

# Postgraduate Curriculum Development: Contextualizing Curricula Across Distributed Sites.

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Dr. Amie Davis

Dr. Danielle O'Toole



Palais des congrès  
de Montréal



THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

# Presenter Disclosure

**Presenter:** Dr.Amie Davis

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## **Relationships with financial sponsors:**

- Any direct financial relationships, including receipt of honoraria: **Organon Canada (Speaker/Trainer)**
- Membership on advisory boards or speakers' bureaus: **N/A.**
- Patents for drugs or devices: **N/A**
- Other: **Employee of McMaster University Department of Family Medicine**

# Presenter Disclosure

**Presenter:** Dr. Danielle O'Toole

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- Any direct financial relationships, including receipt of honoraria: N/A
- Membership on advisory boards or speakers' bureaus: N/A
- Patents for drugs or devices: N/A
- Other: Employee of McMaster University Department of Family Medicine

# Disclosure of Financial Support

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This program has received no financial support

This program has received no in-kind support

**Potential for conflict(s) of interest:**

Dr. Amie Davis and Dr. Danielle O'Toole are both employees of McMaster University Department of Family Medicine and hold leadership roles in PGME within the department



# Objectives:

1. Participants will explore how to integrate curriculum objectives utilizing the Core Professional Activities and CANMEDs Roles.
2. Participants will participate in a demonstration showing how curriculum can be contextualized to reflect geographical and clinical realities
3. Participants will examine the role of integrating faculty development and education research into curricula development





