during a pandemic or outbreak. Faculty and learners participate in clinical educational activities across a broad geographical network within a wide variety of clinical environments. During a pandemic or outbreak, health policy throughout our clinical placement network comes under the jurisdiction of different authorities depending on the location and situation. The variety of clinical environments means that learners will be making contact with individuals with a wide range of clinical presentations. Additionally, as a pandemic or outbreak evolves, recommendations change with respect to the diagnosis and treatment of illness; and the disposition, and expectations placed on individuals involved in healthcare delivery, especially non-essential personnel such as learners. As such, it is not possible to develop a detailed description of how *all* situations should be managed since such management is dependent on the local and current context.

The purpose of this section is to describe a continuum of responsibility within the educational programs from the establishment of generic policies, practices, or recommendations at the Faculty of Health Sciences level to the development of very specific practices in each clinical setting. Below is a list of questions and issues that could be considered by educational programs to ensure that learners are being adequately supported during a possible pandemic or localized outbreak. The responsibilities of individuals within the educational programs will vary by program, right down to the clinical unit level, depending on the administrative structures and policies in place.

The Faculty of Health Sciences has a team that develops and implements the policies and practices to be followed by faculty and learners during a pandemic or outbreak, in consultation with public

health and the local hospitals. Decisions made and information collected by this team will be disseminated through the associate and assistant deans, and the Faculty's administrative leadership. Similarly, issues and concerns at the program level will be brought back to this team via the same pathways. This team may consider some of the following issues, but they may also require input from or implementation by the educational programs. For this reason, the educational programs will likely want to begin considering the issues relevant to them and at what level within their program structure the considerations and decisions should be made:

What is the plan if learners are removed from one or more clinical environments?

- a. Are there alternative clinical placement locations?
 - b. Who will be responsible for coordinating the relocation of learners?
2. What is the plan if learners are removed from *all* clinical environments?
- a. How would this impact your programs?
 - b. What are alternative plans and what are the internal and external barriers to their implementation (i.e. internal barrier – convocation dates; external barrier – date of licensing exams)?
3. What is the policy for learners who miss clinical/academic time due to illness?
- a. Is the policy consistent with policies in the University, Faculty, accreditation, licensing, and regulatory institutions?
 - b. Do stakeholders know what the policy says and how to reference it?
 - c. How much flexibility exists in the policy?
4. For your program, at each clinical site, consider the roles, responsibilities, policies, and practices of the local public health unit, hospital, ward, or clinic:
- a. Who is responsible for ensuring learners know how to use personal protective equipment?
 - b. Who is responsible for ensuring that learners use personal protective equipment and appropriate infection control practices?
 - c. Who will make decisions about prophylactic treatment of contacts and how will these decisions be communicated to learners?
 - d. Who will learners notify if they become ill? Are there any hospital or public health requirements to report illness?
 - e. Who could make decisions about allowing learners to remain in the clinical environment and how would these decisions be communicated to the programs and learners?
 - f. Who could make decisions about what types of clinical learning experiences are available to learners? For example:
 - i. Learners at a certain level of training are prevented from working in certain environments by the hospital.
 - ii. A learner at a given site can only work with a certain subgroup of patients if the learner has been vaccinated.
5. How will you manage examinations or other evaluation exercises that have to be cancelled or postponed?
- a. Is the evaluation exercise necessary?
 - b. Can one form of evaluation be substituted for another?
 - c. Can the evaluation be delivered in another site or format?

Postgraduate Education Committee of COFM Part-Time Residency Training

Approved October 1996
Revised September 2002
Reviewed October 2009

Preamble

While in most instances residency training programs will be full-time, a part-time residency program may be necessary or desirable to accommodate family or personal responsibilities, illness, disability or job sharing with a spouse for childcare. It is further understood that residents need to take responsibility for completing their residency training program in a reasonable length of time.

Logistical considerations that may be encountered establishing part-time residency programs include:

- Scheduling problems for rotations,
- Incomplete or inconsistent educational experiences,
- Lack of peer group support,
- Devolved responsibility to others in the training program,
- Service needs not met,
- Financial implications,
- Lack of commitment of learner, or
- Loss of appreciation of continuity of disease process.

This policy statement refers only to the educational implications of part-time residency training. It recognizes the desirability and hopefully facilitates the development of part-time residency programs in Ontario. However, the financial, salary and contractual implications fall within the jurisdiction of the PAIRO/CAHO Collective Agreement.

Part-time residency training may be available for a portion of training and occasionally for all of a program. Development of part-time residency programs will be determined on an individual basis.

Principles

1. Part-time residency training should be made available in all training programs in Ontario.
2. In all cases the regulations of the applicable national college regarding part-time residency will apply. For RCPSC programs, these are outlined in Section 6 of “Policies and Procedures for Certification and Fellowship”, February 2002. For CFPC programs, the “CFPC Policy on Part-Time or Shared Residency Training Schedules” applies
<http://www.cfpc.ca/English/cfpc/education/examinations/family%20medicine/default.asp?s=1#cfpc>. Residents and program directors should ensure that proposed part-time residency programs are acceptable to the applicable national college prior to commencement of a part-time residency.

