Policy Name: Rotation Guidelines

<table>
<thead>
<tr>
<th>Application/Scope:</th>
<th>All PGME Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved (Date):</td>
<td>CPGME Executive September 16, 2014</td>
</tr>
<tr>
<td>Review Date:</td>
<td>February 24, 2016, April 12, 2016, August 23, 2016 by Policy Development Committee, CPGME Executive, June 14, 2016, Dean’s Council September 13, 2016</td>
</tr>
<tr>
<td>Revised (Date):</td>
<td>February 10, 2017</td>
</tr>
<tr>
<td>Approved By:</td>
<td>College Executive Council (CEC) February 7, 2017</td>
</tr>
</tbody>
</table>

**BACKGROUND**

For Residency Programs, the rotation has been the time-based organizational framework whereby the trainee is immersed in a particular environment or set of environments selected/designed to support their achievement of competencies while maintaining their vital role of service for patient safety.

For each Residency Program, there must be organized rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfil the educational requirements and to achieve competence in their field of training.

For Residency Programs in which the trainee is in a time-based cohort, each Residency Program must develop rotation-specific goals and objectives along with methods to determine if these objectives are being met. In the case of competency-based medical education cohorts, learning experiences are organized to allow the trainee to acquire competencies and to demonstrate entrustment within a hybrid model of competency-based, timed rotations.

The majority of rotations are at least four weeks in length to allow sufficient time for resident assessment and ample time to address any issues of concern.

It is recognized that rotations less than four weeks provide an opportunity for an exposure and may be scheduled to meet objectives of training in situations where it may be necessary to manage resource constraints/availability of preceptors or to facilitate synchronized scheduling. In some situations, two week rotations may be part of a longitudinal learning experience for residents.

In accordance with the PARIM - WRHA Collective Agreement, the scheduling of the four weeks of resident vacation will be decided normally prior to the commencement of the next academic
year. However, residents have up to September 15 of their current academic year to declare their vacation which is subsequent to the scheduling of rotations.

Vacation scheduling must be through consultation involving the resident, their Home Program Director and the appropriate Off-Service Residency Program Director(s).

**DEFINITIONS**

**Block** – is one of thirteen time intervals within each academic year. With the exception of Block one, Block seven (Holiday Season break) and Block thirteen, all blocks consist of four-week intervals of training and are considered equivalent for the purpose of scheduling educational activities for trainees in the hybrid competency-based medical education model.


**CFPC** – College of Family Physicians of Canada

**Competence** – is the array of abilities across multiple domains or aspects of physician performance.

**Competency** – is an observable ability of a health care professional that develops through stages of expertise from novice to master.

**Competency-Based Medical Education** – is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies.

**Home Program** – is the Residency Program in which postgraduate medical trainee is based.

**Incomplete Rotation** – means that the trainee has completed less than the minimum seventy-five per cent time span of the rotation required in order to ensure patient safety, appropriate supervision and opportunities for observation and assessment.

**Off-Service Rotation** – is a rotation usually residing in a Clinical Section/Department/Residency Program other than that in which the resident’s Home Program resides.

**PARIM** – Professional Association of Residents and Interns of Manitoba

**Post-Doctoral Program** – Non-RCPSC/CFPC Residency Programs within PGME

**RCPSC** – Royal College of Physicians and Surgeons of Canada

**Rotation** – is an interval of time, usually consisting of a portion (two weeks) of a block to multiple blocks to which residents are assigned for training, consisting of educational experiences and service duties. Rotations may consist of consecutive blocks or may be
fractionated over longer periods of time as in the case of longitudinal rotations. Learning experiences are organized to support the trainee’s achievement of competencies

VENTIS - is the PGME curriculum management system

WRHA – Winnipeg Regional Health Authority

1. PURPOSE

1.1 Provide specific guidelines regarding resident rotations

2. POLICY STATEMENTS

2.1 Rotations must be the time-based organizational structure for the acquisition of CanMEDS/CanMEDS-FM competencies for RCPSC/CFPC Residency Programs or equivalent for Post-Doctoral Programs

2.2 Residents must attend a minimum of seventy-five percent of their rotation for it to be considered complete. Special consideration will be given to Block Seven due to holiday and post call days

2.3 Scheduling of vacation and conferences should occur during home rotation blocks, not on off-service rotations, except in unusual circumstances

   2.3.1 Vacation or conference time planned for off-service rotations must be approved by both the Home Residency Program Director and Off-service Rotation Director or designate

2.4 A minimum requirement of eight weeks’ notice is required for release of a resident from any scheduled service rotation

   2.4.1 A change in rotation under exceptional circumstances requires discussion and agreement between the Home Residency Program Director and the Off-Service Program Director, prior to any resident being excused from any service rotation, and must be initiated by the Home Program Director requesting the release. The resident is not authorized to negotiate this request

3. PROCEDURES

3.1 Program Directors will identify rotations requiring a minimum mandatory clinical exposure, which may not be shortened by vacation or a conference, to ensure adequate time for assessment of competency, and ample time to address any issues of concern

3.2 Program Directors must ensure that RCPSC/CFPC training requirements and all rotation goals and objectives, in particular those less than four weeks, are being met