# Case Example

Indirect Patient Care Activities

**I**ndirect

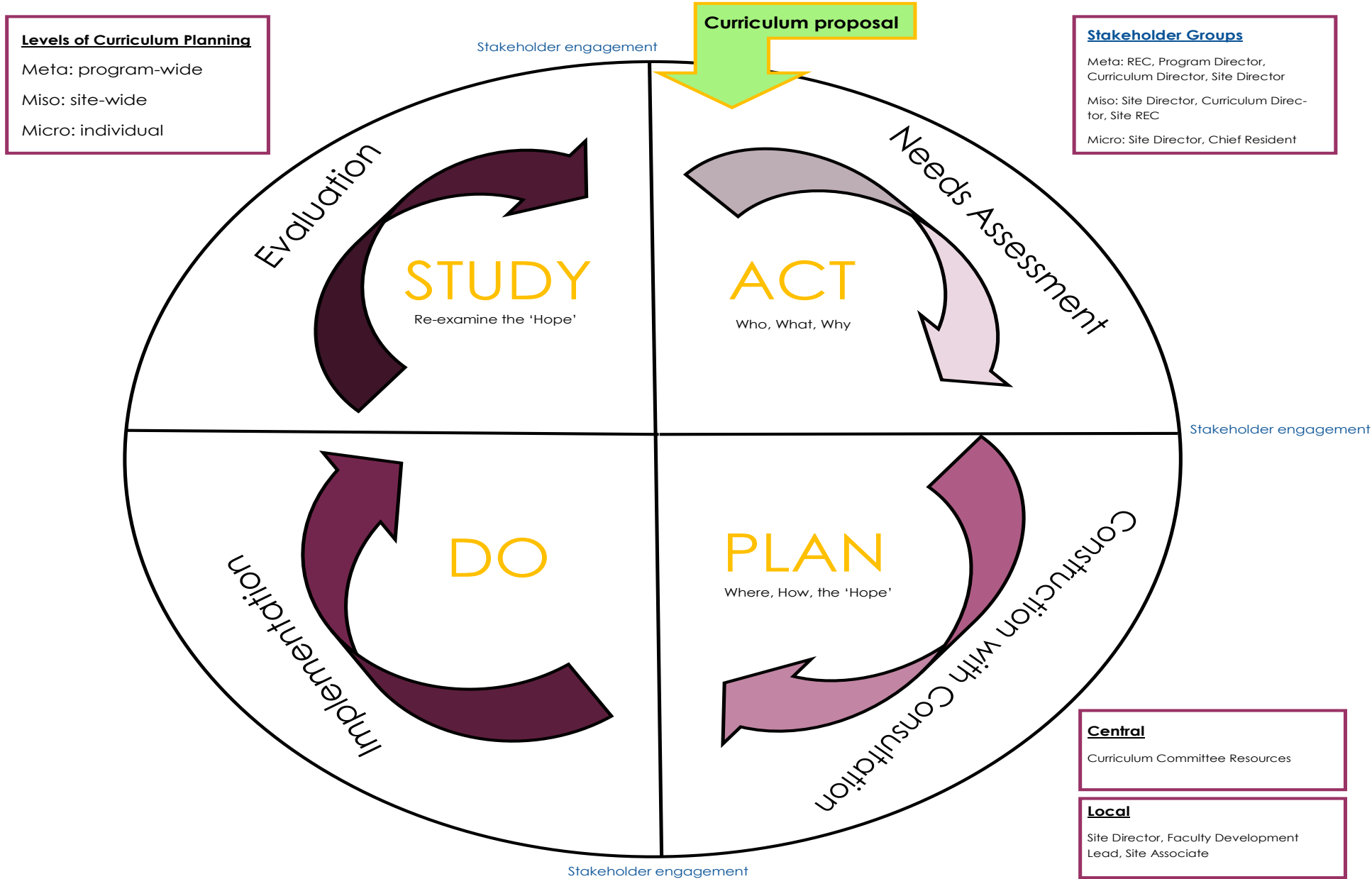
**P**atient

**C**are

**A**ctivities



# CURRICULUM PROGRAM QUALITY IMPROVEMENT



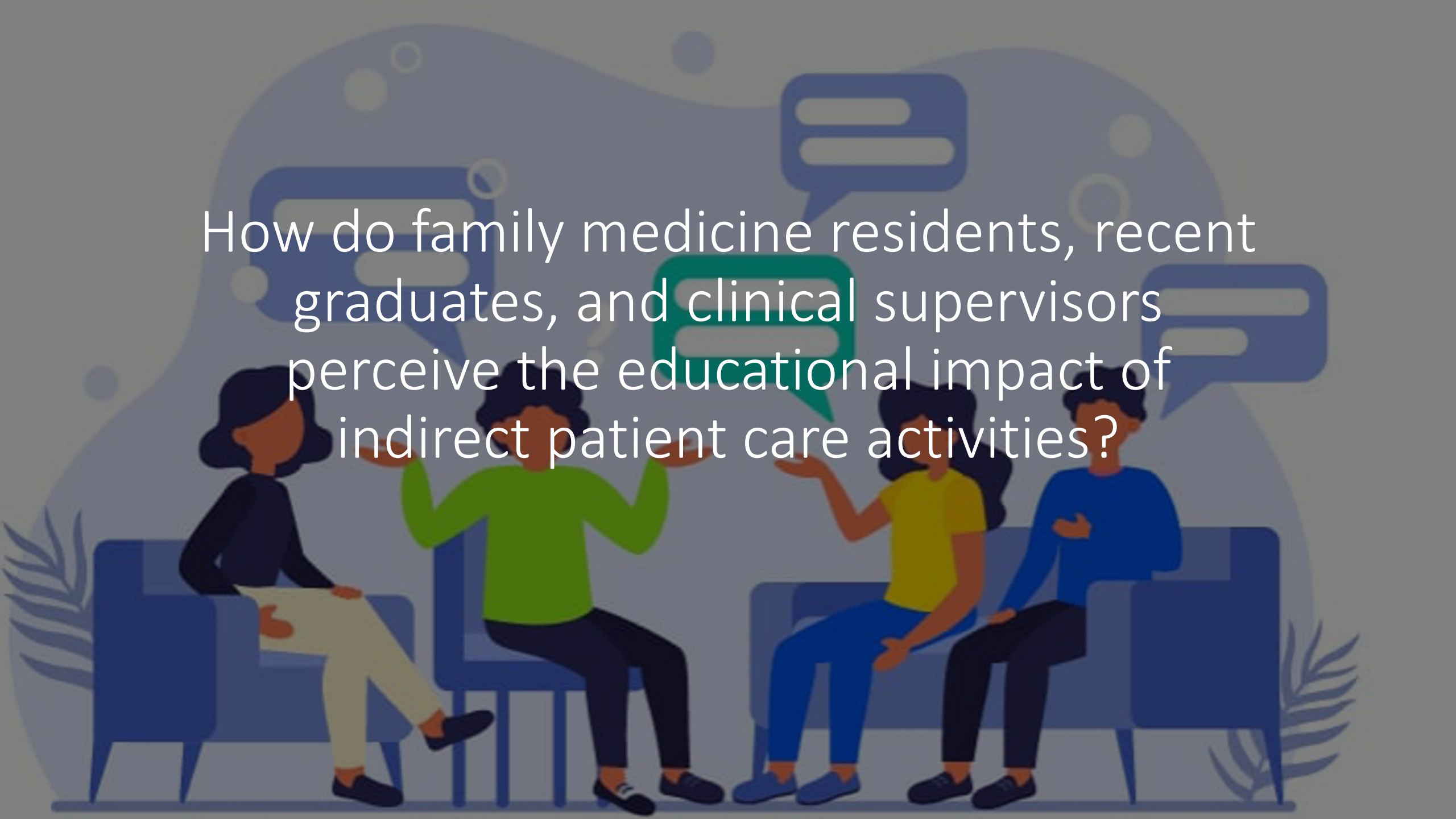
# LITERATURE REVIEW

6 hours/day

90 min outside  
of 8am-6pm



How do family medicine residents, recent graduates, and clinical supervisors perceive the educational impact of indirect patient care activities?





# SAMPLE

- 75% female
- 2/3 PGY2
- 85% academic vs. community

19 residents



- 94% female
- % yrs in practice 1-5  
→ 37/25/12/18/6
- 25% academic,  
56% community,  
19% other

16 early career  
physicians

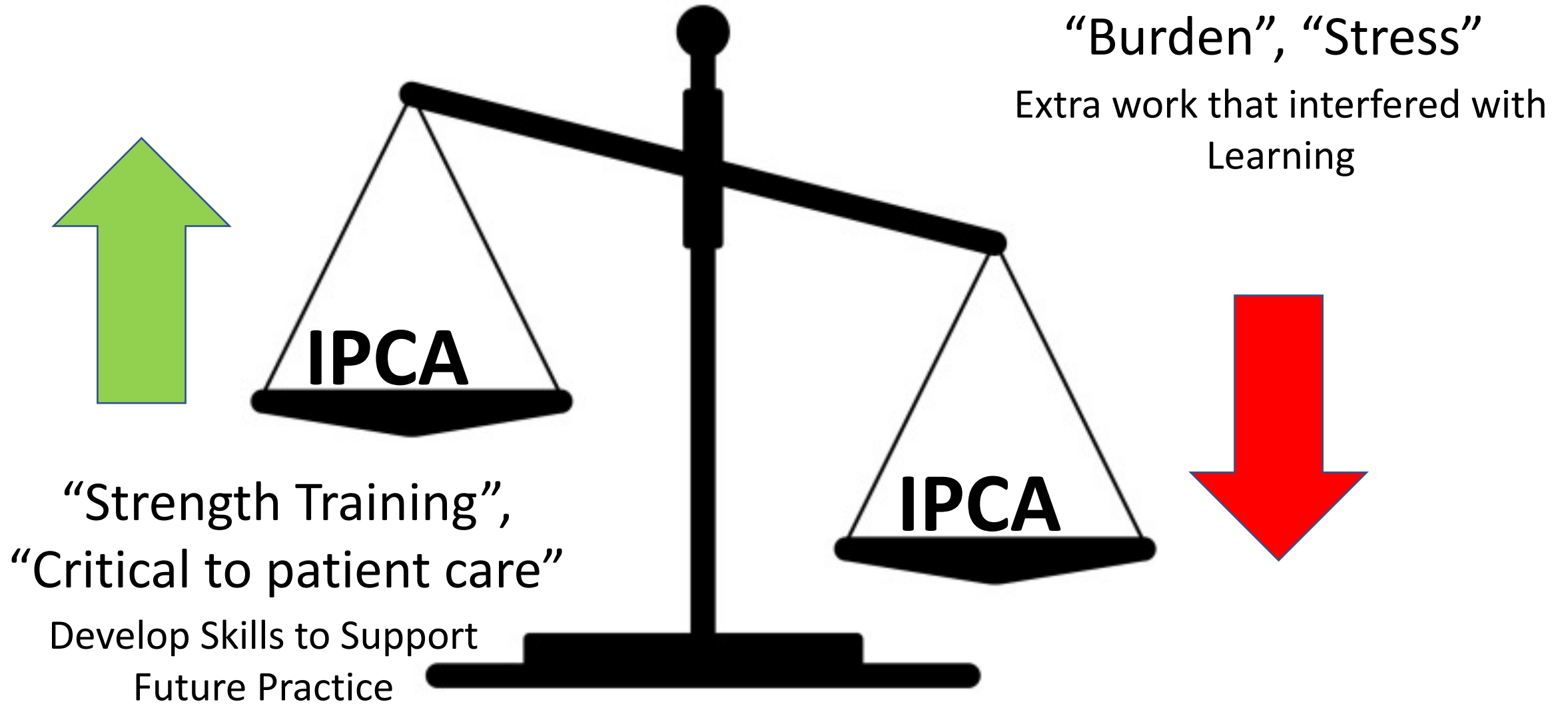


- 71% female
- % yrs in practice  
6-10 = 14% (1)  
10-20 = 14% (1)  
20-30 = 43% (3)  
30+ = 28% (2)
- 71% academic,  
29% other

