

## **INTEGRATED LEARNING OPTIONS INFORMATION 2019-2020**

The Residency Program provides opportunities for some residents to plan and meet learning objectives of certain rotations at their own pace and in their own way in a self-directed manner. By integrating an option, residents record and evaluate clinical and academic experiences longitudinally throughout the residency program alongside their block rotations.

### **Purpose**

By choosing to integrate throughout PGY1 and PGY2, residents may:

- Schedule additional elective time during their PGY2, or
- Continue to enhance learning by completing the usual four-week rotation during their PGY2

The spirit of integration is to promote or foster an interest in the area of integration, to enhance learning. **It is not intended only as a mechanism through which to gain elective time.** Educational focus remains family medicine.

### **Responsibility**

The integrations are self-directed. Learners schedule their own integrated options activities, although they can ask for assistance with locating resources if necessary. **It is imperative that residents choosing integrated activities be independent, self-directed learners willing and able to seek and utilize their own selection of experiences within a general framework. This experience adds to the volume of work and responsibility, so plan accordingly.**

### **Integrated Options**

- Care of the Elderly
- Palliative Care
- Primary Care Hospital Team / Hospital Care Team (PCHT/HCT)
- Psychiatry

Please see the below pages for more detailed information about each integrated learning option. **It is strongly recommended that residents take no more than 1 integrated option, however a second integration may be considered (contingent on program approval.)**

### **Eligibility**

- The resident should ideally have a Faculty Advisor or major preceptor who has a focus in the specific area of integration in order to be successful in completing the requirements. (This is mandatory for PCHT). Exceptions may be made for Care of the Elderly or Palliative Care – please contact the Integrated Curriculum Administrator ([fmic@ualberta.ca](mailto:fmic@ualberta.ca)) to discuss possible alternatives.
- The resident must remain in good standing throughout their integration, including production of timely progress reports and a demonstrated commitment to meeting their family medicine objectives. **Failure to do so may result in removal from the Integrated Learning program.**

The Department may recommend that a resident discontinue an integrated option.

### Application Process

1. Discuss and have interest approved by Faculty Advisor
2. Complete the integrated learning option application (last page of this document)
3. Submit the application. **See Deadline info below**
4. Receive approval from the Residency Program Director via the Integrated Curriculum Administrator ([fmic@ualberta.ca](mailto:fmic@ualberta.ca)) within 2 weeks of the application deadline

**Acceptance of an application for an integrated option may be limited by resources.**

#### Deadlines:

- **July 31** – Submit signed applications for PCHT Integration (1<sup>st</sup> group of blocktimers)  
**Completed integrations are due no later than 1 month after end of block time.**
- **August 31** – Submit signed applications for Care of the Elderly, Psychiatry and Palliative Care Integrations. Although completed integration is not due until May of PGY-2, it is expected that visible progress should be made throughout residency. 2<sup>nd</sup> year elective planning begins in March so residents who have not demonstrated steady progress throughout the first several months of residency may be required to take the regularly scheduled rotation in 2<sup>nd</sup> year.
- **October 1** – Submit signed applications for PCHT Integration (2<sup>nd</sup> group of blocktimers).  
**Completed integrations are due no later than 1 month after end of block time.**

#### Completion Process and Assessment

- Residents must meet defined Family Medicine objectives
- Resident may consult with the Department on withdrawal from their integrated option with no penalty, although the resident must complete the related rotation within the parameters of the residency program
- Requirements must be documented on provided program tracking sheets
- Requirements must **not** contravene the PARA contract
- Residents will be required to submit progress-to-date summaries at three-month intervals
- All final documents must be received by the Department by May 1 of PGY2 unless otherwise stated. **Failure to complete integration by the deadline may lead to program extension.**
- Submitted documentation will be reviewed by the Director, FM Residency Program
- Residents will be notified via email when Department has approved completion

**Application (available below) must be submitted in year one of the residency program. The application deadline is July 31 or October 1 of each year for PCHT (depends on start of block time), and by August 31 of PGY1 for Care of the Elderly, Palliative Care and Psychiatry.**

**Please return your application via email to [fmic@ualberta.ca](mailto:fmic@ualberta.ca) (preferred) or fax to 780-492-8191.**

## INTEGRATED LEARNING OPTIONS 2019-2020

All requirements must be documented on provided tracking sheets and returned to the Department by the indicated deadline. Completing the tracking document longitudinally over the course of completion is recommended, as individual preceptor / activity supervisor signatures are required.

