



APPENDIX 43

**RESPONSE PROCESSES TO CONCERNS
RAISED ABOUT A PRECEPTOR**



UNIVERSITY OF CALGARY

Department of Family Medicine Postgraduate Family Medicine Programs

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Response Processes to Concerns Raised About a Preceptor

When a Resident raises concerns about a Family Medicine Preceptor

Note 1. Receipt of any concerns about a **non-FM Preceptor**, via verbal or written evaluation(s), requires communication re these concerns to the Preceptor's respective Department Head by the FM Postgraduate Director (the DFM Department Head should be informed first and may choose to communicate directly with the respective Department Head). Any further action is the responsibility of the Preceptor's Department Head. The urgency of this communication will be dictated by the acuity of the concerns raised.

Note 2. Postgraduate Director includes delegate e.g. Division Director or Site Director, unless specified (only) Postgraduate Director.

Note 3. Program Directors of individual Enhanced Skills Programs are considered Program Directors in this document. These Program Directors should inform and consult with the DFM Enhanced Skills Program Director when a concern has been raised about a Preceptor, so the Enhanced Skills Program Director is aware the Response Process is underway and also that he/she can provide guidance to the individual Enhanced Skills Program Director. The Enhanced Skills Program Director should also be informed about the progress of any response once initiated, as well as the outcome.

Note 4. Cross-communication within Department of Family Medicine (DFM) e.g. between Undergraduate and Postgraduate leadership, is essential when responding to raised concerns. As appropriate, Associate Deans Postgraduate Medical Education (PGME), Undergraduate Medical Education (UME) and Distributed and Rural Learning Initiatives (DLRI) may also be involved.

Note 5. Where concerns raised relate to a rural FM Preceptor who supervises both Calgary and Rural Residents, a determination will be made between the Calgary and Rural Programs for how best to proceed; this will include consideration of the Preceptor's past evaluation history. (If the Preceptor also supervises enhanced skills Residents, the Enhanced Skills Program Director will also be part of this determination).

Note 6. Where a concern is raised about a Preceptor and where, under the scenarios below, the responsibility for investigating the concern is identified as lying with the Postgraduate Director, if there is a

concern that there may be a risk of perceived or actual bias, the Postgraduate Director should consult with the Head of the Department of Family Medicine and consider if the investigation can be led by another Faculty member (DFM or non-DFM) or if the concern needs to be passed onto the Office of Professionalism, Equity and Diversity (OEPD).

Possible Scenarios

1) Identified Resident raises concerns (verbally or in writing) about the standard of *clinical* care provided by a FM Preceptor and/or if concerns are raised about the standard of professionalism demonstrated by a FM Preceptor;

Postgraduate Director (only) meets with Resident to gather information

Postgraduate Director (only) communicates these concerns as specified below:

- i. if the Preceptor is in one of the 3 DFM teaching clinics in Calgary, the concern is relayed to the Medical Director, DFM,

or
- ii. if the Preceptor is not at one of the 3 DFM Clinics, the concern is relayed to the Academic Department Head, DFM, in Calgary. The Academic Department Head is responsible for distributing or acting as follows:
 - a) if the Preceptor is privileged within the Community Section of the Clinical DFM in Calgary, and concerns relate to the standard of clinical care provided, these concerns would be directed to Alberta Health Services (AHS) DFM Community Section Chief
 - b) If the Preceptor is privileged elsewhere in Alberta, and the concerns relate to the standard of clinical care provided, these concerns would be directed to the equivalent of the AHS DFM Community Section Chief in the relevant AHS Zone
 - c) If concerns are related to the demonstration of unprofessional standards by a Preceptor (and not the standards of clinical care provided), then it is the duty of the Academic Department Head to directly engage with the Preceptor because of the Preceptor's faculty appointment with the University of Calgary.
- iii. Following any investigation, action or outcome, the respective Medical Leader reports back to Program. (This is to the appropriate Director involved in the initiation of the response).

2) Unidentified Resident(s) raise(s) concerns in writing e.g. via one45 evaluations, about the standard of *clinical* care provided by a Preceptor and/ or raises concerns about the standards of professionalism exhibited by the preceptor

- Postgraduate Director (only) communicates these concerns to;
 - i) DFM Medical Director if Preceptor in one of the 3 teaching clinics in Calgary or
 - ii) Community Section Chief, Calgary Zone, Department of Family Medicine
 - iii) or South Zone Medical Director

- Following any investigation/action etc, respective Department Head or Zone Medical Director or delegated Medical Leader reports back to Program. (This is to the appropriate Director involved in the initiation of the response).

References:

CPSA Code of Conduct; http://www.cpsa.ca/wp-content/uploads/2015/08/CPSA_Code_of_Conduct_-_Expectations_of_Professionalism.pdf?43144a&43144a

CPSA Standards of Practice; <http://www.cpsa.ca/standardspractice/>

CMA Code of Ethics; https://www.cma.ca/Assets/assets-library/document/en/advocacy/policy-research/CMA_Policy_Code_of_ethics_of_the_Canadian_Medical_Association_Update_2004_PD04-06-e.pdf

3) Unidentified Resident(s) raise(s) concerns in writing e.g. via one45 evaluations, about the standard of teaching and/or learning environment provided by a Preceptor. (This can include ineffective and/or negative teaching practices e.g. failure to provide feedback, intimidation, failure to provide adequate time for teaching, lack of respect for Resident learner, poor role modelling, failure to provide a supportive, collaborative learning environment, failure to help a Resident address identified performance deficiencies, failure to utilize assessment methods and tools to support learning, discrimination, harassment, lack of respect for others, failure to teach best-practice, lack of flexibility to respond to Resident’s individual learning needs, over-supervision and under-supervision).