There may be obligatory full-time rotations mandated as part of the overall residency program since clinical education must include a period of on-call experience.

Conditions for Acceptability of Part-time Residency

1. Applicants must be acceptable to a program as defined by the regular admission requirements.
2. The reason for part-time residency must be acceptable to the residency program director, the residency program committee.
 - 1.1 Prior approval of the Postgraduate Dean must be obtained for all residents commencing part-time residency training.
3. The training program designed for a part-time resident must include all components of the residency program. The curriculum will be designed by the program director in consultation with the resident prior to the start of the program and the resident will have a copy prior to commencing the program. The resident will be in agreement with the proposed curriculum.
5. The program director will certify that the supervision and assessment is equivalent to that of the other residents in the program and the educational experience is equivalent in all other respects to the normal full-time training program.
6. All part-time residents shall be registered as residents in training but will receive credit only for the fraction of training for which they are registered.
7. Approval of the appropriate accrediting national college must be obtained in advance for the part-time component of the residency program.
8. Part-time residency training may continue for a learner if satisfactory progress is made throughout the program. Residents may be required to undertake a period of full-time training if progress as a part-time resident is considered to be unsatisfactory by the residency program committee at any time

Part-Time Residency Training

McMaster Policy

A Residency Program Committee may give individual consideration to an application for a part-time residency if all of the following conditions are met.

1. The application would normally meet the program admission requirements.
2. The reason for the part-time residency (e.g. family responsibilities) is acceptable to the admissions committee. Part-time residency will not be approved solely to accommodate gainful employment.
3. The resident must undertake all components of the residency program.
4.
 - a) Full residency in the specialty must be completed within the maximum number of years established for the specialty concerned.
 - b) Within any block of training, the part-time commitment must equal at least 50 percent of that of a full-time resident.
 - c) Such part-time residency may be taken in satisfaction of only those sections or subsections specified for the specialty concerned.
5. The Program Director shall provide a syllabus for the applicant's entire program, including both part-time and full-time components.
6. The Program Director shall certify supervision and assessment is equivalent to that of other residents in the program.
7. The Program Director shall certify that the total educational experience is fully equivalent to normal full-time residency experience.
8. All part-time residents shall be registered as residents while in training and shall receive credit only for that fraction of full-time training for which they are registered (i.e. at least 50 percent).
8. Approval must be obtained in advance from the Assistant Dean, Postgraduate Education.
9. College approval must be obtained in advance of the part-time component of residency.

Part-Time Residency Training

Royal College of Physicians and Surgeons of Canada Policy

The RCPSC Credentials Committee will consider, through a confidential process, all attempts to achieve a reasonable accommodation for a resident who is seeking permission to take a modified residency training program, with the intent of seeking admission to the RCPSC certification examinations. Any requests for modified training must be accompanied with supporting documentation from the applicant's program director.

Fractional (Part-time) residency training: Fractional residency training must be approved by the RCPSC Credentials Committee. Consideration will only be given to applications who meet all of the following criteria:

1. the RCPSC Credentials committee approval must be obtained in advance of the fractional component of residency training;
1. the reason for the fractional training residency training (e.g. family responsibilities) is approved by the program director and postgraduate dean, and the RCPSC Credentials Committee. Ordinarily, fractional residency training will not be approved to accommodate gainful employment;
2. the RCPSC Credentials Committee will review, on a case-by-case basis, the maximum number of fractional years allowable to complete residency training;
3. within any block of residency training, the fractional commitment must equal at least 50 percent of that of a full-time resident;
4. the program director must provide a syllabus for the applicant's entire residency program, including both fractional and full-time components, and
5. the program director must certify that the supervision and assessment of the fractional resident is at least equivalent to that of other residents in the residency program and that the total educational experience is fully equivalent to normal full-time residency.

Excerpt from the PAIRO Contract re Part-time Training

Where a resident works on a part-time basis, the provisions of the Collective Agreement will continue to apply without modification, save for the following:

21.1 The parties agree that the responsibilities, workload, call schedule, and salary paid will be reduced commensurate with the credit given for training by the RCPSC or CFPC. With respect to vacation, part-time residents will continue to be entitled to four weeks vacation per year, paid at the same rate of pay as the resident is receiving.

21.2 With respect to insured health benefits in 20.1 c), d) and e), these provisions will continue to apply unchanged to residents who receive RCPSC or CFPC credit equal to 60% or more. However, part-time residents receiving less than 60% credit will be required to contribute one-half of the cost of premiums required in order to maintain coverage for the period while they are working such reduced time.

Note: A part-time resident may opt out of benefit coverage in 20.1 c), d) and e) if she/he has equivalent family coverage, satisfactory to the insurer and PAIRO.