	PCHT	PSYCHIATRY	PALLIATIVE CARE	CARE OF THE ELDERLY
<b>When</b>	FM block time in PGY1	PGY1 and PGY2	PGY1 and PGY2	PGY1 and PGY2
<b>Documents due to FMIC</b>	2 weeks after the end of FM block time in PGY1	May 1 in PGY2 or sooner	May 1 in PGY2 or sooner	May 1 in PGY2 or sooner
<b>Meets learning objectives of</b>	4-week block of IM or PCHT/HCT (usually scheduled in PGY1)	4-week block of psychiatry (usually scheduled in PGY2)	2-week block of palliative care (usually scheduled in PGY2)	4-week block of geriatrics (scheduled during PGY2)
<b>Results in choice of<sup>1</sup></b>	4 weeks of elective or usual 4-week block of IM	4 weeks of elective or usual 4-week block in PGY2	2 weeks of elective or usual 2-week block in PGY2	4 weeks of elective or usual 4-week block in PGY2
<b>Longitudinal Requirements</b>	Complete at least the equivalent of 6 7-day weeks (minimum 3 hours per day) <sup>3</sup> on the PCHT/HCT ward during FM block time	Follow and be the secondary resource physician for at least 4 patients or family(ies) with major mental health concerns in FM block time practice	Follow at least 3 palliative patients under supervision of FM or palliative team physician as long as possible, usually the entire PGY1	Follow at least 6 elderly patients in a LTC facility under supervision of FM physician (usually FA) over the entire PGY1 year. A combination of DSL-4 and LTC patients could be considered, pending approval
	See the same patients for follow-up whenever possible and follow patients after admission	10 half-days of psychiatric outpatient clinics under supervision of a consulting psychiatrist		Follow and be the secondary resource physician for at least 4 ambulatory elderly patients throughout at least PGY1 FM block time
<b>Additional Requirements</b>	1 16 hour shift (evening or overnight) during each PCHT/HCT week to meet objectives of after-hours care	<p>4 psych-focused call to be completed by the end of PGY2.</p> <p>This requirement can be met through any of:</p> <ul style="list-style-type: none"> <li>- Psych ER call</li> </ul> <p>(Keep in mind that 24-hour psych call cannot be combined with FM call, per the Psych Department. For scheduling purposes, it might be best to complete psych call in urban FM in PGY2. However, feel free to schedule this call as available. Ensure you attend a safety orientation.)</p> <ul style="list-style-type: none"> <li>- Demonstrably psych-focused FM call</li> <li>- Crisis line work</li> </ul> <p>It's possible to complete a combination of experiences – if you come across other possibilities ask FMIC/Dr. Mitchell</p>	4 half-days of visiting with palliative consultant (CCFP or RCPS) and/or palliative home nursing (can be at hospice, hospital, home)	Assess, admit and manage minimum 4 acutely ill elderly in- patients. This could be done during a variety of rotations including IM, ER, CCU, PCHT/HCT and FM.

