

Effective Date: June 20, 2014

Guidelines on the Integration of Clinical Experience for Residents Participating in the Clinical Investigator Program (CIP) Continuous Training Pathway

Office of Accountability:	Faculty of Medicine & Dentistry
Office of Administrative Responsibility:	Postgraduate Medical Education
Approver:	N/A
Scope:	All Residents
Classification:	Residency Training

Background:

The Royal College CIP is an accredited program designed to provide research training for residents registered in a residency training program. At the University of Alberta the majority of residents in the CIP follow the Continuous Training Pathway which comprises 24 months of continuous research training. During this time residents must commit at least 80% of their time to research. Although the UA program recommends maintaining clinical activity within their home programs during this time, in reality, this is not occurring. Residents generally commit all time to research and most continue clinical experiences through the physician extender program which is an AHS program designed to supplement acute clinical care coverage where coverage gaps exist. This clinical experience (moonlighting) has neither objectives of training nor a teaching supervisor and is not designed to support education of the resident. This situation has evolved such that despite residents being paid to provide clinical care under the PARA agreement, they do not necessarily maintain clinical contact with their home programs, risk decay of skills, force home programs to seek alternate clinical care providers while being able to take advantage of the lucrative AHS physician extender program with no defined educational benefit. As discussed with various faculty and AHS this presents an ethical challenge to the stewardship of resources for clinical care. It has also been a challenge for many residents to make wise choices concerning the allocation of their time to clinical care and put their health needlessly at risk. From a pedagogical perspective it makes little sense to interrupt a clinical training program for two years and then expect residents to proceed to the next year of their home program when there has been no mechanism to maintain the newly learned skills.

Plan:

Discussions with home program directors and with the CIP were undertaken to determine how best to provide clinical training for residents while they are in the CIP. Program directors agreed that residents should maintain contact with their home program and have structured clinical work. The location of work will be determined by the home program and can include call, will be no more than one day per week or 4 days per block and will be approved by the CIP director to whom monthly clinical schedules are copied. The amount of clinical work will be assigned and monitored by the home program. Adjustments to clinical work can be made by the CIP director to facilitate optimal research experience. The ability of a resident to partake in physician extender work in addition to normal research and clinical duties is at the discretion of the CIP director and total call must be within the PARA agreement i.e. a total of 7 shifts per block. Implementation of this change will be effective July, 2014 for all residents in CIP. Those persons in PhD programs and beyond two years in the CIP are registered as fellows with the Office of PGME and do not fall under the PARA agreement.