7 educators



# IPCAs perceived as weight



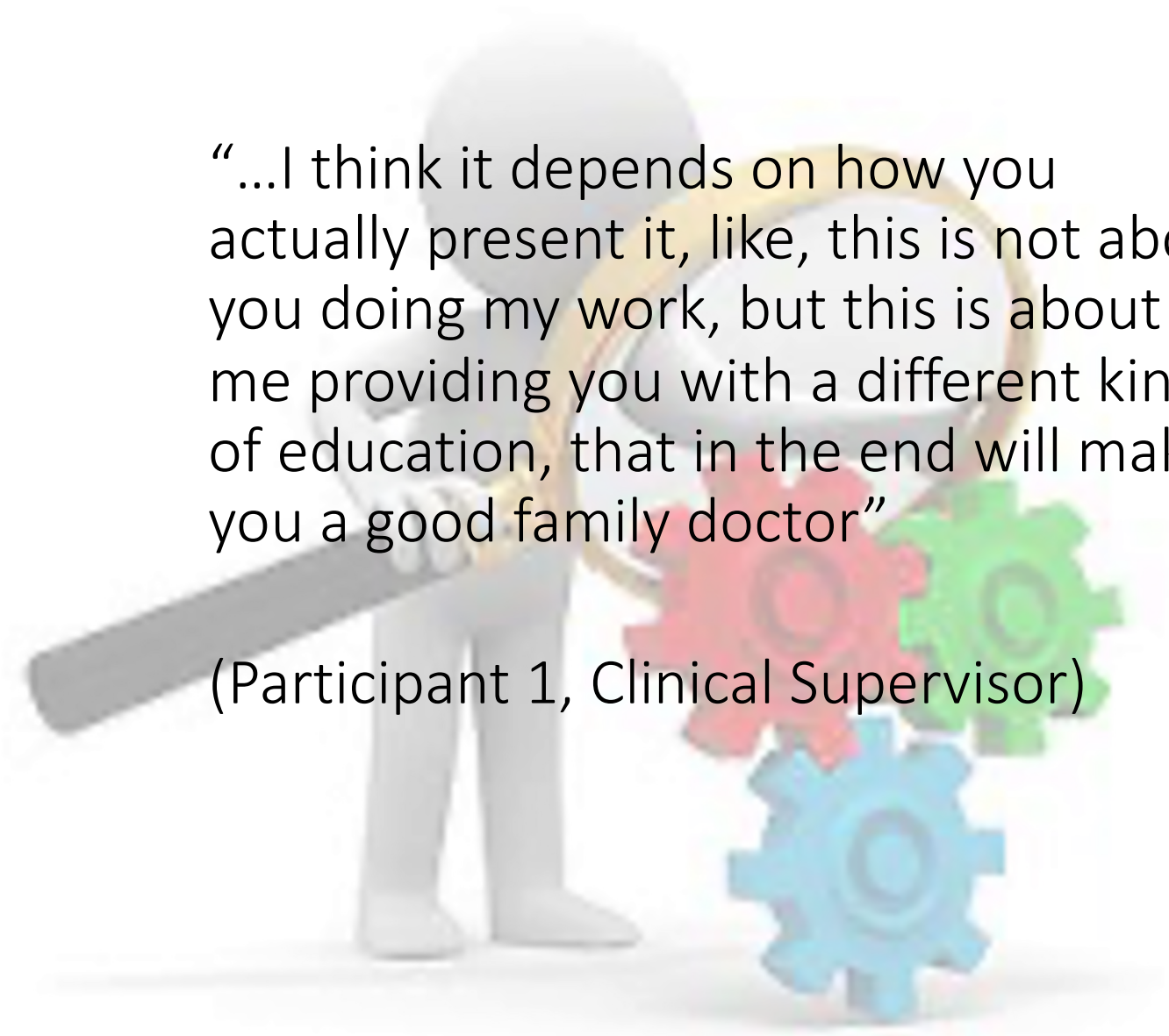


# Discoveries

- Hidden Curriculum
- Professional Identity
- Frame of reference
- Subspecialization

“...I think it depends on how you actually present it, like, this is not about you doing my work, but this is about me providing you with a different kind of education, that in the end will make you a good family doctor”

(Participant 1, Clinical Supervisor)



# Recommendations



Standardize resident involvement and expectations



Teach IPCAs using graded responsibility



Teaching, Feedback, Communication



Set boundaries with patients and oneself

A stylized illustration on the left side of the slide. It features a stack of books in white, yellow, and teal colors. Above the books, there are several dashed lines forming a semi-circle, with small circles at the ends, resembling a lightbulb or a thought process. The background is a solid teal color.