	For all requirements, residents admit, attend rounds, team consultations, discharge management, follow-up of sick patients and other duties as assigned by preceptor	6 half-days: With a mental health worker (i.e. psychologist, psychiatrist, counsellor, social worker) in a counselling or similar setting  <b>AND/OR</b> Psychiatry shared-care at core FM site (average one/block during FM block time)		10 half-days of activities such as Geriatric Assessment Clinic, Home Care, CHOICE Program. A variety of experiences is encouraged to broaden your exposure to this competency.
		2 half-days with home or clinic based geriatric psychiatric / mental health assessment team		
		Assessment and management of 6 emergency/crisis patients (patients during ER rotation can be included)		
<b>Academic Requirements<sup>2</sup></b>	N/A	4 half-days of educational activities. You will need to provide any notes, conference agendas or copies of presentation as attachment(s). Independent study must be discussed and reviewed by your Faculty Advisor.	2 half-days of educational activities approved by Faculty Advisor	4 half-days of educational activities approved by Faculty Advisor  Education/scholarly work must cover dementia, delirium, failure to thrive, falls and polypharmacy in Care of the elderly.
	Scholarly reflection on what this integration meant to you and your future career (maximum one-page, typed)	Scholarly reflection on what this integration meant to you and your future career (maximum one-page, typed)	Scholarly reflection on what this integration meant to you and your future career (maximum one-page, typed)	Scholarly reflection on what this integration meant to you and your future career (maximum one-page, typed)

<sup>1</sup>Minimum 110 FM clinic days during block time must be met in order to gain elective time, or additional FM time will be assigned accordingly. Integrating urban FM residents still complete 1 IM and 1 CCU block over their program as well as their integration.

<sup>2</sup>Must be related to area of integration's objectives and may include (not limited to) BEARs, PQIs, conference(s), presentation at rounds at resident's FM site, article reviews with written summary and comments. Required PGY1 BEARs may not be double-counted towards both "regular" program requirements and integrated option requirements; integrated option BEARs are additional.

<sup>3</sup>The majority of PCHT shifts are scheduled in 7-day stints; however, standalone PCHT shifts can be scheduled to meet minimum requirements (i.e. to replace a missed day). Makeup/standalone shifts are not usually required, as residents usually complete more than the minimum of required PCHT with their preceptor. During PCHT weeks, if time on ward per day is more than double 3 hours, less weeks are usually required. Time on ward per day varies by site. Residents confirm with their preceptor what PCHT days entail (whether they return to FM clinic on PCHT days or stay in hospital) and work with FMIC to determine competency-based minimums.

## **INTEGRATED LEARNING OPTION APPLICATION 2019-2020**

**Please submit one application per integrated learning option.** It is strongly recommended that residents take no more than 1 integrated option.

**Application must be submitted in PGY1.** The annual application deadline is July 31/Sept 31 for PCHT (depending on start of block time) and August 31 for Care of the Elderly, Psychiatry and Palliative Care. Please return your application via email to [fmic@ualberta.ca](mailto:fmic@ualberta.ca) or fax to 780-492-8191.

<b>Name</b>	<b>Site</b>
<b>Faculty Advisor</b>	<b>Other major preceptor(s) (if any)</b>

### **Integrated Learning Option**

Psychiatry  
PCHT/HCT

Care of the Elderly  
Palliative Care

**1. Do you have any prior clinical experience in your selected integrated option?**

None at all

Yes (Please briefly describe)

**2. Please explain why you would like to pursue this integrated option particularly. Keep in mind that the spirit of integration is to enhance learning and foster/promote interest in the area of focus.**

(continued on next page)

3. Please explain your general plan for meeting the requirements and objectives associated with your selected integrated option: why is completion feasible, given your discussion with your Faculty Advisor? Consider: are you spending time with any preceptors in addition to your FA? Will you be able to do so without missing much FM clinic?

4. If PCHT/HCT, how many hours per day do you plan to spend on the ward (if known)?

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**Resident Signature**

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**Date**

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**Faculty Advisor Signature** (physical or electronic)\*

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**Date**

*An email from your Faculty Advisor to [fmic@ualberta.ca](mailto:fmic@ualberta.ca) briefly stating their approval of your integrated option can be substituted for their physical or electronic signature on this form.*

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**Residency Program Director Signature**

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**Date**