UNIVERSITY OF CALGARY

Alberta Children's Hospital

Longitudinal Preceptorship Terms of Reference
Pediatric Emergency Medicine Subspecialty Residency Program

Rationale: With over 60 clinical faculty in our emergency department, it is important that each subspecialty resident has the opportunity to have longitudinal mentorship for the purposes of coaching and evaluation. By having an assigned longitudinal clinical preceptor, the residents benefit by having a primary preceptor who will have an in-depth understanding of their strengths and areas in need of improvement on PEM rotations. This will enable more targeted teaching on shifts and will make the evaluative process more robust. This will also help to identify residents in academic difficulty at the earliest point possible.

With Competency by Design, there is increased emphasis on frequent, brief, workplace based assessments. Our faculty will OBSERVE clinical tasks, COACH residents to improve performance and DOCUMENT the degree to which they would trust the resident to perform a similar task in the future. Each individual observation will be entered into an electronic portfolio. The Competence Committee will examine all of the documentation in the resident's portfolio and make recommendations on resident progress to the RPC. The primary staff responsible for reviewing the resident's progress will be their Academic Advisor (who will be a member of the Competence Committee).

Residents will be provided far more written feedback in this new environment. In order to assist the resident to synthesize the feedback they have received and use it to help them plan for improvement, programs are encouraged to provide residents with an Academic Advisor. Academic advisors will be granted viewing rights to the resident's entire portfolio. (See Academic Advisor Terms of Reference document)

The U of C PEM program has elected to define the Longitudinal Preceptor (LP) role as such:

- Working 2-4 ED shifts with the resident per PEM rotation.
- Helping the resident to reflect upon the feedback that they have received and that the resident has understood the feedback.
- Helping the resident to identify some key areas of performance that they can work to improve upon.
- Coaching for performance change based on the individual learning objectives agreed upon between the Academic Advisor, PD, and resident.

Although the Academic Advisor will be involved in promotion decisions for the resident, the LP will only act as a clinical coach working the front line with the resident on PEM rotations longitudinally, and NOT be involved in larger conversations about promotion which occur at the Competency Committee.

Faculty development is available to any staff identified as an LP or Academic Advisor. This training utilizes an evidence-informed facilitated feedback model called R2C2. The office will provide central workshops at PGME and will also provide individualized workshops to programs upon request. These workshops can be tailored to available time, but 1 - 2 hours is optimal.

Assignment of Preceptors: Potential preceptors are identified through an annual call for expressions of interest. From this pool of candidates, the Competence Committee selects and assigns preceptors, incorporating input from sectional leadership, including the section chief, deputy section chiefs, and the SHC clinical lead.

Selection of longitudinal preceptor is based on the following criteria:

- Completion of coaching training (e.g., R2C2 or similar)
- Engagement in fellowship educational activities (journal club, CaRMS, rounds, retreat, simulation

teaching, teaching at adult EM academics)
- Absence of professionalism concerns and strong role modelling
- Previous involvement as an LP, with preference given to those who have participated less frequently in recent years

First year residents will be assigned a preceptor based on their prior training. Residents trained in pediatrics will be paired with an adult emergency medicine trained preceptor. Residents trained in emergency medicine will be paired with a pediatrics trained preceptor. Second year residents will be allowed to select three (3) possible preceptors for their second year including 1 EM-trained preceptor and 1 pediatric-trained preceptor. The competence committee will choose from within this list. Residents must change preceptors between first and second years.

Roles of the Residents:
- Residents should schedule 2-4 shifts with their preceptor per PEM block.
- Residents should notify their preceptors of the shifts that they have selected; if there are any issues scheduling shifts, the resident will be supported to switch out of an existing shift with another physician to accommodate rescheduling into a shift with their preceptor.
- Residents should ensure their preceptor is receiving information on their learning objectives relevant to PEM rotations (as discussed with their Academic Advisor).

Roles of the Preceptors:
- Residents are asked to work 2-4 shifts per PEM block with their longitudinal preceptor (residents will self-schedule). Residents are asked to notify their preceptors of the dates of these shifts. Preceptors are asked to be mindful of these shifts when they are considering shift trades.
- Preceptors are required to complete 1-2 EPAs on each shift worked together (in addition to the daily shift evaluation):
    - A part of residency assessment is a 360 review by patients. LPs are responsible for ensuring *patient* 360 surveys are filled out at least once per PEM rotation (a hard copy of the survey is available in the doc's office)
- There are no planned meetings between the LP and the program director or academic advisor. However, preceptors are asked to notify the program directly immediately if they suspect that their resident is having academic difficulties.
- Prior to each Competence Committee review, preceptors will be sent a One45 narrative form to complete on their ON SHIFT experience with the resident. They will NOT be required to review any of the resident's evaluations, etc., to formulate their narrative assessment.
- LPs will be provided with a summary progress/learning plan report from the resident's Academic Advisor after every Competency Committee review. This will help feed forward any information relevant to clinical practice that can help the LP and resident develop on-shift learning objectives.
- Should a resident suffer from academic difficulties, the longitudinal preceptor will take a role in the remediation process. This could include assisting the program director and academic advisor with identifying areas of weakness, selecting appropriate remediation opportunities, and attending RTC meetings, meetings with PGME staff, and/or appeals.
- In the transition to practice phase of training, LPs will engage in shadow shifts with their resident, where the resident will observe the workflow, decision making, and charting of the LP for a portion of their shift. The goal for these shifts is to allow for the resident to learn more from the mental model of their LP and to learn efficiencies while on shift.
- The LP is in a unique position to act as a clinical coach to discuss topics relevant to all CanMEDs roles over time. Here is a list of compiled topics for the resident and LP to work on discussing together, preferably in the context of a personal experience through case-based learning:
    - Emotionally challenging cases including: deaths, poor outcomes, abuse, medical errors, difficult

interactions with colleagues
- Leadership and advocacy in patient care
- Patient safety incidents
- Safe effective use of technology in the ED
- Managing personal well-being; burnout in medicine
- Career development

Feedback to preceptors and/or changing preceptors:

- At each PD Quarterly Review, the resident and PD will discuss the LP pairing. If there are any concerns, the PD can provide feedback to the LP and/or provide an alternative LP to the resident.
- If at any point, the preceptor no longer feels comfortable with the resident pairing, they are invited to reach out to the PD to discuss options including a different pairing for the resident.