# Need for Curriculum Change

## Transparency / Teaching / Assessment

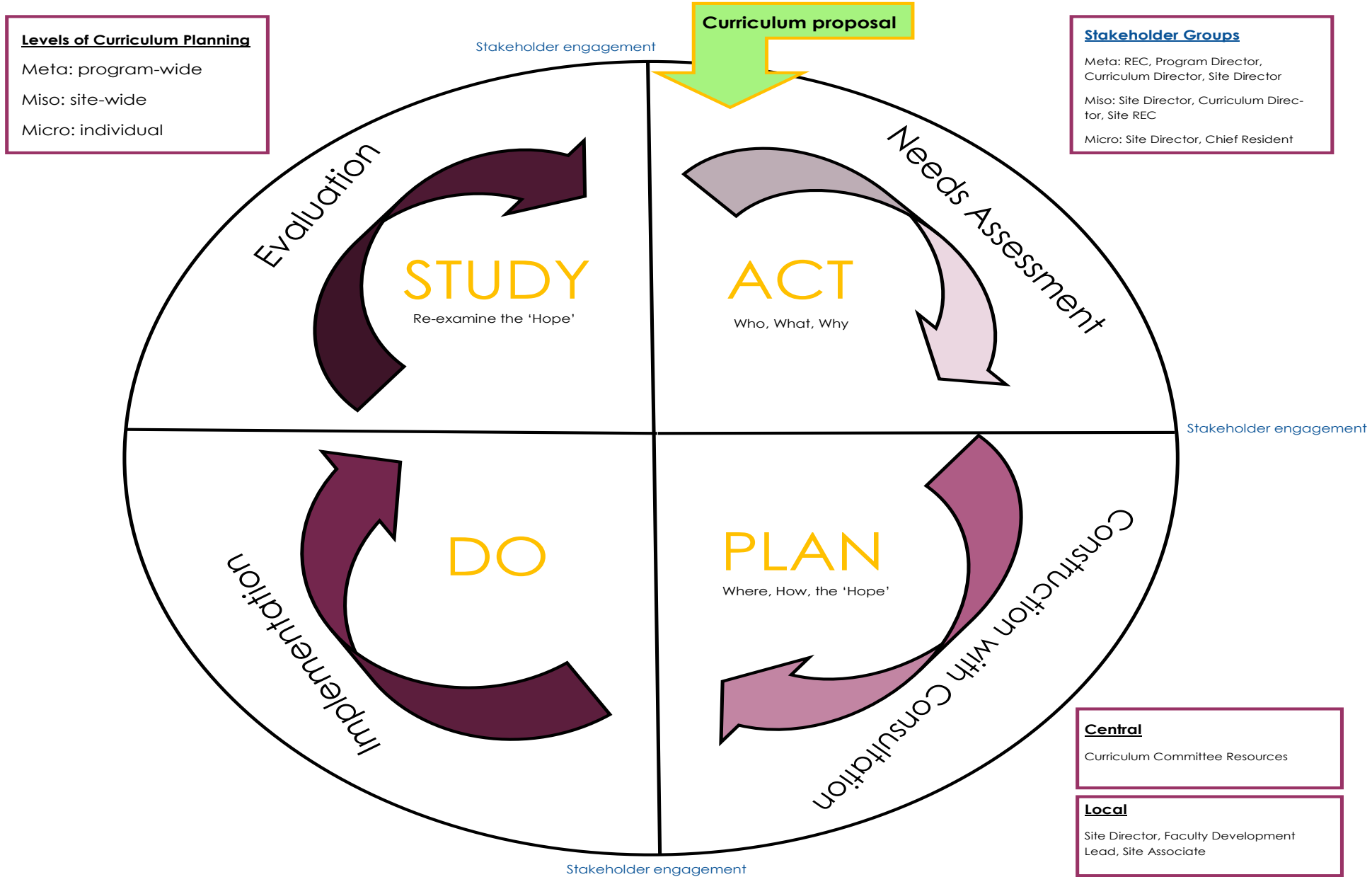
- Existence and importance of IPCAs
- Anticipated workload
- Expectations
- Strategies for sustainable management



# Bringing Recommendations to Life

Developing a curriculum

# CURRICULUM PROGRAM QUALITY IMPROVEMENT



# 5

## Steps to a systems-based approach

A graphic of a water splash with a central droplet and concentric ripples, rendered in a light blue and white color scheme, positioned behind the title text.

- Obeso V, Phillipi C, Degnon C, Carter T. A Systems-Based Approach to Curriculum Development and Assessment of Core Entrustable Professional Activities in Undergraduate Medical Education. Med Sci Ed (2018) 28:407-416; DOI <https://doi.org/10.1007/s40670-018-0540-7>

# Define the system outcome

# 1

## CPA 2. Manage the total care of patients to provide informational and management continuity

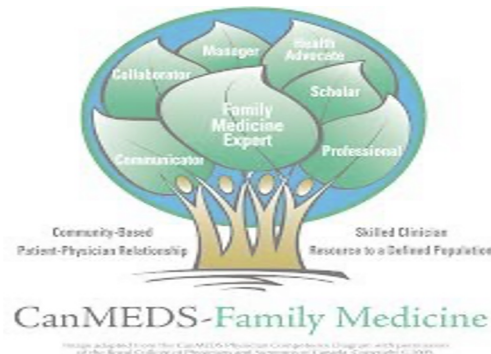
- Maintain an EMR as part of a longitudinal patient record
- Support and coordinate patient care across settings and care transitions
- Follow up on patient encounters, monitoring results of investigations, consultations, etc., & notifying patients
- Complete medical forms and documentation to support care and reporting requirements
- Manage patient medications, prescriptions, and related pharmacy communications and requests

## CPA 4. Attend to career and practice administrative /business functions

- Complete office billings according to local processes
- Identify and attend to professional legal obligations and risks

## CPA 7. Manage self-care to support personal well-being and a sustainable practice

- Manage time and scheduling to ensure a desirable and efficient mix of activities
- Attend to personal health & well-being through self-determined health promotion activities & decisions
- Attend to the quality and sustainability of work life and the work environment





# Define the pathway to the goal

# 2



"They respect what you inspect."  
*Cohen JJ. (2006)*



# Define the pathway to the goal

2

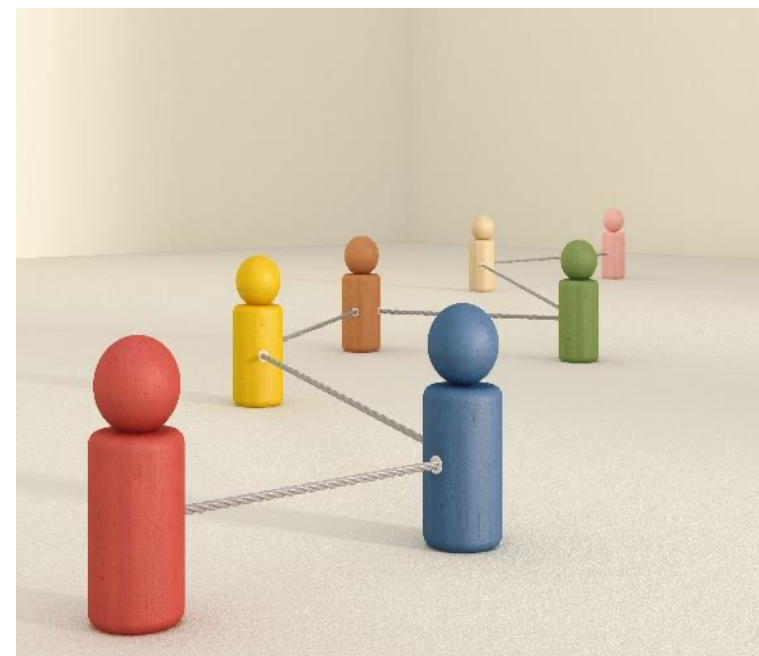
“They respect what you inspect.”  
Cohen JJ. (2006)