Responsibilities Concerning the Handling and Disposal of Patient Personal Information

1. The hospital retains the property right to the physical record or any media on which information is stores, however, the information belongs to the patient.
2. You may only access patient information when participating in the “Circle of Care” ie. as a member of the healthcare team involved in the care of a particular patient or in your role as a member of the healthcare team.
3. Making copies of patient information for other than support of patient care is prohibited, without authorization.
4. If copies are made, then you have certain legal responsibilities:
 - (a) Copies must only be retained for the period that they are required. After which you must destroy those copies by depositing them in locked “confidential waste” receptacles (NOT Blue boxes), for secure disposal.
 - (b) If copies are to be taken offsite, you should anonymize or de-identify them where possible and you must ensure they are disposed of by shredding or another form of obliteration.

Guidelines Regarding Patient Safety

Patient safety is central to provision of healthcare. Within Postgraduate Medical Education patient safety is paramount while providing a substantive educational experience that will lead to a trainee reach full competency as an independent practitioner. It is recognized that postgraduate trainees function in varying degrees of supervision depending on their level of training as well as the acuity of the specific patient-physician interaction.

In order to promote and ensure patient safety, there are standards and expectations of knowledge and behaviour that must be demonstrated within the CanMEDS competencies. Some examples are listed below; however, this list is not all-inclusive.

Medical Expert

- Knowledge/ability appropriate for level of training
- Ability to formulate an effective treatment plan
- Appropriate use of procedures for an effective treatment plan
- Assessment skills that are appropriate for level of training
- Presence of critical specialty specific areas of skill and knowledge
- Awareness of how to avoid adverse events

Communicator

- Appropriate, timely and accurate handover of information to facilitate patient care

Collaborator

- Proper regard for other health care professionals and their opinions that assist provision of healthcare

Manager

- Awareness of the value in continuing quality improvement exercises and the participation in systems review to promote patient safety

Health Advocate

- Advocate for patient safety at the bedside as well as within the healthcare system

Professional

- Honesty in presentation of credentials to patients
- Truthfulness in presentation of patient and healthcare information
- Reliability
- Timely reporting of changes in a patient's condition to the Most Responsible Physician
- Appropriate follow up for a patient
- Insight into one's abilities
- Completion of appropriate care of a patient
- Treatment performed that is appropriate for level of training and ability

Concerns re patient safety:

A clinical supervisor may determine that there are concerns regarding the quality of care and patient safety (as outlined above). These concerns may fall within the following categories:

Ongoing, non-critical issues:

Medical Expert and/or Areas of concern in other CanMEDS Competencies

(Refer to the Postgraduate Policy Procedures for the Evaluation of Postgraduate Students – “Evaluation Policy”.)

- Specific concerns should be discussed in a timely manner with the Postgraduate trainee, to allow the trainee the opportunity to address the identified issues. The discussion should be documented, in writing, (e.g., in the form of an evaluation, with other supporting documentation, as required). Documentation must be shared with the trainee and remediation provided and assessed.
- If the trainee is not functioning at their designated level, then their level of responsibility may need to be temporarily reduced and the supervision increased. This should be a short term measure that is done within the rotation and may not have implications for repeating a rotation.
- If the concerns have been deemed by the Residency Program Committee as being ongoing and cumulative in nature and there have been significant adverse effects to patient, the trainee may be suspended from clinical duties and at the discretion of the Assistant Dean, PGME, the Assistant Dean, shall conduct an investigation as required.

Critical, Emergent issues:

Medical Expert and/or Professional

- Other errors may be critical or egregious in nature and in specialty specific acute care areas that may require immediate suspension from clinical activities. This activity should be reflected in the trainee’s written evaluations. A trainee who is suspended due to patient safety concerns should receive an unsatisfactory evaluation.
- The critical event must be discussed with the Trainee and documented, in writing.
- The Assistant Dean must be informed immediately of the recommendation.
- *(Reference: Evaluation Policy – section on Emergent Situations.)*

March 10, 2009

Approved PGEC March 2009

Postgraduate Education Guidelines for Interaction with the Pharmaceutical Industry

The following guidelines were developed by the Faculty Postgraduate Education Committee, to be used in conjunction with the criteria developed by the Canadian Medical Association regarding physicians and the pharmaceutical industry.

1. If it is known that the industry has a particular educational resource which would help fulfil an independently derived educational goal, that resource should be sought.
2. Programs may seek industry sponsorship of educational events but this should be done in an "arms length" manner. i.e. while the funds are from the pharmaceutical company the program must retain the authority to determine the content and the activities of the event(s) which the sponsorship will promote.

If funding is contingent on industry input into the program, or the Residency program making residents accessible to representatives of the industry, the funding should be declined.

The ultimate decision on organization, content and choice of activities shall lie in the hands of the physician-organizers.

3. Industry representatives may be invited, by the program, to submit educational materials for program sponsored events. If appropriate, the materials may be used.
4. The Residency program should not be party to residents being the beneficiary of non-educational largesse from the industry.
5. The Residency program should not facilitate access of drug representatives to the residents.

While it is understood that these are the guidelines that will apply to all postgraduate programs, it is also understood that each program may need to adapt them to fit local circumstances.

