Family & Community Medicine
UNIVERSITY OF TORONTO

UNDERGRADUATE PROGRAM

FAMILY MEDICINE ELECTIVES SUPERVISOR MANUAL

2014-2015

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Handbook Online

dfcm.utoronto.ca/facultyandstaff/teachingmed/teachelectives.htm

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1. A Message from the Chair

I am pleased to welcome you as an elective supervisor to the Department of Family and Community Medicine at the University of Toronto. Elective opportunities play a key role in the undergraduate curriculum at the University of Toronto as they help medical students to make decisions regarding their future careers in medicine. By providing students with an opportunity to work with you, you are assisting in the recruitment of excellent individuals to our discipline.

Research has shown that role modeling is particularly important in helping students to decide on a career choice of Family Medicine. The characteristics most important to model for students are clinical reasoning, enthusiasm for our specialty and teaching and love for your work. In my experience, students are forever amazed by the comprehensive nature of Family Medicine and the centrality of the doctor-patient relationship. As a supervisor, I am always impressed by the enthusiasm and idealism of these young physicians-in-training.

Once again, thank you for making such an important contribution to the education of medical students and to the discipline of Family Medicine.

Lynn Wilson, MD, CCFP, FCFP
Professor and Chair

2. Introduction to Supervising Family and Community Medicine Electives

As Electives Coordinator for the Undergraduate Education Program of the Department of Family and Community Medicine, I would like to thank you for your contributions to undergraduate education. I am becoming increasingly aware of the challenges you face in incorporating teaching into your hectic practices. Moreover, I recognize your financial sacrifice as you dedicate significant amounts of your valuable time.

In response to an expressed need for more guidance in teaching Family and Community Medicine electives, a manual for supervisors has been developed. I hope that the information included will provide you with administrative information, as well as some practical teaching tools that you can incorporate into your undergraduate teaching.

I would like to acknowledge with gratitude the work of Dr. Rebecca Malik, former Undergraduate Electives Coordinator for our department, in putting this manual together, In addition, I would like to thank Dr. Ann Kenney in developing teaching guidelines for community physicians. Parts of this manual are built on her "Teaching Guide for Community Clerkship Supervisors."

If you have questions or feel you need further assistance please contact the electives administrator Undergraduate Electives Administrator at 416-946-0378. If necessary, she will forward any necessary issues to me and I will be happy to discuss them with you.

Amita Singwi, BEd, MD, CCFP
Electives Coordinator, Undergraduate Education Program

3. The Curriculum

Before information on electives is presented, it is important to understand the background and context of the curriculum which surrounds the electives.

Academies provide the link between the main campus and the fully affiliated teaching hospitals, at which a great deal of the curriculum is delivered. The academies are as follow:

- FitzGerald Academy
- Peters-Boyd Academy
- Wightman-Berris Academy
- Mississauga Academy of Medicine

The new Mississauga Academy of Medicine (MAM), based at the University of Toronto Mississauga (UTM) Campus and its affiliated clinical sites was opened in 2011. MAM will join the University of Toronto's three existing Academies in providing clinical, research and other elements of the undergraduate curriculum. Students will be assigned to either the new Mississauga Campus or the St. George Campus at the time of medical school admission. At the St. George Campus students will be assigned to one of three Academy sites shortly after the admissions process is completed. The St. George Campus includes the Fitzgerald, Peters-Boyd and Wightman-Berris Academies. All Campus and Academy assignments will be for the entire 4 years of medical school. All students will have opportunities to participate in clinical learning opportunities across the University of Toronto, Faculty of Medicine's affiliates. During the admissions interview weekends, detailed information regarding the medical school's campus and Academy structure and method of assignment will be provided. Students' preferences regarding campus and Academy assignments will be maximized.

The curriculum is rooted in an adult education model of learning, and consists of a four-year program that places a strong emphasis on self-directed, small-group, problem-based learning (PBL), combined with whole class lectures. Clinical experiences begin in first year. Clerkship spans years 3 and 4 which are known as Phase 1 and Phase 2 of clerkship respectively.

Formal electives are only offered in the clerkship phase. Thus far preclerkship electives have been an optional activity. Recently, however it has been proposed that preclerkship electives be formalized. This initiative is currently being examined and will likely be implemented in the near future. There are 14 weeks of elective time and these occur from September to December in Year 4. However, they may be offered in 2, 3, 4 or 6 week blocks. The supervisor determines if, when and how long he/she will offer an elective experience. Preclerkship and clerkship students may also choose to arrange elective experiences outside of the formal curriculum.

4. Objectives for Family and Community Medicine Electives

a) To provide opportunities to explore family and community medicine as a career

b) To gain experience in aspects of family and community medicine beyond the core curriculum

c) To have the opportunity to study aspects of family and community medicine in greater depth

5. The Mechanics of Undergraduate Electives

Elective Bookings: Description of each elective can be found in the Undergraduate Medicine Electives Catalogue: http://medsis.utoronto.ca/electives/
Students contact the supervisors directly based on this information then students enter their choices in the Faculty's new online booking system, the Register Online for University of Toronto Electives (ROUTE) for official approval.

Elective Attendance: The elective time commitment is the same as in all clerkship blocks. The student is expected to complete a minimum eight hour day, and may be required to work weekends and/or be on-call. A student requesting holidays during elective time requires prior approval by both the elective supervisor and the Electives Office, Undergraduate Medical Education.

Regarding travel time to and from distant electives, only a reasonable time is allowed. The weekends at the beginning and end of the elective rotation are to be used for traveling to and from Toronto. Extenuating circumstances must be approved by the Electives Office, Undergraduate Medical Education.

Evaluation: There are two types of evaluation - formative and summative. Formative evaluation is designed to provide the student with useful feedback during a learning experience. Formative assessments can be organized informally. Such assessments must be free of threat, as the aim is to get the students to reveal their strengths and weaknesses rather than to disguise them. I encourage you to give regular feedback to your students so that they may direct their learning activities appropriately. Feedback sessions are most helpful when they are scheduled and both parties set goals and objectives.

Summative evaluation is a formal evaluation carrying academic weight and its purpose is to help make decisions about a student's competence at the end of a period of instruction. An elective evaluation form represents a summative evaluation. It is the student's responsibility to ensure the completion of the Clerkship Electives Evaluation Form (Appendix 1) and the Clerkship Electives Supervisor Evaluation Form (Appendix 2). These evaluation forms are now computer-based and on MedSIS. They are reviewed and feedback given to the supervisor periodically.

To instill professionalism amongst the electives students the program has now adopted a Clerkship Professionalism Form (Appendix 3) which will also be completed on MedSIS. This form allows you to document any lapses in professionalism amongst the electives students. If you are unsure if the student behaviour had been a lapse feel free to contact me to discuss it.

The Student in Academic Difficulty**:** Occasionally the supervisor may encounter a student with academic or attitudinal difficulties. These cases should immediately be brought to the attention of the Electives Coordinator who will assist in addressing the problem. Appropriate individuals will be notified if the situation is serious and the student is in danger of failing the elective.

5. The Mechanics of Undergraduate Electives (continued)

Insurance: University of Toronto Clinical Clerks are covered under the University of Toronto's Comprehensive General Liability Insurance policy against legal liability, including medical malpractice liability, arising out of the performance of the student's elective duties. This coverage applies for electives anywhere within Canada. The

College of Physicians and Surgeons of Ontario has produced guidelines concerning services clinical clerks may provide (see Appendix 4).

For students taking out of country electives, special insurance arrangements are required depending on the placement location. Please note that **personal health insurance coverage is the responsibility of the student.**

Visiting Students: Students from universities other than U of T who are seeking electives with U of T supervisors must apply through the Visiting Student Electives Program **first before contacting the supervisor**.