- Postgraduate Director reviews all available data re named Preceptor, including any data accessible within UME and/or held by DFM Undergraduate Director
- Postgraduate Director makes “threshold-decision” re the urgency and nature of response (see below) based on information available, and the **absolute requirement to protect the anonymity of the Resident(s) who has provided the feedback**. It should also be noted that where concerns are submitted anonymously this may also limit the ability to review and resolve any complaint.
- Response Options:
 - i) Postgraduate Director meets with Preceptor soon after concerns have been raised and data gathered, to provide anonymous feedback to Preceptor and encourage reflection on this feedback and some consideration about how Preceptor might address raised concerns, if at all. (This meeting may or may not involve the Site Education lead at a clinic)
 - ii) Regular, scheduled annual evaluation summary is provided to Preceptor in the Fall which will include the concerns identified. (a copy of this goes to Academic Department Head, FM and maybe flagged for identified concerns). Postgraduate Director arranges to meet Preceptor at this time to review the evaluation summary and encourage reflection on this feedback and some consideration about how Preceptor might address raised concerns, if at all. (This meeting may or may not involve the Site Education lead at a clinic)
 - iii) Postgraduate Director (only) decides that the concerns raised are serious (egregious) enough to urgently and actively engage with current Residents of the Preceptor, and the Preceptor him/herself, to gather information to allow a decision to be

made about whether or not the Preceptor should continue teaching or whether Residents should be immediately withdrawn from the Preceptor pending any appropriate remediation, should the Preceptor wish to continue teaching in future.

- The Postgraduate Director will communicate closely on this with the DFM Academic Department Head, Associate Dean PGME and in most such cases, the Cumming School of Medicine, Office of Professionalism, Equity and Diversity. (OPED).

4) Identified Resident(s) raise(s) concerns in writing e.g. by email, via one45 evaluation where Resident identifies him/herself, and/or verbally, about the standard of teaching and/or learning environment provided by a Preceptor. (This can include ineffective and/or negative teaching practices e.g. failure to provide feedback, intimidation, failure to provide adequate time for teaching, lack of respect for Resident learner, poor role modelling, failure to provide a supportive, collaborative learning environment, failure to help a Resident address identified performance deficiencies, failure to utilize assessment methods and tools to support learning, discrimination, harassment, lack of respect for others, failure to teach best-practice, lack of flexibility to respond to Resident's individual learning needs, over-supervision and under-supervision).

- Postgraduate Director meets with Resident to gather information
- Postgraduate Director meets with Preceptor to gather information
- Postgraduate Director reviews all available data re named Preceptor, including any data accessible within UME and/or held by DFM Undergraduate Director
- Postgraduate Director writes a summary report based on data gathered. This report can include any appropriate recommendations.
- Postgraduate Director makes "threshold-decision" re the urgency and nature of required actions (see below) based on information available, and the **absolute requirement to protect the anonymity of the Resident(s) who has provided the feedback, unless the Resident explicitly consents to being identified to the Preceptor about whom he/she has raised concerns.**
- Postgraduate Director shares report with Preceptor, Resident and Academic Department Head.
- Possible actions:
 - i) At a follow-up meeting, Postgraduate Director shares a summary report with Preceptor and encourages reflection on this feedback and some consideration by Preceptor about how he/she might address any concerns identified in the report. (This meeting may or may not involve the Site Education Lead at a clinic).
 - ii) At a follow-up meeting, Postgraduate Director shares a summary report with Preceptor and identifies any recommendations made by the Program re *mandatory* remediation expected of the Preceptor. (This meeting may or may not involve the Site Education Lead at a clinic). There is no enforced withdrawal of Residents associated with this action.
 - iii) Postgraduate Director (only) writes summary report and decides, in consultation with Academic Department Head, that the concerns raised are serious (egregious) enough to require the immediate withdrawal of Residents from the Preceptor. Any subsequent mandatory remediation, prior to reassigning Residents, will be decided upon in discussion between the Postgraduate Director and Academic Department Head. The Postgraduate Director will communicate closely on

this, throughout the process, with the DFM Academic Department Head, Associate Dean PGME and in most such cases, the Cumming School of Medicine, Office of Professionalism, Equity and Diversity. (OPED).

References:

CSM Professionalism Guidelines; <http://cumming.ucalgary.ca/equity/files/equity/csm-professionalism-guidelines-june-2016-final.pdf>

Appendix A; <http://cumming.ucalgary.ca/equity/files/equity/appendix-a-sept-2016.pdf>

Appendix B; <http://cumming.ucalgary.ca/equity/files/equity/appendix-b-september-2016.pdf>

PGME Resident safety Policy; <http://wcm.ucalgary.ca/pgme/files/pgme/resident-safety-rev-june-4-2013.pdf>

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Resident Concerns About a Preceptor – Algorithm

