

Undergraduate Medical Education

Distributed Clinical Site Policy

Curricular Component: Policy #CC-13

Supersedes: none

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1.0 Background

- 1.1. Queen's School of Medicine is committed to ensuring that the teaching and assessment for each core clerkship course is equivalent at each clinical site. Further, that students who take core clerkship courses at distributed clinical sites have access to appropriate resources, are taught by preceptors who have Queen's faculty appointments, are aware of treatment and follow-up procedures if exposed to an infectious or environmental hazard and are assured of a learning environment where standards for safety and professional behavior established by Queen's School of Medicine are maintained.

2.0 Definitions

- 2.1. *Distributed Clinical Site:* A clinical site used for teaching a core clerkship course.
- 2.2. *Regional Education Leader (REL):*
 - 2.2.1. The local representative of the Queens Regional Education Office responsible for the oversight of all Queen's School of Medicine educational activities on site. A REL is designated at sites where there is a satellite residency program or equivalent.
 - 2.2.2. The duties of the REL are assumed by the Discipline-Specific Lead/Clinical Teaching Unit Lead where clinical volumes do not justify the appointment of an REL.
 - 2.2.3. Reports to the Assistant Dean DME (or Regional Education Leader as appropriate) for academic and administrative issues.

2.2.4. Also communicates with the Director of FD or the Associate Dean, CPD regarding FD and CPD. And may bring student wellness issues to the attention of the RLA or Office of Student and Resident Affairs.

2.2.5. Terms of reference in Appendix A.

2.3. *Regional Learner Advocate:*

2.3.1. The local representative of the Queen's Offices of Student and Resident Affairs responsible for the oversight of Queen's School of Medicine Learner Wellness on site. A RLA is designated at sites where there is a satellite residency program or equivalent.

2.3.2. Reports to the Offices of Student and Resident Affairs for learner and wellness issues and to the Assistant Dean DME (or REL as appropriate) for administrative issues.

2.3.3. Administratively, Regional Education Leaders (RELs) and Regional Learner Advocates (RLAs) may be responsible for more than one Distributed Clinical Site.

2.3.4. The duties of the RLA regarding learner wellness are assumed by an arm's length individual appointed at each regional site where clinical volumes do not justify the appointment of an RLA.

2.3.5. Terms of Reference in Appendix B

2.4. *Student Affairs Representative:*

2.4.1. The local representative of the Queen's Offices of Student and Resident affairs where a RLA has not been appointed.

2.4.2. Reports to the Offices of Student and Resident Affairs for learner and wellness issues and to the Assistant Dean DME (or REL as appropriate) for administrative issues.

2.4.3. Term of Reference in Appendix C

2.5. *Discipline-Specific Lead / Clinical Teaching Unit Lead:*

- 2.5.1. An educational leader responsible for the oversight of educational activities in a specific clinical discipline.
- 2.5.2. Reports to the AHSC (or Regional Site) Residency Program Director or Clerkship Director for academic issues and to the Assistant Dean DME (or Regional Education Leader as appropriate) for administrative issues. May bring learner wellness issues to the attention of the RLA or Office of Student and Resident Affairs.
- 2.5.3. Terms of Reference in Appendix D

2.6. *Preceptor:* A clinical instructor who is appointed as a Queen's faculty member.

3.0 Requirements for Distributed Sites

3.1. Governance (central responsibilities)

3.1.1. Queen's Undergraduate Medical Education will ensure that:

- affiliation agreements are negotiated with Distributed Clinical Sites before any core clerkship courses are offered at the sites.
- all preceptors are to be appointed as Queen's faculty members prior to supervising, teaching or assessing Queen's medical students.
- regardless of the location in which clinical instruction occurs, Queen's department heads and faculty have authority consistent with their responsibility for the instruction and assessment of medical students.
- Queen's School of Medicine maintains primacy over academic affairs and the education/assessment of its medical students.
- to be selected as a distributed clinical site, a hospital must have sufficient physical resources and adequate numbers and types of patients (e.g., acuity, case mix, age, gender).
- to be selected as a distributed clinical site, a hospital must have appropriate instructional facilities and information resources.

