### EASTERN STREAM

<table>
<thead>
<tr>
<th>First Year Sites</th>
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<tbody>
<tr>
<td>Family Practice Unit – Team 1</td>
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<tr>
<td>Family Practice Unit – Team 2</td>
</tr>
<tr>
<td>Family Medicine Clinic – Torbay Road</td>
</tr>
<tr>
<td>Ross Centre Family Medicine</td>
</tr>
<tr>
<td>Shea Heights Community Health Centre</td>
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</tbody>
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<table>
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<tr>
<th>Second Year Sites</th>
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<tbody>
<tr>
<td>Airport Heights Medical Clinic</td>
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<tr>
<td>Bay Bulls Family Practice</td>
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<tr>
<td>Burin</td>
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<tr>
<td>Cabot Medical Clinic</td>
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<tr>
<td>Clarenville</td>
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<tr>
<td>Complete Medical Clinic</td>
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<tr>
<td>Eleven Elizabeth Family Practice</td>
</tr>
<tr>
<td>Major's Path Family Practice</td>
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<tr>
<td>Paradise Health Complex</td>
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<tr>
<td>Torbay Medical Clinic, Torbay</td>
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### CENTRAL STREAM

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<tr>
<th>First Year Sites</th>
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<tbody>
<tr>
<td>Botwood</td>
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<tr>
<td>Family Practice Unit – Team 1</td>
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<tr>
<td>Family Practice Unit – Team 2</td>
</tr>
<tr>
<td>Grand Falls-Windsor</td>
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<tr>
<td>Twillingate</td>
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</tbody>
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<table>
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<tr>
<th>Second Year Sites</th>
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<tbody>
<tr>
<td>Botwood</td>
</tr>
<tr>
<td>Gander</td>
</tr>
<tr>
<td>Grand Falls-Windsor</td>
</tr>
<tr>
<td>Twillingate</td>
</tr>
</tbody>
</table>
### WESTERN STREAM

**First Year Sites**
- Broadway Clinic, Corner Brook
- Pasadena Medical Clinic
- Port Aux Basques
- Wellness Family Medicine Clinic, Corner Brook
- Lawton's Medical Clinic, Corner Brook

**Second Year Sites**
- Broadway Clinic, Corner Brook
- Deer Lake
- Pasadena Medical Clinic
- Port Aux Basques
- Coleman’s Medical Centre, Corner Brook
- Lawton’s Medical Clinic, Corner Brook
- Wellness Family Medicine Clinic, Corner Brook

### NORTHERN NUNAVUT STREAM

**First Year Sites**
- Family Practice Unit – Team 1 & 2
- Shea Heights Community Health Centre
- Torbay Road
- Twillingate

**Second Year Sites**
- Airport Heights Medical Clinic
- Bay Bulls Family Practice
- Burin
- Cabot Medical Clinic
- Clarenville
- Complete Medical Clinic
- Eleven Elizabeth Family Practice
- Major’s Path Family Practice
- Paradise Health Complex
- Torbay Medical Clinic, Torbay
NORTHERN GOOSE BAY STREAM

<table>
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<tr>
<th>First Year Sites</th>
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<tr>
<td>Goose Bay</td>
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<table>
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<tr>
<th>Second Year Sites</th>
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<tbody>
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<td>Goose Bay</td>
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POST GRADUATE OFFICE STAFF

<table>
<thead>
<tr>
<th>FAMILY MEDICINE POSTGRADUATE OFFICE STAFF</th>
<th></th>
</tr>
</thead>
</table>
| Susan Carter                               | 864-6528  
Program Coordinator                        | scarter@mun.ca |
| Kristen Rose                               | 864-6493  
Intermediate Clerk Stenographer/Receptionist | Familymed@med.mun.ca |
| Shenoa White                               | 864-6505  
Program Secretary                          | Familymed@med.mun.ca |
| Sonya McLeod                                | 864-6509  
Evaluations/Leaves Secretary                | FMEvals.Leaves@med.mun.ca |
| Jacqueline Ryan                            | 864-6522  
Curriculum Secretary                        | FMCurriculum@med.mun.ca |
| General Contact Information                | 864-6493  
864-6504 Fax                                | familymed@med.mun.ca |
|                                          | www.med.mun.ca/familymed |

FAMILY MEDICINE CLINICS – FPU, Shea Heights, Ross Centre, Torbay Road

| Barbara Morrissey                          | 777-7918  
Clinical Coordinator                        | bmorriss@mun.ca |

Please see the Preceptor Listing document in One45 for contact information for your Primary Preceptor.
This information pertains to all residents completing their Academic Family Medicine rotation(s) in the Eastern Stream.

Welcome to Academic Family Medicine!

**ORIENTATION**

You will be notified of your orientation date and start time by the Family Medicine Postgraduate Office prior to starting your Academic Family Medicine rotation.

Upon arrival, you will be shown around the academic area of the Family Practice Unit and introduced to staff. This will usually occur on Monday when you arrive to start your rotation. Dr. Stephen Darcy will orient you to the clinical component of the Family Practice Unit for both on-site and off-site residents. He will also explain the academic/clinical responsibilities of your rotation.

Following this, first-year residents will be directed to a 30-minute psychiatric evaluation video recording session with a simulated patient. This will take place with the Standardized Patient Program in the Clinical Learning and Simulation Centre, Room M1M2118. You will be required to bring your encrypted USB drive with you to transfer your recordings. The recording of this session will be instrumental for your opening sessions at the Counselling Centre on Wednesday mornings.

**CONTRACTING**

After the general family medicine orientation, your next priority should be to schedule a time to sit with your assigned clinical preceptor to talk about your role while at your Academic Family Medicine site. At this session you will establish an initial contract --- what you expect of the rotation and what is expected of you. Please be sure to discuss Direct Observation/Field Note requirements during this initial contracting session.

**ACADEMIC CURRICULUM**

**FIRST YEAR**

First-year residents are required to do a minimum of seven (7) half-day clinics per week. The remaining time is dedicated for mandatory teaching rounds as follows:

A) **WEEKEND REVIEW**

- Family Medicine Postgraduate Boardroom (or as otherwise scheduled)
- Mondays from 8:30 – 9:30 a.m. *(Tuesdays 8:30 – 9:30 a.m. if Monday is a holiday)*
- There will be a discussion of interesting cases assessed by on-call physicians over the weekend.
B) ACADEMIC HALF DAY

- All residents attend the weekly Academic Half Day teaching sessions that are held Tuesday afternoon from 1:30 to 5:00 pm. (If there is a University holiday in the week, Academic Half Day is cancelled).

