

FAMILY MEDICINE RESIDENCY PROGRAM LONG TERM CARE and SUPPORTIVE LIVING FREQUENTLY ASKED QUESTIONS

The Family Medicine (FM) Residency Program (in collaboration with AHS Family Medicine and LTC Family Physicians) has been supporting a longitudinal learning experience for FM Residents since July 2016. This FAQ is offered to LTC and Supportive Living facility operators, managers and staff to help with questions you may have.

1. What is a FM Resident? What training have they already completed? What is their scope of practice?

- A FM Resident is someone who has graduated from Medical School and is in the last 2 years of training before graduating as a Family Physician
- FM Residents are employed by Alberta Health Services and governed by both AHS and the relationship with the University of Calgary as a Medical Resident
- FM Residents are qualified and licensed to provide care to patients under the supervision of a practicing physician. For example, under supervision, they are licensed to:
 - Conduct medical exams
 - Perform procedures
 - Write prescriptions
 - Order medical tests
 - Transfer patients to acute care
 - Refer patients to other specialist physicians

2. Why are FM Residents being trained in LTC and Supportive Living?

- LTC and Supportive Living are important settings for our new Family Physicians to learn about.
- It's important for our new Family Physicians to understand, be skilled, and feel comfortable with, residents/patients¹ in LTC and Supportive Living.

3. What are the details of the LTC/SL learning experience?

- Each FM Resident will visit LTC/SL about two half days per month for 5 months.
- Each FM Resident will be assigned to work with a single Attending Family Physician Preceptor (teacher).
- Each FM Resident will provide care to 3-5 residents/patients across the 5 months (scheduled between August and June).
- The learning objectives for the Residents are attached below.

4. What is the role of the Family Physician Preceptor (teacher)?

- Coordinate parking instructions and a login to the EMR, if applicable.
- Orient the FM Resident to the site and introduce him/her to relevant staff
- Set clinical, learning and organizational expectations for the FM Resident
- Identify 3-5 residents/patients the FM Resident can follow over the year
- Supervise the FM Resident's care and provide one-on-one teaching
- Inform the Residency Program (Natalia Smith, Marcy Wong) of any concerns

5. What will be the role of the FM Resident in LTC and Supportive Living?

- Work with the Family Physician Preceptor to provide care to 3-5 patients across the 5 months.

¹Recognizing LTC and Supportive Living refer to those who live there as "residents", we use the term "residents/patients" in this document to differentiate them from FM Residents.

6. Who is responsible for patient care?

- The Attending Family Physician is always responsible for the medical care provided to his/her residents/patients.
- The FM Resident will review any care provided (including orders) with the Attending Physician.
- Unless arranged and communicated to you otherwise from the Attending Physician, phone calls about resident/patient concerns should go to the Attending Physician.

7. How will staff and physicians know:

a. Which individual is a FM Resident

- The Residency Program will send you a photo sheet of the FM Resident(s) working with your physicians.
- The FM Resident will wear Alberta Health Services ID at all times.

b. The schedule of the FM Resident

- The Residency Program will send you the schedule in advance so that staff will know when they can expect the FM Resident on site.

c. Which FM Resident is caring for which residents/patients?

- The Attending Family Physician will identify the selected 3-5 patients and determine with the appropriate staff person a method to flag these patients for all staff

8. How can staff support the teaching of future Family Physicians?

- Be welcoming to the FM Resident
- Be aware of which residents/patients the FM Resident is following
- Communicate with the Attending Family Physician or your Medical Director if you have questions.

9. Do our residents/patients/substitute decision makers need to consent to FM Residents?

- There is no requirement for signed consent, but for those Attending Physicians who wish to obtain this, we will provide consent forms.

10. To whom may I direct additional questions?

- Dr. Natalia Smith, Domain Lead, FM Residency Program is responsible for this initiative. natalia.smith@albertahealthservices.ca
- Dr. Lindsay Jantzie is the Program Director of the FM Residency Program. jantzie@ucalgary.ca

FAMILY MEDICINE RESIDENCY PROGRAM

Learning Objectives – LTC and Supportive Living

1. Understand principles of the key clinical domains of care in the LTC/Supportive Living (SL) setting.
2. Understand the role of the physician in promoting quality of life for all residents in LTC/SL.
3. Understand key principles of communication and decision-making in LTC/SL.
4. Understand the system of Continuing Care and how it integrates with the overall system of care.
5. Appreciate the collaborative models of care in LTC/SL and the roles of all disciplines including RN, LPN, PT, OT, RD, rec therapy, social work, clinical pharmacy and health care aids. Also understand when to refer to internal and external resources for consultation (e.g. Mental Health, Palliative care, Wound Care, Seniors Health Outreach Program).
6. Understand how the InterRAI assessment informs and improves the medical plan of care in LTC/SL, including.