

## **Internal Medicine Residency Program**

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## **Academic Half Day Attendance Policy**

# Introduction

This policy outlines the minimum requirements and expectations for attendance and engagement at Academic Half Day (AHD). All core Internal Medicine (IM) residents are required to read, understand, and adhere to this policy, as mandated by the Residency Program Committee (RPC).

## **Definition and Importance**

Academic Half Day (AHD) is a time-protected period exempt from clinical duties and is a mandatory component of both the core Internal Medicine Residency Program (IMRP) and Post-Graduate Medical Education (PGME). Consequently, all sessions scheduled during AHD are compulsory.

The IMRP is committed to delivering high-quality educational sessions in an inclusive and safe environment that fosters learning for all residents.

## **AHD** content

The material presented during AHD sessions aligns with the required content as outlined by the Royal College. Our curriculum comprises distinct components, each designed to meet specific educational objectives:

- PGY1 Bootcamp (scheduled July-August annually): Bootcamp prepares incoming residents for common and "can't miss" overnight emergencies and essential medical topics. It includes:
  - PGY1 nightmare simulation,
  - Hands-on POCUS (Point-of Care Ultrasound) session,
  - Hands-on procedural skills session.
- PGY2 Bootcamp (scheduled July-August annually): this bootcamp facilitates the transition to senior roles for residents entering PGY2. It includes:
  - Sessions on clinical reasoning and triaging experience
  - PGY2 Nightmare Simulation
  - Simulation training to support the PGY1 Nightmare Simulation, offering residents tangible teaching and feedback experience
- Rotating two-year curriculum: The curriculum committee has developed a two-year curriculum designed to cover all required learning objectives mandated by the Royal College. This curriculum is structured to ensure that residents complete the entire curriculum during their first two postgraduate years (PGY1 and PGY2).

• **PGY3 Royal College Study Groups:** While not technically IMRP planned, protected time will be given to PGY3 for resident lead study groups to study for their Royal College exam starting in September of their R3 year.

# AHD Content Delivery:

The modality of content delivery will be planned to maximize the intended learning but may at times be limited by preceptor availability and agreement. Examples of delivery formats that will be scheduled during AHD include but are not limited to:

- Didactic lectures
- Flipped classrooms.
- Simulations
- PGME and IMRP planned workshops
- Procedural skill sessions
- Problem Based Learning Sessions (PBLs)
- Journal club

For flipped classroom sessions, residents will have the preceding AHD time for preparation for the flip classroom the following week.

# AHD sessions that residents are required to sign up

For planning purposes some of the sessions require significant planning to book rooms, recruit enough preceptors, request standardized patients and multiple other logistics. Therefore, residents will need to sign up for the following activities:

- Simulation sessions
- PBLs (including journal club)
- Workshops (by PGME or IMPR)
- OSCE
- Procedures and other physical exam sessions
- POCUS sessions

Sign up forms will be announced on the weekly newsletter and will be posted for the full AHD year in basecamp. Residents are expected to cancel attendance if their availability changes.

#### Formative Assessments during AHD

Formative assessments during AHD are performed with annual Objective Structured Clinical Examination (OSCE) for each level of training and annual Multiple-Choice Exam. These assessments are mandatory for all residents to progress to the next stage of training.

- **OSCE:** It will be offered in 2 dates per PGY year, scheduled during different blocks (Ex. Block 2, and Block 3) to ensure all residents may attend. Residents are responsible for communicating with the rotation they are on to ensure they are not post-call and can attend the session they are scheduled for.
- Annual Multiple-Choice Exam: there will be scheduled time to complete the exam during AHD however residents may also choose to complete it outside of AHD time within a pre-specified 8-week period.

# **Attendance Policy**

- 1. Attendance at academic half day is mandatory.
- 2. A resident will be marked as having insufficient attendance if any of the following is met:
  - 1. Failure to meet at absolute minimum 75% "adjusted" AHD attendance
  - 2. Failure to attend for two separate sessions that required sign up
  - 3. Failure to complete either the annual OSCE or the multiple-choice exam.

# 3. Adjusted AHD attendance is calculated based on the following formula:

Adjusted AHD attendance = (number of AHD sessions attended + excused absences) divided by (total AHD sessions) x (100%)

#### 4. Excused absences

Absences from AHD will be considered as excused for the following reasons:

- a) Post-call status
- b) Illness, family emergency. <u>Residents must notify the IMRP Admin staff before the</u> start of AHD.
- c) Leave of absences
- d) Approved time for vacation, flex day or conference days
- e) Attending PGME workshops (not scheduled during AHD)
- f) Out of Calgary for: electives, Royal College Exam, Rural rotations, CARMS interviews. Residents on electives in Calgary are expected to attend AHD.
- g) Away for an Academic Advisor meeting, up to 2 hours per year
- h) Research meetings, up to 2 hours per year
- i) Residents on probation or remediation as outlined in their remediation or probation contract
- j) Excused absence for facilitating a teaching session for IMRP or UME that have been approved.
- k) Residents are only expected to attend one OSCE of the 2 sessions offered by cohort every year. If a resident is not able to attend to both OSCE sessions due to excused absences, it would not account for decision for insufficient attendance.