- These sessions are held at the Health Sciences Centre and in person attendance is mandatory for all residents completing rotations in the St. John’s area. Residents outside of St. John’s attend via Blackboard Collaborate. Residents who are post call, on electives or on vacation are excused from attendance. Please note that you should communicate your absence to our Family Medicine Postgraduate Office. Presentations are archived on Blackboard Collaborate and can be viewed at a later date.

- Residents and Faculty are involved with teaching the Academic Half sessions and content is based on the 99 Priority Topics as defined by the College of Family Physicians of Canada. Please note when you are scheduled to present and ensure that you contact the faculty facilitator at least three weeks prior to your presentation date.

- The suggested format for Academic Half Day presentations can be found on One45 https://webeval.med.mun.ca/mun/.

C) COUNSELLING CENTRE*

- Every Wednesday morning from 9:00 a.m. – 12:00 p.m. residents will develop their counselling skills at the Counselling Centre, Room 5000 in the University Centre. Upon the completion of the Counselling Centre curriculum, all residents will be booked in clinic on Wednesday mornings.

- Residents need to bring their videotapes and/or encrypted USBs and Behavioural Medicine Reflection cases to each session.

- All sessions are facilitated by Clinical Psychologists.

- In preparation for the sessions, residents will interview and record an encounter with a Standardized Patient (SP) role-playing a patient with mental health issues on the first day of academic family medicine.

- * The Counselling Centre sessions make up a part of the Behavioural Medicine Curriculum. See the Behavioural Medicine Curriculum below for additional information.

D) TEAM ROUNDS

- Times vary by site.
- Videotape Reviews, Behavioural Medicine Reflection cases, Quips, Audit and Critiques will be discussed. Simulated Office Orals (SOOs) practice is also offered.
E) FRIDAY MORNING TEACHING SESSIONS

- There will be two teaching sessions each Friday. One from 8:30 - 9:30 a.m.; the other from 10:00 a.m. - 12 noon. The calendar of teaching sessions is emailed to residents at the start of the year and at the start of the Academic Family Medicine rotation. The schedule will also be posted in the Postgraduate Office.

- Sessions include Office Procedures, Behavioural Medicine, and Evidence Based Medicine (EBM - Audit and Critique).

**Office Procedures**
Topics covered include Foreign Body Removal, Gynecology Procedures, Intramuscular Injections, Suturing, Splints, Toenail Excision, Practice Based Small Group Learning Cases (PBSG), Breast Cysts, Epistaxis Procedures, Slit Lamp Examinations, Skin Dermatologic Procedures.

**Evidence Based Medicine (EBM)**
The EBM teaching curriculum consists of 3 components:
1) Critical appraisal of evidence
2) Clinical practice audit
3) The resident scholarly project.

Critical appraisal and clinical practice audit will be taught (alternating with behavioural medicine teaching) in small group sessions during the 10-12 am timeslot Friday mornings during first year academic family medicine rotations. Each resident will be expected to complete 2 critical appraisal assignments and present them during these sessions (a schedule will be circulated via email early in the rotation). Residents are required to conduct a resident scholarly project and present it at the Resident Forum in the fall of second year. Introductory information for the resident project is provided at an academic ½ day early in the year. Residents are reminded that some projects require Ethics Approval which can take a considerable amount of time and must be received before data collection can begin. For further details please see: [www.hrea.ca/home.aspx](http://www.hrea.ca/home.aspx).

Please see the information on Desire2learn for further details then talk to your faculty advisor or Dr. Kris Aubrey-Bassler.

**Behavioural Medicine (BM)**
The Behavioural Medicine curriculum encompasses Friday morning teaching sessions, the Counselling Centre session, Psychiatric Emergency and Crisis Intervention (PEACI) sessions during Core Content, the Urgent Mental Health Care Experience and the completion of two Behavioural Medicine Reflections (BMRs). Please see the Behavioural Medicine Online Manual (Desire2Learn (D2L)) for further details.

Friday morning teaching sessions – These sessions are taught on Friday mornings during the Academic Family Medicine (AFM) rotation. Each session consists of one behavioural medicine topic and one BMR reflection. Both are taught by the residents. The topics and
teaching schedule are listed in the Behavioural Medicine section on D2L. A Family Medicine and a Psychiatry preceptor are in attendance to help facilitate the discussion.

**F) URGENT MENTAL HEALTH CARE EXPERIENCE**

The Urgent Mental Health Care experience is available to all first year residents during the four-month academic family medicine rotation. The experience consists of two days at the Psychiatric Assessment Unit (PAU) at the Emergency Department of the Waterford Hospital and one day at the Short Term Assessment Referral and Treatment (START) Clinic at the third floor of St. Clare's Hospital.

*Psychiatric Assessment Unit (PAU)*

All psychiatric emergency consults are seen in the PAU at the Waterford Hospital. The service is staffed 24 hours a day by an interdisciplinary team comprised of LPN’s, RN’s and family doctors. Psychiatric “consultation” is provided by clinical clerks, residents and psychiatrists assigned to the call system. From Monday to Thursday there is a staff psychiatrist who provides regular emergency-focused care.

You will spend two shifts in the PAU. On the assigned Monday and Thursday, you will see urgent care/emergency cases from 4 pm until 12 midnight.

The clinical demand in PAU can vary from day-to-day and even hourly. The afternoons and evenings in the PAU often become quite busy with emergency presentations that are triaged, seen by a family doctor and referred to psychiatry. If the psychiatric consultation aspect of the service is not busy during your particular shift, you may choose to work with the family physician whose primary area of practice is in psychiatric assessment and/or addictions.

**Housekeeping Issues:**
- Please park in the parking lot next to “Evergreen Parking”
- One the first day of your PAU experience, please introduce yourself to the supervising physician. You will then be orientated to the service and there will be a discussion on the safety issues relevant to emergency psychiatry.
- Residents will be provided with a key to access staff washrooms for the duration of your rotation.

*Short Term Assessment Referral and Treatment (START) Clinic:*

The START Clinic is on the third floor (3 West) at St. Clare’s Mercy Hospital. Clinic hours for this experience are from 8:30 AM to 4:00 PM on Wednesday.

The START Clinic operates as an interdisciplinary outpatient mental health service with a mandate of providing rapid intervention and treatment to adults with mental health issues. Participating disciplines include nursing, psychiatry, psychology, social work, occupational therapy and spiritual-pastoral counselling. Referrals are accepted from a number of community and hospital-based services and all initial intakes are screened by
nursing staff. When referral to a psychiatrist is indicated, the patient is referred to one of the psychiatrists (Drs. Adey, Callanan, MacLaughlin or Radu) on staff for assessment and/or ongoing intervention.

