



Policy Name	Rotation Guidelines
Application/ Scope	All Post Graduate Medical Education Programs
Approved (Date)	College Executive Council (CEC) February 2017
Review Date	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
Revised (Date)	February 10, 2017; Appendices revised July 18, 2018, August 2020
Approved By	College Executive Council (CEC) February 7, 2017, College Executive Council: April 26, 2021

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 (4) 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 (4) 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 (2)-week rotations may be part of a longitudinal learning experience for residents.

In accordance with the PARIM Collective Agreement, the scheduling of the four (4) 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 (13) time intervals within each academic year. With the exception of Block one (1), Block seven (7) (Holiday Season break) and Block thirteen (13), all blocks consist of four (4)-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

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

Split Block – refers to a four (4)-week time interval consisting of two (2) or more rotations (e.g. a block might consist of a two (2)-week mandatory rotation and a separate two (2)-week elective rotation)

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
- 2.2 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 rotation. Special consideration will be given to Block seven (7) 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 the Home Residency Program Director and the Off-Service Rotation Director or designate
- 2.4 A minimum requirement of eight (8) 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 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 RCPS or CFPC that describes the expected scope of practice at the end or training
- 3.2 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
- 3.3 The Home Residency Program is responsible for creating the goals and objectives/competencies for the rotation, confirming with the host that it is possible to meet them, and providing them to the Host Residency Program
 - 3.3.1 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
- 3.4 The Home Residency Program will create any assessments to be used on the rotation (ITAR for time-based and Individual EPA assessments for CBME)
 - 3.4.1 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
 - 3.4.2 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
- 3.5 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

- 3.6 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
- 3.7 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)
- 3.8 Programs must follow the PGME Process and complete all required steps for the unusual circumstances request to be reviewed and approved by the Associate Dean, PGME
 - 3.8.1 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 (1) and Block thirteen (13) shall be determined by the PGME Office to accommodate the number of days for these two blocks, although still maintaining the equal split
 - 3.8.2 Residency Programs must follow the PGME Process and complete all required steps for the Split Block(s) Request to be reviewed and approved by the Associate Dean, PGME
- 3.9 Rotation-specific documents including goal and objectives/competencies, first day instructions, orientation manual must be available for learners online
 - 3.9.1 For off-service rotations, this documentation must be kept electronically (by the Host Residency Program)
- 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
- 3.11 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

REFERENCES

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

RCPSC Training Requirement,

http://www.royalcollege.ca/rc/faces/oracle/webcenter/portalapp/pages/ibd.jspx?lang=en&_afLoop=1074805932500346&_afWindowMode=0&_afWindowId=9gg381rgv_27#%40%3F_afWindowId%3D9gg381rgv_27%26_afLoop%3D1074805932500346%26lang%3Den%26_afWindowMode%3D0%26_adf.ctrl-state%3D9gg381rgv_43

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](#)