Visiting Students – Canada and USA Schools
http://admin.med.utoronto.ca/utme/visiting/index.cfm

Visiting Students – International
http://admin.med.utoronto.ca/utme/international/index.cfm

If you receive elective inquiries from non-U of T students, please ask them to contact the following Electives Administrators:

Visiting Electives Program Administrator
Sheila Binns
Faculty of Medicine, University of Toronto
Rm. 2124, 1 King's College Circle
Tel: 416-978-2691/Fax: 416-978-4194
Email: Sheila.binns@utoronto.ca

International Visiting Electives Administrative Coordinator
Sue Romulo
Faculty of Medicine, University of Toronto
1 King's College Circle
Tel: 416-978-1831/Fax: 416-978-4194
Email: medicine.intelective@utoronto.ca

6. How and What to Teach

It can be overwhelming at the outset particularly for the novice teacher to know how or where to begin with an elective student. A few useful teaching tools and tips have been summarized below to assist you in the process.

☞ ***Develop a Learning Contract (see Appendix 5)***

A learning contract can be a useful tool to help focus the student's experience. You and your student should spend a few minutes at the start of the rotation or elective to draw up a written learning contract.

1) First, help the student define his or her objectives:
   - These might be different for each student.
   - They should be specific, achievable and concrete.
   - They should include areas where the student needs more experience.
   - If the student isn't sure of objectives you can help identify needs by reviewing his or her training to date, and identifying any special areas of interest.
   - It is helpful to divide the objectives into categories of knowledge base, skills (interviewing skills, procedures, examination techniques), and attitudes.

2) Next, develop together a plan of action and clearly define responsibilities in order to meet the objectives.
   - Decide what type of patients the student should see.
   - Make some suggestions of where the student can find information and identify available resources.
   - You may also choose to define a special project such as developing an approach to a clinical problem, or studying a particular topic.

3) Finally, set dates to review performance and to check if objectives are being met. This should occur at least once during the rotation and of course at the end.

☞ ***Topics to Cover***

What topics to cover depends on the learning contract. These are some areas to consider:

a) Focused history, physical, differential diagnosis, plan
b) Common illnesses
c) Illness prevention, health promotion and screening
d) MD/patient relationship
e) Clinical epidemiology and natural history of disease

6. How and What to Teach (continued)

f) Critical appraisal of medical literature
g) Cost effectiveness
h) Health policy/quality assessment
i) Ethics

☞ ***Teaching Techniques***

Students are often inundated with facts and figures and may find it difficult to sort through the information overload. You can focus their knowledge by highlighting key issues in the clinical setting. You can create a *need to know* by showing the importance of something in its real life context. Be ready to seize *teachable moments* when a clinical situation arises, or when the student observes something or makes a mistake. Remember that the student is an adult and is able to share responsibility for his or her learning.

There are many different strategies for office teaching. We offer a few examples and encourage you to try many different strategies to determine what works best for each individual student. One is *exposure* or *observation*. The student follows her/his supervisor from patient to patient at the normal pace of the practice. Before starting the office the student will be asked to watch for certain aspects of the principles of family medicine. For example, on the first day the student may be asked to identify how the physician uses resources in the community to help the patients, or to identify elements of prevention/screening in the practice. On the next day, he/she may be asked to focus on the doctor/patient relationship, or to think about the effect of continuity of care in a particular situation and the family physician's role.

The exposure model can be effective, especially to meet the goal of exposing the student to the discipline of family medicine. However, if used too much, it would obviously become boring for student and teacher alike. One or two days at the beginning of the rotation at most are likely enough.

An *in-depth approach* allows the student to see the patient alone, do the entire history/physical, and attempt to formulate a diagnosis and treatment plan. This process is more or less extensive depending on the problem. The supervisor can then discuss the case with the student outside the room, formulate a plan and then enter together. Alternatively, the supervisor can rejoin the student and patient, and the student can present the case to the supervisor with the patient present. In this second method, the patient acts as a control and ensures that the student has grasped the problem. In either case, the supervisor may repeat part of the history/physical to verify findings and then implements a plan of action for treatment after discussing it with patient and student.

This model should also move at the pace of the practice if possible, with the supervisor seeing patients concurrently with the student. The supervisor will choose appropriate patients, based on the student's needs as identified in the learning contract.

6. How and What to Teach (continued)

As much as possible the student should be involved in the follow-up of a patient he/she has seen. This involvement might include rebooking patients when the student could see them again, and checking results of lab work and other investigations.

The modified *problem-based learning model* is less labour-intensive and allows the supervisor to see a full office while the student is there.

The student sees two to three patients per half-day, with certain learning goals in mind. The patients may be scheduled specifically to see the student or they may be chosen from the existing list. After the patient interview, the student may independently research a topic coming out of the interview, using office time or at home. The student could then present the topic to the supervisor.

Remember, we often 'teach' students in a manner that we would like best if we were the student. Students may have a different learning style than we do. We encourage you to ask your students about strategies that work best for them.

☞ ***Setting***

Teaching often takes place in the office setting, but the supervisor is encouraged to take the student to the emergency room, chronic care hospitals, home visits, obstetrical deliveries, or any other clinical activity they are involved in.

☞ ***A Multidisciplinary Experience***

Family physicians practice amongst a team in their community. Supervisors are encouraged (depending on the length of the elective experience) to have the student spend time with other health professionals such as the office nurse, public health nurse, social worker or local pharmacist.

☞ ***Patient Log***

In order to ensure that objectives are being met, it is very useful for the student to keep a patient log. This will allow the student to follow up on lab results and referral reports. The student can arrange for patients to return to follow up on their condition and learn the natural history of the illness. A log can keep track of the number and type of patients seen, and be a guide to ensuring goals are met, and can identify gaps in knowledge and experience, especially at the mid-rotation review.

6. How and What to Teach (continued)

☞ ***Family Medicine Clinical Evaluation Exercise Form (Appendix 6)***

Elective Supervisors are encouraged to try to watch their student during clinical encounters. If you do not have any viewing rooms this can be done with you present in the room for the encounter as an observer only. The Family Medicine Clinical Evaluation Exercise Form (FM-CEX) was developed to facilitate feedback about the student's knowledge, skills and attitudes. Try to schedule at least one clinical encounter with the student per week. Review the FM-CEX Form as soon as possible after each encounter. These encounters do not have to be complete periodic health reviews; they may also be focused histories and physical examinations that relate to the presenting problem. Taking this opportunity will help you provide the student with information about their level of competence and areas for further study and development.

7. Practical Tips for Organization and Time Management

Community physicians may be concerned about the impact students will have on their busy practices. It is true that teaching does involve extra time, but there are some steps that may streamline the process.

☞ Prepare patients ahead of time that they may be asked to see a student. It is helpful to hang a notice in the waiting room to inform patients that this is a teaching practice. This information can also be included in a practice brochure or memo (see Appendix 7) presented to new patients. The office receptionist may inform patients in advance that there is a student working that day. You may also book patient volunteers who enjoy talking with students.

☞ Finding time to facilitate learning opportunities can be a challenge. You can squeeze the teaching in before the first patient, at the end of the day between patients, or at lunch. Some supervisors schedule gaps in the bookings to catch up on teaching. Have students see patients who may take a long time such as chronic patients, or annual assessments, or have students see walk-in or urgent patients who have been added on.

☞ Students can do jobs or projects that can actually improve efficiency such as update the cumulative patient profile, organize and review complicated charts, prepare consultation requests, and phone patients or consultants, to name a few. These strategies can actually free up the supervisor to see patients or get other work done.

8. Faculty Appointments

As teachers of Family and Community Medicine for the University of Toronto, you may be eligible for faculty appointment. Many elective supervisors hold the academic rank of *Lecturer*.