During the START Clinic day, you will have the opportunity to assess and treat individuals with psychiatric disorders normally seen in the outpatient psychiatric setting. You will see one to two new assessments and one to two follow-ups during your assigned day. The experience will vary depending on the type of patients to be seen, the number of psychiatry residents or other learners also present and the number of the psychiatrists supervising the resident for the day. Overall, you should learn the role of the START clinic in the community and the mechanism and criteria for patient referral. You should also learn how to consult and collaborate with psychiatric health care professionals.

The diagnostic interview will be conducted by the resident and supervised by the attending psychiatrist or will be an opportunity for the resident to observe the psychiatrist interviewing the patient. Residents will be responsible for dictation of a detailed initial psychiatric assessment. In addition, the resident will document follow-up visits in the patient’s chart.

For further information on the PAU or the START Clinic, please contact Dr. Stephen Lee.

G) BEHAVIOURAL MEDICINE REFLECTIONS (BMRS)

The BMRs are two reflective exercises that first year residents complete during the Academic Family Medicine rotation. The BMRs provide an opportunity to document cases with a behavioural medicine aspect and to further explore and reflect on the behavioural component of such encounters. The examples that you use in your BMR entries are not necessarily limited to your Academic Family Medicine rotation. There will be opportunities to discuss these entries during your Academic Family Medicine rotation during the Friday morning Behavioural Medicine teaching sessions or during teaching rounds. Each case needs to be printed off as a hard copy and “signed off” by a faculty member. It is the resident’s responsibility to deliver the completed, signed off BMRs to the Curriculum Secretary in the Postgraduate Office.

H) VIDEO RECORD REVIEW (VTR)/DIRECT OBSERVATION OF PATIENT ENCOUNTERS

All residents are to record patient encounters to be observed directly during training. This will take place during the AFM rotation. The VTRs are reviewed at the Counselling Centre and/or during Academic Family Medicine teaching rounds.

I) FAMILY MEDICINE OBSTETRICAL EXPERIENCE

Residents will gain experience in Family Medicine Obstetrics during their Academic Family Medicine rotation. As part of this experience, residents will work with the team
during Tuesday evening clinics and during Friday afternoon coverage of the Case Room. In addition, residents will participate in the Family Medicine/Obstetrics call rota.

**Second Year**

Second-year residents are required to do a minimum of seven (7) clinics per week. The remaining time during the week will be available for the pursuit of the following activities:

A) **WEEKEND REVIEW**

- Family Medicine Postgraduate Boardroom (or as otherwise scheduled)
- Mondays from 8:30 – 9:30 a.m. (*Tuesdays 8:30 – 9:30 a.m. if Monday is a holiday*)
- There will be a discussion of interesting cases assessed by on-call physicians over the weekend.
- Second year residents who are rotating through the Family Practice Unit, Shea Heights, Ross Centre, or Torbay Road sites are required to attend these sessions.

B) **ACADEMIC HALF DAY**

- All residents attend the weekly Academic Half Day teaching sessions that are held Tuesday afternoon from 1:30 to 5:00 pm. (If there is a University holiday in the week, Academic Half Day is cancelled).

- These sessions are held at the Health Sciences Centre and in person attendance is mandatory for all residents completing rotations in the St. John’s area. Residents outside of St. John’s attend via Blackboard Collaborate. Residents who are post call, on electives or on vacation are excused from attendance. Please note that you should communicate your absence to our Family Medicine Postgraduate Office. Presentations are archived on Blackboard Collaborate and can be viewed at a later date.

- Residents and Faculty are involved with teaching the Academic Half sessions and content is based on the 99 Priority Topics as defined by the College of Family Physicians of Canada. Please note when you are scheduled to present and ensure that you contact the faculty facilitator at least three weeks prior to your presentation date.

- The suggested format for Academic Half Day presentations can be found on One45 [https://webeval.med.mun.ca/mun/](https://webeval.med.mun.ca/mun/).

C) **TEAM ROUNDS**

- Times vary by site.
- Videotape Reviews, Behavioural Medicine Reflection cases, Quips, Audit and Critiques will be discussed. Simulated Office Orals (SOOs) practice is also offered.
FRIDAY MORNING TEACHING SESSIONS

- There will be two teaching sessions each Friday. One from 8:30 - 9:30 a.m.; the other from 10:00 a.m. - 12 noon. The calendar of teaching sessions is emailed to residents at the start of the year and at the start of the Academic Family Medicine rotation. The schedule will also be posted in the Postgraduate Office.
- Sessions include Office Procedures, Behavioural Medicine, and Evidence Based Medicine (EBM - Audit and Critique).

- **Office Procedures**
  Topics covered include Foreign Body Removal, Gynecology Procedures, Intramuscular Injections, Suturing, Splints, Toenail Excision, Practice Based Small Group Learning Cases (PBSG), Breast Cysts, Epistaxis Procedures, Slit Lamp Examinations, Skin Dermatologic Procedures.

- **Evidence Based Medicine (EBM)**
  The EBM teaching curriculum consists of 3 components: 1) Critical appraisal of evidence, 2) Clinical practice audit and 3) The resident scholarly project. Critical appraisal and clinical practice audit will be taught (alternating with behavioural medicine teaching) in small group sessions during the 10-12 am timeslot Friday mornings during first year academic family medicine rotations. Each resident will be expected to complete 2 critical appraisal assignments and present them during these sessions (a schedule will be circulated via email early in the rotation). Residents are required to conduct a resident scholarly project and present it at the Resident Forum in the fall of second year. Introductory information for the resident project is provided at an academic ½ day early in the year. Residents are reminded that some projects require Ethics Approval which can take a considerable amount of time and must be received before data collection can begin. For further details please see: www.hrea.ca/home.aspx.

*Please see the information on Desire2Learn for further details then talk to your faculty advisor or Dr. Kris Aubrey-Bassler.*

- **Behavioural Medicine (BM)**
  The Behavioural Medicine curriculum encompasses Friday morning teaching sessions, the Counselling Centre session, Psychiatric Emergency and Crisis Intervention (PEACI) sessions during Core Content, the Urgent Mental Health Care Experience and the completion of two Behavioural Medicine Reflections (BMRs). Please see the Behavioural Medicine Online Manual (Desire2Learn (D2L)) for further details.

Friday morning teaching sessions – These sessions are taught on Friday mornings during the Academic Family Medicine (AFM) rotation. Each session consists of one behavioural medicine topic and one BMR reflection. Both are taught by the residents. The topics and teaching schedule are listed in the Behavioural Medicine section on
D2L. A Family Medicine and a Psychiatry preceptor are in attendance to help facilitate the discussion.