3.2. Education (central responsibilities)

3.2.1. Queen's Undergraduate Medical Education will ensure that:

- instruments and criteria used for medical student assessment, as well as the policies for the determination of grades, are the same at all instructional sites.
- teaching and assessment are equivalent across all instructional sites within a given discipline.
- any limitations in learning environments do not impede the accomplishment of learning objectives.
- the Regional Education Leader and the Discipline-Specific Leads are informed of all Queen's policies and any changes to policies concerning progress, promotion, teaching and assessment.
- Discipline-Specific Leads are informed of the learning objectives, grading system and assessments for the applicable clerkship course and that they have a clear understanding of the objectives of the course and the assessment methods used to determine whether those objectives have been achieved.
- Discipline-Specific Leads are informed of any changes to course objectives and assessments.
- opportunities to enhance teaching and assessment skills are made available to faculty at all instructional sites and are communicated by the Faculty Development Office to Discipline-Specific Leads for dissemination to preceptors.
- access to Queen's library and online resources are made available to faculty at all instructional sites and that procedures are communicated to Discipline-Specific Leads at each site.
- faculty members have access to appropriate resources for medical student education.
- medical students' evaluations of their experiences are reviewed for all instructional sites to identify any persistent variations in educational experiences or assessment methods. Queen's Course Directors and regional Discipline-Specific Leads will collaborate to resolve these inconsistencies.

- Regional Education Leaders, Discipline-Specific Leads and preceptors are made aware of and abide by the CPSO Policy Statement on Professional Responsibilities in Undergraduate Medical Education, with emphasis on measures to ensure patient safety and student wellbeing.

3.2.2. To demonstrate equivalency of teaching, Queen's Undergraduate Medical Education will:

- set performance targets for clerkship course, NBME, and LMCC Part I pass rates.
- compare pass rates for clerkship courses, NBMEs, and the LMCC Part I examinations across sites.
- develop a plan for remediation if program outcomes for any site are shown to be lower than target levels.

3.3. Education (regional responsibilities)

3.3.1. Discipline-Specific Leads will ensure that:

- clinicians who are recommended to Queen's Undergraduate Medical Education for faculty appointments as preceptors are sufficiently knowledgeable in the subject matter to provide effective instruction.
- preceptors are kept informed of all Queen's policies concerning progress, promotion, teaching and assessment, as well as any changes to these policies.
- preceptors are kept informed of faculty development opportunities and procedures to access Queen's library and online resources.
- preceptors deliver educational experiences and methods of assessment according to the specifications provided by Queen's Undergraduate Medical Education.
- preceptor evaluation data is reviewed with the clerkship Course Director as well as feedback provided to regional preceptors at least annually.
- preceptors and residents involved in teaching or assessing students in a core clerkship course are oriented to the learning objectives, grading system and assessments for the course and have a clear understanding of the objectives of the educational experience and the assessment methods used to determine the achievement of those objectives.

- preceptors and residents involved in teaching or assessing students in a core clerkship course are oriented to any changes in objectives or assessments.
- prior to supervising a student, preceptors ascertain the student's level of learning (i.e. block 1 versus block 8).
- preceptors directly observe students taking a history and performing a physical examination.
- students receive feedback on their performance within a week of mid-clerkship.
- Assessments and all supporting documentation are remitted to Undergraduate Medical Education within 2 weeks of course completion.

3.4. Health, Safety and Wellness (central responsibilities)

3.4.1. Queen's Undergraduate Medical Education will ensure that the Regional Learner Advocate and the Regional Education Leader who are responsible for each site are made aware of:

- all Queen's policies concerning the maintenance of an appropriate learning environment and procedures for reporting mistreatment or unprofessional behaviour, as well as any revisions to these policies.
- all Queen's policies and procedures concerning patient safety and student safety, as well as any revisions to these policies.

3.5. Health, Safety and Wellness (regional responsibilities)

3.5.1. preceptors and residents who teach Queen's students are aware of all Queen's policies concerning patient safety and student safety, as well as any changes to these policies.

3.5.2. preceptors and residents who teach Queen's students are aware of all Queen's policies concerning the maintenance of an appropriate learning environment, mistreatment and unprofessional behavior, as well as any changes to these policies.

3.5.3. students have access to the Internet and adequate study space, lounge areas, and personal lockers or other secure storage facilities at the instructional site.

3.5.4. students know how to report problems with facilities.

