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**(Complementary) Horizontal Clinical Training Opportunities in the Family Medicine Residency Program**

**Department of Family and Community Medicine**

**University of Toronto**

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**Purpose**

The purpose of this document is:

1. To outline the requirements and procedures family medicine residents should take in order to participate in Complementary Horizontal Clinical Training Opportunities at the University of Toronto, outside of their expected training.
2. To promote the role of family medicine residents as independent professional learners.
3. To ensure that site directors, site administrators, and DFCM faculty are informed of the additional extracurricular training opportunities in which their residents are participating.

**Definition**

Complementary Horizontal Clinical Training Opportunities, or Horizontal Training Opportunities (HTOs) for short, are **optional** clinical training experiences which family medicine residents at the DFCM may undertake in the specialty of their choice (with the below guidelines applied). These opportunities DO NOT fulfill any of the core requirements of the program. Rather, HTOs are meant to allow for residents to complement their family medicine training in areas which they feel are relevant to their current and future practice, in a longitudinal manner.

**Background**

Continuity, both of patient care and physician education, is a central tenet of family medicine (FM). The Triple C competency-based curriculum, which has been recently implemented in Canadian family medicine residency programs, focuses on continuity of care, education, and providing comprehensive care.1 Similarly, the College of Family Physicians of Canada has outlined its recommendations for a flexible curriculum and longitudinal learning opportunities in its accreditation guidelines:

“The curriculum should be flexible to allow residents to develop the special skills they will need to practice in widely varied setting. Other medical specialty services offer unique clinical resources that can be used to facilitate and enhance family practice experience. Such experiences need not be provided as blocks of time but can and should be integrated as much as possible into the family medicine context of learning.”2

Notably, the practice of FM physicians working in non-FM specialties, in addition to their usual clinical duties, has been becoming an increasing trend in recent years.3-4 This may be in part a result of the increasing popularity of enhanced skills programs, as well as the continually expanding role of family physicians.4-6 This has been reflected in work trends, with up to a third of Canadian family physicians choosing to complement their practice with an additional clinical focus.7 This trend is expected to continue with future resident cohorts.3,5 The value of being proficient in additional specialties has also been recognized as being particularly important when practicing medicine in rural Canadian communities, where family physicians must fill in the gaps left by the lack of other specialists in the area.8

Presently, there is no unified policy at the University of Toronto’s Department of Family and Community Medicine that addresses the phenomenon of residents implementing additional clinical experiences into their curriculum that are separate from their core rotations. While few sites have outlined principles for residents to undertake horizontal training opportunities, others have no policy in place. In these cases, the resident’s site director and faculty may not be aware of the additional clinical work the resident is doing, and the potential effect it may have on their expected duties.

With the guidelines for Complementary Horizontal Clinical Training Opportunitieswe hope that learners will be able to maintain their continuing educational experiences and enhance their learning during residency at the University of Toronto, particularly in areas which they require and desire additional practice and refinement. This is not only meant to provide residents who intend to practice in a subspecialty additional exposure to that specialty, but also to better prepare learners for a comprehensive family medicine practice. Moreover, having registration and approval procedures for horizontal training opportunities will allow site directors, administrators and faculty to be informed of residents’ additional clinical experiences and ensure it does not disrupt their regular professional expectations.

**Scope**

This document may apply to all DFCM sites, with site-specific modifications as applicable.

**Requirements**:

1. HTO shifts cannot interfere with the resident’s core rotation or family medicine clinic requirements.
2. HTO shifts do NOT qualify for call-stipend
3. ALL shifts must align with PARO scheduling rules (see http://www.myparo.ca/top-contract-questions/)
4. All of the above must be approved by the Site Director\*, as well as the chief of the department of the specialty in question if it is being completed at a hospital or clinic.\*\*
5. All HTOs must consist of a minimum of 16 hours in order to be credited. Up to 5 HTOs may be done in a year, with up to a total maximum of 80 hours per academic year (combined). A resident may choose to complete all 80 hours within one HTO.
6. HTOs may take place in any medical specialty with a physician associated with the University of Toronto. Learners are encouraged to conduct these in areas in which they feel they could use additional training or exposure to. Learners will be encouraged to pursue these training opportunities first at their local site and if they are not available, at other hospitals/sites associated with the University of Toronto.
7. HTOs may **NOT** be completed at another University.