In addition, longstanding and consistent excellence in education, research or creative professional activity may make you eligible for promotion to *Assistant Professor*.

The procedure for such a promotion requires careful preparation of a detailed promotions dossier including a teaching log. I have included a teaching log form you may use for this documentation (Appendix 8). Your local hospital chief must recommend you to the Junior Promotions Committee who review the candidates. The committee subsequently makes its recommendations to the Executive Committee and, once endorsed, the Chair submits the recommendation to the Dean of the Faculty of Medicine for approval. Although the procedure for promotion seems overly bureaucratic, the rigorous process supports the advancement of our faculty members to their maximum potential. For a detailed description of the promotions process to *Assistant Professor* please visit the departmental website: http://www.dfcm.utoronto.ca/facultyandstaff/apr.htm.

9. Resources Available to DFCM Faculty

↗Opportunities:

Undergraduate Education Faculty Development Workshop

The Undergraduate Education workshop is offered annually in the Fall and all of our elective supervisors are invited to attend. This workshop provides our teachers with a venue to learn about changes in our undergraduate program and to update their knowledge of medical education.

Graduate Studies and Academic Fellowship Programs

The DFCM Graduate Studies and Academic Fellowship Programs offer a wide menu of Professional Development opportunities and levels of scholarly activity from individual courses and certificate programs to larger and more intensive Masters Degrees in Family Medicine or Medical Education. With the support of your hospital chief, faculty members can join our programs on a part-time basis, with a flexible schedule, over a number of years. Some of the courses offered are:

- Teaching and Learning by the Health Professions;
- Appraising and Applying Evidence to Assist Clinical Decision-Making;
- Practical Management, Concepts and Cases in Leading Small Health Care Organizations;
- Human Development Issues in Family Medicine;
- Working with Families in Family Medicine;
- Research Issues in Primary Care;
- Continuing Education in the Health Professions;
- Theory and Practice of Behaviour Change in Primary Care;
- Continuing Education - Planning Management & Evaluation in Health Professions;
- Social, Political and Scientific Issues in Family Medicine.

For a full list please see **http://uoft.me/afcecourses**

More information can be obtained by visiting our website at **http://uoft.me/programs** You are also welcomed to email your inquiries to Drs. Abbas Ghavam Rassoul or Curtis Handford at familymed.grad@utoronto.ca or by calling 416.978.1914.

The Faculty of Medicine also offers faculty wide development activities through the Centre for Faculty Development for tutors and small group problem oriented teaching. Visit their website at http://www.cfd.med.utoronto.ca/

9. Resources Available to DFCM Faculty (continued)

↗Support Services:

Resource Centre

http://www.dfcm.utoronto.ca/library.htm

The Departmental Resource Centre, managed by Robyn Butcher, a professional librarian, supports family medicine undergraduate, postgraduate and continuing education, faculty development and research activities. The range of subject matter includes: teaching skills, medical education principles, evaluation, family systems medicine, family medicine principles, professional-patient communications, research methodology, quality improvement, global health, academic leadership and mentorship. While our focus is on health science we include supporting educational materials in areas such as adult education, education theory and principles of lifelong learning. The library provides information service to the Centre for Faculty Development in the Faculty of Medicine and as such the resources and services have a strong focus on faculty development.

The Library Collection

Our print collection features books, journals, and DFCM faculty publications. There is online access via an online book catalogue and databases for the residents' projects, book reviews and the fellows' papers.

Services of the library

- Article alert service - sign up to receive the latest articles on the existing topics listed below or request a customized alert.
    - Academic leadership in the health professions
    - Communities of practice
    - Complementary medicine treatments (research evidence only) including: acupuncture, chiropractic, dietary supplements, homeopathy, medicinal plants, phytotherapy, glucosamine
    - Diabetes - diagnosis & management in family medicine
    - Educational technology
    - Faculty development for health professionals
    - Faculty development for community physicians
    - Faculty health and well-being
    - Inter-professional education and faculty development
    - Medical ethics: teaching
    - Mentoring in health care professions
    - Postgraduate family medicine education

9. Resources Available to DFCM Faculty (continued)

- Preventive primary care for family physicians
- Problem-based learning
- Problem resident, remediation
- Work life balance, physicians

- Librarian conducted evidence based literature searches on clinical and education. Contact librarian for assistance.
- Document delivery service and interlibrary loan.
- Customized online tools such as:
  - Automated Medline searches on 26 common clinical topics and about 20 frequently-searched medical education topics
  - Selected resources in faculty development, mentoring, clinical practice guidelines, evidence-based medicine, and palliative care

  See Expert Auto Searches in Clinical Medicine-
  http://www.dfcm.utoronto.ca/library/commonclinicalissues.htm

  Expert Auto Searches in Medical Education-
  http://www.dfcm.utoronto.ca/library/expert.htm

- Academic leadership literature database-
  http://www.dfcm.utoronto.ca/library/alld.htm
- Instruction in literature searching and electronic resources in the form of presentations and workshops. Upcoming courses advertised on DFCM listserv. Sessions are also available upon request.
  Assistance in getting access to U of T library's extensive e-resources, obtaining library card ...
- New Book page for announcements of news, new books, new resources, website
  recommendations.

  Go to: http://www.dfcm.utoronto.ca/library/New_Books.htm

Library Staff:
Robyn Butcher, Librarian
Telephone: 416-978-5606
Email: dfcm.librarian@utoronto.ca

10. Recommended References

1. Alguire Patrick C, Dewitt Dawn E, Pinsky Linda E, Ferenchick Gary S. Teaching in your office: Guide to instructing medical students and residents. 2nd ed. Philadelphia: ACP Press, 2008.

2. Batty H. Teaching in ambulatory care settings. Chap 10 IN: Mohanna K, Cottrell E, Wall D, Chambers R. Teaching made easy: a manual for health professionals. 3rd ed. Abingdon, Oxon: Radcliffe Publishing, 2011.

3. Dent JA. AMEE Guide no. 26: clinical teaching in ambulatory care settings: making the most of learning opportunities with outpatients. [Journal article: Medical Teacher 27(4), 302-15]. Taylor & Francis Ltd, 2005.

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9. Rogers John C, Corboy Jane E, Huang William Y, Monteiro F Marconi. Task-oriented processes in care (TOPIC) model in ambulatory care. New York: Springer Publishing Co., 2004.

10. Whitman NA, Schwenk TL. The physician as teacher 2nd ed. Utah: Whitman Associates, 1997.

11. University of British Columbia. Office for Faculty Development. Teaching skills for community based preceptors. Faculty of Medicine, University of British Columbia, 2006. Free online at: http://www.med.ubc.ca/faculty_staff/faculty_development/resources_preceptors.htm

12. Whitman Neal, Schwenk Thomas L. Preceptors as teachers: A guide to clinical teaching. 2nd ed. Salt Lake City, UT: Department of Family & Preventive Medicine, 1995. See http://whitmanassociates.org/books/

10. Recommended References (continued)

Journal Article Series

ABC of learning and teaching in medicine: a series of articles published in BMJ in 2003
Go to: **tinyurl.com/7cb9n2z**

Twelve Tips series: excellent articles published in Medical Teacher – began in 1987, still in progress. DFCM Library has the set.
Also, see http://annietv600.wordpress.com/2006/04/01/twelve-tips-medical-teacher-series/
or
Go to the journal "Medical Teacher" in UT e-journals – in search box, type: *twelve tips*

Teaching on the Run Tips - a series in Medical Journal of Australia. Australian Medical Association, 2004. 14 practice-based articles published in 2004 - 2006. Free access to full text at http://www.mja.com.au/ - in search box, type: *teaching on the run*
Or
Go to http://www.meddent.uwa.edu.au/teaching/on-the-run/tips
Here are the citations for all 14 tips articles:

Lake FR. **Teaching on the run tips: doctors as teachers**. *Med J Aust* 2004; 180(8):415-416.