### 5. AHD Attendance tracking.

- 5.1 Attendance will be self-reported using One45. Here, residents must report any absences and why and can also provide feedback for preceptors.
- 5.2 Failure to complete the attendance/absence form will result in an unexcused absence.
- 5.3 Residents who did not attend a session or a full academic half-day, are expected to fill out the absence section of the report form and report the reason.
  - a) If a resident attended a portion of the AHD, is expected to fill out the attendance section and feedback for the sessions attended as well as the absence form for those sessions missed.
- 5.4 Residents are expected to fill out the attendance form within 1 week of the academic half day session. Any forms not completed within 1 week of the session will be marked as absent.

## 6. Sign-up sessions

# 6.1 No show-up after signing-up for a session:

If a resident no-show for two separate sessions after signing up for them will be considered to be not meeting the minimum standard of attendance.

## 6.2 Cancellation of sign-up

Residents are required to modify their registration promptly if they become unavailable for a session they previously signed up for. They can do this on the sign-up form itself. If they become unavailable the same day as the session, they will need to notify their program administrator before the session to be excused.

- 6.3 Residents who do not sign-up but become available at the last minute to attend:
  - a) Failure to sign-up on time will result in a resident being unable to attend the session.
  - b) Residents who did NOT sign-up but become available to attend the session (i.e. change in call schedule so now able to attend) must communicate with their IMRP admin to determine if they are able to join the session.
- 6.4 OSCE attendance will be expected only for one of the 2 sessions offered in the same year. The resident is expected to fill out the report form to mark the absence for the date they will not do the OSCE, and select "other" and specify the OSCE date of completion (i.e If they are marking attendance for an OSCE, but the resident completed their OSCE the week prior then they would mark "other" and it will be counted as an excused absence as they attended an alternate session.)

# 7. PGME Workshop Attendance & Completion

- 7.1 Mandatory PGME sessions must be completed once during the three years of core IM. The mandatory sessions will be the following:
  - 1. Residents as Teachers Toolkit (RATT). IMRP also delivers RAT. Residents are expected to complete either of them.
  - 2. Medical Ethics
  - 3. Medico-Legal
- 7.2 These sessions will be offered once a year during the AHD. Completion certificates will be issue and they will count as attendance. Residents are not expected to complete attendance/absence form for these workshops. Completion of each of these sessions is required for graduation from the residency program.
- 7.3 If a resident is unable to attend any of these sessions offered during the AHD, they will have the option to register on a different date that the workshop is offered by PGME. If the resident signs up for a PGME workshop outside of the AHD, they will be expected to stay on clinical service during IMRP protected time on the same week as their PGME workshop.
- 7.4 Residents are not expected to fill out an absence form for the AHD dedicated for preparation for a flipped classroom the following week

# 8. Auditing Attendance to AHD and consequences for insufficient attendance

- 8.1 Attendance reports will be sent to academic advisors and to residents on a quarterly basis. They will review this information with each resident as part of their regular meetings and assist residents with any barriers to attend AHD.
- 8.2 The competence committee meets twice a year (Spring and Fall). During these meetings, the Academic Advisor of each resident presents the resident's performance and milestones for their CBME stage of training, considering ITERs, EPA completion,

- attendance to AHD, OSCE and multichoice exam completion.
- 8.3 Residents who fail to meet attendance requirements (see #2) by the Fall competence committee meeting, may result in decision from the competence committee that the resident is "not progressing as expected" in their CBME stage.
- 8.4 If a resident fails to meet the attendance requirements by the Spring competence committee meeting (close to the end of the academic year), the Competence Committee may suggest not promote the resident to the next CBME stage of training, and the Program Director will make the final decision about promotion of the resident in consultation with the Residency Program Committee as per section 4.1-4.6 of the <a href="PGME resident promotion policy">PGME resident promotion policy</a>.
- 8.5 For those residents that are not promoted, the attendance to AHD will be reviewed by their academic advisor in 3 months (August-September) after the decision was made, and if achieving minimum requirement of attendance, a report will be sent to the Program Director to make the recommendation for promotion to the next CBME stage of learning in consultation with the Residency Program Committee. If the resident continues to fail the attendance expectations, the competence committee during the Fall meeting may suggest a modified learning plan or remediation for the resident.
- 8.6 Residents on leave from the program will be expected to attend at least 75% of the academic half day activities for the period when they are working full time in a clinical role.
- 8.7 Residents not promoted to the next CBME stage may affect their eligibility to be considered for extender shifts moon-lighting license as per section <u>4.9 PGME Operating</u> standards on Residents Extenders and Moonlighting shifts.

### 9. Residents Exempt from the Policy

9.1 Residents in their third year who are writing their Royal College exam in internal medicine during the academic year are exempt from the above policy starting in September. The precise date will be notified to the R3 cohort in advance every year.

## 10. Policy review

The Curriculum Committee members will be responsible for making recommendations to the Program Director and the Resident Program Committee about ongoing changes to this policy. It should be reviewed every 2 years.