- In second year, residents complete sessions in Behavioural Medicine (as above) and in Practice Management.

E) PRACTICE MANAGEMENT
- Residents will receive additional Practice Management teaching during their second year Academic Family Medicine rotation.

F) VIDEO RECORD REVIEW (VTR)/DIRECT OBSERVATION OF PATIENT ENCOUNTERS
- All residents are to record patient encounters to be observed directly during training.

G) RESIDENT FORUM PREPARATION AND/OR STUDY TIME
- One half day per week will be protected for residents to pursue their Resident Scholarly Project (max of one half-day/week x 16). This half-day will need to be re-negotiated (for study time) with your preceptor after you have presented your projects at the Residents’ Forum should you have any remaining half days to use.

H) ON CALL/EVENING AND/OR WEEKEND CLINIC RESPONSIBILITIES
- Please review these responsibilities with your primary preceptor. Responsibilities will vary by site.
ADDITIONAL INFORMATION

SWIPE CARD
All residents are issued a swipe card by Security for access to the Family Practice Unit. This is activated by Security once you begin the program.

LOCKERS
There are a few lockers available in the Family Medicine Postgraduate Office Resident Resource Room. They will be first offered to the residents completing their family medicine rotation. If you are interested in having a locker, ask the Family Medicine Postgraduate Office for a combination lock. DO NOT USE YOUR OWN LOCK!

MAIL
Mailboxes are located in the Family Medicine Postgraduate Office Resident Resource Room.

RESIDENT’S PROJECT
It is during your family medicine rotation that you will have access to the most time and resources to work on your resident project. There is a binder of previous Resident Projects completed in the Family Medicine Postgraduate Office if you would like to get some ideas. Remember that most research projects require ethics approval, website: www.hrea.ca/home.aspx.
This information pertains to all residents completing their Academic Family Medicine Rotation(s) in the Central, Western or Northern-Nunavut Stream.

ORIENTATION AND CONTRACTING

Residents are expected to be on site on the Monday of the start of their rotation, unless otherwise approved by the primary preceptor and the Family Medicine Postgraduate Office.

For rotations that start in July, residents are expected to follow up with the primary preceptor to determine orientation start date and time.

ACADEMIC CURRICULUM

FIRST YEAR

First-year residents are required to do a minimum of seven (7) half-day clinics per week. The remaining time is dedicated for mandatory teaching rounds as planned at the site.

A) ACADEMIC HALF DAY

- All residents attend the weekly Academic Half Day teaching sessions that are held Tuesday afternoon from 1:30 to 5:00 pm. (If there is a University holiday in the week, Academic Half Day is cancelled).

- These sessions are held at the Health Sciences Centre and in person attendance is mandatory for all residents completing rotations in the St. John’s area. Residents outside of St. John's attend via Blackboard Collaborate. Residents who are post call, on electives or on vacation are excused from attendance. Please note that you should communicate your absence to our Family Medicine Postgraduate Office. Presentations are archived on Blackboard Collaborate and can be viewed at a later date.

- Residents and Faculty are involved with teaching the Academic Half sessions and content is based on the 99 Priority Topics as defined by the College of Family Physicians of Canada. Please note when you are scheduled to present and ensure that you contact the faculty facilitator at least three weeks prior to your presentation date.

- The complete schedule for Academic Half Days and the suggested format for Academic Half Day presentations can be found on One45 https://webeval.med.mun.ca/mun/.
B) TEAM ROUNDS

- Videotape Reviews, Behavioural Medicine Reflection cases, Quips, Audit and Critiques will be discussed during Team Rounds. Simulated Office Orals (SOOs) practice is also offered. Please see the local teaching schedule at your site.

C) COUNSELLING CENTRE CURRICULUM

- Residents completing their rotation within the Central and Western Streams will gain exposure to the counselling centre curriculum via a variety of teaching sessions and Emergency Room presentations. Please see your local preceptor for further details.

D) FRIDAY MORNING TEACHING SESSIONS

- Most residents will participate in the Friday morning Behavioural Medicine and Evidence Based Medicine teaching sessions via Blackboard Collaborate.
- The teaching sessions are offered from 10:00 a.m. - 12 noon. The calendar of teaching sessions is emailed to residents at the start of the year and at the start of the Academic Family Medicine rotation. The schedule will also be posted in the Postgraduate Office.
- Residents will gain exposure to hands on Office Procedure teaching as cases arise in their clinics/local hospital.

- **Evidence Based Medicine (EBM)**
  
The EBM teaching curriculum consists of 3 components: 1) Critical appraisal of evidence, 2) Clinical practice audit and 3) The resident scholarly project. Critical appraisal and clinical practice audit will be taught (alternating with behavioural medicine teaching) in small group sessions during the 10-12 am timeslot Friday mornings during first year academic family medicine rotations. Each resident will be expected to complete 2 critical appraisal assignments and present them during these sessions (a schedule will be circulated via email early in the rotation). Residents are required to conduct a resident scholarly project and present it at the Resident Forum in the fall of second year. Introductory information for the resident project is provided at an academic ½ day early in the year. Residents are reminded that some projects require Ethics Approval which can take a considerable amount of time and must be received before data collection can begin. For further details please see: [www.hrea.ca/home.aspx](http://www.hrea.ca/home.aspx).

*Please see the information on Desire2learn for further details then talk to your faculty advisor or Dr. Kris Aubrey-Bassler.*
– *Behavioural Medicine (BM)*

The Behavioural Medicine curriculum encompasses Friday morning teaching sessions, the Counselling Centre session, Psychiatric Emergency and Crisis Intervention (PEACI) sessions during Core Content, the Urgent Mental Health Care Experience and the completion of two Behavioural Medicine Reflections (BMRs). Please see the Behavioural Medicine Online Manual (Desire2Learn (D2L)) for further details.

Friday morning teaching sessions – These sessions are taught on Friday mornings during the Academic Family Medicine (AFM) rotation. Each session consists of one behavioural medicine topic and one BMR reflection. Both are taught by the residents. The topics and teaching schedule are listed in the Behavioural Medicine section on D2L. A Family Medicine and a Psychiatry preceptor are in attendance to help facilitate the discussion. Please see your local preceptor for variations to the Friday morning teaching sessions (E.g. Grand Falls-Windsor).

**E) URGENT MENTAL HEALTH CARE EXPERIENCE**

Residents will gain exposure to urgent mental health cases in their local emergency departments.