Lake FR, Ryan G. **Teaching on the run tips 2: educational guides for teaching in a clinical setting**. *Med J Aust* 2004; 180(10):527-528.

Lake FR, Ryan G. **Teaching on the run tips 3: planning a teaching episode**. *Med J Aust* 2004; 180(12):643-644.

Lake FR, Ryan G. **Teaching on the run tips 4: teaching with patients**. *Med J Aust* 2004; 181(3):158-159.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15287835

Lake FR, Hamdorf JM. **Teaching on the run tips 5: teaching a skill**. *Med J Aust* 2004; 181(6):327-328.

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Lake FR. **Teaching on the run tips 9: in-training assessment**. *Med J Aust* 2005; 183(1):33-34. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15992337

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Lake FR, Ryan G. **Teaching on the run tips 11: the junior doctor in difficulty**. Med J Aust 2005; 183(9):475-476. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16274350

Lake FR, Ryan G. **Teaching on the run tips 12: planning for learning during clinical attachments**. *Med J Aust* 2006; 184(5):238-239. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16515436

Lake FR, Ryan G. **Teaching on the run tips 13: being a good supervisor - preventing problems**. *Med J Aust* 2006; 184(8):414-415.

Lake FR, Vickery AW. **Teaching on the run tips 14: teaching in ambulatory care**. *Med J Aust* 2006; 185 (3): 166-167.

APPENDIX 1

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Clerkship Evaluation - Electives

Medical Expert/Skilled Clinician

	Unsatisfactory 1	Below Expectations 2	Meets Expectations 3	Exceeds Expectations 4	Outstanding 5	N/A
Knowledge (Basic Science and Clinical)	All or most aspects of knowledge base are observably lower than expected at this level of training; major gaps are present.	Large gaps in knowledge base for stage of training.	Displays adequate factual knowledge for level of study.	Comprehensive knowledge base; recognizes most issues; very few gaps identified.	Displays medical knowledge far beyond level of training.	
History Taking	Sketchy, incomplete, major omissions, lacks focus.	Often misses several aspects of history. Provides cursory detail. Poorly organized.	Usually complete, accurate and organized.	Thorough, logical, complete, elicits some subtle historical points.	Comprehensive, accurate problem identification and characterization, excellent interviewing skills.	
Physical Examination	Incomplete, misses obvious findings, major technical deficiencies, lacks focus.	Physical examination skills are often less than adequate or inappropriate. Often unable to elicit most of the relevant findings.	Carefully done, most findings detected, technically sound, organized approach.	Complete, detects some subtle findings, sensitive to patient.	Very thorough, well-organized, all important findings detected, often finds subtle or difficult findings.	
Diagnostic Test Interpretation	Grossly inappropriate use of diagnostic tests; unable to interpret or apply results.	Use of diagnostic tests often inappropriate. Often unable to interpret or apply results.	Usually orders appropriate tests for clinical scenario. Able to interpret and apply results of common investigations to patient care.	Consistently orders appropriate tests for clinical scenario. Able to interpret and apply results for nearly all common investigations.	Exceptional understanding of diagnostic tests. Able to apply that knowledge in patient care, even in challenging situations.	
Problem Formulation and Management Plan (Clinical Judgment)	Assessments usually incomplete or inaccurate. Great difficulty generating differential diagnosis. Diagnostic and therapeutic plans incomplete and/or not logically derived from data.	Assessments often incomplete or inaccurate. Limitations in ability to integrate data and arrive at differential diagnosis, and diagnostic and therapeutic plans.	Able to solve common problems and generate reasonable differential diagnosis and management plan.	Consistently accurate and thorough in generating differential diagnosis and proposing plan. Able to integrate more complex issues and solve some uncommon problems.	Exceptional judgment. Able to generate differential diagnosis, provisional diagnosis, and provide a thorough plan of management even for complex problems.	

APPENDIX 1

Technical and Procedural Skills	○ Difficulty using proper techniques, inadequate knowledge of procedures; avoids procedural experience.	○ Techniques and skill often inadequate. Requires a great deal of assistance with basic procedures.	○ Completes some procedures well, reasonable knowledge of procedures.	○ Completes most procedures without difficulty, good understanding of risks and benefits, sensitive to patient.	○ Technical expertise well beyond expected for level of study. Inspires confidence in patients.	○

Communicator/Doctor-Patient Relationship

	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding	N/A
	1	2	3	4	5	
Communication with Patients/Families/Community	○ Remote, insensitive, little rapport. Lack of concern for patients and/or families. Unable to deal with common or routine situations.	○ Often has difficulty in establishing rapport and relating to patients and/or families. Often unable to deal with common or routine situations.	○ Conveys interest and concern for patients and/or families. Establishes rapport. Empathetic and respectful. Culturally sensitive. Uses non-verbal skills effectively.	○ Consistently able to effectively communicate with patients and/or families. Very effective in establishing rapport.	○ Exceptional ability to establish good rapport with patients and/or families, even in challenging situations. Exceptionally empathetic. Wins confidence and cooperation.	○
Written Records	○ Incomplete, disorganized, confusing, difficult to trace patient's problems and management.	○ Notes are often incomplete, inaccurate disorganized, or difficult to read.	○ Generally complete, accurate, legible and organized; reasonably good documentation of diagnosis, therapeutic plans and interventions.	○ Complete, logical, very clear, easy to follow, includes all important information.	○ Outstanding, conscientious and accurate record keeping, well-organized, intelligently written.	○
Oral Reports	○ Presentations usually disorganized, ineffective, incomplete, illogical, lots of errors.	○ Many omissions of relevant information, and/or inaccuracies. Often disorganized.	○ Reasonably clear, complete, accurate, occasional need to pose a few questions to complete or clarify.	○ Concise, clear, organized, accurate, facts presented in a logical manner.	○ Succinct, precise, relevant issues clearly delineated, conveys excellent understanding of complex issues.	○

Collaborator

	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding	N/A
	1	2	3	4	5	
Team Participation (Contribution within Interdisciplinary Team)	○ Uncooperative and poorly integrated team member.	○ Often uncooperative or poorly integrated into team.	○ Generally functions well as team member.	○ Consistently makes extra effort to be part of the team in the provision of care.	○ Consistently offers to take on extra tasks to help the team provide effective care.	○

Manager

	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding	N/A
	1	2	3	4	5	
Awareness of and Appropriate Use of Healthcare Resources	○ Unaware of appropriate use of health care resources.	○ Often unaware of appropriate use of health care	○ Appropriately aware of the generally available health care	○ Consistently aware of the generally available health care resources	○ Exceptionally wise stewardship of available resources in the	○

APPENDIX 1

		resources.	resources and knows how to access these.	and employs them in appropriate situations.	context of resource allocation and individual patient care.	

Health Advocate

	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding	N/A
	1	2	3	4	5	
Patient Advocacy	○	○	○	○	○	○
	Does not advocate for patients when appropriate situations arise.	Often misses the opportunity to provide patient advocacy.	Usually advocates on behalf of patients in an appropriate manner and in the right situations.	Consistently advocates on behalf of patients in an appropriate manner and in the right situations.	Exceptional ability to advocate on behalf of patients in an appropriate manner and in the right situations.	