**\***The chief of the specialty in question must be notified (where applicable) in order to ensure that core learners who are also on the rotation are not affected;

\*\*The site director may decline a resident’s HTO request if there are any concerns for the resident’s academic or clinical performance, wellness, burn-out, or professionalism.

**Responsibilities of the Trainee**

1. The resident is responsible for having a learning plan written with and signed by their HTO preceptor and approved by their site director.
2. Scheduling for the HTO will be determined at the discretion of the site. HTOs must NOT disrupt acquisition of core competencies/duties.

**Please Note:**

* HTOs are to be used by residents to complement their clinical knowledge and better prepare them to future practice, not replace their current responsibilities.
* If the site director/faculty determines that the resident’s regular clinical duties are jeopardized by their HTO, the site director has the right and ability to cancel it, effective immediately. The learner’s family medicine clinic and scheduled rotation responsibilities will always take priority over HTOs.
* The site director reserves the right to decline HTOs for reasons as outlined above and for any concerns with regards to the resident’s performance and regular duties.

**References**

* 1. Oandasan I, Saucier D, eds. *Triple C Competency-based Curriculum Report – Part 2: Advancing Implementation.* Mississauga, ON: College of Family Physicians of Canada; 2013. Available from: [www.cfpc.ca/uploadedFiles/Education/\_PDFs/TripleC\_Report\_pt2.pdf](http://www.cfpc.ca/uploadedFiles/Education/_PDFs/TripleC_Report_pt2.pdf). Accessed January 25 2019.
	2. College of Family Physicians of Canada. *Specific standards for family medicine residency programs accredited by the College of Family Physicians of Canada*. The red book. Mississauga, ON: College of Family Physicians of Canada; 2016
	3. Oandasan, I. F., Archibald, D., Authier, L., Lawrence, K., McEwen, L. A., Mackay, M. P., Parkkari, M., Ross, S., Slade, S. (2018). Future practice of comprehensive care: Practice intentions of exiting family medicine residents in Canada. *Canadian family physician Medecin de famille canadien*, *64*(7), 520-528.
	4. Abed Faghri, N. M., Boisvert, C. M., & Faghri, S. (2010). Understanding the expanding role of primary care physicians (PCPs) to primary psychiatric care physicians (PPCPs): enhancing the assessment and treatment of psychiatric conditions. *Mental health in family medicine*, *7*(1), 17-25.
	5. Green, M., Birtwhistle, R., MacDonald, K., & Schmelzle, J. (2009). Resident and program director perspectives on third-year family medicine programs. *Canadian family physician Medecin de famille canadien*, *55*(9), 904-5.e1-8.
	6. Tepper J. (2004). *The evolving role of Canadas family physicians*. Retrieved from Canadian Institute for Health Information
	7. The College of Family Physicians of Canada, Canadian Medical Association, The Royal College of Physicians and Surgeons of Canada. (2014). *2014 National physician survey*. Available from: <http://nationalphysiciansurvey.ca/wp-content/uploads/2014/09/2014-FPGP-EN-Q2.pdf>. Accessed January 25 2019.

website: <https://secure.cihi.ca/free_products/PhysiciansREPORT_eng.pdf>.

* 1. Bosco C, Oandasan I. *Review of Family Medicine Within Rural and Remote Canada: Education, Practice, and Policy*. Mississauga, ON: College of Family Physicians of Canada; 2016.



**Application Form: (Complementary) Horizontal Clinical Training Opportunities**

The Department of Family and Community Medicine expects that residents acquire the vast majority of their core educational competencies within the confines of their core program. Occasionally, residents may wish to further develop their competencies in other specialties relevant to family medicine. In this case, “Complementary Horizontal Clinical Training Opportunities,” also known as “Horizontal Training Opportunities” or HTOs may be permitted. Applications for HTOs may also be considered for the purposes of career exploration; however, these experiences must also allow for the acquisition of specific, clinical competencies that are relevant to family medicine practice. Please note that HTOs are **optional** and do not fulfill any of the core requirements of the program.

