



**DIVISION OF PHYSIATRY**

**PHYSICAL MEDICINE AND REHABILITATION**

**Department of Medicine  
University of Toronto**

# **Teaching Guide for Faculty and Residents PM&R Program**

## Background

The PM&R Residency Program recognizes the invaluable role that faculty plays in the success of our residents and their immense contributions towards residency education. As such, it is important to document the expectations for faculty involved in the education of our residents. With the start of the Competence by Design (CBD) curriculum in July 2020, our faculty are called on spend more time doing in-person observations as well as teaching and documenting interactions via Entrustable Professional Activities (EPAs). This provides more opportunities for discussion with the learners around expectations and how to meet the overall goals of their rotation plan to ensure successful outcome on their rotations.

In creating the Roles & Responsibilities documents, we are mindful that each faculty member will have their own individual style and there may be variations to the daily schedules of the core rotations. Despite this variability, we consistently strive to provide outstanding education and patient care. The following principles help to delineate consistent practices on the core PM&R rotations across our sites. These principles are: (1) provide safe and effective patient care; (2) offer a learning environment that optimizes experiential learning i.e. in which learning opportunities are linked to clinical care as much as possible; (3) the daily schedule meets the requirements of PARO with respect to duty hour restrictions <https://myparo.ca/top-contract-questions/#duty-hours>; (4) the faculty provides supervision, feedback and support for patient care, and is available to provide direct patient care as needed to mitigate workload rather than being limited to a supervisory role; (5) in the context of the innate power differential that exists between learners and supervisor, faculty must be mindful of the daily workloads and should be prepared to assume patient care responsibilities rather than waiting to be asked to do so when the workloads are high; (6) all team members and patients are treated with fairness, respect and dignity; (7) the faculty and trainees behave with professionalism, “which includes the demonstration of compassion, service, altruism and trustworthiness...in all interactions in the training environment in order to provide the best quality care to patients” (CPSO, 2011).

## Expectations for PM&R Faculty

### PATIENT CARE Principles:

- **The rotation provides safe and effective patient care;**
- **The supervisor provides supervision, feedback and support for patient care, and is available to provide direct patient care as needed to mitigate workload.**

### Day-to-Day Operations:

At the beginning of each rotation, this document should be reviewed by the supervisor and resident. The supervisor should inform the allied health team of the resident role on their service.

Throughout the rotation, the supervising physician will assume responsibility for all patients admitted to their units. The supervisor will review the initial history, physical findings and management plan developed by the resident.

The supervisor will sign off on all consultation notes. Residents should be provided with clear guidelines on the preferred dictation style of their supervisor and wherever possible residents should be encouraged to develop their own dictation styles.

<https://www.cpsso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Medical-Education>

The supervisor is expected to support the resident in direct patient care activities when short-staffed due to holidays, half-day off-site activities, illness, etc., or when the resident is overwhelmed with the workload.

The supervisor will read and adhere to the admission guidelines, as well as other policies and procedures, for their specific institutions.

While supervising on call, s/he will be available to provide direction, supervision and support for the resident. Calls should be answered promptly (within 15 minutes).

In general, for all inpatient units, staff (MRP or PM&R) must ensure the sign out tool is up to date, especially if there is no resident on the unit. For weekend coverage, handover should include anticipated or worrisome events, pertinent information, as well as current plan to address this issue i.e. IPASS (illness severity, patient summary, action list, situation awareness and contingency planning, synthesis).

### EDUCATION (including supervision, training, feedback and evaluation) Principles:

- **The rotation offers an environment that optimizes experiential learning i.e. in which learning opportunities are linked to clinical activities and relevant supporting content as much as possible;**

- **The daily schedule meets the requirements of PARO with respect to duty hour restrictions;**
- **The supervisor promotes a positive and supportive learning environment for all levels of trainees, and is attentive to their safety and wellbeing;**
- **The supervisor is aware of the rotation plan including structure, goals and objectives and evaluations (ITARS, EPAs); and provides mid-rotation feedback and complete the required evaluations (EPAs and ITAR) in a timely manner.**

### **Day-to-Day Operations:**

The supervisor is familiar with the Rotation Plan (which includes the rotation objectives and competencies) and the corresponding In-training Assessment Report (ITAR) as well as EPAs aligned with the learning opportunities on the rotation.

The supervisor will assist the resident to identify and acquire the knowledge and skills they require to manage patients; and to meet these educational needs by facilitating self-directed learning, bedside teaching, case-based learning, and where appropriate, didactic sessions. Teaching should be integrated with clinical practice as much as possible i.e. it should be relevant to the care of patients on the rotation and it should complement daily workflow. A minimum of 1 hour per week should be allocated for teaching purposes in a pre-arranged schedule.

