



Policy Name	Appropriate Disclosure of Learner Needs (Educational Handover) - Residents
Application/ Scope	All Post Graduate Medical Education Programs
Approved (Date)	PGME Executive Committee: June 25, 2013; June 14, 2016; October 20, 2020
Review Date	Policy Development Committee: April 12, 2016; PGME Executive Committee: June 14, 2016; Dean's Council: September 13, 2016
Revised (Date)	February 8, 2017
Approved By	College Executive Council (CEC): Sept. 10, 2013; February 7, 2017, College Executive Council: April 27, 2021

BACKGROUND

Appropriate disclosure of learner needs (Educational Handover) involves the sharing of summative assessment information pertaining to a trainee, by their Residency Program Director with a Rotation Supervisor/Site Coordinator or designate for rotations to which the resident is scheduled in the future.

The Postgraduate Medical Education Program (PGME) supports appropriate disclosure of learner needs (Educational Handover) for the following reasons:

- The acquisition of knowledge and clinical skills and the behaviors associated with professionalism are longitudinal and cumulative
- Early identification of areas of concern maximizes the time available to work on improvement
- Preceptors who observe a resident for a limited period of time, may understate concerns and avoid submitting descriptions that may be perceived as negative

Issues of confidentiality and pre-bias are major issues in effectively managing a resident in difficulty. Discussions and resolution of issues must be kept confidential by the Residency Program Director, the Site Coordinator, and all others involved.

Residents who are in difficulty must have the opportunity to review any information about their learning needs and performance being sent to the next rotation/educational experience.

DEFINITIONS

Academic Advisor/Coach – is a faculty member who establishes a longitudinal relationship with a resident for the purpose of monitoring and advising with regards to educational progress

Block – is one (1) of thirteen (13) time intervals within each academic year. With the exception of Block one (1), Block seven (7) (Winter Holiday) 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 residents in the hybrid competency-based medical education model

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

Competence Committee – is the committee responsible for assessing the progress of trainees in achieving the specialty-specific requirements of a program

Educational Handover – is a process by which information about a trainee's performance is shared with future supervisors in order to facilitate guidance and progress

Modified Learning Plan – is a formal educational intervention that is put in place to address specific performance gaps, with specific learning resources, timelines and outcomes tailored to the needs of the resident. It is inherent in education, that learners have the flexibility to adapt the pace and resources used for learning to their particular needs and context and this would be considered normal variation. A Modified Learning Plan does not necessarily indicate a Remediation. However, Modified Learning Plans are always included in Remediation or Probation and they may be utilized outside of the context of Remediation as well, in an attempt to provide correction prior to a need for formal Remediation/Probation

PGME – means Postgraduate Medical Education and refers to the Office of Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It represents postgraduate medical education at the University of Manitoba through residency, fellowship, Areas of Focused Competence, postdoctoral and other training programs. The programs which PGME oversees are those accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Psychological Association (CPA), the Canadian Academy of Clinical Biochemistry (CACB), the Canadian College of Microbiology (CCM) and the Canadian College of Medical Geneticists (CCMG). Applicable to all of its training programs, PGME develops and administers policies and governs through the PGME committees. The PGME Office is overseen by the Associate Dean, PGME, Max Rady College of Medicine

Remediation – is an interval of training consisting of a formal program of individualized educational support, assessment and monitoring which is designed to assist a trainee in correcting identified areas of performance deficiencies. The goal of Remediation is to maximize the chance that the trainee will successfully complete the Residency Program

Remediation Plan – is a formal document outlining the details pertaining to the competencies on which the resident will focus, the resources required and the Remediation Supervisor/Preceptor during the Remediation. This plan constitutes the formal central pillar of the Remediation Agreement

Resident Progress Committee – is the sub-committee of the Residency Program Committee responsible for coordinating resident assessment in Family Medicine. The Resident Assessment and Evaluation Lead is Chair of this committee

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 longitudinal rotations. In competency-based medical education, learning experiences are organized to allow the trainee to acquire competencies and to demonstrate entrustment within a **hybrid model** of competency-based, timed rotations

Residency Program Committee (RPC) – the committee and sub-committees, as applicable, chaired by the Program Director that supports the Program Director in the administration and coordination of the Residency Program. The Program Director is Chair of the RPC