References

Initial Internal Medicine Residency policy was documented in the CMAJ:

Department of Medicine Education Council, McMaster University. Development of residency program guidelines for interaction with the pharmaceutical industry. *Can Med Assoc J* 1993;149:405-408.

Commentary was published in the CMAJ

Woolard RF. Addressing the pharmaceutical industry's influence on professional behaviour. *Can Med Assoc J* 1993; 149: 403-404.

Response of the pharmaceutical industry to the policy was documented in the following:

Guyatt, G. Academic medicine and the pharmaceutical industry: a cautionary tale. *Can med Assoc J* 1994; 150:951-3.

Erola J. *Can Med Assoc J* 1994; 150:955-6

And discussed in further correspondence:

Guyatt GH. Relations with the Pharmaceutical Industry. Can Med Assoc J. 1994; 151(4):415.

Guyatt GH. Interacting with the Pharmaceutical Industry. Can Med Assoc J. 1994;151(6):732.

The Postgrad guidelines are discussed in the following:

Forrest JB. Faculties of health sciences and the pharmaceutical industry: an effective partnership. Can Med Assoc J. 151:1320-2, 1994.

Guyatt GH. Health sciences and the pharmaceutical industry: partnerships can be effective and ethical. Can Med Assoc J 1994; 151: 1323-1324.

The impact of the policies documented in the following:

McCormick BB. Tomlinson G. Brill-Edwards P Detsky AS. Effect of restricting contact between pharmaceutical company representatives and internal medicine residents on posttraining attitudes and behaviour. JAMA. 2001; 286:1994.

Other relevant studies

Lichstein PR, Tuirner PC, O'Brien K. Impact of pharmaceutical company representatives on internal medicine residency programs. Arch Intern Med 1992; 152; 1009-1013.

Brotzman GL, Mark DH. The effect on resident attitude of regulatory policies regarding pharmaceutical representative activities. J. Gen Intern Med 1993; 8: 130-134.

McMaster University

Postgraduate Medical Education

Guidelines on Professional Behaviour and Ethical Performance

Preamble

Professionalism is defined as: “the conduct, aims, or qualities that characterize or mark a profession or a professional person.” It is the standard of behaviour by which the medical profession is judged by our health care colleagues and the public. Professionalism is one of the most important aspects of CanMEDS competencies. While the Medical Expert role is seen as the central role that distinguishes physicians from other Health Care professionals, professionalism can be viewed as the enabling competency for the other six CanMEDS roles.¹

Professionalism is also an integral component of the four principles of Family Medicine. It is a key competency for the maintenance of the Family Physician as a skilled clinician, a resource to their community and practice population as well as the centrality of the doctor/patient relationship in the role of the family physician.

In Postgraduate Medical Education, within the Faculty of Health Sciences, we are committed to teaching and evaluating professionalism throughout our residency training programs, both formally and informally. Postgraduate Medical Trainees (Trainees) include Residents, Clinical Fellows, and Research Fellows (although Research Fellows do not participate in clinical activities, the same principles apply). As members of the medical profession there are certain standards that fall within the realm of professionalism and lead to the specific expectations found within what is also called the Canadian Medical Association Code of Conduct. http://www.cma.ca/index.cfm/ci_id/53556/la_id/1.htm

These Guidelines define the *minimum* expected behaviour and ethical performance; however, a Postgraduate Medical Trainee/Physician should always strive for exemplary ethical and professional behaviour.

While all physicians should strive to model professionalism and conduct themselves as exemplary physicians, it is accepted that physicians are people and people are not perfect. It is behaviour, particularly in stressful, difficult situations, that challenge the ability to demonstrate professionalism. The ability to admit error, learn from mistakes, and make amendments to one’s behaviour, is also a measure of professionalism.

Responsibilities of the Professional:

The Trainee must take responsibility for his / her own behaviour and uphold the relevant behavioural and ethical standards of the medical profession in general and more specifically, the standards of the profession within the CanMEDS / Four Principles competencies as defined by the two national accrediting authorities – the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. It is recognized that many of the CanMEDS competencies crossover and are not limited to one competency. However, for the purposes of this document, the behaviour will be only listed in one area.

- Consider first the well-being of the patient. **Medical Expert / Health Advocate / Manager**
- Respectful, honest, courteous communication with all individuals, particularly including patients, visitors, employees, physicians, volunteers, health care providers, co-workers, and the general public. **Communicator / Collaborator**
- Strive to pursue excellence in the acquisition of knowledge, skills, and attitudes in the medical profession. **Scholar**

Standards of Professional Behaviour:

The following is a list of some of the standards of professional behaviour for a Postgraduate Medical Trainee as a Medical Expert and Physician.

1. Communicator

- Being skillful at communicating and interacting appropriately with patients, families, faculty/instructors, peers, colleagues, and other health care personnel.
- Demonstrating empathy and compassion for patients and their families and caregivers.

2. Collaborator

- Providing appropriate transfer of responsibility for patient care (handover).
- Demonstrating respect for, and ability to work harmoniously with, instructors, peers, and other health professionals.

