

DEPARTMENT OF MEDICINE

Internal Medicine Residency Program
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Calgary Residency Teaching Elective (CaRTE)

Developed in 2013

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1. OVERVIEW

Rotation Name: Calgary Residency Teaching Elective (CaRTE)

Site: University of Calgary, Cumming School of Medicine, FMC, PLC, RGH, SHC

1.1 Brief Description: The elective will be a 4-week block in the core 3-year Internal Medicine Program. It will involve interested trainees being involved with teaching opportunities in the undergraduate (medical school) as well as the residency program. The success of this educational opportunity will be hinged on feedback. The Master Teachers (Calgary Master Teacher Program- <https://cumming.ucalgary.ca/mdprogram/faculty/master-teacher>) will carry out the feedback provided for the undergraduate teaching; this will involve observation during small group, physical exam and communication skill teaching depending on what type of sessions are available to participate in. The feedback at the residency level will involve trainees being provided with formalized feedback on their teaching skills during scheduled sessions such as Morning Report, Bedside Teaching, Physical Exam Teaching, Small Group Sessions as well as potentially Simulation/high fidelity teaching.

1.2 Learners: The Residents in the core Internal Medicine Residency Program will be the trainees eligible for the elective. Based on preceptor manpower, the trainee pool may be broadened to all residents in the Department of Medicine (ie. those in their 4th and above years of training participating in subspecialty fellowships)

2. RESOURCES

2.1 Medical Directors: The Medical Director overseeing the elective will be Dr. Alejandra Ugarte Torres

2.2 Administrator: Administrative assistance will occur through the residency program and through the UME.

2.3 Educators: Educators who will be involved with observation and feedback to elective residents include the Master Teachers (trained educators who are committed to small group teaching at the undergraduate level), clinical teachers at each of the four Calgary Hospitals (the Foothills Hospital, the Peter Lougheed Hospital, South Health Campus and the Rockyview Hospital). The Medical Director will

oversee the planned educational sessions and evaluation.

2.4 Allied Health Professionals: Allied health professionals are not specifically involved with the elective except for the solicited feedback from the students who are being “taught” by the elective residents.

2.5 Oversight: This will occur by the Medical Director noted in 2.01.

2.6 Site Resources: Additional resources are not required to fulfill the goals of the elective. Participants will be provided with educational material that will assist them in facilitating small group teaching (material provided by the Office of Faculty Development) as well as the opportunity to borrow hard cover books on Resident Teaching Skills from the Medical Director.

2.7 Reference Materials: Additional material could be made available from the medical directors if desired. Please see 2.06 above.

2.8 Equipment: special equipment is not necessary.

2.9 Sponsorship: specific sponsorship is not available, however, if the need to oversee the trainees become time consuming a request will be made to provide protected educational time for the non-fee for service members from the Department of Medicine.

3. SCHEDULE

3.1 First Day: The elective student will be expected to meet with the Medical Director to establish the plan for teaching and mentorship for the 4-week elective.

In the weeks prior to the elective the administrative assistances or the Medical Director involved (see 2.02 above) will distribute a list of teaching opportunities and contact names for the trainees. Advanced planning will be necessary, and the Medical Director will be responsible in aiding the elective students in setting up educational opportunities.

3.2 Daily Routine: It will be expected that that elective resident carries out 2-4 hours of scheduled teaching per day and the remaining 5-6 hours is spent preparing for their teaching session.

3.3 Weekends and Evenings: the elective student will not be expected to pursue specific teaching responsibilities during the weekend but may have program-related responsibilities out of the scope of the elective.

3.4 On-line Calendar: An on-line calendar is not presently available to assist in the organization of the elective.

4. EXPECTATIONS

4.1 Attendance: Attendance at MTU and Departmental rounds are expected during this elective (morning report, Grand Rounds, etc). Reflection and evaluation of these rounds should be done by the elective resident and this evaluation should be discussed with the designated Medical Director of the elective. It is expected that the elective resident provides at least two Morning Report presentations each week (divided between the three sites), if sessions are available and they are to ensure that preceptor feedback is arranged for each session, present an article during journal club.

It is expected that two bedside sessions occur during the 4-week elective and that the resident assist in

the organization of 2 high fidelity simulation sessions. Other teaching opportunities can be arranged through the Undergraduate and Master Teacher Program.

4.2 Clinical Care: The resident will not be expected to complete any clinical care with this elective and any bedside teaching involving hospital patients should be completed with the verbal consent of the patient (and approval of the attending physical caring for the patient). Clinical responsibilities related to the core residency program may be expected based on the mandate of the program.

4.3 Call Service: please see above.

4.4 Learner Feedback: Residents will be asked to provide feedback on their education experience. The feedback will involve a meeting with the Medical Director and the goal of the session will be to improve upon areas of need. Feedback on each educational opportunity will be reviewed daily with the preceptor overseeing the opportunity with a standardized feedback form. Resident reflection /debriefing will occur every two weeks with face-to-face meetings between the resident and the Medical Director. During this meeting the outcome and progress of the educational sessions will be reviewed with additional recourses provided as deemed necessary.

4.5 Evaluation:

Evaluation of each teaching session will take place after the session by the preceptor and other learners present in the session and be reviewed with the trainee. Self-evaluation/journaling will also be expected and act as a mode of reflection. Please see 9.05 below.

