



Policy Name	Rotation Guidelines
Application/ Scope	All Post Graduate Medical Education Programs
Approved (Date)	College Executive Council (CEC) February 2017; February 24, 2016; April 12, 2016; August 23, 2016 by Policy Development Committee, PGME Executive, June 14, 2016, Dean's Council September 13, 2016; PGME Executive Committee, October 20, 2020; PGME CQI Committee, February 14, 2025; PGME Executive Committee, March 18, 2025
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Approved By	College Executive Council (CEC) February 7, 2017, College Executive Council: April 26, 2021; College Executive Council: April 29, 2025

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**, rotations are used as a key measurement or progress. Residents must demonstrate that they have completed all of the requirements for a rotation in order to be considered to have passed that rotation. In turn a resident must pass all rotations in order to complete the program. In the case of **competency-based medical education cohorts**, learning experiences are organized to allow the trainee to acquire competencies and to demonstrate entrustment. Program will have program of assessment which include EPA's, rotation assessment and other assessments. Programs may continue to include specific rotational assessments in addition to EPAs collected. Typically, performance on rotations is considered as a part of the ongoing progress assessment by a competency committee rather than individually passed.

DEFINITIONS

Block – is the organizing unit of the PGME academic calendar. There are 13 blocks in each year. The duration of blocks 2-12 is 28 days and the duration of Blocks 1 and 13 may vary from year to year

CanMEDS/CanMEDS-FM – the RCPSC and CFPC frameworks describing the seven (7) physician roles: 1. Medical Expert/Family Medicine Expert; 2. Communicator; 3. Collaborator; 4. Leader; 5. Health Advocate; 6. Scholar; 7. Professional

CFPC – College of Family Physicians of Canada

Competence – the array of abilities across multiple domains of competence or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training or practice. Competence is multi-dimensional and dynamic; it changes with time, experience and settings

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

Curriculum Map – is a planning and communication tool that represents a blueprint of the Residency Program curriculum. It links each learning objective to the instructional methods such as rotations or other educational experiences and outlines the assessment tools utilized for those objectives

Desirable Elements of Training – refer to the ideal rotations/educational experiences for trainees in a Residency Program to learn specific EPAs, competencies or other specific requirements of training defined by the RCPS/CFPC, but for which other rotations/educational experiences are also applicable (e.g. Anesthesia residents could learn principles of Cardiology from General Internists or from Anesthesiologists, but it is preferable to learn from cardiologists). However highly desirable the Home Residency Program might believe the element in question to be, it remains desirable, not mandatory

Elective Elements of Training – refer to rotations/educational experiences not targeted at any specific basic requirement of training but added for breadth and depth of skill

Home Residency Program – the Residency Program in which the Resident is based

Host Residency Program – the program providing an off-service rotation to a resident from a different Residency Program

Incomplete Rotation – means that the trainee has completed less than the minimum seventy-five percent (75%) time span of the rotation required in order to ensure patient safety, appropriate supervision and opportunities for observation and assessment

ITAR/ITER – In-training Assessment Report/In-training Evaluation Report is a tool for assessment at the end of each rotation/clinical learning experience for trainees

Mandatory Elements of Training – refer to those rotations/educational experiences specifically listed in the Required Training Experiences document, prior accreditation reports, or required to meet a specific EPA(s) or other specific requirement of training defined by the RCPS/CFPC and for which there are no available alternative rotations/educational experiences

MRA – Mid-Rotation Assessment(s)

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

OTR – Objectives of Training Requirements (RCPSC)

PARIM – Professional Association of Residents and Interns of Manitoba

Post-Doctoral (Postdoctoral) Residency Program – non-Royal College/College of Family Physicians of Canada/Clinical Psychology Residency Programs within PGME. Examples of such Residency Programs include:

- Clinical Biochemistry
- Clinical Microbiology
- Genetic and Genomic Diagnostics

RCPSC – Royal College of Physicians and Surgeons of Canada

Rotation – is an interval of time, usually consisting of a portion (two (2) weeks) of a block to multiple blocks to which residents are assigned for training. Rotations may consist of consecutive blocks or may be fractionated over longer periods of time as in the case of horizontal rotations. Learning experiences are organized to allow the resident to acquire competencies and to demonstrate entrustment within a hybrid model of competency-based, timed rotations

Specialty/Subspecialty Training Requirements (STR) – refers to the RCPSC document that outlines the required duration, content and sequence of training in the form of a rotation-based road map for time-based RCPSC Residency Programs. A trainee who has successfully completed the STR should be able to demonstrate all of the competencies described in the OTR Document

Training Experiences Document (RCPSC) – outlines the mandatory and recommended training activities that support a resident's acquisition of competence and identifies clinical (e.g. inpatient care and surgical procedures) and non-clinical activities (e.g. scholarly project and simulation sessions). The Training Experiences Document, Pathway to Competence and the Discipline Competencies comprise the CBD Specialty Standards Document Suite

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 and Clinical Psychology Residency Programs

2.1.1 The majority of rotations are at least four (4) weeks in length, but some may be shortened or longer, to allow sufficient time for resident assessment and time to address any issues of concern