3.3 Programs are required to follow the PGME Policy/ Policies and Procedures and specific guidelines on the Appendix 1 to complete all required steps for rotation creation and scheduling
3.4 Programs must follow the CPGME Process as outlined in Appendix 2, and complete all required steps for the unusual circumstances request to be reviewed and approved by the Associate Dean, PGME

3.4.1 With any split blocks, the length of the first half and the second half of a block must be equal. The first half of the block will commence on the first Thursday of the block and the second half will commence on the third Thursday of the block. Exceptions for the length of split blocks in Block one and Block thirteen shall be determined by the CPGME Office to accommodate the number of days for these two blocks, although still maintaining the equal split

3.4.2 Residency Programs must follow the CPGME Process (Appendix 2) and complete all required steps for the Split Block(s) Request to be reviewed and approved by the Associate Dean, CPGME Office

3.5 Rotation specific documents including goal and objectives, first day instructions, orientation manual must be available for learners in VENTIS

3.6 Programs are required to follow the CPGME Scheduling Timelines to complete all the required tasks by the deadline determined by the CPGME Office

3.7 Programs are required to identify specific elective rotation and site for an elective rotation (including the rotation name and site where the rotation takes place). This practice must be followed in order for the assessment to be managed properly

POLICY CONTACT:  Associate Dean, PGME

REFERENCE

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

RCPSC Training Requirement, http://www.royalcollege.ca/rc/faces/oracle/webcenter/portalapp/pages/ibd.jspx?lang=en&_afrLoop=1074805932500346&_afrWindowMode=0&_afrWindowId=9gg381rgy_27#%40%3F_afrWindowId%3D9gg381rgy_27%26_afrLoop%3D1074805932500346%26lang%3Den%26_afrWindowMode%3D0%26_adf.ctrl-state%3D9gg381rgy_43

CPFC Training Requirements; http://www.cfpc.ca/red_book_TOC/


University of Manitoba, Postgraduate Medical Education, Vacation Blocks Policy, July 2014 revision in progress http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

University of Manitoba, Postgraduate Medical Education, CPGME Resident Assessment, Promotion, Remediation, Probation, Suspension and Dismissal Policy; July 2014 revision in progress
APPENDIX 1

1.1 VENTIS Curriculum Management System is a tool to manage the creation of rotation(s) and Scheduling. Programs are required to follow the steps in the PGME procedures and process below (in accordance with the VENTIS Manual Instructions):

1.1.1 All training programs shall initially create a rotation in VENTIS providing the information: Rotation Name, Department, Specialty/Subspecialty/Stream, Category (which is the RCPSC/CFPC Training Requirements) and Abbreviation. Allow a minimum of six weeks for the approval of a new rotation or split rotation

1.1.2 The request of rotation creation will be escalated to the CPGME Office. The VENTIS PGME will review, make any necessary modifications and approve the rotation. The Rotation Name and Abbreviation will be managed and standardized by the CPGME Office. Programs shall not be able to make any changes to this information. If there is any change to the Rotation Name, Programs are required to contact the CPGME Office

1.1.3 After VENTIS PGME approves the rotation, Programs will receive a notification in VENTIS and will need to complete the following tasks:

1.1.3.1 Attach the rotation-specific Goals and Objectives

1.1.3.2 Attach the rotation-specific documents (such as First Day Instructions, Orientation Manual, Guidelines, etc.)

1.1.3.3 Determine the vacation value whether programs allow their trainees to take vacation during the rotation

1.1.3.4 Determine whether the rotation is mandatory, elective or selective

1.1.3.5 Determine if an Assessments are required

1.1.3.6 Determine the Global allocation for the Parent program for both Junior and Senior number(s) in each block. The numbers are based on the total capacity of trainees the service/rotation can accommodate

1.1.3.7 Add Off-Service Programs (Child programs) who come to do the rotation

1.1.3.8 Complete the PGY level specific allocations for Junior, Senior and Rotations Allocations for both Home Program and Off-Service Trainees in the Setup of the Program

1.1.3.9 Call Types – add the specific call types to both the Parent and Child rotations

1.1.3.10 Daily – Set up daily assignments for the rotation where possible
1.1.3.11 Assessments – Set up the Assessment Coordinator for both Parent and Child rotations. If using Clinical Supervisions either daily, weekly or biweekly set up the distribution

1.1.3.12 Prerequisite – Add any prerequisites for the rotation that will display on the assessments

1.1.4 Goals and Objectives document must be attached to rotation(s) for a trainee to be scheduled

1.1.5 If a trainee requires to be rescheduled from a previously scheduled off-service rotation. The Home Residency Program of the trainee will need to request a rotation release from the scheduled program before the scheduling of the new rotation can occur

1.2 With any Split Blocks, Programs are required to follow the CPGME Policy and Process (Appendix 2) to obtain approval from the Associate Dean, CPGME Office before the split blocks/rotation less than a block can be set up in VENTIS

1.2.1 After a request for a split rotation is received in the VENTIS PGME email, approval will be requested from the Associate Dean. PGME shall work with program to create/setup the split blocks in VENTIS

1.3 When Programs do rotational scheduling of trainees, they must follow the assigned Global allocations for the Junior, Senior Allocations in each block to ensure all residents are able to meet their training requirements

APPENDIX 2 – How to Process a Request for a Split Rotation