Cross-Coverage and Multi-Site Coverage by Residents

| Policy Name: | Cross-Coverage and Multi-Site Coverage by Residents |
| Application/Scope: | All PGME Residency Programs |
| Approved (Date): | FPGME Executive July 30, 2013 |
| Review Date: | |
| Revised (Date): | |
| Approved By: | Faculty Executive Council, Sept. 10, 2013 |

BACKGROUND

Cross-coverage and multi-site coverage by residents are arrangements that are occasionally utilized for educational opportunities. The arrangements can provide teaching and learning opportunities, can extend experience, and can provide the opportunity to maintain previous knowledge and skills.

DEFINITIONS

Cross-Coverage - is an arrangement to cover patients on a service that is outside the resident’s current assigned/designated educational rotation by a resident while on-call on his/her assigned rotation/service.

Multi-Site Coverage – is an arrangement whereby a resident is on-call for a service/rotation over multiple sites, and potentially city/community-wide.

Most Responsible Physician - the physician who is qualified to supervise the resident and takes final responsibility for the residents actions/inactions.

PARIM - Professional Association of Residents and Interns of Manitoba

WRHA – Winnipeg Regional Health Authority

CFPC – College of Family Physicians of Canada

RCPSC – Royal College of Physicians and Surgeons of Canada

1. PURPOSE

1.1 Provide specific guidelines regarding resident provision of cross coverage and multi-site On-call coverage by residents
2. STATEMENT OF POLICY

2.1 Cross-coverage and multi-site coverage must be pedagogically sound, relevant to the educational program and must be consistent with the standards of the Royal College of Physicians and Surgeons of Canada (RCSPC) and the College of Family Physicians of Canada (CFPC), as follows:

2.1.1 Have educational merit, as follows:
   2.1.1.1 Learning objectives
   2.1.1.2 Resident assessment and feedback

2.1.2 Have an appropriate service to education balance with respect to call conversion as outlined within the PARIM - WRHA Collective Agreement

2.1.3 Ensure that patient safety is a consistent priority and a joint responsibility of all stakeholders so that patient handover is managed in a safe and effective manner

2.1.4 Be relevant to the Residency Program

2.1.5 Be supported by appropriate site infrastructure and policies (e.g. each site has similar policies regarding when a resident needs to be present)

2.1.6 Be appropriately supervised by the most responsible physician

2.1.7 Have appropriate:
   2.1.7.1 Patient handover
   2.1.7.2 Documentation
   2.1.7.3 Transfer of information
   2.1.7.4 Review of cases

2.1.8 Be at a level of responsibility commensurate with the resident’s level of training and experience

2.1.9 Must not compromise other learning objectives of the resident’s current rotation.

3. PROCEDURES

3.1 Guidelines for use of cross-coverage and multi-site coverage should be determined by the Residency Program Committee for specific services and experiences ensuring these do not contravene the PARIM – WRHA Agreement.

3.2 The Residency Program Committee must closely monitor the impact of cross-coverage and multi-site rotations/services on resident wellness, education and performance.

3.3 A resident can receive only one payment per on-call shift, even if multiple sites or specialties are being covered concurrently, in compliance with the WRHA - PARIM Collective Agreement.
REFERENCE

Royal College of Physicians and Surgeons of Canada, Accreditation Committee Position Paper, Service and Education in Residency Education, Approved May 2003
http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/service_education_e.pdf

Council of Ontario Faculties of Medicine, Postgraduate Education Committee of COFM, “Principles of Cross Coverage and Multi-Site Coverage”, page 3, Revised March 14, 2010

PARIM and WRHA Collective Agreement; http://www.parim.org/contract

POLICY CONTACT:  Associate Dean, PGME