5. POLICY AND PROCESS

5.1 General: The policies and process of this elective fall under the Internal Medicine Residency Program Elective Guidelines specified elsewhere. This is a residency elective with a maximum number of electives specified in the Internal Medicine Residency Program Rotation Framework Policy.

5.2 Resident Evaluation: Daily, mid-point (formative) and final evaluations will occur with success specified in section 9.05 below.

5.3 Vacation Leave: Vacation leave will be approved of by the Internal Medicine Residency Program office and must follow guidelines for all vacation requests in the residency program. The minimum Attendance on a Rotation policy must be considered when considering a vacation leave.

5.4 and 5.5: Education Leave: please refer to the residency program policies for educational and Medical Leave

6. OBJECTIVES

For those residents who enter training on or after July 1, 2019, the following objectives, from The Royal College Internal Medicine Competencies 2018 version 1.0, will be addressed in the proposed elective:

SCHOLAR

1. Engage in the continuous enhancement of their professional activities through ongoing learning
 - 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice.
 - 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources.

- 1.2.1. Seek and respond to information about their performance in the clinical setting.
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.
- 2. Teach students, residents, the public, and other health care professionals
 - 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners.
 - 2.1.1. Apply strategies for deliberate, positive, and inclusive role–modelling.
 - 2.2. Promote a safe learning environment.
 - 2.3. Ensure patient safety is maintained when learners are involved.
 - 2.3.1. Supervise learners to ensure they work within their limits.
 - 2.3.2. Balance supervision and graduated responsibility, maintaining patient safety while providing learners the opportunity for autonomy and professional development.
 - 2.4. Plan and deliver learning activities.
 - 2.4.1. Provide clinical teaching and/or other informal learning activities.
 - 2.5. Provide feedback to enhance learning and performance.

The following competencies from The Royal College Objectives of Training in Internal Medicine, 2018 version 1.0 will be addressed in the proposed elective:

Scholar

Definition:

As *Scholars*, Internists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Internists are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice.
- 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources.
 - 1.2.1 Seek and respond to information about their performance in the clinical setting.
- 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.

2. Teach students, residents, the public, and other health care professionals

- 2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners.
 - 2.1.1. Apply strategies for deliberate, positive role–modelling.
- 2.2 Promote a safe learning environment.
- 2.3 Ensure patient safety is maintained when learners are involved.
 - 2.3.1. Supervise learners to ensure they work within their limits.
 - 2.3.2. Balance supervision and graduated responsibility, maintaining patient safety while providing learners the opportunity for autonomy and professional development.

Professional

Definition:

As *Professionals*, Internists are committed to the health and well-being of individuals and society

through ethical practice, profession-led regulation, and high personal standards of behavior.

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- 1.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
 - 1.1.1. Identify limits in their own expertise.
- 1.2 Demonstrate a commitment to excellence in all aspects of practice.
- 1.3 Recognize and manage conflicts of interest
- 1.4.
- 1.5 Exhibit professional behaviors in the use of technology-enabled communication.

7. STANDARDS

- 7.1 General Standards of Accreditation
- 7.2 Specialty Standards of Accreditation
- 7.3 University of Calgary Standards
- 7.4 Residency Program Standards
- 7.5 Health Authority Standards
- 7.6 Professional Association Standards

8.00 FREQUENTLY ASKED QUESTIONS

8.1 Pearls: as below

8.2 Opportunities: This elective is a unique educational venue that focuses on providing trainees with opportunities to develop and improve upon their skills as teachers. The immediate feedback, opportunity to reflect on performance and regular review and discussion with the Medical Director(s) will allow the trainee to build on information gathered and gauge improvement.

9. EVALUATION

9.1 Appropriateness of Objectives: The objectives for this rotation are focused on the educational opportunities that will be available for the resident. They fall under the expectations for residency training and unique educational opportunities not consistently fulfilled on other rotations.

9.2 Adherence to Objectives: the goal is to have the trainee ensure that the rotation objectives are met.

9.3 Adherence to Standards: as above

9.4 Evaluation of the rotation by Learners The evaluation of the elective will occur by the learner filling out a rotation evaluation.

9.5 Evaluation of Activity by Educators

The Medical Director is expected to:

1. Help the resident arrange the teaching sessions
2. Meet with the resident at the start of the rotation and provide orientation
3. Meet with the resident at the midpoint of the rotation and provide formative evaluation
4. Meet with the resident at the end of the rotation and provide summative evaluation based on the feedback forms of each activity

5. Submit the summative evaluation to the IM residency program

The supervising staff during the activity is expected to:

1. Discuss roles with the resident prior to teaching
2. Include the resident in teaching
3. Provide face to face and paper feedback after each teaching opportunity.

At the end of this rotation the resident will be evaluated based on their degree of competency for each milestone as assessed by the feedback forms and entrustable professional activity that applies to this rotation. At the end of this rotation the resident will report enhanced self-efficacy in their role as a teacher.

9.6 Evaluation of Learners by Peers and other learners

Peers and other learners are expected to:

1. Provide paper feedback after each teaching opportunity. This evaluation will be anonymous.

Reviewed: Alejandra Ugarte Torres

Date: June 9, 2023