3. Manager

- Keeping proper patient records with particular respect for confidentiality of all patient information.
- Where patient informed consent to an action is required, the Trainee will act only after valid informed consent has been obtained from the patient (or from an appropriate substitute decision-maker).

4. Health Advocate

- Demonstrating concern for the needs of the patient and their families to understand the nature of the illness/problem and the goals and possible complications of investigations and treatment.
- Demonstrating concern for the psycho-social aspects of the patient's illness/problem.
- Assessment and consideration of a patient's motivation and physical and mental capacity when arranging for appropriate services.
- Exhibiting respect for, and ability to work harmoniously with, the patient and all those involved in the promotion of his/her wellbeing.
- Demonstrating 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.

5. Professionalism

- Establish appropriate boundaries in the physician-patient relationship as well as health professionals being supervised (not for personal benefit, gain, or gratification).

6. Scholar

- Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence.
- Recognition of the importance of self-assessment and of continuing education.

- Demonstrating a willingness to teach others within medicine and other health professionals.
- Demonstrating an understanding of the appropriate requirements for involvement of patients and their families in research.

Inappropriate Conduct

Trainees at McMaster University 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:

1. Misrepresenting or misleading anyone as to his or her qualifications or role in person or on the internet.
2. Providing treatment without appropriate supervision or authorization.
3. Misusing or misrepresenting his/her institutional or professional affiliation.
4. Stealing or misappropriating or misusing drugs, equipment, or other property.
5. Contravention of the Ontario Human Rights Code.
6. Unlawfully breaching confidentiality, including but not limited to accessing electronic records of patients/clients for whom s/he is not on the care team.
7. 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.
8. Being unavailable while on call or on duty (not answering pages or attending to clinical work).
9. Failing to respect patients' rights and dignity.
10. Falsifying health records.
11. Committing sexual impropriety with a patient, patient's family members, staff or other care providers.
12. Violating other physician boundaries. Examples of boundary violations are treating one's own family members, writing prescriptions for people who are not your patients, accepting gifts or favors from patients. Accepting significant gifts or favors is not encouraged because of the fiduciary nature of the doctor patient relationship.
13. Committing any act that could reasonably be construed as mental or physical abuse.
14. 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.
15. Committing acts that can be interpreted as Academic Dishonesty.

Unexplained and ongoing violation of these expectations of Professional Behaviour (see Appendix 1) or Examples of Unprofessional behavior (see Appendix 2) will constitute reasons for suspension of duties for unprofessional behavior. It may also mean notification of the College of Physicians and Surgeons of Ontario.

Appendix 1: Some Examples of Model Behaviours of Professionalism²

1. Arrives on time and prepared for work.
2. Notifies appropriate people, if not able to come into work, in a timely fashion.
3. Appropriate (inoffensive) dress and cleanliness.
4. Follows up on patient care issues that are identified.
5. Understands one's own limitations and seeks help when needed.
6. Detailed handover of patients, both giving and receiving.
7. Acts as a patient and health advocate
8. Completes medical records honestly and punctually.
9. Treats patients/family/staff/paraprofessional personnel with respect
10. Protects staff/family/patient's interests/confidentiality.
11. Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues.
12. Actively seeks and incorporates feedback.
13. Introduces him or herself as well as other members of the team, to the patient and family.
14. Effectively coordinates the health care team and manages health care resources.
15. Accepts responsibility/accountability.
16. Recognizes the influence of marketing and advertising on their clinical care.
17. Open/responsive to input/feedback of other team members, patients, families and peers.
18. Use humour/language appropriately.
19. Discusses adverse events including death honestly, sensitively, patiently, and compassionately.
20. Participates in peer-review process.
21. Demonstrate fairness in recruitment of postgraduate trainees

Appendix 2: Some Examples of Unprofessional Behaviour

Inappropriate words:

- profane, disrespectful, insulting, rude demeaning or abusive language;
- shaming others for negative outcomes;
- inappropriate arguments with patients, family members, staff or other care providers;
- gratuitous negative comments about another physician's care (orally or in chart notes);
- passing severe judgment or censuring colleagues or staff in front of patients, visitors or other staff;
- outbursts of anger;
- behaviour that others would describe as bullying;
- insensitive comments about the patient's medical condition, appearance, situation, etc.;
- jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance or socioeconomic or educational status.

Note: Comments that are or may be perceived as being sexually harassing which are directed at patients may fall under the definition of sexual abuse at s. 1(3) in the *Regulated Health Professionals Act, 1991*. Such comments which are directed at non-patients may be professional misconduct.

Inappropriate actions/inaction:

- throwing or breaking things;
- refusal to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care;
- use or threat of unwarranted physical force with patients, family members, staff or other care providers;
- repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or expected to be available;
- not working collaboratively or cooperatively with others; and
- creating rigid or inflexible barriers to requests for assistance/cooperation.