	Level 1	Level 2	Level 3	Level 4	Level 5
PRACTICE MANAGEMENT - Efficiency and Organization, Resource utilization (investigations, medications, consultations)	<ul style="list-style-type: none"> <li>Organizes patient care responsibilities but needs help with prioritization.</li> <li>Some guidance needed to appropriately use health care resources (tests, referrals).</li> </ul>	<ul style="list-style-type: none"> <li>Can organize patient care responsibilities.</li> <li>Beginning to prioritize.</li> <li>General understanding of health care cost.</li> <li>May run behind</li> </ul>	<ul style="list-style-type: none"> <li>Prioritizes patient care responsibilities appropriately.</li> <li>Manages time well under usual circumstances.</li> <li>Identifies medically appropriate investigations for patients in an ethical and resource-effective manner.</li> <li>Contributes to practice related administrative tasks.</li> </ul>	<ul style="list-style-type: none"> <li><b>Level 3 PLUS</b></li> <li>Manages time with more frequent patient visits or unexpected events.</li> <li>Can take on a significant administrative role with the practice when required.</li> <li>Allocates health care resources appropriately for optimal patient care</li> </ul>	<ul style="list-style-type: none"> <li>Level 4 PLUS</li> <li>Actively prioritizes multiple clinical responsibilities.</li> <li>Identifies opportunities to improve practice efficiencies.</li> <li>Manages practice related administrative tasks.</li> <li>Role model for junior learners</li> </ul>

# 3

## Define connection among people responsible for implementation



### Hamilton Think Tank 2022

Indirect Patient Care (aka "The Inbox")

Mentimeter Poll

[www.menti.com](https://www.menti.com)

Code: 3578 6436



3

# Define connection among people responsible for implementation

Benchmarking Legend For Competency Achievement: Indirect Patient Care (1 of 2)

<div>Early Achievement</div> <div>Expected Achievement</div> <div>Late Achievement</div> <div>Overdue Achievement</div> <div>Time after which an evaluation of "Supervisor Required to Take Over" or "Close Supervision" should prompt educational conversation and review of educational opportunities (Appendix 1)</div>					
Outcome Measure	Achievement Timeline				Assessment Tool
Core Professional Activity (CPA)	End of first 2 blocks FM PGY1	End of PGY1 FM	End of first 2 block FM PGY2	End of PGY2 FM	Field Note: <u>Entrustable Professional Activity</u> (EPA)
Maintain an electronic medical record for each patient/encounter as part of a longitudinal patient record					Charting/documentation of visits & maintenance of medical records
Support and coordinate patient care across settings and care transitions					Demonstrate effective professional communication
Follow up on patient encounters, monitoring the results of investigations, consultations, etc., and notifying patients with results, as appropriate					Support continuity of patient care
Complete medical forms and documentation to support patient care and reporting requirements					Manage office administrative tasks as part of indirect patient care
Manage patient medications, prescriptions, and related pharmacy communications and requests					Safely and appropriately manage pharmaceuticals for all patients

4

# Prepare for work activities

T1 Outcomes

	T0		
	Teaching/Tools	Observable Behaviours	Exposure
Maintain an electronic medical record for each patient/encounter as part of a longitudinal patient record			
Complete office billings according to local processes			
Attend to personal health and well-being through a range of self-determined health promotion activities and decisions			

T3 Outcomes

	T0			T1			T2		
	Teaching/Tools	Observable Behaviours	Exposure	Teaching/Tools	Observable Behaviours	Exposure	Teaching/Tools	Observable Behaviours	Exposure
Follow up on patient encounters, monitoring the results of investigations, consultations, etc., and notifying patients with results, as appropriate									
Identify and attend to professional legal obligations and risks									

T2 Outcomes

	T0			T1		
	Teaching/Tools	Observable Behaviours	Exposure	Teaching/Tools	Observable Behaviours	Exposure
Support and coordinate patient care across settings and care transitions						
Complete medical forms and documentation to support patient care and reporting requirements						
Manage patient medications, prescriptions, and related pharmacy communications and requests						
Attend to the quality and sustainability of work life and the work environment						

T4 Outcomes

	T0			T1		
	Teaching/Tools	Observable Behaviours	Exposure	Teaching/Tools	Observable Behaviours	Exposure
Manage time and scheduling to ensure a desirable and efficient mix of activities						

	T2			T3		
	Teaching/Tools	Observable Behaviours	Exposure	Teaching/Tools	Observable Behaviours	Exposure

Mentimeter Poll

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Code: 3578 6436





# Prepare for work activities

# 4



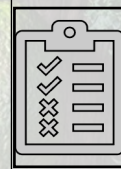
(RTP) Training Profile  
and outcomes



Dryfus: Model of Skills  
Acquisition



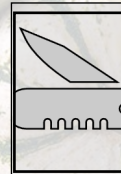
Benchmarking



Assessment Tools



Meta-thinking



Sharing teaching tools



# Prepare for work activities

Appendix 2: Teaching and Learning: Graduated Approach by Task Initiation – Forwarding Method (By Danielle O'Toole)