**F) BEHAVIOURAL MEDICINE REFLECTIONS (BMRS)**

The BMRs are two reflective exercises that first year residents complete during the Academic Family Medicine rotation. The BMRs provide an opportunity to document cases with a behavioural medicine aspect and to further explore and reflect on the behavioural component of such encounters. The examples that you use in your BMR entries are not necessarily limited to your Academic Family Medicine rotation. There will be opportunities to discuss these entries during your Academic Family Medicine rotation during the Friday morning Behavioural Medicine teaching sessions or during teaching rounds. Each case needs to be printed off as a hard copy and “signed off” by a faculty member. It is the resident’s responsibility to deliver the completed, signed off BMRs to Postgraduate Office.

**G) VIDEO RECORD REVIEW (VTR)/DIRECT OBSERVATION OF PATIENT ENCOUNTERS**

All residents are to record patient encounters to be observed directly during training. This will take place during the AFM rotation. The VTRs are reviewed at the Counselling Centre and/or during Academic Family Medicine teaching rounds.
SECOND YEAR

Second-year residents are required to do a minimum of seven (7) clinics per week. The remaining time during the week will be available for the pursuit of the following activities:

A) ACADEMIC HALF DAY

- All residents attend the weekly Academic Half Day teaching sessions that are held Tuesday afternoon from 1:30 to 5:00 pm. (If there is a University holiday in the week, Academic Half Day is cancelled).

- These sessions are held at the Health Sciences Centre and in person attendance is mandatory for all residents completing rotations in the St. John’s area. Residents outside of St. John’s attend via Blackboard Collaborate. Residents who are post call, on electives or on vacation are excused from attendance. Please note that you should communicate your absence to our Family Medicine Postgraduate Office. Presentations are archived on Blackboard Collaborate and can be viewed at a later date.

- Residents and Faculty are involved with teaching the Academic Half sessions and content is based on the 99 Priority Topics as defined by the College of Family Physicians of Canada. Please note when you are scheduled to present and ensure that you contact the faculty facilitator at least three weeks prior to your presentation date.

- The complete schedule for Academic Half Days and the suggested format for Academic Half Day presentations can be found on One45 https://webeval.med.mun.ca/mun/.

B) TEAM ROUNDS

- Videotape Reviews, Behavioural Medicine Reflection cases, Quips, Audit and Critiques will be discussed during Team Rounds. Simulated Office Orals (SOOs) practice is also offered. Please see the local teaching schedule at your site.

C) FRIDAY MORNING TEACHING SESSIONS

- Most residents will participate in the Friday morning Behavioural Medicine and Evidence Based Medicine teaching sessions via Blackboard Collaborate.

- The teaching sessions are offered from 10:00 a.m. - 12 noon. The calendar of teaching sessions is emailed to residents at the start of the year and at the start of the Academic Family Medicine rotation. The schedule will also be posted in the Postgraduate Office.

- Residents will gain exposure to hands on Office Procedure teaching as cases arise in their clinics/local hospital.

- See your local preceptor for variations to this teaching schedule.

- Evidence Based Medicine (EBM)
The EBM teaching curriculum consists of 3 components: 1) Critical appraisal of evidence, 2) Clinical practice audit and 3) The resident scholarly project. Critical appraisal and clinical practice audit will be taught (alternating with behavioural medicine teaching) in small group sessions during the 10-12 am timeslot Friday mornings during first year academic family medicine rotations. Each resident will be expected to complete 2 critical appraisal assignments and present them during these sessions (a schedule will be circulated via email early in the rotation). Residents are required to conduct a resident scholarly project and present it at the Resident Forum in the fall of second year. Introductory information for the resident project is provided at an academic ½ day early in the year. Residents are reminded that some projects require Ethics Approval which can take a considerable amount of time and must be received before data collection can begin. For further details please see: www.hrea.ca/home.aspx.

Please see the information on Desire2Learn for further details then talk to your faculty advisor or Dr. Kris Aubrey-Bassler.

– **Behavioural Medicine (BM)**

The Behavioural Medicine curriculum encompasses Friday morning teaching sessions, the Counselling Centre session, Psychiatric Emergency and Crisis Intervention (PEACI) sessions during Core Content, the Urgent Mental Health Care Experience and the completion of two Behavioural Medicine Reflections (BMRs). Please see the Behavioural Medicine Online Manual (Desire2Learn (D2L)) for further details.

Friday morning teaching sessions – These sessions are taught on Friday mornings during the Academic Family Medicine (AFM) rotation. Each session consists of one behavioural medicine topic and one BMR reflection. Both are taught by the residents. The topics and teaching schedule are listed in the Behavioural Medicine section on D2L. A Family Medicine and a Psychiatry preceptor are in attendance to help facilitate the discussion.

– In second year, residents complete sessions in Behavioural Medicine (as above) and in Practice Management. All residents will attend these sessions via Blackboard Collaborate unless a local opportunity exists (E.g. Grand Falls-Windsor).
D) PRACTICE MANAGEMENT

- Residents will receive additional Practice Management teaching during their second year Academic Family Medicine rotation. All residents will attend these sessions via Blackboard Collaborate.

E) VIDEO RECORD REVIEW (VTR)/DIRECT OBSERVATION OF PATIENT ENCOUNTERS

- All residents are to record patient encounters to be observed directly during training.

F) RESIDENT FORUM PREPARATION AND/OR STUDY TIME

- One half day per week will be protected for residents to pursue their Resident Scholarly Project (max of one half-day/week x 16). This half-day will need to be re-negotiated (for study time) with your preceptor after you have presented your projects at the Residents’ Forum should you have any remaining half days to use.

ADDITIONAL INFORMATION

Your site may have specific information pertaining to safety, procedures to follow in the case of inclement weather, etc. Please follow up with your primary preceptor during your orientation session to review this information.

MAIL

Mailboxes are located in the Family Medicine Postgraduate Office Resident Resource Room. Your mail will be sent to you each week if you are outside of St. John’s for more than four weeks.

RESIDENT’S PROJECT

It is during your family medicine rotation that you will have access to the most time and resources to work on your resident project. Remember that most research projects require ethics approval, website: www.hrea.ca/home.aspx. There is a binder of previous Resident Projects that you can review when in St. John’s.
This information pertains to all residents completing their Academic Family Medicine Rotation(s) in the Northern – Goose Bay Stream.

ORIENTATION AND CONTRACTING

Residents are expected to be on site on the Monday of the start of their rotation, unless otherwise approved by the primary preceptor and the Family Medicine Postgraduate Office.

For rotations that start in July, residents are expected to follow up with the primary preceptor to determine orientation start date and time.

ACADEMIC CURRICULUM

FIRST YEAR

First-year residents are required to do a minimum of seven (7) half-day clinics per week. The remaining time is dedicated for mandatory teaching rounds as planned at the site.