Related Documents for further Reference

(links are also available on Medportal: <http://postgrad.medportal.ca/>)

1. McMaster University Faculty Policy and Procedures for the Evaluation of Postgraduate Students
2. Postgraduate Medical Education: Code of Conduct for Clinical Teachers
3. Hamilton Health Sciences Value-Based Code of Conduct
<http://www.hamiltonhealthsciences.ca/body.cfm?id=1056>
4. St. Joseph's Healthcare Standards of Behaviour (available on the Postgrad website and medportal) under "Policies."
5. Provincial Guidelines for Appropriate Use of the Internet

References

- 1 Royal College of Physicians and Surgeons of Canada – CanMEDS
<http://rcpsc.medical.org/canmeds/index.php>
- 2 GL Larkin, L Binder, D Houry, J Adams. “Defining and Evaluating Professionalism: A Core Competency for Graduate Emergency Medicine.” *Education Academic Emergency Medicine*, Volume 9, Issue 11, November 2002, pp 1249 – 1255.
- 3 The Association of Faculties of Medicine of Canada (AFMC) website, Social Accountability and Professionalism
<http://www.afmc.ca/social-professionalism-e.php>
- 4 The Canadian Medical Association (CMA) website, Medical Professionalism
http://www.cma.ca/index.cfm/ci_id/3300/la_id/1.htm
- 5 College of Physicians & Surgeons of Ontario (CPSO), Disruptive Physician Behaviour Initiative, Guidebook, april 2008:
<http://www.cpso.on.ca/policies/positions/default.aspx?id=1730>

20 November 2008
Approved PGEC November 19, 2008

Pronouncement of Death by Housestaff

Recommendations for Pronouncement of Death in Hamilton Hospitals

1. All health workers recognize that prompt pronouncement of death is an important part of overall care of a patient and his/her family.
2. Pronouncement of death is a medical act and must be completed by a physician. It is the ultimate responsibility of the patient's attending physician or the attending on-call.
3. Housestaff working and at times on-call on a teaching service have responsibilities to the care of those patients on their services and this includes pronouncement of death.
4. As physicians present in the hospital after hours, housestaff on-call would consider it a professional courtesy to perform the act of pronouncement of death on non-teaching services. It would be required for the non-teaching service attending physician to directly make the request of the housestaff on-call to perform the act of pronouncement of death. It remains a responsibility of the attending to fill out the medical certificate of death, notify the coroner and make requests regarding post-mortem and or organ donation. It remains also the responsibility of the deceased patient's attending physician or the attending physician on call to communicate with the bereaved family.

Postgraduate Education Committee of COFM

Resolution of Resident Conflict with Attending Physician or Supervisor on an Issue of Patient Care

May 10, 2002
Revised Aug. 2009

(See also *College of Physicians and Surgeons of Ontario Professional Responsibilities in Postgraduate Medical Education*. <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1846>)

Purpose

This document provides a provincial guideline to resolve situations where a resident experiences conflict with his/her attending physician⁵ or supervisor⁶ on an issue of patient care.

It is recognized that it may be very appropriate for two professional individuals to disagree on a medical issue. Most disagreements do not require the initiation of this process. Individual universities may also consider additional conflict resolution measures or processes.

Process

Each resident must be provided with the contact information for each site coordinator involved in their program. This should be readily available via the Resident Handbook or the internet.

When there is a conflict or disagreement between the postgraduate medical learner and the attending physician or supervisor, the premise is that the issue will be dealt with as close to the source as possible thereby limiting the number of people involved. The conflict can be handled either through the academic or hospital/site protocol, with the understanding that all involved parties will keep each other informed.

Examples of disagreements include, but are not limited to:

- (a) Perceived concerns regarding quality of care.
- (b) Perceived inappropriate professional behaviour.
- (c) Perceived inadequate supervision.
- (d) Perceived inadequate or unsatisfactory teaching.

Procedure for Academic Route of Resolution of Resident/Supervisor Disagreement:

1. Ideally the resident and supervisor have a face-to-face discussion about the concern.
2. The resident consults with the site coordinator about the issue.
3. The site coordinator will speak with the MRP/supervisor to inform him/her of the concern.
4. The site coordinator will arrange a joint meeting with the resident and attending physician/supervisor to reach a resolution.

⁵ Attending Physician: is the physician who has final responsibility and is accountable for the medical care of a patient.

⁶ Supervisor: are clinical teachers who are delegated by their respective training programs to guide, observe and assess the educational activities of the learners. The supervisor of a learner involved in the care of a patient may or may not be the most responsible physician for that patient.

5. If the resident does not believe that the issue has been resolved, she/he should approach the university program director.
6. If the issue still remains unresolved, the resident should approach the Associate Dean, Postgraduate Medicine.

In cases where immediate resolution is required, the resident will immediately contact the site coordinator for direction.

Recognizing that disagreements/conflicts occur, there is an expectation that a collegial, “no-fault” environment is in place. Regardless of the outcome of the immediate intervention and/or resolution, there shall be no repercussions to the resident for lodging a complaint made in good faith. The site coordinator will provide a follow-up written report of the incident to the university program director (academic), and/or the service chief (hospital/site), when appropriate.