Summative Assessment – is a process of assessment that is based on multiple sources of feedback on the global performance of the trainee over a specified period of time or over a stage of training

Supervising Physician/Preceptor – a physician who oversees and is the most responsible provider for the clinical activities of one or more trainees. Also, the preceptor must have the appropriate privileges at the clinical setting

1. PURPOSE

- 1.1 To set out a process for resident assessment information to be appropriately disclosed during Educational Handover in order to facilitate targeted academic assistance for trainees

2. POLICY STATEMENTS

- 2.1 The RPC/Competence Committee/Resident Progress Committee for the Residency Program in which the resident is registered may make the decision regarding the benefit of appropriate disclosure of learner needs (Educational Handover) and monitor progress
 - 2.1.1 Decisions on the appropriate disclosure of learner needs will be determined on a case-by-case basis
 - 2.1.2 The Residency Program Committee's decisions on appropriate disclosure of learner needs will include:
 - The rotations for which summative assessment information will be disclosed
 - The areas of concern that will be disclosed
 - General recommendations for Remediation/Modified Learning Plan
- 2.2 The Associate Dean, PGME, Associate Dean, PGME Student Affairs and/or Associate Dean, Professionalism should be advised by the Residency Program Director of a decision for Educational Handover
- 2.3 Each resident for whom a decision is made to disclose assessment information, must be notified of such a decision
- 2.4 The resident retains the right to view the completed disclosure reports and any personal information contained therein
- 2.5 The Educational Handover communication with other preceptors, faculty, and the Residency Program as a whole must be clarified

3. PROCEDURES

- 3.1 The preceptor or any member of faculty will inform the Home Residency Program Director of issues of concern in a timely manner (ideally within five (5) working days of the identification of the issue or finalizing the relevant resident assessments
- 3.2 The Residency Program Director, in consultation with the resident's Academic Advisor and RPC/Competence Committee/Resident Progress Committee will consider issues brought to their attention and will monitor resident progress throughout the Residency Program, ensuring relevant assessments are completed and meetings of the preceptor and resident takes place

- 3.3 The Residency Program Director will complete a Performance Improvement Appropriate Disclosure of Learner Needs (Educational Handover) form (Appendix 1)
- 3.4 The Residency Program Director will convene a meeting of the RPC to discuss and to decide on the disclosure
- 3.5 The Residency Program Director will meet with the resident to advise that a request to appropriate disclosure of learner has been determined and to reach an agreement as to what information will be disclosed to faculty on future rotations/educational experiences, being mindful that patient safety is of utmost importance
- 3.6 For residents who decline permission to the appropriate disclosure of learner needs, a signed refusal will be retained by the Associate Dean, PGME Student Affairs until the resident graduates or leaves the Max Rady College of Medicine
 - 3.6.1 The resident will continue to be assessed on performance. If a resident's academic difficulty results in further action by the RPC/Competence Committee/Resident Progress Committee, the forms will be available to be inspected and reviewed
 - 3.6.2 A resident's decision to refuse to allow appropriate disclosure of their needs may be overridden if the Residency Program Director, in consultation with the Associate Dean, PGME, Associate Dean, PGME Student Affairs and/or the Associate Dean, Professionalism, determines that the resident's challenge represents a threat to patient safety
- 3.7 The Residency Program Director is responsible for providing the approved summative assessment information to the individual who oversees the resident's next educational experience for the next clinical rotation to which the resident is assigned. That individual may be, but is not limited to, the Site Coordinator, Rotation Supervisor, Service Chief or Clinical Supervisor on rotation
 - 3.7.1 The individual who oversees the resident's next educational experience will determine with whom the disclosed information will be shared on the rotation, and will not disclose it with any other faculty or residents unless specifically permitted by the resident
- 3.8 The Residency Program Director will keep the Associate Dean, PGME informed of resident progress, as required

POLICY CONTACT: Associate Dean, PGME

REFERENCES

Max Rady College of Medicine, University of Manitoba, Undergraduate Medical Education Program Policy: "Forward Feeding", January 4, 2017

<https://umanitoba.ca/health-sciences/rady-faculty-health-sciences-policies#max-rady-college-of-medicine>

