

## Department of Family Medicine Completion of Program Guidelines

### Purpose

To define the required components to complete the Family Medicine Residency Program.

### Scope

These guidelines and policies apply to all residents in the Family Medicine residency program at the University of Alberta leading to the CCFP and other national designations.

### Terms

<b>ACLS</b> - Advanced Cardiac Life Support	<b>ER</b> - Emergency Medicine
<b>ALARM</b> - Advances in Labour Risk and Management	<b>ITER</b> - In-training evaluation report
<b>ATLS</b> - Advanced Trauma Life Support	<b>NRP</b> - Neonatal Resuscitation Program
<b>BEAR</b> - Brief Evidence-based Assessment of Research	<b>PGY1</b> - Post graduate year one
<b>CMPA</b> - Canadian Medical Protective Agency	<b>PGY2</b> - Post graduate year two
<b>CFPC</b> - College of Family Physicians of Canada	<b>PME</b> - Post Graduate Medical Education
<b>CPSA</b> - College of Physicians and Surgeons of Alberta	<b>PQI</b> - Practice Quality Improvement
<b>CCFP</b> - Certificat of the College of Family Physicians	<b>RPC</b> - Residency Program Committee

### Required Throughout the Program

1. Residents must be up to date with a valid ACLS course certification
2. Residents must be registered with the CPSA and have adequate coverage from the CMPA
3. Access to timely, efficient and reliable transportation is mandatory due to distances between teaching sites

### Successful Completion of the Clinical Curriculum

1. Family Medicine Block time - as set for each site with major continuous blocks in both PGY1 and PGY2. All residents must complete a minimum 8 weeks of rural medicine at a Program approved site scheduled by the Office of Rural and Regional Health.
2. Residents must demonstrate continuity with family medicine by attending 100% of scheduled continuity clinics. (Please refer to the Continuity Policy for further details).
3. Clinical experiences - residents must have clinical experiences in Care of Adults and the Elderly, Care of Children and Adolescents, Maternity and Newborn care, Palliative Care and End of Life Care, Care of the Vulnerable and Underserved, Surgical and Procedural Skills and skills in Behavioral Medicine and Mental Health. Successful completion of clinical rotations includes the submission of the ITER for that rotation.
4. Documentation of direct observations (FieldNotes in CBAS), regular periodic progress reviews (4-month Progress Reports), and (where required) in-training evaluation reports (ITERS) are the necessary components of residency training and assessment to ensure that residents progressing through programs acquire the necessary competence required of a practicing family physician.
5. Fieldnotes: Regular and timely feedback must occur throughout the program. Documentation of feedback should be made using FieldNotes. While verbal feedback should be given regularly, there is no minimum quota for FieldNotes. However, there must be adequate FieldNotes in the resident file to support a judgment of competence across the domains of care and sentinel habits.
6. Residents must complete the NRP course during their PGY1 year and prior to being on call for Child Health educational experiences.
7. Residents must attain a certificate in ATLS. It is recommended that residents complete the course prior to being on-call at rural community sites.
8. ALARM is mandatory for the distributed site residents.

## **Successful Completion of the Academic Curriculum**

### *1. Academic Days*

Residents must attend 100% of all Academic days. Only certain exceptions are permitted and absences must be explained in writing to the Program Administrator or Site Coordinator. Reasons for acceptable absences include illness, vacation, being on a rotation >50 km driving distance or unforeseen circumstances approved by the Program Director or designate. Residents are not to allow scheduling of call the day before Academic day. Please refer to the Academic Day absence policy for further details.

### *2. Workshops*

Residents must attend all workshops organized by the program. With few exceptions, workshops are planned over a two-year cycle and are only offered once during the two year family medicine program.

Failure to attend a workshop will be corrected by a make-up session or other equivalent activity.

### *3. Evidence Based Medicine Curriculum*

Evidence Based Medicine Workshop - residents must attend both full days. Incomplete components will require remedial work.

BEARS - a total of four (4) BEARS (Brief Evidence-based Assessment of Research) are required during block time on Family Medicine for urban residents and within the two-year residency program for the rural residents. BEARS should be presented to peers and faculty during block time seminars as approved by each site. Residents must complete exercises to address clinical questions in an efficient and effective manner as specified by each site.

### *4. Practice Quality Improvement Projects*

Please refer to the PQI resource manual for more information.

In the PGY2 year, all residents must complete a community based PQI during a major Family Medicine rotation. The PQI project must be done individually and must be presented to the clinic before the completion of the rotation. A copy of the project must be submitted to the Program.

All urban residents must complete and present a "Practice" PQI during PGY1 Family Medicine Blocktime.

### *5. The Behavioural Medicine courses and related activities are mandatory.*

These courses and related activities are mandatory.

### *6. Annual Benchmark Exam*

Residents must write the annual benchmark exam as provided by the American Board of Family Medicine Examinations and funded by the program.

Residents will be released from call and clinical duties to write this exam.

Residents are encouraged to share their results with their faculty advisor to assist in educational planning.

### *7. Residents as Teachers Sessions*

In the PGY2 year, all urban residents must attend all scheduled "Residents as Teachers" sessions (usually consist of four 2-hour sessions) unless on a rural rotation or on vacation.

Residents will be excused from their rotations to attend these sessions.

8. *Quality and Safety in Primary Care*

Completion of 2 workshops (1.25 hour sessions), 6 online modules, and submission of 3 significant events.

9. *Quarterly Grand Rounds, Dept of Family Medicine, U of Alberta*

The primary purpose of Family Medicine Grand Rounds is to bring together family medicine professionals, to gather them "in one room" so to speak, to hear and discuss thought-provoking presentations on topics of importance to Family Medicine and to primary health care broadly. Family Medicine Grand Rounds is a forum to share and discuss scholarly and practical work pertaining to family medicine and of interest to individuals working within a family medicine environment.

Residents must attend all Family Medicine Quarterly Grand Rounds.

Web-streaming will be available and a link provided for residents on scheduled clinical placements distant from the University of Alberta presentation site.

Proof of attendance will be the submission of a signed paper or electronic evaluation of the presentations.

**Part-time or Shared Residency Training**

Residents in family medicine would normally complete 24 consecutive months of training. There may be residents who will require their training schedule to be modified, interrupted or extended in order to accommodate illness, disability or other unforeseen circumstance. The postgraduate dean, on recommendation of the postgraduate director of the Department of Family Medicine, may grant modifications to training schedules under the following conditions:

1. That any part-time commitment be equal to 50 percent or more of that of a full-time resident.
2. That the overall length of the training program not exceed four years from the date the program commenced\*.

In the event that an interruption in training or a circumstance requires a resident's schedule to extend beyond the limits outlined above, that resident must have his or her modified training schedule reviewed by the CFPC Board of Examiners to determine their eligibility for certification. It is the responsibility of the postgraduate director of the program in question to initiate this review on behalf of the resident. The CFPC Board of Examiners will review, on a case-by-case basis, the maximum number of years allowable to complete the family medicine residency training program.

**\*The above guidelines will apply to family medicine residents registered in enhanced skills programs of one year or less in duration, provided that the overall length of the training program does not exceed double the normal duration of training.**

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