Postgraduate Education Committee of COFM

Service to Education Balance Principles

October 2002

Revised Dec. 21, 2009

Recognition of the appropriate balance between resident service and education lies in an understanding of the unique nature of postgraduate medical education. The following principles are used in the development and implementation of all Ontario Postgraduate COFM Policies.

- Clinical services provided by residents are an essential component of postgraduate medical education and health care delivery.
- Residents are both learners and service providers.
- It is important to strive for an appropriate balance to ensure that both educational and service roles are fulfilled.
- Learning occurs through service, and service through learning, as long as services are relevant to the educational objectives of each residency program.
- Service obligations must allow reasonable opportunities for learning activities such as academic half-days, access to educational resources and support for research and other educational activities.
- RCPSC CFPC B Standards and the PAIRO/CAHO Agreement support the Service to Education Balance.
- It is incumbent on all stakeholders including those from the academic programs, hospitals, and residents to collaborate to achieve and evaluate the service to education balance.

Reference: Royal College of Physicians and Surgeons of Canada and Canadian College of Family Physicians General Standards Applicable to All Residency Programs June 2006.
(http://rcpsc.medical.org/residency/accreditation/genstandardsB_e.pdf)

TRANSFER POLICY: PROVINCIAL & McMASTER UNIVERSITY POSTGRADUATE MEDICAL EDUCATION

Principles for Transfer in Ontario Residency Programs **(Originally approved March 2003)** **Revised May 17, 2010**

The Ontario medical schools and MOHLTC support a system of improved flexibility in postgraduate medical education. As of July 1, 2010, all transfer requests are handled in accordance with the principles outlined in this document, and under local transfer policies in force at each Ontario medical school.

Transfers will be accommodated through funding from:

- a) the usual local recoveries (e.g. vacated positions), and
- b) additional funding provided each year by MOHLTC to improve flexibility in the system and support transfer requests. This funding of 23 additional years was originally granted in 2003 and has been maintained by the Ontario Ministry of Health on an annual basis as follows:
McMaster: 4 years; NOSM: 3 years, Ottawa: 3.5 years, Queen's: 3 years, Toronto: 5.5 years;
Western: 4 years.

General Principles

The following general principles apply to all resident transfer requests:

- Wherever possible, transfers should not subvert the CaRMS Match.
- Discussions regarding transfer will remain confidential until such time as the resident consents to disclosure.
- PGM:COFM will determine on an annual basis whether there is a need to identify specific specialties that will be deemed in short supply and therefore will be preferentially accommodated during the transfer process.
- Overall, transfers should not significantly alter the distribution of residency position allocation across schools and within disciplines.
- Residents must be acceptable to the program to which they are seeking transfer.
- The second iteration of CaRMS is a route to change programs that residents may use outside of the regular transfer process.
- Capacity, funding, and other constraints may limit the availability of program transfers; it is therefore not possible to accommodate all requests.

Specific Principles

In addition to fulfilling the requirements of the general principles, the following specific principles apply:

- Each transfer request is unique and will be considered on its own merit; however priority will be given to transfers based on evidence of wrong career choice or demonstrated need, e.g. disability, health issues that prevent residents from completing their initial program, etc.
- Internal transfers transfer requests will be considered by each school after January 1st of each year.
- Prior to accepting a transfer position, the Resident must request a release from his/her current program. Program Directors will then determine whether the resident may be released by their home program.
- Residents requesting a transfer to another Ontario school must initially approach the Postgraduate Medical Education Office at the resident's home school for management of the transfer request.
- In most cases, intra-provincial transfers will be considered after the school's internal transfer process is complete. Intra-provincial transfer requests can be made to the PGME Office of the resident's home school after January 1st each year, but will not be approved until after the second iteration of the CaRMS Match.
- Direct and equal funding year transfers are sought during the intra-provincial transfer process.
- Final approval of any transfer lies with the Postgraduate Dean.

PGY1 Transfers (PGY1 covers the entire first 12 months of training)

- Residents must have at least 6 months of active training within the residency with ideally one block in the discipline from which they request transfer;
- Residents should have sufficient exposure to the discipline to which they are requesting transfer either in the last year of medical school or during their residency;
- Residents must be of similar aptitude to successful candidates through the CaRMS match by the receiving program, utilizing similar selection methods and rating systems where they are used; and,
- If the resident applied through CaRMS to the program that they wish to transfer into, that program should ordinarily have ranked them favourably.

PGY2 or Higher Transfers

- Transfers within the last six months of a program will not normally be accepted, except in cases in which the programs significantly overlap i.e. Family Medicine to Community Medicine.

The transferring resident is responsible for contacting the RCPSC or CFPC to have their prior postgraduate training assessed for credit towards the new program. Until notification has been received from the appropriate College, the resident will be registered at the lowest applicable PGY level to ensure adequate funds are available for a complete training path. The resident will be advanced, as appropriate, once the assessment notices have been received, accepted by the program and approved by the Postgraduate Dean.