A) ACADEMIC HALF DAY

- There are a number of mandatory overarching program and PGME academic half day sessions that residents are required to attend via Blackboard Collaborate. Please see your primary preceptor for this information. All other Academic Half Day sessions will be delivered locally. When residents are away from Goose Bay on rotation (e.g. St. John's), they are expected to attend Academic Half Day in person (St. John’s) or via Blackboard Collaborate if outside of St. John’s.

B) TEAM ROUNDS

- Videotape Reviews, Behavioural Medicine Reflection cases, Quips, Audit and Critiques will be discussed during Team Rounds. Simulated Office Orals (SOOs) practice is also offered. Please see the local teaching schedule at your site.

C) COUNSELLING CENTRE CURRICULUM

- Residents completing their rotation within the Northern - Goose Bay Streams will gain exposure to the counselling centre curriculum via a variety of teaching sessions. Please see your local preceptors for further details.
D) FRIDAY MORNING TEACHING SESSIONS

- Most residents will participate in Behavioural Medicine and Evidence Based Medicine teaching on site in Goose Bay. Should residents need to attend sessions in St. John’s; residents can attend via Blackboard Collaborate. The calendar of teaching sessions is emailed to residents at the start of the year and at the start of the Academic Family Medicine rotation. The schedule will also be posted in the Postgraduate Office.
- Residents will gain exposure to hands on Office Procedure teaching as cases arise in the clinic/hospital.

Evidence Based Medicine (EBM)

The EBM teaching curriculum consists of 3 components: 1) Critical appraisal of evidence, 2) Clinical practice audit and 3) The resident scholarly project. Critical appraisal and clinical practice audit will be taught (alternating with behavioural medicine teaching) in small group sessions during the 10-12 am timeslot Friday mornings during first year academic family medicine rotations. Each resident will be expected to complete 2 critical appraisal assignments and present them during these sessions (a schedule will be circulated via email early in the rotation). Residents are required to conduct a resident scholarly project and present it at the Resident Forum in the fall of second year. Introductory information for the resident project is provided at an academic ½ day early in the year. Residents are reminded that some projects require Ethics Approval which can take a considerable amount of time and must be received before data collection can begin. For further details please see: www.hrea.ca/home.aspx.

Please see the information on Desire2learn for further details then talk to your faculty advisor or Dr. Kris Aubrey-Bassler.

Behavioural Medicine (BM)

The Behavioural Medicine curriculum encompasses Friday morning teaching sessions, the Counselling Centre session, Psychiatric Emergency and Crisis Intervention (PEACI) sessions during Core Content, the Urgent Mental Health Care Experience and the completion of two Behavioural Medicine Reflections (BMRs). Please see the Behavioural Medicine Online Manual (Desire2Learn (D2L)) for further details.

Friday morning teaching sessions – These sessions are taught on Friday mornings during the Academic Family Medicine (AFM) rotation. Each session consists of one behavioural medicine topic and one BMR reflection. Both are taught by the residents. The topics and teaching schedule are listed in the Behavioural Medicine section on D2L. A Family Medicine and a Psychiatry preceptor are in attendance to help facilitate the discussion.

Please see your local preceptor for variations to this teaching schedule.
E) URGENT MENTAL HEALTH CARE EXPERIENCE

Residents completing their rotations within the Northern – Goose Bay stream will gain exposure to urgent mental health cases in their local emergency departments.

F) BEHAVIOURAL MEDICINE REFLECTIONS (BMRS)

The BMRs are two reflective exercises that first year residents complete during the Academic Family Medicine rotation. The BMRs provide an opportunity to document cases with a behavioural medicine aspect and to further explore and reflect on the behavioural component of such encounters. The examples that you use in your BMR entries are not necessarily limited to your Academic Family Medicine rotation. There will be opportunities to discuss these entries during your Academic Family Medicine rotation during the Friday morning Behavioural Medicine teaching sessions or during teaching rounds. Each case needs to be printed off as a hard copy and “signed off” by a faculty member. It is the resident’s responsibility to deliver the completed, signed off BMRs to the Postgraduate Office.

G) VIDEO RECORD REVIEW (VTR)/DIRECT OBSERVATION OF PATIENT ENCOUNTERS

All residents are to record patient encounters to be observed directly during training. This will take place during the AFM rotation. The VTRs are reviewed at the Counselling Centre and/or during Academic Family Medicine teaching rounds.

SECOND YEAR

Second-year residents are required to do a minimum of seven (7) clinics per week. The remaining time during the week will be available for the pursuit of the following activities:

A) ACADEMIC HALF DAY

- There are a number of mandatory overarching program and PGME academic half day sessions that residents are required to attend via Blackboard Collaborate. Please see your primary preceptor for this information. All other Academic Half Day sessions will be delivered locally. When residents are away from Goose Bay on rotation (e.g. St. John’s), they are expected to attend Academic Half Day in person (St. John’s) or via Blackboard Collaborate if outside of St. John’s.

B) TEAM ROUNDS

- Videotape Reviews, Behavioural Medicine Reflection cases, Quips, Audit and Critiques will be discussed during Team Rounds. Simulated Office Orals (SOOs) practice is also offered. Please see the local teaching schedule at your site.
C) FRIDAY MORNING TEACHING SESSIONS

- Most residents will participate in Behavioural Medicine and Evidence Based Medicine teaching on site in Goose Bay.
- Residents will gain exposure to hands on Office Procedure teaching as cases arise in the clinic/hospital.

**Evidence Based Medicine (EBM)**

The EBM teaching curriculum consists of 3 components: 1) Critical appraisal of evidence, 2) Clinical practice audit and 3) The resident scholarly project. Critical appraisal and clinical practice audit will be taught (alternating with behavioural medicine teaching) in small group sessions during the 10-12 am timeslot Friday mornings during first year academic family medicine rotations. Each resident will be expected to complete 2 critical appraisal assignments and present them during these sessions (a schedule will be circulated via email early in the rotation). Residents are required to conduct a resident scholarly project and present it at the Resident Forum in the fall of second year. Introductory information for the resident project is provided at an academic ½ day early in the year. Residents are reminded that some projects require Ethics Approval which can take a considerable amount of time and must be received before data collection can begin. For further details please see: www.hrea.ca/home.aspx.

*Please see the information on Desire2learn for further details then talk to your faculty advisor or Dr. Kris Aubrey-Bassler.*

**Behavioural Medicine (BM)**

The Behavioural Medicine curriculum encompasses Friday morning teaching sessions, the Counselling Centre session, Psychiatric Emergency and Crisis Intervention (PEACI) sessions during Core Content, the Urgent Mental Health Care Experience and the completion of two Behavioural Medicine Reflections (BMRs). Please see the Behavioural Medicine Online Manual (Desire2Learn (D2L)) for further details.