# 4

## INBOX COMPETENCY

	Description	Expectations	Time Commitment	Goals	Time limit within Residency
Viewing your own ordered investigations	<ul style="list-style-type: none"> <li>you will receive a copy of the results of investigations you have ordered</li> <li>the results will already be addressed/taken care of by staff</li> </ul>	<b>Observe:</b> <ul style="list-style-type: none"> <li>how various investigations were managed</li> <li>how the staff communicated / "commented" their plan</li> <li>how the staff arranged follow up</li> <li>how the staff updated the patient chart / CPP</li> </ul>	<ul style="list-style-type: none"> <li><b>5-10 min:</b> you will receive approximately 5-10 items per day and will need 1-2 min to review each item</li> </ul>	<b>familiarize yourself with:</b> <ul style="list-style-type: none"> <li>how items in the inbox are managed</li> <li>how communication occurs between team members</li> <li>how the chart is updated</li> <li>how follow up is arranged</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started within the first <b>4 weeks</b> into first full-time block of family medicine</li> </ul>
Considering management for your own ordered investigations	<ul style="list-style-type: none"> <li>you will receive a copy of the results of investigations you have ordered</li> <li>the results will NOT have been already addressed/taken care of by staff</li> </ul>	<b>Suggest management plan:</b> <ul style="list-style-type: none"> <li>using the "comment" button, suggest a management plan for each item. Include (1) reason for investigation (2) findings (3) followup including if pt was contacted</li> <li>once the staff has reviewed and agreed with your plan, you are responsible for: <ul style="list-style-type: none"> <li>updating the chart (including ticklers)</li> <li>arranging follow-up or further investigations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>30-60 min:</b> you will receive approximately 5-10 items per day and will need 5-10 min per item.</li> </ul>	<ul style="list-style-type: none"> <li>Begin developing skills for <b>managing</b> inbox items and arranging follow-up</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started within the first <b>6 weeks</b> into your first full-time block of family medicine</li> </ul>
Managing your own ordered investigations	<ul style="list-style-type: none"> <li>you will receive a copy of the results of investigations you have ordered</li> <li>the results will NOT have been already addressed/taken care of by staff</li> </ul>	<b>Develop management plan</b> <ul style="list-style-type: none"> <li>using the "acknowledge" button, develop and follow through with a management plan for each item. Continue to: <ul style="list-style-type: none"> <li>provide context</li> <li>identify and explain abnormal results</li> <li>communicate and follow through with plan</li> <li>update the chart</li> </ul> </li> <li>Staff will continue to review your plans</li> <li>If there are any items which you need guidance with, use the "comment" button to suggest a management plan</li> </ul>	<ul style="list-style-type: none"> <li><b>30-60 min:</b> you will receive approximately 5-10 items per day and will need 5-10 min per item.</li> </ul>	<ul style="list-style-type: none"> <li>Develop <b>confidence</b> and <b>independence</b> when managing inbox items.</li> <li>Demonstrate an ability to follow through with the plan</li> </ul>	<ul style="list-style-type: none"> <li>This step should start within the first <b>8 weeks</b> into your first full-time block of family medicine</li> </ul>
Viewing all items in the inbox and managing your own ordered investigations	<ul style="list-style-type: none"> <li>You will receive all items in the inbox (ones you have ordered and ones the staff and your colleagues have ordered)</li> <li>The results of the investigations you ordered will NOT have been addressed by staff</li> </ul>	<b>Observe</b> <ul style="list-style-type: none"> <li>How items in the inbox are managed when they have NOT been ordered by you</li> </ul> <b>Efficiently manage:</b> <ul style="list-style-type: none"> <li>Items in the inbox you have ordered as before</li> <li>Staff will continue to review your plans</li> </ul>	<ul style="list-style-type: none"> <li><b>30-60 min:</b> you will receive approximately 30-40 items per day and will need 2-5 min to manage the 10 items you have ordered and 1-2 to view the other items</li> </ul>	<ul style="list-style-type: none"> <li><b>Familiarize</b> yourself with how to manage items in the inbox that were not ordered by you</li> <li><b>Reflect</b> on the importance of having and identify a purpose and plan for investigations prior to ordering</li> <li>Demonstrate the ability to <b>efficiently</b> manage items in the inbox that you have ordered</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started by the end of full-time family medicine blocks in the first year of residency</li> </ul>
Manage your own ordered investigations and other parts of the inbox	<ul style="list-style-type: none"> <li>You will receive all items in the inbox (ones you have ordered and ones the staff and your colleagues have ordered)</li> <li>The results of the investigations you ordered will NOT have been addressed by staff</li> </ul>	<b>Efficiently manage:</b> <ul style="list-style-type: none"> <li>Items in the inbox you have ordered as before</li> <li>Slow integrations of other aspects of the inbox (ex. one week of all prescriptions, one week of all consults, one week of all diagnostic imaging, one week of all lab work)</li> <li>Staff will continue to review your plans</li> </ul>	<ul style="list-style-type: none"> <li><b>30-60 min:</b> you will receive approximately 30-40 items per day and will need 2-5 min to manage the 10 items you have ordered &amp; the 5-10 additional items as well as 1-2 to view the other items</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate the ability to <b>efficiently</b> manage items in the inbox that you have ordered</li> <li>Develop <b>strategies</b> for managing specific aspects of the inbox (ex. approach to medication refills)</li> <li><b>Prepare</b> for managing a "full practice size inbox" while on an R1 schedule, prior to the increase in R2 scheduling</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started by the end of the first <b>4 weeks</b> of full-time family medicine in the second year as residency</li> </ul>
Manage all items in the inbox	<ul style="list-style-type: none"> <li>You will receive all items in the inbox (ones you have ordered and ones the staff and your colleagues have ordered)</li> <li>Shared responsibility with staff</li> </ul>	<b>Efficiently manage</b> <ul style="list-style-type: none"> <li>All items in the inbox that have been ordered for the team's patients</li> <li>Staff will continue to review your plans and share the responsibility</li> </ul>	<ul style="list-style-type: none"> <li><b>30-60 min:</b> you will receive approximately 30-40 items per day and will need 1-2 min to manage each item</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate the ability to <b>efficiently</b> manage all items in the inbox</li> <li>Demonstrate appropriate <b>communication</b> within the team so all members know how items managed</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started by the end of the first <b>8 weeks</b> of full-time family medicine in the second year of residency</li> </ul>