3.5.5. students are informed of:

- any site-specific safety and security protocols addressing emergency codes, security and disaster preparedness.
- what they should do in the event of an occupational injury or exposure to an infectious or environmental hazard.
- how they can obtain medical treatment or personal counselling while at the site.
- their right to a an appropriate learning environment and any site-specific procedures for reporting mistreatment or unprofessional behavior.

Appendix A
Community Hospital Site - Queen's University School of Medicine
Regional Education Leader (REL)

Role Description for Queen's School of Medicine Regional Education Leader (REL):

1. To act as the liaison between Queen's Faculty of Health Sciences, School of Medicine and Community Hospital Educational Site.
2. Communicate the recruitment needs of Queen's programs to the appropriate departments in the community hospital site and in turn communicate the interest of potential community faculty to the appropriate Queen's department and Regional Education Office.
3. Communicate the needs of local teachers/faculty for development as educators to the Director of the Queen's Office of Faculty Development (FD).
4. In collaboration with Queens Undergraduate Medical Education, Postgraduate Residency Programs and the Faculty Development Office, organize tailored FD Programs to the community Faculty on a regular (at least annual) basis.
5. Promote Faculty Development offerings to the regional community.
6. Collaborate with the office of CPD to plan regular programs or rounds, separately or in conjunction with CPD either by videoconference or on site.
7. Promote CPD offerings to the regional community.
8. Direct individual requests and queries to the CPD office.
9. Act as a resource for community faculty and discipline specific leads regarding all Queen's policies regarding patient safety and student safety in addition to policies relating to the maintenance of an appropriate learning environment and procedures for reporting mistreatment or unprofessional behavior.

The REL should receive minutes of the following Committees of the School of Medicine – Clerkship Committee, PGMEC, and Accreditation Committee and may attend relevant committees by invitation or request.

Terms of Appointment

1. Nominations from Queen's AHSC or Regional Community Faculty or Senior Academic Administration.
2. Selection by Assistant Dean, Distributed Medical Education in conjunction with academic leaders from the community site.
3. Three-year renewable appointment.

Appendix B
Community Hospital Site – Queen’s University School of Medicine
Regional Learner Advocate (RLA)

The Offices of Student and Resident Affairs, located in the Learner Wellness Centre, provide support services for all Queen’s School of Medicine students and residents. This includes support for personal and academic difficulties, confidential referral for personal health concerns, counselling regarding career and academic goals, advocacy for the individual learner.

Contacts for these offices are found:

UG Web page <https://meds.queensu.ca/academics/undergraduate/student-affairs>

PG Web page <https://meds.queensu.ca/academics/postgraduate/prospective/wellness>

RE Web page https://meds.queensu.ca/academics/regional_education

When Undergraduate and Postgraduate learners based in Kingston do rotations outside of Kingston they will primarily access resources based in Kingston by directly contacting the respective student or resident wellness office.

These support services require regional facilitation when learners are geographically removed from Kingston for long or continuous rotations. It is for this reason that a Regional Learner Advocate (RLA) will be available in each community outside of Kingston where there is need, such as a satellite residency program.

Appointment / Reappointment

Regional community program site leaders, discipline leaders, chiefs of staff and the directors for student and resident affairs are invited to nominate individual community physicians for the roles of RLA. These nominations will be requested by and forwarded to the Assistant Dean, Distributed Medical Education, and Queen’s School of Medicine who will subsequently make the appointment.

The role of RLA will be reviewed annually with a three-year renewable appointment.

Regional Learner Advocate Roles

1. Act as the local, identifiable representative for the Offices of Student and Resident Affairs of Queens University.
2. Act as a resource for community faculty and discipline specific leads regarding all Queen's policies regarding patient safety and student safety in addition to policies relating to the maintenance of an appropriate learning environment and procedures for reporting mistreatment or unprofessional behaviour.
3. Ensure that learners have access to the internet and adequate lounge area, study space and adequate secure lockers or other storage space at the regional facility and know how to report deficiencies with facilities.
4. Ensure that learners are informed of:
 - a. Site specific safety and security protocols addressing emergency codes, security and disaster preparedness.
 - b. What they should do in the event of an occupational injury or exposure to an infectious or environmental hazard.
 - c. How they can obtain medical treatment or personal counselling on site.
 - d. Their right to an appropriate learning environment and any site specific procedure for reporting mistreatment or unprofessional behaviour.
5. Communicate directly with the Learner Wellness Centre and Resident Health and Wellness Office regarding any learner whenever there are significant concerns of:
 - a. Illnesses or concerns that may impact on the learner's performance or education.
 - b. Unprofessional behaviour.
 - c. Academic difficulty.
 - d. Mistreatment.