Scholar

	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding	N/A
	1	2	3	4	5	
Self-Directed Learning	○	○	○	○	○	○
	Does not assume responsibility for learning, resists or fails to respond to constructive feedback, unaware of own inadequacies.	Generally lacking in responsibility for own learning. Not very receptive to constructive feedback.	Assumes responsibility for own learning, shows adequate insight, requests and accepts constructive feedback, reads around cases.	Keenly interested in learning. Consistently learns around cases. Consistently requests, accepts and acts on feedback.	Exceptional interest in learning. Solicits and receives criticism, able to effect change, consistent effort at self-improvement.	
Contribution to Rounds, Seminars and Other Learning Events	○	○	○	○	○	○

N.B. Please note that unsatisfactory in any one category within a competency may be grounds for a failing

COMMENTS

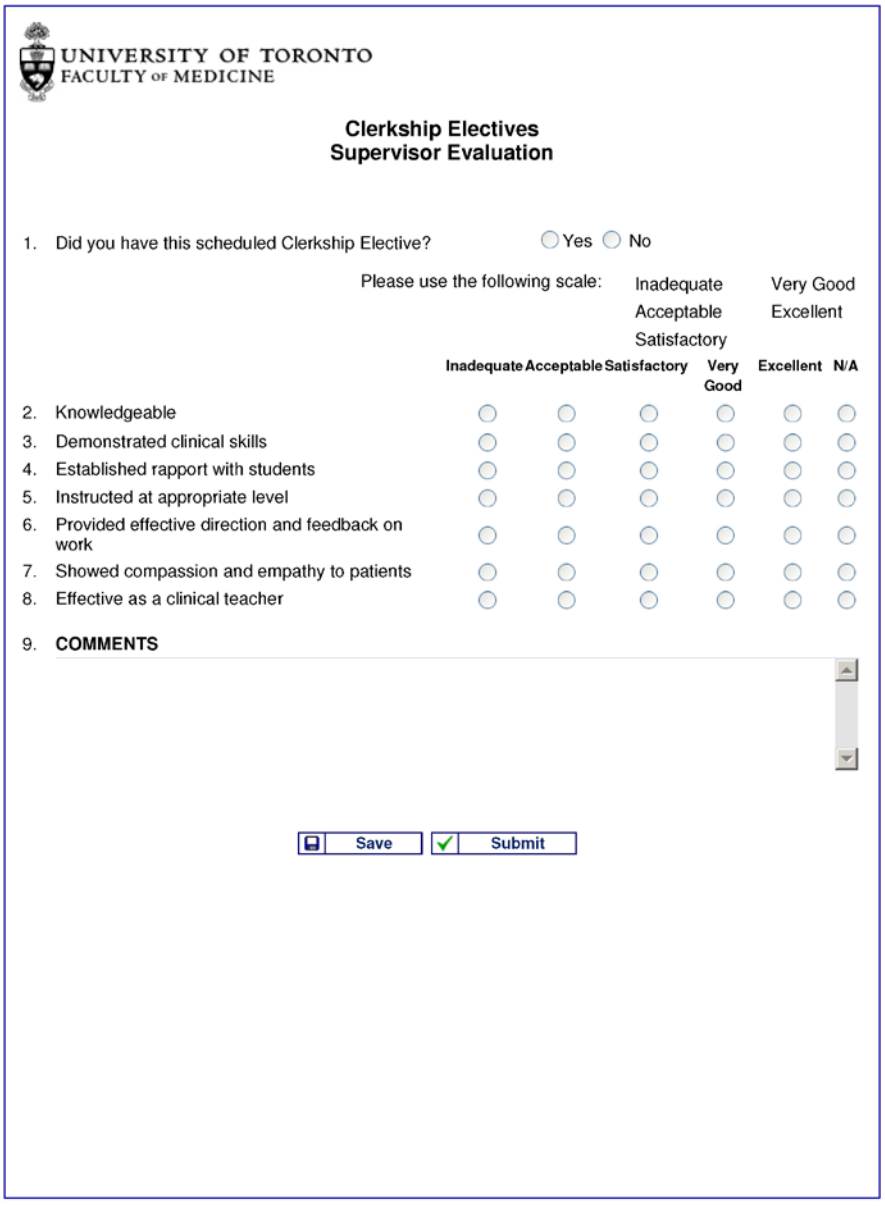
Professionalism Form Completed? ○ Yes ○ No

Strengths:

Suggestions for improvement:

Save Submit

APPENDIX 2



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Clerkship Electives
Supervisor Evaluation

1. Did you have this scheduled Clerkship Elective? ○ Yes ○ No

Please use the following scale: Inadequate, Acceptable, Satisfactory, Very Good, Excellent

	Inadequate	Acceptable	Satisfactory	Very Good	Excellent	N/A
2. Knowledgeable	○	○	○	○	○	○
3. Demonstrated clinical skills	○	○	○	○	○	○
4. Established rapport with students	○	○	○	○	○	○
5. Instructed at appropriate level	○	○	○	○	○	○
6. Provided effective direction and feedback on work	○	○	○	○	○	○
7. Showed compassion and empathy to patients	○	○	○	○	○	○
8. Effective as a clinical teacher	○	○	○	○	○	○

9. **COMMENTS**

Save Submit

APPENDIX 3

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

PICTURE NOT AVAILABLE

Clerkship Professionalism Evaluation Form

Question about the form or process?

Altruism

	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional/unprofessional behaviour N/A
Puts patients' interests before his/her own	○	○	○	○
Demonstrates sensitivity to patients' and others' needs	○	○	○	○
Takes time to comfort and communicate with patients in an empathic manner	○	○	○	○
Demonstrates patient-family centredness	○	○	○	○
Shows respect for patients' confidentiality	○	○	○	○

Duty: Reliability and Responsibility

	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional/unprofessional behaviour N/A
Timely completion of assigned tasks	○	○	○	○
Fulfills obligations	○	○	○	○
Provides appropriate reason for absence or lateness in a timely fashion	○	○	○	○
Reports accurately and fully on patient care activities	○	○	○	○
Demonstrates respectful communication with all members of multidisciplinary team	○	○	○	○

Excellence: Self Improvement and Adaptability

	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional	Was not in a position to observe professional/unprofessional behaviour

APPENDIX 3

			behaviour	N/A
Accepts constructive feedback	○	○	○	○
Recognizes own limits and seeks appropriate help	○	○	○	○
Engages in self-directed learning relevant to the Elective	○	○	○	○

Respect for Others: Relationships with Students, Faculty & Staff

	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional/unprofessional behaviour N/A
Maintains appropriate boundaries in clinical and learning situations	○	○	○	○
Relates well to fellow students, faculty and allied health professionals	○	○	○	○

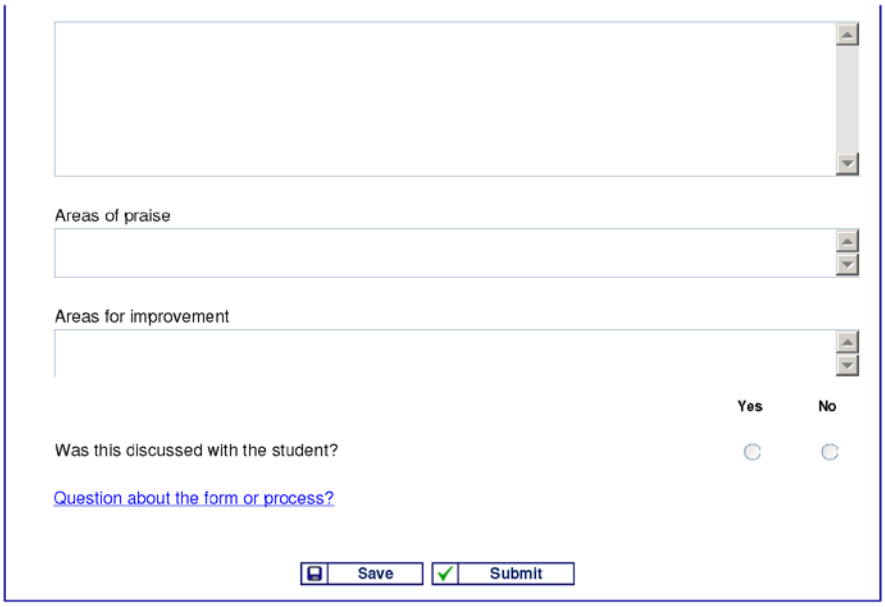
Honour and Integrity: Upholding Student and Professional Code of Conduct

	Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional/unprofessional behaviour N/A
Uses appropriate language in discussions with patients and colleagues	○	○	○	○
Resolves conflicts in a manner that respects the dignity of those involved	○	○	○	○
Behaves honestly	○	○	○	○
Respects diversity of race, gender, religion, sexual orientation, age, disability, intelligence and socio-economic status	○	○	○	○
Maintains appropriate boundaries with patients	○	○	○	○
Dresses in an appropriate professional manner **(context specific)**	○	○	○	○

Critical Event: ○ Yes ○ No

Critical Comments: (note if there was a critical event, please document it here)

APPENDIX 3


Areas of praise
Areas for improvement
Yes
No
Was this discussed with the student?
Question about the form or process?
Save
Submit

APPENDIX 4

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

POLICY STATEMENT #1-12

Professional Responsibilities in Undergraduate Medical Education

APPROVED BY COUNCIL:	September 2003
REVIEWED AND UPDATED:	May 2012
PUBLICATION DATE:	*Dialogue*, Issue 2, 2012
KEY WORDS:	Most Responsible Physician, Medical Students, Supervision, Education Electives, Educational Experiences, Professional Behaviour, Consent, Affiliate Status, International Medical Students, Observers
RELATED TOPICS:	Delegation of Controlled Acts, Consent To Medical Treatment, Mandatory Reporting, Medical Records, Disclosure of Harm, Physician Behaviour in the Professional Environment, The Practice Guide: Medical Professionalism and College Policies
LEGISLATIVE REFERENCES:	*Regulated Health Professions Act, 1991*; *Medicine Act, 1991*; *Health Care Consent Act, 1996*
COLLEGE CONTACT:	Quality Management Division

APPENDIX 4

Professional Responsibilities in Undergraduate Medical Education

INTRODUCTION

The delivery of undergraduate medical education in Ontario has significantly evolved over time. Today education occurs in a variety of environments – teaching sites are not limited to traditional teaching hospitals but also extend to community settings such as community hospitals, interdisciplinary clinics, and physicians' private practices. Also, education relies on a team-based approach to care, involving the provision of comprehensive health services to patients by multiple health-care professionals. There are no longer exclusive domains of physician practice; rather, care is delivered through multidisciplinary teams. This collaborative, team-based approach promotes optimal health care for patients and learning opportunities for students.

As part of the training endeavour, medical students need to be given opportunities to observe and actively participate in clinical interactions in order to acquire the knowledge, skills, behaviours, attitudes and judgment required for future practice. This occurs through a process of graduated responsibility, whereby students are expected to assume increased responsibility as they acquire greater competence. For this to occur safely, supervisors must assess the competencies of the students they are supervising on an ongoing basis.

During the educational process, students will also gain an understanding of the values of the profession, as well as their individual duties to the patient, collective duties to the public, and duties to themselves and colleagues.[1] These are all essential components of medical professionalism. Students cultivate attitudes and behaviours about professionalism through observing their supervisors. Positive role-modeling is therefore of the utmost importance and supervisors are expected not only to demonstrate a model of compassionate and ethical care but also to interact with colleagues, patients, patients' families or their representatives, students, and other staff in a professional manner. This is consistent with the College's expectations of all physicians regardless of practice circumstances.

An understanding of the responsibilities and expectations placed on supervisors is essential for ensuring patient safety in this complex environment. Thus, while this policy focuses on professional responsibilities in the undergraduate environment, supervisors are expected to be familiar with other applicable College policies as well; these include, but are not limited to Delegation of Controlled Acts, Mandatory Reporting, Consent to Medical Treatment, Disclosure of Harm, and Medical Records.

Supervisors should also encourage medical students to become familiar with the above-named policies, this policy, as well as any applicable medical school policies, guidelines and statements relevant to undergraduate medical education.

PURPOSE

The purpose of this policy is to clarify the roles and responsibilities of most responsible physicians (MRPs) and supervisors of medical students, thereby optimizing the education of medical students and ensuring the safety and proper care of patients in educational settings. Ultimately, the goal is to ensure quality professionals and the best possible patient outcomes. This policy focuses on professional responsibilities related to the following aspects of undergraduate medical education:

1. Designation of Most Responsible Physician
2. Identification of Medical Students
3. Supervision and Education of Medical Students
4. Professional Relationships
5. Reporting Responsibilities
6. Patient Care in the Undergraduate Educational Environment

1. Supervisors should be aware of the MD program requirements set out in the "Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree" prepared by the Liaison Committee on Medical Education, as well as university and hospital policies and procedures relating to professionalism, e.g., Codes of Conduct.

SCOPE

This policy applies to all physicians who supervise[2] undergraduate medical students for educational experiences that fall both within and outside of an Ontario undergraduate medical education program.

DEFINITIONS

Undergraduate medical students ("medical students") are students enrolled in an undergraduate medical education program in any jurisdiction. They are not members of the College of Physicians and Surgeons of Ontario.[3]

The **most responsible physician** ("MRP") is the physician who has final accountability for the medical care of the patient, whether or not a student is involved in the clinical encounter.

Supervisors are physicians who have taken on the responsibility to guide, observe, and assess the educational activities of medical students. The supervisor of a medical student involved in the care of a patient may or may not be the most responsible physician for that patient. Residents or fellows often serve in the role of supervisors but do not act as the most responsible physician for patient care.

PRINCIPLES

1. Safe, quality patient care must always take priority over the educational endeavour.
2. Proper education optimizes patient care, as well as the educational experience.
3. The autonomy and personal dignity of students and patients must be respected.
4. Allowing students to have insight into the decision-making process enables an optimal educational experience.
5. Professionalism, which includes demonstration of compassion, service, altruism, and trustworthiness, is essential in all interactions in the educational environment in order to provide the best quality care to patients.[4]

POLICY

1. Designation of Most Responsible Physician

As there are multiple health-care professionals involved in patient care, one physician must always be designated the most responsible physician for every patient to ensure continuity of care and appropriate monitoring. The MRP and/or the supervisor are responsible for ensuring that patients are given the name of the MRP, along with an explanation that the MRP is responsible for directing and managing their care.[5]

2. Identification of Medical Students

Medical students will be involved in observation and interaction with patients from the start of their undergraduate medical education. The supervisor and/or MRP are responsible for ensuring that the educational status of medical students and nature of their role are made clear to the patient, the patient's family, and members of the health-care team as early as possible during the educational process. Students must be introduced as medical students and it should be made clear to patients that they are not physicians. An explanation could be provided that the student is a member of the health/clinical care team and the experience forms an important part of their undergraduate medical education program. Where appropriate, medical students may introduce themselves to patients instead of relying on a supervisor and/or MRP to make a formal introduction.

2. Supervision may include, but is not limited to the guidance, teaching, observation, and assessment of undergraduate medical students.

3. Students are able to participate in the delivery of health care through a provision in the *Regulated Health Professions Act, 1991*, which permits them to carry out controlled acts "under the supervision or direction of a member of the profession," i.e., a clinical teacher or supervisor. Medical students are not independent practitioners or specialists. They are pursuing both program and individual objectives in a graded fashion under the supervision of the undergraduate medical education program. While some students hold "Affiliate Status" with the College, they are not licensed to practise medicine in Ontario, and are not members of the College.