# Prepare for work activities

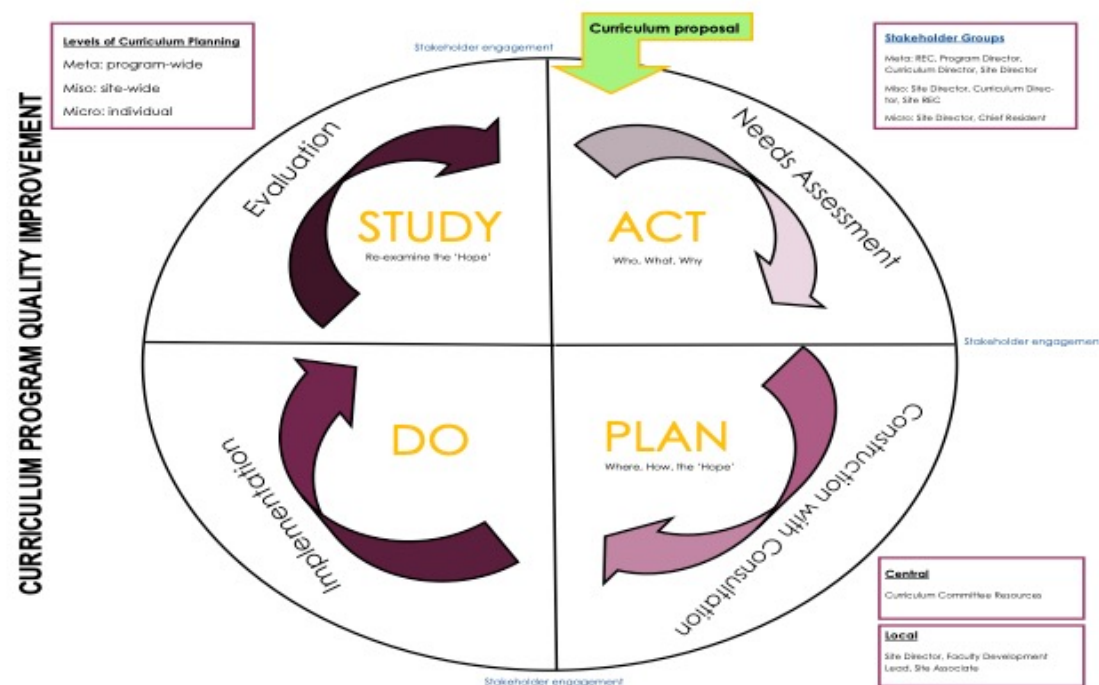
# 4

Appendix 3: Teaching and Learning: Graduated Approach by Task Type – Chunking Method (By Amie Davis)

	Description	Expectations	Time Commitment	Goals	Time limit within Residency
Viewing Laboratory Results	<ul style="list-style-type: none"> <li>you will open the items related to lab items (labelled chemistry/hematology/urine)</li> <li>the results will already be addressed/taken care of by staff</li> </ul>	<b>Observe:</b> <ul style="list-style-type: none"> <li>how various investigations were managed</li> <li>how the staff communicated / "commented" their plan</li> <li>how the staff arranged follow up</li> <li>how the staff updated the patient chart / CPP</li> </ul>	<ul style="list-style-type: none"> <li><b>30-60 min:</b> you will open and consider as many as possible during lab time</li> <li>At the end of day you will "File" all unread results and items</li> </ul>	<b>familiarize yourself with:</b> <ul style="list-style-type: none"> <li>how items in the inbox are managed</li> <li>how communication occurs with team members</li> <li>how the chart is updated &amp; follow up arranged</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started within the first <b>4 weeks</b> into first full-time block of family medicine</li> <li>By <b>4 weeks</b> you should be viewing most labs and not filing</li> </ul>
Managing Laboratory Results	<ul style="list-style-type: none"> <li>You will start to suggest management plans for abnormal results &amp; acknowledge normal results</li> <li>The results may NOT have been addressed by staff</li> <li>If addressed by staff – ask questions directly or by message</li> </ul>	<b>Suggest management plan:</b> <ul style="list-style-type: none"> <li>using the "comment" button, suggest a management plan for each item. Include (1) reason for investigation (2) findings (3) follow-up including if <u>pt</u> was contacted</li> <li>once the staff has reviewed and agreed with your plan, you are responsible for: <ul style="list-style-type: none"> <li>updating the chart (including ticklers)</li> <li>arranging follow-up or further investigations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>30-60 min</b> you should still open all labs</li> <li>If you are spending more than 5 minutes on a lab; flag this lab for discussion with staff for learning purposes (send staff message to review with you AND leave comment on labs)</li> </ul>	<ul style="list-style-type: none"> <li>Begin developing skills for <b>managing</b> inbox items and arranging follow-up</li> <li>Develop <b>confidence</b> and <b>independence</b> when managing inbox items.</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started within the first <b>6 weeks</b> into your first full-time block of family medicine</li> </ul>
Reading Consults And Investigations	<ul style="list-style-type: none"> <li>After finishing labs, scan HRM documents and consults for patients you know or who may have follow up scheduled with you</li> <li>Once you are able to keep pace with patients you know, start to review all consults</li> </ul>	<b>Develop management plan</b> <ul style="list-style-type: none"> <li>using the "acknowledge" button, develop and follow through with a management plan for each item. Continue to: <ul style="list-style-type: none"> <li>provide context</li> <li>identify and explain abnormal results</li> <li>communicate and follow through with plan</li> <li>update the chart</li> </ul> </li> <li>Staff will continue to review your plans</li> <li>If there are any items which you need guidance with, use the "comment" button to suggest a management plan</li> </ul>	<ul style="list-style-type: none"> <li><b>30-60 min:</b> Builds on efficiency being gained in lab management</li> </ul>	<ul style="list-style-type: none"> <li>Develop <b>confidence</b> and <b>independence</b> when managing inbox items.</li> <li>Demonstrate an ability to follow through with the plan</li> <li><b>Reflect</b> on the importance of having and identify a purpose and plan for investigations prior to ordering</li> <li>Demonstrate the ability to <b>efficiently</b> manage items in the inbox that you have ordered</li> </ul>	<ul style="list-style-type: none"> <li>This step should start within the first <b>8 weeks</b> into your first full-time block of family medicine</li> </ul>
Prescription renewals and Third Party Forms	<ul style="list-style-type: none"> <li>You will start to look at prescription renewals for patients you recognize</li> <li>The prescriptions may have already been completed by your staff</li> </ul>	<b>Observe</b> <ul style="list-style-type: none"> <li>how the request was managed</li> <li>how the staff communicated / "commented" their plan</li> <li>how the staff arranged follow up</li> </ul>	<ul style="list-style-type: none"> <li><b>60-90 min:</b> Continuing to build on previous efficiencies</li> </ul>	<ul style="list-style-type: none"> <li><b>Familiarize</b> yourself with how to manage prescription refills</li> <li>Develop <b>strategies</b> for managing specific aspects of the inbox (ex. approach to medication refills)</li> <li><b>Prepare</b> for managing a "full practice size inbox" while on an R1 schedule, prior to the increase in R2 scheduling</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started by the end of full-time family medicine blocks in the first year of residency</li> </ul>
Manage all items in the inbox	<ul style="list-style-type: none"> <li>You will receive all items in the inbox (ones you have ordered and ones the staff and your colleagues have ordered)</li> <li>Shared responsibility with staff</li> </ul>	<b>Efficiently manage</b> <ul style="list-style-type: none"> <li>All items in the inbox that have been ordered for the team's patients</li> <li>Staff will continue to review your plans and share the responsibility</li> <li>By end of program should be able to manage Inbox (Average practice generates 1 hour Indirect Patient Care for Half-day of clinical work)</li> </ul>	<ul style="list-style-type: none"> <li><b>90-120 min:</b> you will receive approximately 50-70 items per day and will need 1-2 min to manage each item</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate the ability to <b>efficiently</b> manage all items in the inbox</li> <li>Demonstrate appropriate <b>communication</b> within the team so all members know how items managed</li> </ul>	<ul style="list-style-type: none"> <li>This step should be started by the end of the first <b>8 weeks</b> of full-time family medicine in the second year of residency</li> </ul>