The supervisor will evaluate the performance of each resident. Informal feedback will be provided in a constructive and respectful manner on an ongoing basis, and semi-formally (i.e. no form required) at midpoint of the rotation.

The supervisor will complete the ITAR in a timely manner, based on their own direct observations, and seek input as appropriate from nurses, allied and other health care professionals, as well as from other trainees and physicians who have worked with the trainee. If the supervisor identifies that a trainee has a significant area(s) for improvement in any of the CanMEDS domains, the trainee must be made aware of the weakness such that a support plan can be implemented early in the rotation to ensure patient safety and trainee development. If the supervisor has ongoing concerns he/she must inform the residency program director.

The resident will provide a confidential evaluation of their supervisor. If a supervisor has teaching evaluations which are consistently poor, he/she will meet with the Program Director and Division Director to discuss opportunities and support for faculty development.

### **PROFESSIONALISM Principles:**

- **The supervisor is a role model of professionalism, and promotes a positive and supportive learning environment for all levels of trainees;**
- **All team members and patients are treated with fairness, respect and dignity;**

- **The supervisor and trainee behave with professionalism, “which includes the demonstration of compassion, service, altruism and trustworthiness...in all interactions in the training environment in order to provide the best quality care to patients” (CPSO, 2011).**

### **Day-to-Day Operations:**

The supervisor will show respect in all interactions with patients, colleagues, trainees and other members of the health care team. The supervisor would schedule appropriate time to review with the residents. This should be done in a timely manner and staff should provide the resident with their contact information when not physically attending in the clinic or on the unit.

The supervisor will follow the Faculty of Medicine, CPSO and hospital- specific codes of conduct. <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Postgraduate-Medicine>

While it is understood that each supervisor has their own individual style and that there may be variations to daily schedules on core rotations, these variations should be minor due to the need to adhere to PARO duty-hour restrictions. In adhering to these duty-hour restrictions, the supervisor is demonstrating not only respect for these other organizations, but respect for the wellbeing of the trainees.

Furthermore, the supervisor will demonstrate the principles of allyship by intervening in any observed discrimination or harassment towards trainees from patients, colleagues, staff or other health care providers (assuming there is no significant risk to themselves to do so) or seek support and advice from the program director or other hospital leadership or university leadership.

If the supervisor consistently does not adhere to the roles and responsibilities outlined by the Division, s/he will meet with the hospital’s leadership or with other leaders such as the division director, to discuss appropriate next steps. Similarly, the supervisor will report a perceived lapse in professionalism by a resident to the residency program director.

## Expectations for PM&R Residents

The following document includes an overview of the resident roles and responsibilities.

### Overview of the Roles and Responsibilities of the Resident

Residents play a vital role in providing direct patient care, the resident should assume primary responsibility for the day-to-day medical care of all patients assigned to them (i.e. the resident should “be the doctor” for those patients). As such, during a normal workday, residents should assess and examine assigned patients, write progress notes in their charts, perform any necessary procedures (with supervision, as required), and communicate with consulting services, under the guidance of their supervisor.

In addition to the provision of direct patient care, residents learn through reading around their cases, presenting cases in formal rounds settings, participating in rounds and team activities, and participating in informal teaching sessions offered by senior residents, fellows or supervisor.

To ensure that trainees and their supervisors have a consistent understanding about their roles and responsibilities on their rotations, the Division of PM&R at the University of Toronto chose to articulate “job descriptions” for supervisors and residents. At the beginning of each rotation, these documents should be reviewed by the supervisor and trainee. The supervisor should inform the allied health team of the resident role on their service. A key component of this introductory conversation is to start a dialogue in which roles and responsibilities are discussed between trainees and their supervisor. Another goal of this dialogue is to create a learning environment, both trainees and supervisors, are encouraged to exchange ideas and feedback in a respectful, non-judgmental way.

### Roles and Responsibilities of the Resident

#### PATIENT CARE Principles:

- Provides safe and effective patient care;
- Residents will be expected to assume the role of primary physician for several patients admitted to the unit
- Resident will be supervised and supported by both their supervisor and MRP both in terms of clinical decision-making and workload.