Friday morning teaching sessions – These sessions are taught on Friday mornings during the Academic Family Medicine (AFM) rotation. Each session consists of one behavioural medicine topic and one BMR reflection. Both are taught by the residents. The topics and teaching schedule are listed in the Behavioural Medicine section on D2L. A Family Medicine and a Psychiatry preceptor are in attendance to help facilitate the discussion.

In second year, residents complete sessions in Behavioural Medicine (as above) and in Practice Management. All residents will attend these sessions via Blackboard Collaborate when a local opportunity does not exist.
D) PRACTICE MANAGEMENT
- Residents will receive additional Practice Management teaching during their second Year.

D) VIDEO RECORD REVIEW (VTR)/DIRECT OBSERVATION OF PATIENT ENCOUNTERS
All residents are to record patient encounters to be observed directly during training.

E) RESIDENT FORUM PREPARATION AND/OR STUDY TIME
One half day per week will be protected for residents to pursue their Resident Scholarly Project (max of one half-day/week x 16). This half-day will need to be re-negotiated (for study time) with your preceptor after you have presented your projects at the Residents’ Forum should you have any remaining half days to use.

ADDITIONAL INFORMATION
Your site may have specific information pertaining to safety, procedures to follow in the case of inclement weather, etc. Please follow up with your primary preceptor during your orientation session to review this information.

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Mailboxes are located in the Family Medicine Postgraduate Office Resident Resource Room. Your mail will be sent to you each week if you are outside of St. John’s for more than four weeks.

RESIDENT’S PROJECT
It is during your family medicine rotation that you will have access to the most time and resources to work on your resident project. Remember that most research projects require ethics approval, website: www.hrea.ca/home.aspx. There is a binder of previous Resident Projects that you can review when in St. John’s.
Appendix

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Call responsibility begins at 8 a.m. and ends at 8 a.m. the next day. This includes holidays and early closures.

1. Prior to, and the day following your call shift, contact your faculty back-up to:
   a) Say “Hi!”
   b) Confirm that you do have back-up and exchange pager and phone numbers. (The most recent schedule should be posted on the bulletin board in the Family Medicine Postgraduate Office).
   c) Discuss any potential or perceived problems for that day or evening, i.e. your back up may be in a meeting at some time during the day.
   d) Decide upon the plan for telephone triage, clinic visits and house calls. Discuss patients seen or talked to during the call shift frequently.
   e) Keep the lines of communication open with your faculty back-up.

2. All changes to the call schedule must include prior notification to the Clinic Supervisor, Barbara Morrissey. If you make any approved changes to your call schedule, or have approved leave requests during this rotation, it is your responsibility to notify your clinical supervisor, the Family Medicine Postgraduate Office, and the Clinic Manager.

3. If you are feeling swamped with calls please discuss this with your faculty back-up. Faculty will be more than willing to help during a busy day.

4. Not all patients NEED or SHOULD be seen immediately. Try and organize your day into a clinic, especially on the weekend. Your ability to manage your time is important for your own sanity as well as allowing you to become more available for those who require immediate attention. Some residents have found that a clinic around 1 p.m. on the weekend is very helpful. We encourage you to see all patients who need to be seen, rather than giving telephone advice or referring to emergency, unless it is a true emergency. Patients seen after hours should be seen in Room Four of the Team One corridor which is Room 2411 in the Family Practice Unit. A card entrance system is in use and security is aware when someone has logged in after hours. This room is hardwired with a panic button that links directly to security. There is also a panic button in the “Drug Sample Room” in case of emergency.
6. Make sure callers are patients of the practice! Remember you are covering the patients of the Family Practice Unit, Shea Heights, Ross Centre and Torbay Road Mall teaching sites, not all of St. John’s!!

7. If calling a patient from your home, use *67 to block your home phone number. You should consider blocking your cell phone numbers, as well.

8. Each resident should be issued a pager. R1’s and R2’s should inform the switchboard of their pager number and home number at the start of their rotation.

9. The on call bag is found in the Drug Sample Room in the Family Practice Unit. It is encouraged that it is returned by 0900 hrs the following day unless previous arrangements have been made between yourself and your fellow residents (i.e. on weekends you may not want to pick up the on call bag until noon).

11. Please follow these three steps to ensure the On Call Bag is up to date:

   A) **Get rid of own dirty sharps** and other garbage!

   B) **Restock any narcotics** that you may have used from the drug bag (this is VERY important!). Supplies of narcotics are available in the drug sample room (let someone show you where the key is!). If supplies are low, please let the Clinic Supervisor, Barbara Morrissey, or the LPN, know. You must record any narcotic usage in the narcotics register.

   C) Supplies in the on call bag are checked weekly by the LPN. If you have used the last of any supply, please ensure you advise the LPN so that it can be replenished immediately. A note can be left on the LPN’s desk if it is after hours or if there is no one on duty.

12. On Call Log Sheets can be found in the on call bag or in the LPN’s room and are required to be completed for each day on call. The log sheet should be forwarded to the Clinic Supervisor, Barbara Morrissey, within 24 hours of completion of on call. **ALL** patient encounters must be logged on the sheet and recorded in the Electronic Medical Records (EMR). This applies to patient visits and telephone conversations.

13. Monday mornings are reserved for "Weekend Review". This session focuses on interesting cases that were dealt with that weekend, or at any other time during the week. If Monday is a holiday, weekend review occurs Tuesday mornings.
On-Call and House Call Policy

In meeting the needs of our patients, the Discipline of Family Medicine maintains an on-call service in the St. John’s area for patients of the Shea Heights, Torbay Road, Ross Centre and Family Practice Unit Clinics. This on-call service consists of telephone triage, telephone advice, clinic visits and house calls.

House calls are an integral part of this on-call service: especially for our elderly, housebound, and palliative patients. Given that seniors represent over 13.1% of the population in Newfoundland and Labrador, it is understandable that house calls are a priority for patient care.\(^1\) over the coming years, there will be increased reliance on house calls as Statistics Canada projects that seniors will represent 26.6% of the Newfoundland and Labrador population by 2026.\(^1\)


After Hours and Weekend Call

A) After receiving a call from the Health Sciences Switch Board residents are to:

i) Contact patients in a timely fashion.

ii) Ascertain if the patient is a member of one of the practices and, if so, determine who is their primary Family Physician. The resident is to then obtain information about the clinical problem. Once the history is obtained, the resident must contact the back-up faculty member to decide on management.

iii) The phone discussion with the back-up faculty focuses on the management plan for the patient. Resolution may be by phone advice; phone advice and follow-up arranged as needed; clinic visit at the Family Practice site; a house call or direct transfer to Emergency Department.

iv) This information is then relayed to the patient and/or caregiver of the patient.

v) If a clinic visit is required the timing will be arranged by the resident to ensure that the back-up faculty can be present on site.

vi) If it is deemed a house call is required, the back-up faculty and resident will arrange to visit the patient at home. A back-up faculty must always be present on a house call. The only exceptions to this rule are: if the resident volunteers to do the house call alone because they know the patient and/or have been to the home on a previous visit and feel
comfortable doing the visit alone. If these conditions are met, the resident may visit the patient in their home by themselves and contact the back-up faculty during their visit to discuss management.