Unless there are exceptional circumstances, HTOs will be limited to a maximum of 5 per year, totalling 80 hours for the academic year. A minimum 16-hour requirement is needed per HTO. Residents may wish to do one or several HTOs. Residents may complete all 80 hours within one HTO if they so choose, although diversity is encouraged.

Planning should begin at least three months in advance. In order to participate in an HTO residents must be in good academic standing and gain the approval of their site directors. HTO supervisors must be licensed physicians, practicing in a hospital and/or clinic associated with the University of Toronto, and be familiar with the requirements of the program.

**PLEASE NOTE:**

* HTO applications may be declined at the discretion the site directors for reasons including but not limited to: professionalism or academic concerns, difficulties with practice management, or inability of the resident to meet their core competencies based on ITERs/RPP.
* HTOs may **NOT** be done at other Universities.
* A resident’s core rotation and family clinic responsibilities **MUST** be prioritized and are **NOT** to be compromised by HTO shifts. IF there are any concerns regarding the resident’s performance in their core duties, the site director reserves the right to terminate the HTO effective immediately.

**Important Information for Residents: Please Review Carefully**

1. Applications must be submitted at least 12 weeks in advance in order to provide sufficient time for review.
2. Applications are to be submitted to the site director for approval. Requests for HTOs do not require approval by the DFCM Program Director.
3. Residents should note that HTO shifts do **NOT** qualify for call-stipend
4. Specific objectives and learning plan for the HTO should be developed with the **HTO supervisor.** This is done in order to define relevant outcome competencies and goals. These will subsequently need to be approved, with possible modifications, by the site director at the time of the application.
5. Residents must complete the timetable in detail including the number, dates, and times for HTO shifts. Residents MUST receive approval for shifts from the scheduling coordinator and/or chief of the department where the HTO in question is completed to ensure their presence will not impede on the learning opportunities of core learners.
6. Residents must contact the coordinator for the hospital/clinic where they will be working to arrange for ID cards, computer access and training as required.
7. ALL shifts must align with PARO scheduling rules (see <http://www.myparo.ca/top-contract-questions/>).
8. Supervisors must complete Section #3 of the application or substitute a signed letter of intent. On occasion, it may be advisable for residents to submit the application pending completion of the Supervisor’s Declaration (in order to prevent unnecessary delays in processing the application). Residents are advised to consult with their Site Director.
9. Residents must continue to comply with all applicable registration, licensure and insurance regulations of the University of Toronto, as well as their host hospital/clinic. Residents should contact the registration office at the hospital/clinic to inquire about their registration requirements.

**Complementary Horizontal Clinical Training Opportunities**

**(\*Within the University of Toronto)**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Level**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location of HTO**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Hospital Affiliation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list your specific learning objectives for this experience. These should be developed with and approved by your HTO supervisor:

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Please outline your tentative schedule during this experience.

*(\*Minimum of 16 hours per HTO, maximum of 80hrs combined for all HTOs per academic year)*

|  |  |  |
| --- | --- | --- |
| **Shift date** | **Time** | **Setting (ambulatory/inpatient/ED/other)** |
|  |  |  |
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**Supervisor’s Declaration**: ***(an email letter of intent may also be substituted)***

*I agree to provide this resident direct supervision during the experience outlined above.*

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**Signature** **Date**

1. **Resident’s Declaration**:

*I agree to comply with all registration requirements of the “Horizontal Elective Opportunity” as outlined above as well as the requirements and regulations of the hospital/clinic where I will be working. I understand that undertaking the HTO should not in any way impede my core family medicine and specialty rotation commitments. I am aware that should any concerns arise from my site director, including but not limited to my performance, professional commitments or practice management, the site director reserves the right to terminate the HTO effective immediately.*

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**Signature** **Date**

**⮱ *Approved by:***

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**Site Director Signature** **Date**

**\*\*Please return this completed form to your Site Director/Program Administrator**  May 2019