#### Day-to-day Operations:

#### Daytime Responsibilities:

Daily responsibilities for patients assigned to residents include, but are not limited to:

1. Assume the role of primary physician for patients as assigned by the supervisor (**Medical Expert, Communicator, Collaborator, Health Advocate**)
  - Clinical assessment of all assigned patients with a focused history and physical examination.
  - Completion of a written progress note in the chart with additional documentation of any medically significant events.
  - Progress notes should clearly communicate the clinical status and assessment and plan. Progress notes should adhere to the requirements of the staff/rotation
  - Follow-up and initiation of management plans in response to any pending laboratory or imaging tests (or handing over of any tests which have not yet been completed, reviewed or acted upon on by the end of the day to the on-call resident/staff).
  - Requesting consultation from subspecialty services, as required, and explaining the rationale for consultation.
  - Following up on consultation requests, acting upon recommendations, including initiation of tests or treatment plans.
  - Attending and/or leading family meetings or meetings with the interdisciplinary team regarding patient care.
  - Residents should feel comfortable, and understand the urgent need to inform their supervisor and ask for assistance in the event of significant change(s) in clinical status and in all other circumstances where they require assistance.
  
2. Residents are expected to have an up-to-date knowledge of patients assigned to them (**Medical Expert, Communicator, Collaborator, Leader**):
  - They should be able to communicate pertinent information regarding each of their assigned patients to team members, supervisor and on-call residents as required.
  - They should know the goals of therapy for each patient, and the medical issues affecting their discharge.
  - When possible, residents should attend multidisciplinary rounds and should discuss the patients that they are following.
  
3. Allowing for variation in hospital organization, residents are expected to respond promptly to any CODE BLUE calls (**Medical Expert, Collaborator**).
  - Responsibilities at a Code Blue may include: performing cardiopulmonary resuscitation, assisting with bedside procedures, gathering collateral information from the patient's chart or family members, assist with running the code with generating a differential diagnosis and executing a management plan.
  - Depending on hospital policies, residents may be assigned to lead a code blue in the event of simultaneous code blues.

- This role may occasionally be carried out by an off-service resident, depending on their comfort level and experience.

### **On-Call Responsibilities:**

1. The resident will be expected to cover home call for two sites (typically between 5pm to 8am. (**Medical Expert, Communicator, Collaborator, Health Advocate**).

During overnight on-call shifts, residents assume direct responsibility with staff support for the care of the patients on their assigned units. In addition, they complete admission histories and physical examinations and determine management plans for patients admitted on the weekend. Residents **are not** expected to complete a comprehensive PM&R consult.

- On the post-call morning, the resident will provide appropriate handover to the attending staff.
- The expectation is that calls/pages to the device assigned to the resident will be answered promptly (within 15 minutes) and dealt with accordingly.
- This may involve providing phone advice or being made aware by nursing of a certain fact to hand over to be addressed in the morning if non-urgent;
- When required, the resident is expected to attend to assess patients on the units (change in clinical status/deterioration, new symptom assessment, death pronouncement, etc.);
- When required residents are expected to attend in person for death pronouncement in the event of an unexpected death or expected death between the hours of 5 pm and 11 pm in accordance with current protocol outlined in the On Call Guide.
- Issues beyond the scope and comfort of the resident should be brought to the attention of the supervising on-call physician.

### **EDUCATION (including supervision, training and feedback)**

#### **Principles:**

- **The rotation offers a learning environment that optimizes experiential learning (i.e. in which learning opportunities are linked to clinical activities and relevant supporting curricula as much as possible);**
- **The resident is responsible for additional self-directed learning outside of scheduled teaching sessions and patient care responsibilities.**
- **The resident will share the responsibility with their supervisor for getting their EPAs completed.**

#### **Day-to-Day Operations:**



- The resident will be responsible for reading around conditions of the patients they are following and sharing this knowledge with the team, as applicable (**Medical Expert, Scholar**).
- The resident will have the opportunity to lead informal and formal teaching sessions throughout the rotation as assigned.
- Residents are also encouraged to participate in informal teaching for the medical students, especially as they approach the end of the academic year and will be transitioning to senior roles.

## **PROFESSIONALISM**

### **Principles:**

- **It is an expectation that the resident will behave in a professional manner at all times in their interactions with patients, colleagues and other members of the healthcare team.**
- **The resident is expected to complete teaching evaluations of their supervisor and a rotation evaluation.**

### **Day-to-Day Operations:**

- The resident will follow the Faculty of Medicine, College of Physicians and Surgeons of Ontario and hospital-specific codes of conduct.
- The resident will arrive on time. If he or she is running late, or will have an unexpected absence, he/she will contact the attending staff and clinic admins as soon as possible.
- If the resident is sick or absent while scheduled to be on call, the resident should arrange alternative coverage and inform the attending on-call staff and administrative coordinators as outlined in the [Protocol for TRI On-Call Coverage in Case of Resident Illness/Isolation](#) in the On Call Guide.
- The Resident will demonstrate the principles of allyship by addressing any observed discrimination or harassment, by supporting patients, colleagues and staff (assuming there is no significant risk to themselves to do so) or seeking advice from their supervisor, program director or other hospital or university leadership.

***Approved at the RPC meeting on November 17, 2021***