Inter-provincial and U.S. Transfer Requests

Ontario Ministry of Health funded residents are free to seek transfer of residency programs outside Ontario schools, but funding is not transferrable/portable outside the province. Any resident in an Ontario school accepted for transfer must be officially released by his/her Program Director and a letter approving the release will be sent to the Postgraduate Dean at the receiving school.

Residents from other Canadian or U.S. medical schools are free to contact PGME Program Directors at Ontario medical schools directly regarding program capacity and transfer possibilities. Program Directors may review such transfer requests according to the “General Principles” outlined above, and may contact the Postgraduate Dean’s office regarding funding. Such requests will be considered after the internal, intra-provincial transfer request processes, and the 2nd iteration of CARMS are complete.

Special Case

A transfer request that does not meet the principles outlined in this document may be brought forward to PGM:COFM as a special case at the discretion of the Postgraduate Deans.

McMaster University: Transfer Guidelines for Residents

McMaster University, Postgraduate Medical Education supports and adheres to the “Principles for Transfers in Ontario Residency Programs”. The process outlined below is one route to transfer; the second iteration of CaRMS is another alternative (please refer to CaRMS website, second iteration: <http://www.carms.ca/index.html>)

McMASTER PROCESS:

DEADLINE: is normally January 31 for all transfer requests.

TRANSFER REQUEST FORM: All Residents seeking transfer must complete this form and submit to the PGME Office. The form is available on medportal: <http://postgrad.medportal.ca/>, under “Policies and Procedures”

1. The Resident should make enquiries about the program that s/he is interested in; this may include seeking information from the PGME Office, talking to other residents and/or the Program Director of the program that s/he is interested in.
2. The Assistant Dean may wish to meet with the Resident to discuss the reasons for the transfer.
3. The Resident must meet the selection criteria of the program wishing that s/he wishes to transfer into.
4. The Resident may receive a conditional offer of acceptance into a program, contingent on their release from their current program. The Resident should meet with their current Program Director to request the written release.
5. The PGME Office is provided with the letter of offer and the letter of release.

6. All transfers are contingent on funding. If additional funding is required to facilitate the transfer McMaster has four extra funding years (the funding allocation may change from year to year – funding provided since March 2003). The Resident should contact the PGME Office regarding funding.

INTRA-PROVINCIAL TRANSFERS

1. The Postgraduate Medical Education office will communicate with the Resident seeking a transfer to another university and determine if s/he wishes to proceed with the intra-provincial process.
2. Direct and equal transfers are sought during this process.
3. Transfers for geographic reasons are considered lower priority.
4. Intraprovincial transfers will not be approved until after the second iteration of CaRMS.

Revised June 2010

Approved PGEC June 16/10

PG Policies/transfer FINAL

McMaster Policy

At present, vacation entitlement is four (4) weeks for all Residents. Once the vacation period is approved it may be only changed through subsequent negotiations with the appropriate individuals. Vacation time must be taken within the academic year July to June.

The Postgraduate Medical Education Committee has drawn up guidelines relating to vacations in keeping with the terms of the PAIRO-CAHO Agreements:

1. Requests for vacation shall be submitted at least four (4) weeks before the proposed commencement of the vacation and not later than March 1. As an exception, each resident taking a certification examination in June shall have until April 15th to make a written request for one week of his/her vacation entitlement.
2. The Resident is to submit a request on medportal.
3. The PAIRO-CAHO agreement states that, "All vacation requests must be confirmed or alternative times agreed to within two weeks of the request being made." This being recognized, it may not always be possible to confirm the request within two weeks. In these instances the expectation would be that the Resident receives communication regarding the request within the two week period. For example, the Resident would receive an email stating that the request had been received and is then provided with a time when s/he can expect the approval. **It is important that timely communication between all parties take place, in order that the Resident receives timely confirmation of the vacation request.**
4. Vacations may be taken by housestaff at any time; the timing of vacation may be delayed only where necessary, having regard to the professional and patient responsibilities of the hospital department for the time the vacation is requested.
5. Housestaff may arrange for their vacations to be taken in one continuous period or in one or more segments of at least one week in duration provided professional and patient responsibilities are met. If a trainee is requesting a one month block, this request should be made well in advance, before the rotation schedules are drawn up. In essence, one-month vacation blocks should be requested prior to the start of the academic year in order to enable the program to accommodate such requests wherever possible. It should be recognized that missing a one month mandatory rotation could impact on the resident's program and should be discussed with the Program Director.
6. Conference leave is in addition to vacation allotment but subject to the same mechanism of approval.
7. All housestaff shall be entitled to the following recognized holidays:
 1. New Year's Day
 2. Family Day
 3. Victoria Day
 4. Canada Day
 5. August Civic Holiday
 6. Labour Day
 7. Thanksgiving Day
 8. Christmas Day
 9. Boxing Day
 10. New Year's Day
 11. Floating Holiday(Please refer to Medportal for the dates of each holiday)
8. Vacation entitlements do not carry over from one year to the next.

**Please refer to the PAIRO website <http://www.pairo.org/> for details from the PAIRO-CAHO Agreement