4. For more information about professionalism and the key values of practice, please refer to The Practice Guide: Medical Professionalism and College Policies: http://www.cpso.on.ca/policies/guide/default.aspx?id=1696

5. The MRP is ultimately responsible for disclosure of harm to a patient or his or her substitute decision-maker, even if the harm is sustained as a result of an action or inaction on the part of the medical student.

Professional Responsibilities in Undergraduate Medical Education

3. Supervision and Education of Medical Students

The supervisor and/or MRP must provide appropriate supervision. This includes:

a) determining the medical student's willingness and competency or capacity to participate in the clinical care of patients, as a learning experience;

b) closely observing interactions between the medical student and the patient to assess:

i. the medical student's performance, capabilities and educational needs,

ii. whether the medical student has the requisite competence (knowledge, skill and judgment) to safely participate in a patient's care without compromising that care, and

iii. whether the medical student demonstrates the necessary competencies and expertise to interact with patients without the supervisor being present in the room;

c) meeting at appropriate intervals with the medical student to discuss their assessments;

d) ensuring that the medical student only engages in acts based on previously agreed-upon arrangements with the MRP;

e) reviewing, providing feedback and countersigning documentation by a medical student of a patient's history, physical examination, diagnosis, and progress notes as soon as possible;

f) managing and documenting patient care, regardless of the level of involvement of medical students; and

g) counter-signing all orders concerning investigation or treatment of a patient, written under the supervision or direction of a physician. Prescriptions, telephone or other transmitted orders may be transcribed by the medical student, but must be countersigned.

In addition, appropriate supervision and education requires clear communication between the MRP and supervisor in order to ensure the best possible care for the patient.

Supervision of Medical Students for Educational Experiences not Part of an Ontario Undergraduate Medical Education Program

Physicians are occasionally asked to supervise medical students who are either not on an approved rotation from an Ontario medical school[6] or are from another jurisdiction. In addition to fulfilling the obligations set out elsewhere in this policy, physicians who choose to supervise medical students for educational experiences not part of an Ontario undergraduate medical education program must also:

- be familiar with the Delegation of Controlled Acts policy;[7]
- obtain evidence that the student is enrolled in and in good standing at an undergraduate medical education program at an acceptable medical school;[8]
- ensure that the student has liability protection that provides coverage for the educational experience;
- ensure that the student has personal health coverage in Ontario;
- ensure that they have liability protection for that student to be in the office; and
- ensure that the student has up-to-date immunizations.[9]

In addition, physicians who do not have experience supervising medical students or are unable to fulfill the expectations outlined above should limit the activities of the med-

6. Ontario medical students sometimes seek rotations outside of their undergraduate medical education program for added educational experience.

7. The College's Delegation of Controlled Acts policy applies to any physician who supervises:
   1) an Ontario medical student completing an extra rotation that is not part of their MD program, and
   2) a student from outside Ontario completing an Ontario educational experience where the student will be performing controlled acts.

8. For the purposes of this policy, an "acceptable medical school" is a medical school that is accredited by the Committee on Accreditation of Canadian Medical Schools or by the Liaison Committee on Medical Education of the United States of America, or is listed in either the World Health Organization's Directory of Medical Schools: http://www.who.int/hrh/wdms/en/, or the Foundation of Advancement of International Medical Education and Research's (FAIMER's) International Medical Education Directory (IMED): https://imed.faimer.org/.

9. Please refer to the Council of Ontario Faculties of Medicine's Immunization policy which is available on the websites of the Ontario medical schools, for more information.

ical student to the observation of clinical care only. While it is laudable for physicians to assist students in acquiring the experience they need for future practice, patient safety must prevail in all situations.

4. Professional Relationships

Physicians must demonstrate professional behaviour in their interactions with each other, as well as with students, patients, other trainees, colleagues from other health professions, and support staff. Displaying appropriate behaviour and providing an ethical and compassionate model of patient care is particularly important for the MRP and supervisor, as students often gain knowledge and develop attitudes about professionalism through role modeling. MRPs and supervisors have a duty to lead by example and to translate into action those principles of professionalism taught to students during the undergraduate didactic curriculum.

The MRP and supervisor must be mindful of the power differential in their relationship with the student. Also, they should not allow any personal relationships to interfere with the student's education, supervision, or evaluation. Any relationship which pre-dates or develops during the educational phase between the MRP or supervisor and the medical student (e.g., family, clinical care, dating, business, friendship, etc.), must be disclosed to the appropriate responsible member of faculty (such as the department or division head or undergraduate program director). The appropriate faculty member would need to decide whether alternate arrangements for supervision and evaluation of the student are warranted and, if necessary, make these arrangements.[10]

Moreover, the undergraduate medical education environment should be safe, and free of harassment, discrimination and intimidation. Any form of behaviour that interferes with, or is likely to interfere with, quality health care delivery or quality medical education is considered "disruptive behaviour." This includes the use of inappropriate words, actions, or inactions that interfere with a physician's ability to function well with others.[11] Failure to display professional behaviour may also interfere with students' education. Physicians, in any setting, are expected to display professional behaviour at all times.

5. Reporting Responsibilities

Physicians involved in the education of medical students are expected to report to the medical school and, if applicable, to the health-care institution when a medical student exhibits behaviours that would suggest incompetence, incapacity, or abuse of a patient; or when the student fails to behave professionally and ethically in interactions with patients, supervisors or colleagues; or otherwise engages in inappropriate behaviour.[12]

Similarly, educational institutions should provide a safe, supportive environment that allows medical students to make a report if they believe their supervisor and/or the MRP exhibits any behaviours that would suggest incompetence, incapacity, or abuse of a patient; or when the supervisor and/or MRP fails to behave professionally and ethically in interactions with patients, supervisors or colleagues; or otherwise engages in inappropriate behaviour. The College expects that students will not face intimidation or academic penalties for reporting such behaviours.

6. Consent and the Educational Nature of the Undergraduate Environment

The MRP and/or supervisor are responsible for communicating to patients that patient care in teaching hospitals and other affiliated sites where education occurs relies on a team-based approach, i.e., care is provided by multiple health-care professionals, including students.[13]

10. Physicians should also be aware of university policies and procedures on these issues.
11. For more information, please refer to the College policy on Physician Behaviour in the Professional Environment, as well as the Guidebook for Managing Disruptive Physician Behaviour.
12. This obligation equally extends to physicians who supervise medical students from other jurisdictions. They are required to report these behaviours to the medical student's school.
13. Typically, a hospital would have signage notifying patients that it is a teaching institution. However, physicians in private offices and clinics need to explicitly communicate this information.

Professional Responsibilities in Undergraduate Medical Education

Student involvement in patient care will vary according to the student's stage in the undergraduate medical education program as well as their individual level of competency. Student-patient interaction may be limited to observation alone, while students who develop and demonstrate competencies may be actively involved in patient care, including performance of procedures. While patient consent[14] is necessary for treatment in any setting, there are circumstances unique to the undergraduate environment, which require additional consideration:

a) Significant Component of Procedure Performed Independently by Student:

In the rare situation where a significant component, or all, of a medical procedure is to be performed by a student and the MRP and/or supervisor is not physically present in the room, the patient must be made aware of this fact and, where possible, express consent must be obtained. Express consent is directly given, either orally or in writing.

b) Investigations and Procedures Performed Solely for Educational Purposes:

An investigation or procedure is defined as solely "educational" when it is unrelated to or unnecessary for patient care or treatment. An explanation of the educational purpose behind the proposed investigation or procedure must be provided to the patient and his or her express consent must be obtained. This must occur whether or not the patient will be conscious during the examination. If express consent cannot be obtained, e.g., the patient is unconscious, then the examination cannot be performed. The most responsible physician and/or supervisor should be confident that the proposed examination or clinical demonstration will not be detrimental to the patient, either physically or psychologically.[15]

14. Obtaining informed consent includes the provision of information and the ability to answer questions about the material risks and benefits of the procedure, treatment or intervention proposed. For more information, please refer to the College policy on Consent to Medical Treatment and also, the *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Sched. A.

