Educational Principles for UBC Internal Medicine Clinical Teaching Units

Principles for Clinical Experiences:

1. **The maximum number of patients per team will be based on the number of trainees and their level of training.**
   1.1. A first-year resident must not be responsible for the ongoing care of more than 10 patients.
   1.2. When supervising two or more first-year residents, a senior resident must not be responsible for the ongoing care of more than 20 patients.
   1.3. When supervising one first-year resident, a senior resident must not be responsible for the ongoing care of more than 14 patients.

   Therefore, based upon a standard team of one attending, one senior resident and two junior residents the maximum number of patients per CTU team will be 20.

2. **The majority of patients on each CTU team must have active acute medical problems with educational value.**
   2.1. No more than 5 patients per team should have chronic stable conditions without significant educational value
   2.2. There must be a mechanism in place to transfer patients who no longer have significant educational value to the care of a non-CTU service.

3. **The total number of consults referred to the CTU service on a daily basis must be of a reasonable number so that both high-quality patient care and education are ensured.**
   3.1. The number of consults per 24-hour period (8AM-8AM) referred to the CTU service must not exceed 20. This includes ED consults, ICU transfers and consults from other services.
   3.2. There must be an alternative mechanism in place to care for patients when the number of consults exceeds 20 in a 24 hour period.

4. **Timely review of new consults that complies with PAR-BC contract must occur every day including weekends and holidays.**

5. **Continuity of care is an important educational principle.**
   5.1. Housestaff should have at least 75% of the consults that they see admitted to their respective teams.
   5.2. There must be an effective, structured hand-over processes to facilitate both continuity of care and patient safety.

Ratified by RTC March 7, 2014

Principles for Supervision:

1. **Faculty must provide an appropriate level of supervision for each trainee.**
   1.1. The clinical responsibilities assigned to each trainee must be based on PGY-level, patient safety, educational value, severity and complexity of patient illness/condition and available support services.
   1.2. Each attending physician of record has the responsibility to make daily management rounds on his or her patients and to communicate effectively with the trainees participating in the care of these patients. at a frequency appropriate to the changing care needs of the patients.
   1.3. Other faculty responsibilities must not compromise he supervision and teaching of residents.
   1.4. On call attending staff must be available 24hours/day, 7 days per week.

2. **Senior residents or fellows must provide an appropriate level of supervision for each junior trainee:**
   2.1. Senior residents should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
   2.2. Second- or third-year internal medicine residents or other appropriate supervisory physicians (e.g., subspecialty residents or attendings) with documented experience appropriate to the acuity, complexity, and severity of patient illness must be available at all times on site to supervise first-year residents.

Principles for Formal Educational Activities:

1. **Formal educational activities must occur regularly throughout the rotation and should include**:
   1.1. Regular morning report/noon rounds
   1.2. Dedicated weekly junior resident teaching sessions
   1.3. Dedicated weekly senior resident teaching sessions
   1.4. Regular attendance at interdisciplinary rounds (where applicable) for senior residents
   1.5. Team based teaching by attending or junior attending 2-3 times per week

2. **All trainees must be relieved of clinical responsibilities to attend mandatory educational sessions.**
   2.1. Internal Medicine residents must attend academic halfday activities on each Wednesday afternoon.
   2.2. Pagers &/or BlackBerrys must be handed over to the attending physicians during these times.

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Principles for Evaluation:

1. **All trainees must receive feedback on their performance.**
   1.1. Mid and end of rotation evaluations must be performed and reviewed with trainees in a timely fashion.
   1.2. For trainees in difficulty, written and verbal feedback must be provided at mid-rotation so the trainee has ample opportunity to improve their performance. These conversations should be documented in writing and forwarded to the program.
   1.3. Input into the evaluations should be sought from a broad range of professionals (i.e. attending physicians, residents, multidisciplinary healthcare team members, etc).

2. **All trainees must provide feedback on their experiences.**
   2.1. By the end of the rotation, evaluations on each of the faculty with whom they worked and an evaluation of their experience during the rotation must be completed.

This document and the principles outlined within it will be reviewed on an annual basis by the UBC Internal Medicine Residency Training Committee.

Ratified by RTC March 7, 2014