2.1.2 Residents assigned to a rotation are expected to complete one hundred percent (100%) of that rotation. A rotation will be considered incomplete if they have not attended at least seventy-five percent (75%) of the clinical and non-clinical program activities

2.1.2.1 non-clinical program activities are any scheduled activity that is required by the program including but not limited to post-call days, half-day, mandatory courses, exams. Special consideration will be given to Block seven (7) due to holiday

2.1.2.2 each program will develop a methodology for percentage rotation completion

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

- 2.1.4 Vacation or conference time planned for off-service rotations must be approved by the Home Residency Program Director and the Off-Service Rotation Director or designate
- 2.1.5 The scheduling of the four (4) weeks of resident vacation will be managed in accordance with the PARIM Collective Agreement
- 2.2 A minimum requirement of eight (8) weeks' notice is required for release of a resident from any scheduled service rotation
 - 2.2.1 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 Residency Program Directors will develop a curriculum map to determine the list of both home and off-service rotations required to fulfill the educational expectations of the Residency Program, based on a review the Training Experiences Document, EPAs, Specialty/Subspecialty Training Requirements (STR) Document and any other documentation from the RCPSC or CFPC that describes the expected scope of practice at the end of training
- 3.2 Residency 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
- 3.3 For elective rotations, Programs are required to identify specific 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
- 3.4 For each rotation, the Program Director must ensure that there is an orientation manual available for learners online that includes all expectations of residents while on the rotation. This must include:
 - 3.4.1 Rotation-specific documents including first day instructions, contact and scheduling information sufficient to navigate the rotation
 - 3.4.2 Global performance expectations and responsibilities
 - 3.4.3 Time-based programs must have a clear list of goals and objectives that the resident is expected to master, including a description of the performance level required to complete the rotation
 - 3.4.4 Competency-Based programs must include a description of whether and how assessments will be collected on the rotation, and how they will be used. The program should describe which EPAs are related to the rotation. Any requirements for that rotation, where that failure to acquire them would result in a repeat of that rotation, must be made clear. This could include but is not limited to, specific numbers of EPAs, global performance expectations, or exams
 - 3.4.5 For off-service rotations, this documentation must be kept electronically (by the Host Residency Program)
- 3.5 Residency Program Directors must ensure that RCPSC/CFPC training requirements and all

rotation goals and objectives, in particular those less than four (4) weeks, are being met

- 3.6 For off-service rotations, the Home Residency Program Director will approach potential Host Residency Programs and negotiate the creation of the respective off-service rotation. Prospective Host Residency Programs are obligated to provide **mandatory** rotations but it is at the Host Residency Program's discretion to determine whether they have the resources to provide rotations for **desirable** and **elective** elements of training
- 3.7 The Home Residency Program is responsible for creating the goals and objectives/competencies for the rotation, in consultation with the Host Residency Program
 - 3.7.1 The Host Residency Program will determine specific logistical considerations such as clinical site, size of teams, role of the trainee in the team, teaching sessions, call responsibilities etc. The only limitations are to ensure the provision of **mandatory** elements and to work within PGME policies and the requirements of the RCPSC and CFPC
- 3.8 The Home Residency Program will create any assessments to be used on the rotation (ITAR for time-based and Individual EPA assessments for CBME)
 - 3.8.1 The Host Residency Program must complete any mandatory assessments (MRA/ITAR for time-based and Individual EPA assessments for CBME). Should the Home Residency Program request additional assessments, it is at the discretion of the Host Residency Program whether to comply
 - 3.8.2 In cases where an assessment is requested by the Host Residency Program for all off-service residents, the Host Residency Program will create the specific assessment
- 3.9 Programs are required to follow the PGME Policy/[Policies and Procedures](#) to complete all required steps for rotation creation and scheduling (See Appendix 1: Entrada Rotation Naming Setup Guidelines and Appendix 2: New Rotation Check List)
- 3.10 Programs are required to follow the PGME Office scheduling timelines to complete all the required tasks by the deadline determined by the PGME Office

POLICY CONTACT: Associate Dean, PGME

REFERENCES

PARIM Collective Agreement, <https://www.parim.org/residency/contract/>

RCPSC Training Requirement

<https://www.royalcollege.ca/en/standards-and-accreditation/information-by-discipline.html>

CFPC CanMEDS – Family Medicine 2017,

<https://www.cfpc.ca/en/education-professional-development/educational-frameworks-and-reference-guides/canmeds-family-medicine>

Standards of Accreditation for Residency Programs in Family Medicine (the Red Book),

<https://www.cfpc.ca/en/education-professional-development/residency-program/residency-program-accreditation>

University of Manitoba, Postgraduate Medical Education, Leave of Absence and Waiver of Training,
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Assessments_Attendance_and_Evaluation

University of Manitoba, Postgraduate Medical Education, Vacation Blocks Policy
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Assessments_Attendance_and_Evaluation

University of Manitoba, Postgraduate Medical Education, PGME Resident Assessment Policies
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Assessments_Attendance_and_Evaluation

APPENDICES

Appendix 1: [Entrada Rotation Naming Setup Guidelines](#)

Appendix 2: [New Rotation Check List](#)