



**UNIVERSITY OF
CALGARY**

Departmental Policy

Departmental Procedure
Instructions/Forms

DEPARTMENT OF FAMILY MEDICINE

POLICY FOR PRECEPTOR OBSERVATION OF RESIDENTS

Classification Residency Training	Table of Contents Purpose 1 Scope 2
Approval Authority Department of Family Medicine Postgraduate Executive Committee	Definitions 3 Policy Statement 4 Responsibilities 5 History 6
Implementation Authority Residency Program Director	
Effective Date June 2004	
Latest Revision 2018.08.16	

Purpose 1 The quality and timeliness of feedback to learners is improved through the use of direct observation, whether in person, or via audio-visual means. Direct observation allows for feedback that is more descriptive, specific, and timely, and allows for improvement in clinical skills, including history taking, physical examination skills, communication skills, and development of appropriate differential diagnoses and management plans. Direct observation increases learner receptiveness to feedback, and this benefit can extend beyond those feedback sessions related to directly observed activities.

This policy outlines the expectations of Residents, Preceptors, and Clinics, in the University of Calgary’s Family Medicine Residency Program.

Scope 2 This policy applies to all residents in the 2-year Residency Training Program at the Cumming School of Medicine, within the Department of Family Medicine.

Definitions 3 In this policy:

- a) “Approval authority” means the office or officer responsible for approving University policy and procedures.
- b) “Implementation authority” means the office or officer responsible for implementing University policy and procedures as well as monitoring compliance.

Policy Statement

4 4.1 Observation Frequency-Calgary Program

- 4.1.1 First-year residents;
 - 4.1.1.1 in the first 6 months of residency should be directly observed by their preceptors at least once per half-day clinic
 - 4.1.1.2 in the second 6 months of residency should be directly observed by their preceptors at least once per full-day clinic
 - 4.1.1.3 in continuity call-back clinics should be directly observed by their preceptors at least once per half-day clinic
 - 4.1.1.4 Second-year residents should be directly observed by their preceptors at least once per week
- 4.1.2 Residents who are on remediation or probation plans should be observed more frequently than their peers at the same level of training

4.2 Observation Frequency-Rural Program

- 4.2.1 First-year residents;
 - 4.2.1.1 in the first 6 months of residency should be directly observed by their preceptors at least once per half-day family medicine clinic/shift when on rural family medicine rotation or family medicine -based elective
 - 4.2.1.2 in the second 6 months of residency should be directly observed by their preceptors at least once per full-day family medicine clinic/shift when on rural family medicine rotation or family medicine-based elective.
 - 4.2.1.3 in PGY1 continuity call-back clinics should be directly observed by their preceptors at least once per half-day clinic
- 4.2.2 Second-year residents should be directly observed by their preceptors at least once per week when on rural family-medicine rotation or family medicine-based elective.
- 4.2.3 Residents who are on remediation or probation plans should be observed more frequently than their peers at the same level of training

4.3 Observation-General

- 4.3.1 As per section 1, to ensure appropriate supervision, assessment, feedback and learning, direct observation of Residents in the day-to-day care of patients, when carrying out procedures, communicating with patients, family, care-givers, team-members, peers, colleagues and other health care professionals, should occur during all clinical experiences, including non-family medicine-based experiences.

4.4 Observation Methods

- 4.4.1 Direct observation can take place either by being physically present in the room/clinical area with the patient and Resident, using one-way mirrors or similar setups, or through the use of audio-visual equipment
- 4.4.2 Where available, the use of audio-visual recording techniques is encouraged to permit Preceptors to better illustrate elements of the encounter to Residents when providing feedback

4.5 Recording of Encounters

- 4.5.1 Clinics must maintain a Privacy Impact Assessment with the Office of the Information and Privacy Commissioner of Alberta, and adhere to the standards and requirements laid out therein, which covers the recording of patient encounters
- 4.5.2 Clinics must develop and maintain appropriate policies and procedures to ensure adherence to these best practices, including consent for, security of, and destruction of recordings.

4.6 Documentation

- 4.6.1 Preceptors and Residents should record instances of Direct Observation by capturing the relevant feedback provided through the use of Field Notes, or other Program assessment methods

Responsibilities	5	<p><i>Approval Authority</i> – ensure appropriate rigour and due diligence in the development or revision of this policy.</p> <p><i>Implementation Authority</i> – ensure that University staff are aware of and understand the implications of this policy and related procedures. Monitor compliance with the policy and related procedures. Regularly review the policy and related procedures to ensure consistency in practice. Sponsor the revision of this policy and related procedures when necessary. Appoint a Policy Advisor to administer and manage these activities.</p> <p><i>Policy Advisor</i> – fulfill the responsibilities of the Implementation Authority.</p>
History	6	<p><i>Effective:</i> June 2004 <i>Revised:</i> 2018-07-27 <i>Approved:</i> 2018-08-16</p>