Issues regarding items a) and b) above should also be communicated to the appropriate Clerkship Director or Residency Program Director as appropriate.

The RLA has ultimate responsibility for notifying the Offices of Student and Resident Affairs when concerns arise in the community site.

The RLA will take part in both regularly scheduled and ad hoc meetings with the Offices of Student and Resident Affairs but no less frequently than every 3 months using teleconferencing wherever possible.

Communication with the Resident Wellness and Resiliency Committee of the Department of Family Medicine should be utilized as appropriate for resident trainees in Family Medicine.

6. Provide or arrange support for Undergraduate and Postgraduate learners in aspects of their learning experience, including personal health, career, financial and academic matters.
7. Ensure that any support provided will be provided in a discrete and confidential manner. The learner will be encouraged to discuss academic issues with his/her Program Director or Clerkship Director as appropriate.
8. Facilitate referral for learners who seek personal health care and counselling. The RLA will develop linkages and facilitate access to local resources for assessment, support, and treatment wherever possible.
9. Act as a local advocate for learners in situations of:
 - a. Conflict between learners and staff (teaching, hospital).
 - b. Concern of professional behaviour that have been raised by/about learners.
10. Provide feedback and recommendations regarding administrative issues to the Assistant Dean, Distributed Medical Education.
11. Provide an annual report on the numbers of encounters, hours, contacts and issues with respect to their RLA roles and recommend enhancements for learner support in their regional communities.
12. Identify alternates to discipline lead preceptors and hospital administrative staff for time periods when they will be out of contact for more than 72 hours.

The RLA will have a faculty appointment with Queen's University.

RLA annual reports will be shared with the Chair of the Department of Appointment, Director of Student Affairs, Director of Resident Affairs, Director of Faculty Development and Assistant Dean, Distributed Medical Education. Action items will be directed to the attention of the relevant Undergraduate or Postgraduate Associate Dean and to the Vice-Dean of Education.

Appendix C
Community Hospital Site – Queen’s University School of Medicine
Student Affairs Representative

Roles of the Students Affairs Representative at community sites (sites without volume to justify a Regional Learner Advocate):

1. Act as the local, identifiable representative for the Offices of Student Affairs of Queens University.
2. Act as a resource for community faculty and discipline specific leads regarding all Queen’s policies regarding patient safety and student safety in addition to policies relating to the maintenance of an appropriate learning environment and procedures for reporting mistreatment or unprofessional behavior.
3. Ensure that learners have access to the internet and adequate lounge area, study space and adequate secure lockers or other storage space at the regional facility and know how to report deficiencies with facilities.
4. Ensure that learners are informed of:
 - a. Site specific safety and security protocols addressing emergency codes, security and disaster preparedness.
 - b. What they should do in the event of an occupational injury or exposure to an infectious or environmental hazard.
 - c. How they can obtain medical treatment or personal counseling on site.
 - d. Their right to an appropriate learning environment and any site specific procedure for reporting mistreatment or unprofessional behavior.
5. Communicate directly with the Learner Wellness Centre and Resident Health and Wellness Office regarding any learner whenever there are significant concerns of:
 - a. Illnesses or concerns that may impact on the learner’s performance or education.
 - b. Unprofessional behavior.
 - c. Academic difficulty.
 - d. Mistreatment.

Issues regarding items a) and b) above should also be communicated to the appropriate clerkship director or residency program director as appropriate.

6. Provide or arrange support for Undergraduate learners in aspects of their learning experience, including personal health, career, and financial and academic matters.

7. Ensure that any support provided will be provided in a discrete and confidential manner. The learner will be encouraged to discuss academic issues with his/her Program Director or clerkship director as appropriate.
8. Facilitate referral for learners who seek personal health care and counseling. The student affairs representative will develop linkages and facilitate access to local resources for assessment, support, and treatment wherever possible.
9. Act as a local advocate for learners in situations of:
 - a. Conflict between learners and staff (teaching, hospital).
 - b. Concern of professional behavior that have been raised by/about learners.