B) After Hour Clinic Visits
If, after discussion with the back-up faculty, it is deemed necessary for a patient to be seen in clinic and assessed, the patient should be seen at the Family Practice Unit in the Health Sciences Centre. There is an examining room equipped with a safety alarm that is directly connected to the Health Sciences Security.

*Note: See Safety Checklist*

House Calls during Clinic Hours

A) Booked Visits
House calls are scheduled during regular working hours for the optimum care of our housebound and palliative patients. These visits occur on a regular basis for a number of our patients. The first house call by the resident must be made with another individual. This may be the back-up faculty, nurse practitioner, health care worker or another medical learner. The resident may complete subsequent house calls on their own if they express comfort in doing so. If the resident visits the patient in their home by themselves they must contact the back-up faculty during their visit to discuss management.

B) Urgent Visits
Patients and/or their caregivers may request house calls on an urgent basis when a patient becomes sick. After discussion with the patient or caregiver, a decision is to be made by the resident and the back-up faculty as to the best management of the patient. This may involve a clinic visit (fit-in), phone advice, a house call or acute management through the Emergency Department. If it is decided that a house call is the best management, the team must arrange the best time for the resident and the back-up faculty (or nurse practitioner, health care worker or another medical learner) to visit the patient together. If there is a delay in the house call, the patient should be notified.

*Note: See Safety Checklist*
Safety Checklist Family Medicine Call\textsuperscript{2, 3}

- Make sure back-up faculty has two methods of communication and an agreed response time (i.e., Cell phone, home phone, email, text).
- Be careful where you park – choose a well-lit and direct path to the hospital entrance or the patient’s home.
- If two people are going on the house call, do not go into a house until both people are present.
- Keep prescription pads on your person.
- Do not leave your on-call bag unattended, if possible.
- On-call bags should not routinely carry narcotics or narcotic scripts.
- Keep the on-call bag in your trunk and not in the back seat of your car.
- Check the patient list to see if there have been issues with house calls with that patient in the past. This list is found in the on-call bag.
- If the weather is poor please discuss safety with your back-up faculty.

2. Unwin BK, Tatum PE. House Calls. American Family Physician 2011; 83(8), 925-931.
3. Safety and the Practice of Medicine. 

Approved by the RTC: February 16, 2016
Approved by the RTC: September 9, 2014
Approved by the RTC: August 22, 2013
Guidelines for Video recording and Direct Observation of Clinical Interviews

The recording and/or direct observation of patient encounters made during a resident’s family medicine rotation are important learning tools for our residents. It is impossible to predict which visits will provide useful teaching material so it is suggested that residents continuously record specified entire clinical half-days. In most cases, this would be a minimum of two half-days for first year residents and one half-day for second year residents per week. These recordings should be reviewed with faculty during the academic family medicine teaching rounds at each site. For first year residents, the recordings will also be used as a teaching tool at the Counselling Centre each Wednesday morning during their family medicine rotation.

In addition, direct observation of a resident-patient interview by a preceptor is a valuable teaching tool and can be employed with or without recording of the encounter.

The goal in using recording and direct observation for teaching purposes is to have the most accurate reflection of resident encounters with patients. Implicitly, at the same time, it is of the utmost importance for residents to understand the patient’s right to respect, privacy and confidentiality.

Prior to each clinic, the resident must discuss with his/her preceptor for that particular clinic if direct observation and/or recording will be done. It is then the resident’s responsibility to obtain each patient’s consent for either process. If the patient declines, it will be the preceptor’s responsibility to follow-up with the patient, if indicated, to further explain the process.

In view of the above, the following should be noted:

1. All residents will be given an encrypted USB during the Academic Family Medicine Orientation session. This USB must be used when saving patient video encounters. Video records will be given to residents who are completing Academic Family Medicine at the FPU, Shea Heights or the Ross Centre. These video records must be entirely erased and returned to the Academic Office at the end of the first year Family Medicine rotation. The Torbay Mall site currently uses USBs and patient encounters should also be entirely erased from the USB by the end of the first year family medicine rotation.

2. The resident’s name must be clearly marked on the video record.

3. Each clinic waiting room must have a notice informing patients that patient encounters may be recorded or viewed for resident training but that these are done only with the expressed consent of the patient.\(^1\), \(^2\)
4. Each clinic exam room with a camera must have signage directly below the camera indicating that patients are only recorded or viewed with their expressed consent.

5. Under no circumstances should a resident/faculty member record or view a patient encounter without the expressed permission of that patient, or parent/guardian in the case of a child.

6. The resident should introduce herself/himself to a patient as a family medicine resident and state the name of the supervising faculty member. At this point, the resident should ask for verbal consent for recording or direct viewing. If recording, the resident must specify that the recording is for training purposes only, with restricted viewing (see introduction example below) and that it will be erased at the end of the resident’s rotation. The resident should record the patient’s consent on the video record and/or encrypted USB itself.¹ ²

7. When recording, the resident must ensure that the recorded equipment is turned off before the physical examination is carried out and that he/she informs the patient of this fact. (Note: the cameras have been positioned in the exam rooms so that the examination tables are not captured on recordings.)

8. At the end of each clinic day, the resident must leave the recording in a secured area as agreed upon with her/his preceptor. In view of this, each teaching site should have a designated area that is locked within the clinic area i.e. medication sample room.

9. The resident must never remove the VHS recordings from the clinical site.

10. Recordings must be erased after they are finished for educational purposes. At the end of a resident’s family medicine rotation, any video records or recordings on the USB must be entirely erased. Video records must be returned to the Academic Office.

Introduction example:
Hi, I’m Dr. X, a family medicine resident working with Dr. Y. Dr. Y has asked me to record my interview with you today (OR Dr. Y might be directly observing the interview today) so that he/she can observe my interviewing skills. Sometimes, if we record, other colleagues also review the recording to help us in our training. Would this be okay with you? Do you have any questions?


Approved by the RTC: February 16, 2016
Approved by the RTC: February 10, 2015
Approved by the RTC: October 30, 2013