Max Rady College of Medicine, Policies and Procedures on Academic Appeals

https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Appeals

Frellsen, Sandra L. MD; Baker, Elizabeth A. MD, MHPE; Papp, Klara K. PhD; Durning, Steven J. MD, Medical School Policies Regarding Struggling Medical Students During the Internal Medicine

Clerkships: Results of a National Survey, Academic Medicine: September 2008 - Volume 83 - Issue 9 - pp 876-881

<http://journals.lww.com/academicmedicine/pages/articleviewer.aspx?year=2008&issue=09000&article=00021&type=fulltext>

Cleary L. Point-counterpoint: Forward feeding about students' progress: The case for longitudinal, progressive, and shared assessment of medical students. Acad Med. 2008;83:800.

<http://journals.lww.com/academicmedicine/pages/articleviewer.aspx?year=2008&issue=09000&article=00002&type=fulltext>

Cox SM. Point-counterpoint: Forward feeding about students' progress: Information on struggling medical students should not be shared among clerkship directors or with students' current teachers. Acad Med. 2008;83:801.

<http://journals.lww.com/academicmedicine/pages/articleviewer.aspx?year=2008&issue=09000&article=00003&type=fulltext>

APPENDICES

Appendix 1 – [Appropriate Disclosure of Learner Needs \(Educational Handover\)](#)

APPENDIX 1
APPROPRIATE DISCLOSURE OF LEARNER NEEDS (EDUCATIONAL HANDOVER)
Performance Improvement Appropriate Disclosure of Learner Needs-Residents

Appropriate disclosure of learner needs involves the sharing of summative assessment information about a resident, by his/her Program Director with a teaching faculty for rotations to which the resident is scheduled in the future.

The Home Program Director will complete this form in a timely manner (ideally within 5 working days of identification of the issue/ ITAR). The Home Program Director will convene a meeting of the Residency Program Committee, as required, to discuss and to decide on appropriate disclosure of learner needs.

Program Director Name _____

Are you the resident's preceptor? Yes No

Resident name _____

Resident Year & Program _____

Appropriate disclosure of learner needs may occur if a resident has failed a **rotation**, has received two borderline passes on **ITARs**, or about whom significant professionalism or patient safety concerns have been identified

Reason(s) for appropriate disclosure of learner needs recommendation (check all applicable):

Failed rotation (identify): _____

Two borderline passes on ITARs (identify): 1. _____ 2. _____

Clinical Skills Knowledge Communication

Behavioral Attitudinal Professionalism

Explain/provide example(s) of this area of concern:

_____ **Summary of formative feedback and interventions during rotation:**

_____ **Recommendations for remediation to be implemented for next clinical rotation:**

_____ **Has resident received other improvement focused on appropriate disclosure of learner needs requests?** Yes No **If yes, describe**

Discussed with Resident

Residency Program Director Signature: _____

Resident Permission

I, _____, **(grant/decline)** permission to share the above information with my next clinical rotation director for the purpose of designing an educational plan for remediating the noted area(s) of concern. I understand that this information is confidential and that if these areas of concern are determined to constitute a risk of compromising patient care or disrupting the health care team, the Residency Program Committee in consultation with the Program Director may override my decision if I decline. I understand that a copy of this form will remain on file (separate from my permanent record) and may be reviewed by the Associate Dean, PGME and the Residency Program Committee.

Resident Signature Date

Program Director Signature Date

RESIDENCY PROGRAM COMMITTEE RPC DECISION & PLAN

Appropriate Disclosure of Learner Needs: Required Not Required Required RPC date of decision: _____
Information to be disclosed: _____

Override resident permission Not Applicable Yes- explain

Next clinical rotation and dates: _____
Rotation Director: _____ to be contacted by date _____
Program Director to advise resident in writing by date: _____
Date(s) of follow-up: _____

Additional Contacts Required: Associate Dean, Student Affairs PGME Associate Dean, PGME

Follow up Date: _____ Progress/Is problem remediated? Yes No

Evidence of successful remediation or persistence of problem: _____

Discussed with Resident Not Discussed with Resident

Additional Contacts Required: Associate Dean, Student Affairs PGME Associate Dean, PGME

Is the Appropriate Disclosure of Learner Needs required for next rotation?

Required Not Required RPC date of Meeting: _____