15. For more information, please refer to the joint policy statement "Pelvic Examinations by Medical Students" dated September 2010 prepared by the Society of Obstetricians and Gynaecologists of Canada (SOGC) Ethics Committee and the Association of Professors of Obstetrics and Gynaecology of Canada (APOG).

APPENDIX 5

Clerkship in Family Medicine Learning Contract - SAMPLE

Student: _____ Supervisor: _____

Learning Objectives	Resources & Strategies	Evidence of Accomplishment	Target Date for Completion
A) KNOWLEDGE - exposure to ambulatory care approach to some of the most common probs in F.P., e.g.	- review previous rotations, electives, interests, projects		
pharyngitis	- After Hours Clinic, observe different preceptors for different approaches	- log card - able to treat	- mid-evaluation
vaginitis	- direct observation - STD clinic - textbook, article	- case review with preceptor - narrative report	
diabetes mell.	- Diabetes Ed'n Clinic - direct observation - Cdn Diabetes Assoc - reference articles	- COSS - OSCE exam	- end unit
- learn about most current treatment strategies for osteoporosis	- osteoporosis program - chart review, textbook - book specific pt - medline search, internet	- academic project presentation	- end unit
- acquire familiarity with common OTC meds & how to prescribe	- pharmacy in area - pharmaceutical rep - reference articles - ask pts what works	- increasing prescribing over course of rotation	
B) SKILLS - venipuncture/IV	- bleeding station/RN - outpatient lab/OBS pt - ER; seminar/models		
- focused history taking	- review notes with preceptor - case presentation - videotape	- summarize case - OSCE; role play - videotape	
- improve MSK exam skills - knee - shoulder - ankle	- direct observation - Sports Med Clinic, physiotherapy clinic - rheumatology selective		
- begin to develop time mgt skills	- clock in room - secretary to help - patient to help	- increase # patients seen/day	
- improve common Xray interpretation skills	- ER - Radiologist		
C) ATTITUDES - develop a non-judgmental approach to sensitive issues	- role model - observe 1 way mirror - book appropriate pt	- role play	
- recognize impact of illness on pt/family	- interview family members - house visits		
- medicolegal issues	- review College notices, reports done by preceptor - case studies e.g. child abuse	- review students notes and medicolegal issues related to them	

Date of 1st review: _____ Date of mid-unit review: _____ Date of end-of-unit review: _____

APPENDIX 6

*** DO NOT SHOW THIS COMPLETED FORM TO THE STUDENT ***

Family Medicine Clerkship - Department of Family and Community Medicine - University of Toronto

Mandatory Form x4 – Family Medicine Clinical Evaluation Exercise (FM-CEX)

Student's Name: _____

Evaluator's Name: _____

Date: _____ Base Hospital: _____

Patient Presentation: _____

Patient Complexity: □ Low □ Moderate □ High

		Unsatisfactory	Satisfactory	Superior
HISTORY				
A. Medical Interviewing Skills	Focused hx of complaint Relevant PMHx, Social Hx, Family Hx Medications and Allergies	1 2 3	4 5 6	7 8 9
B. Communication/ Rapport Skills	Questioning and listening techniques appropriate for the situation Responds to patient's cues Uses non-verbal skills effectively	1 2 3	4 5 6	7 8 9
PHYSICAL EXAM				
C. Physical Exam	□ not performed	1 2 3	4 5 6	7 8 9
OTHER				
D. Organization Skills		1 2 3	4 5 6	7 8 9
E. Clinical Judgment		1 2 3	4 5 6	7 8 9
F. Overall Clinical Competence		1 2 3	4 5 6	7 8 9

Professionalism □ No concerns □ Concerns – please elaborate under areas for improvement

For the categories above, please provide specific comments and examples regarding areas of strength and areas for improvement.

Areas of Strength

Areas for Improvement

Evaluator's signature: _____

Please fax completed form to _____

APPENDIX 6

Teacher Guide for the Family Medicine Clinical Evaluation Exercise (FM-CEX)

Purpose of the FM-CEX:
A performance-based assessment of students' clinical and communication skills to be used as a component of the Family Medicine Clerkship Evaluation.

Process:

- Teacher directly observes student during a focused real-time patient encounter (new complaint or F/U visit)
- Teacher may ask student questions to evaluate clinical judgment and overall clinical competence
- Teacher completes form (on reverse)
- **Comments about areas of strength and areas needing improvement shared verbally with student** to assist students in improving their performance in the clinical setting
- **Completed form and "marks" NOT shared** to encourage objective evaluation
- Completed form faxed or delivered to hospital program director or administrative assistant within 48 hours

Family Medicine Clerkship Course Requirements:

- Students must complete 4 FM-CEX during their rotation (one encounter during each of weeks 2, 3, 4 and 5)
- Ideally more than one teacher will complete FM-CEXs on any particular student

Marking Scheme:

Domains evaluated:

- Medical interviewing skills
- Communication/Rapport skills
- Physical exam (includes box for "not performed")
- Organization skills
- Clinical judgment
- Overall clinical competence
- Professionalism - evaluated as "no concerns" or written comments if concerns (e.g. professional attitude, courteous with patient, etc.)

Numeric values:

Unsatisfactory	1=50% 2=55% 3=60%
Satisfactory	**4=65% (less than 65% is a fail)** **5=70% (student should be flagged for a mark of less than 70%)** **6=75% (typical student will get this mark)**
Superior	7=80% 8=85% 9=90%

- FM-CEX combined contribute 16% to the overall Family Medicine Clerkship Evaluation
- If > 4 FM-CEX are completed during a rotation then marks will be averaged to total 16%
- An overall grade of 65% is required to pass the FM-CEX component of the course

APPENDIX 7

Sample Memo

TO: **Our Patients**

FROM: **Dr. Greig, Dr. Harris, Dr. Newman and Dr. Rosen**

Our practice has been chosen as a teaching practice; this means that university medical students will spend time in our office, seeing our patients under our supervision and direction.

We feel honoured by our selection to be part of the clinical teaching team associated with the university, but we recognize that for some patients this may pose a problem. Some patients feel reluctant to be seen by a medical student, even though we will be supervising. Of course it is very helpful for the students to develop their skills seeing patients in an office, and we are grateful to all patients who help and participate in this process. However, the comfort and security of our patients is a major priority, so if any patients object to being seen by a medical student, please let your preference be known and we will schedule your appointment when no students are in the office.

APPENDIX 8

Department of Family and Community Medicine
Undergraduate Electives Program

TEACHING LOG

This log will help you to keep track of the undergraduate teaching you do in the Family Medicine Electives Program. An accurate record of teaching is essential for application for appointment or promotion. This record will also help us to determine the total contribution our department is making towards undergraduate medical education. At the end of the year, please send this form to the Department of Family and Community Medicine, keeping a copy for your own records.

NAME OF PHYSICIAN: _____ ACADEMIC YEAR: _____

STUDENT'S NAME	YR 1,2,3 or 4	DATES OF ELECTIVE	# OF HALF-DAYS

At the end of the academic year, please return this form to:

Undergraduate Electives Program
Department of Family and Community Medicine
500 University Avenue, 5th Floor, Toronto, Ontario M5G 1V7
Tel: (416) 978-3214 Fax: (416) 978-3912
familymed.undergrad@utoronto.ca