Appendix D
Community Site – Queen’s University School of Medicine
Regional Discipline Specific Lead/Clinical Teaching Unit Lead

Role Description

1. Inform community faculty (preceptors) of all Queen’s policies regarding progress, promotion, teaching and assessment.
2. Ensure that community faculty are familiar with the standards of the Accreditation bodies of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada.
3. Work with the Program Coordinators to plan a reasonable rotation schedule for the academic year. A fair and equitable distribution of UG and PG learners and mix of RCPSC and CFPC residents that is optimal for education is the goal of the rotation assignment and schedule.
4. Ensure service requirements are in congruence with the PARO contract.
5. Ensure that clinicians recommended for Queen’s appointments as preceptors are sufficiently knowledgeable in the subject matter to provide effective instruction
6. In conjunction with the clerkship director or residency program director, ensure that preceptors (clinicians or residents as appropriate) involved in teaching or assessing learners are oriented to the learning objectives, grading systems and assessments for the course/clinical experience and have a clear understanding of the objectives of the educational experience and the methods to determine achievement of these objectives.
7. Ensure that preceptors deliver educational experiences and methods of assessment according to the specifications provided by Queen’s Undergraduate Medical Education or relevant Postgraduate Medical Educational Programs as appropriate
8. Ensure an orientation is organized for students and residents (learners) arriving at the Clinical Teaching Unit or alternate teaching site This orientation should review the goals and objectives of the rotation and review policies and procedures of the Clinical Teaching Unit (as appropriate)
9. Distribute evaluation documents the appropriate attending faculty
10. Ensure that learners are receiving mid-rotation evaluations within a week of mid-rotation and that end of rotation evaluations are being completed and submitted as soon as possible after the end of the rotation (no later than 2 weeks for students). Learners who are at risk of failing at their mid-rotation evaluation, and those with other academic problems/concerns MUST BE referred to the relevant Clerkship Director or Residency Program Director. The Associate Dean Undergraduate (Dr. Anthony Sanfilippo) and the Associate Dean Postgraduate (Dr. Ross Walker) are available for further advice. (See attached Phone and E-mail listing)

11. Organize and supervise the formal teaching components of the learner's rotations
12. Confirm that learners are directly observed taking histories and performing a physical examinations by their preceptors at a frequency determined by the program
13. Communicate with the clerkship director or residency program director regularly to review and respond to:
 - a. Rotation specific feedback
 - b. Community Faculty (preceptor) specific feedback

Such communication should occur at a community site visit at least once yearly

14. Ensure all community faculty (preceptors) are given formative feedback on a regular basis (no less than once yearly)
15. Communicate the needs of local teachers/faculty for development as educators to the Regional Education Leader or Director of the Queen's Office of Faculty Development (FD) as appropriate.
16. Communicate directly with the Office of Student and Resident Affairs or Regional Learner Advocate regarding any significant learner concerns, including:
 - a. Illnesses which may impact on the trainee's performance or education,
 - b. Unprofessional behaviour,
 - c. Academic failure.
 - d. Mistreatment

Issues regarding b) and c) above also need to be communicated to the clerkship director or residency program director as appropriate.

It is the Regional Learner Advocate who has ultimate responsibility for communicated the above issues (#14) with the Office of Student and Resident Affairs

The Regional Education leader will:

Receive minutes of the Committees of the School of Medicine – Clerkship Committee, PGMEC, and accreditation Committee reports for UG & PG programs.

By invitation, attends relevant committee meetings of UG or PG offices.

Terms of Appointment of Discipline Specific Site Lead/Regional Clinical Teaching Unit Lead

The Assistant Dean, Distributed Medical Education will invite nominations.

Regional community faculty, outgoing discipline site leads, Regional Education Leader, Regional Learner Advocate, VP Academic or Chief of Staff as well as AHSC department heads, residency program directors or clerkship directors are invited to nominate individual community faculty for the position of discipline site lead or CTU lead. These nominations will be requested by and forwarded to the Assistant Dean, Distributed Medical Education, Queen's University School of Medicine.

The selection of the successful candidate will be by consensus of a committee to include:

- 1) Assistant Dean, Distributed Medical Education
- 2) AHSC department head
- 3) Community department head
- 4) A representative of the senior academic administration of the community site

The nominees will be on Active Staff of the Regional Site and will hold a Queen's faculty appointment.

The appointment will usually be for a term of 3 years with option for renewal.