



Long Term Care/Supportive Living Longitudinal Experience INFORMATION FOR PRECEPTORS

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ABOUT THE ROTATION

- Family Medicine residents who choose this experience will be paired with one LTC or SL Family Physician preceptor at one site, and follow a cohort of patients over approximately 10 visits during their R1 year.

ROTATION OBJECTIVES

- Increase Family Medicine resident involvement in LTC/SL to enhance learning in the Care of the Elderly domain of family medicine and to enhance their ability to work effectively with this patient population.
- Provide an experience that fosters learning through continuity and meaningful interactions with LTC/SL staff, patients and their families.

LEARNING OBJECTIVES

- Listed on preceptor website at:
<http://calgaryfamilymedicine.ca/residency/index.php/preceptors/ltc-preceptors>

WHAT TO EXPECT

1. In July, you will receive an email from Marcy Wong (fmelder@ucalgary.ca) with your Resident's schedule of his/her LTC/SL visit dates for the year.
2. You will be given a calendar to post on each relevant unit with your resident's visit schedule for the year
3. Your resident(s) will contact you by email about 1-2 weeks before his/her first day to set up a time and place to meet
4. We will send you a letter (via email and regular mail) to distribute to relevant managers/staff at your LTC/SL facility explaining the rotation and role of your resident. This letter will also be available on the preceptor website.
5. For those patients who will be followed by your FM resident, informed consent forms are available (see preceptor website) for you to print and sign with your patients/substitute decision-makers, if desired.

EXPECTATIONS OF FM RESIDENTS

Expectations are listed on the residency program LTC webpage under "about the rotation":
<https://calgaryfamilymedicine.ca/residency/index.php/program-info/curriculum?id=309>



EXPECTATIONS OF PRECEPTORS

1. Provide or refer your resident to the appropriate person to provide a parking pass, login information for EMR, etc before the start of the rotation.
2. Provide an orientation and introduction to the site and relevant staff on your resident's first day, and outline any expectations for the rotation (e.g. start time, work flow, documentation etc.)
3. Assign 3-5 patients who your resident will follow over the year (preceptor discretion).
4. Direct your patient assignments and teaching toward the goal of helping your resident complete the list of competencies and achieve the learning objectives.
5. Help support LTC/SL staff in learning how the FM resident fits in to the team structure to help maximize the resident's involvement.
6. Be physically present on site with your resident on the half-days he/she is scheduled to round
 - Understanding there may be the odd time you are not able to be on site when your resident is rounding, this should only occur under exceptional circumstances and a review of patient care should still occur over the phone
7. Be available to your resident by phone and/or email
8. Inform the appropriate person should any concerns or issues arise regarding your resident (see contacts below).

FREQUENTLY ASKED QUESTIONS

1. Will my resident's schedule change?

YES! Some of the dates will be cancelled if a resident schedules approved but conflicting vacation, conference, study time, etc. Your resident will be expected to communicate these changes with you throughout the year. You may attempt to schedule a make-up date with your resident, but this is not mandatory.

2. Why are there some long stretches of weeks when my FM resident is not scheduled to visit the facility?

Residents do not visit their facility when on an immersion rotation (e.g. Internal Medicine) because their time is allotted entirely to these rotations.

3. Who takes calls for my "FM resident patients" between visits?

Residents used to be expected to take calls during certain times but this did not work well for a number of reasons. You and your resident may, however, if desired, attempt to arrange off-site communication with nurses on an ad hoc basis, with the understanding they are not to receive calls when on an immersion rotation or post-call.



4. What if I will be away/on vacation when a resident is scheduled?

Ideally, the resident would round independently and review with the physician covering for you in your absence. If this is not possible you can try and reschedule the visit but keep in mind that residents' scheduled are very constrained and this might not be possible.

5. What if there is not enough work for my resident to fill a half-day?

On slower days, this is an opportunity to do some teaching- look at what competencies she/he has not yet achieved and make a plan for how to get there, take your resident around to meet other patients with interesting findings, review a priority topic or have the Resident spend time with other team members.

6. Does my resident have assigned reading or a list of resources?

Learning resources for self-directed use are listed here for residents:

<https://calgaryfamilymedicine.ca/residency/index.php/program-info/curriculum?id=309>

7. How will my resident be assessed?

Field Notes are a tool that allows you to provide brief, focused feedback. Your resident will ask you to fill these out periodically during his/her rotation. More information on field notes is available here:

<https://calgaryfamilymedicine.ca/residency/dox/container/Assessment-FM-Field-Note-Guidance-17-07-18.pdf>

The residency program is also moving towards an electronic evaluation platform, FMeCAP, where the resident may ask for your email address to fill out case-based field notes.

CONTACTS

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APPENDIX A

Checklist of Competencies

This will be given to residents in a booklet format with check boxes for you to review with him/her and help focus and guide their learning and your teaching.

Competencies	Guide for how to achieve
1. Complete a comprehensive geriatric assessment	Admit a new patient to LTC/SL
2. Rule out factors beyond dementia as the cause for behavioral changes	Use P.I.E.C.E.S. approach
3. Manage behaviors using non-pharmacologic approaches	Use BSMT, allied health resources, review AUA resources
4. Complete a pain assessment on a patient with advanced dementia	<ul style="list-style-type: none"> Review pain assessment tools in the elderly (e.g. PAINAD) Review pain mapping tools used by staff
5. Optimize medications	Perform at least 3 medication reviews; address polypharmacy
6. Manage complex multi-morbidity	Identify functional, QOL goals/outcomes based on patient (and/or SDM) advance care planning conversations
7. Manage a patient with infectious symptoms	Apply evidence-based guidelines in line with patient goals to assess and manage an infectious illness
8. Assess and manage a patient with incontinence (bladder or bowel)	Review and rule out non-functional etiologies
9. Assess and manage wounds	Understand wound mechanisms and internal/external risk factors for decubitus ulcers in particular, and basic wound management
10. Assess and manage a patient who has fallen	Complete a post-fall review
11. Complete/review a functional assessment of a patient	<ul style="list-style-type: none"> Admit a new patient to LTC/SL Examine the patient and communicate with various team members (PT, OT etc) to understand the patient's functional status
12. Promote quality of life	Identify at least one quality of life issue raised by a patient and implement an action plan by which it may be addressed
13. Assess and manage symptoms at end of life	<ul style="list-style-type: none"> Actively manage a palliative/dying patient Write end of life orders



14. Use CANMEDS FM Communicator principles with patients and families	<ul style="list-style-type: none">• Lead or co-lead a care conference• Have a goals of care discussion with a patient and/or substitute decision-maker
15. Understand the health system organization and transition services	Understand why your patient is in LTC and <ul style="list-style-type: none">• cannot return to his/her previous home
16. Incorporate outcomes scales in the medical plan	Use data from Care Plan and/or MDS to answer questions/formulate a plan re your <ul style="list-style-type: none">• patient