# 5

# Plan for continuous quality improvement





# Teaching Tool Examples

What we have implemented in our local site and program wide

# Local Teaching Tools



## Demonstration

- Live and Recorded one-hour demonstration of EMR including tips and tricks for
  1. Templates / Stamps / Dictation
  2. Favorites for Prescription
  3. Tools for Billing

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Essential Appointments  
Please book personal appointments on personal time if possible. If unavoidable, speak to your preceptor and EAs. In Hamilton, the 4<sup>th</sup> Wednesday of every block will be self-directed time for residents on fulltime FM and an opportunity for weekday daytime appointments

All Sick Days  
Please inform our EAs and record in Medsis even when off service. Attendance is a necessary component of residency assessment.

Sick Day Procedure at MFP

- Notify the following ASAP
  - reception [905-525-9140](tel:905-525-9140) ext.27000. If after hours, call 905-546-9885 and choose option #1 then #3 and leave a message. Call again at 8am.
  - EAs through an oscar message and email
  - your preceptor through an oscar message and email
- If a personal phone call is NOT possible, provide all appropriate information in an Oscar message sending it to ALL receptionists, Education Associates, and your preceptor and mark the subject as "URGENT"

Religious and Cultural Observances  
Requests for prayer time during clinical hours supported through modification

July 01 2022 to Sep 3

Code	Description
A001A	Minor assess
A003A	Full history (F
A007A	Intermediate
A680A	Addiction me
A888A	* Walk-in Clin
E079A	Smoking Ces
E430A	Pap Tray Fee
E542A	Tray Fee
G365A	Periodic Pap
G841A	Pentavalent V
G846A	Pneumococc
G847A	Diphtheria, T
G848A	Varicella vac
K005A	Primary Men
K007A	Psychotherap
K008A	Diagnostic In
K013A	Individual Co
K022A	HIV Primary
K030A	Diabetic Man
K039A	Smoking Ces
K080A	Minor assess
K081A	intermediate
K082A	psychotherap
K130A	Adolescent(1
K301A	Virtual teleph
P003A	GeneralASSE
P004A	Minor Prenat
Q012A	After Hours F
Q015A	Newborn Epis
Q020A	Bipolar Disor
728A	Incision/drain



# Local Teaching Tools

001	on, general/specific	
ear		\$8.80
		\$12.20
per unit		\$69.10
ay Fee")		\$31.75
		\$20
		\$34.75
on and drainage (+E542)		\$17.65
y Fee"), Local Anesthetic		\$27.40

		\$69.10
it		\$69.10
		\$41.35

etic target organ		
etic flow sheet (lipids,		
examination,		
		\$61.20
alysis, blood pressure,		
, med dosage		
luenza, pneumococcal		
management support		
am		

it		\$69.10
ulin therapy (>3		

ical Tobacco		\$15.85
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E079, max 2/yr (+Q042		\$34.10
w sheet		

unless requesting		\$10.45
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, retinal disease,		
mus, recurrent uveitis,		

al and genetic data,		\$75.50
ptions to appropriate		

Q015A		
A002A	Enhanced 18-mo	
P003A	General / Major Prenatal Assessment	
P005A	Antenatal Preventative Health	\$47.70
P004A	Minor Prenatal Assessment	\$38.15
P008A	Postnatal Care in Office	\$37.95
A813A	Midwife requested Assessment	\$113.95
A920A	Medical Management of early pregnancy	\$164.40
K028A	STD management – per unit	\$70.10
K032A	Specific neurocognitive Exam	\$70.10
E080A	First Visit After admission	\$25.75
E077A	Identification of a patient for major eye exam	\$10.45
K016A	Genetic assessment – per unit	\$75.55
K033A	Additional counseling units	\$49.35
A680A	Addiction Medicine	\$147.65

## IN BASKET

K133A	Adults with Intellectual / Developmental Disabilities periodic health review	\$160	\$31.05
K132A	Adult +65 periodic health	\$80.95	\$15.71
K130A	Adolescent periodic health	\$78.75	\$15.29
K131A	Adult 18 to 64 periodic health	\$56.95	\$8.27
K017A	Annual health exam – child after 2	\$45.25	\$8.78
K005A	Primary mental health exam – per unit	\$70.10	\$13.61
K013A	Counseling (sole reason) – per unit	\$70.10	\$13.61
A003A	Full history (Family hx, Pmhx, Social, ROS)	\$87.35	\$16.95
A007A	Intermediate Assessment	\$37.95	\$7.36
A001A	Minor assessment	\$24.25	\$4.71
A008A	Mini -assessment with a WSIB visit	\$13.30	\$2.58
K008A	Diagnostic interview – per unit	\$70.10	\$13.61
K002A	Interview with relatives – per unit	\$70.10	\$13.61
K007A	Psychotherapy – per unit	\$70.10	\$13.61

## TELEMEDICINE / COVID / EVENING CLINIC

K301A	+ appointments done by phone	A101A	Limited care Phone Visit \$15
K300A	+ appointments done by video	A102A	Limited care Video Visit \$15
Q012A	After hours premium (+E000)		

In General: • "A" • • •

- ☆ please reach out to your preceptor, EC, SD or the Director of resident learning and remediation Dr. Danielle O'Toole ([jareckd@mcmaster.ca](mailto:jareckd@mcmaster.ca)) if you have any questions

## FATIGUE RISK MANAGEMENT

- It's no secret that long hours, varying shifts, being on call or catching up on work in the evenings can lead to fatigue as you're less likely to be getting adequate sleep!
- We know that sleep loss can affect our attention, reaction time, and mood, all of which are important factors in our work and our wellness.
- Advise colleagues when you are experiencing fatigue that may impair your practice
- There are resources on the resident affairs website
- ☆ HHS will reimburse learners that require a refund for a taxi – contact [resorient@hhsc.ca](mailto:resorient@hhsc.ca)

## LEARNER MISTREATMENT

- Trainee/learner mistreatment is disrespectful or unprofessional behaviour directed at a trainee/learner or a group of trainees/learners that negatively affects the learner or the learning environment which includes things such as discrimination, harassment, bullying, humiliation
- To report mistreatment and for information on the Office of Learning Environment & Mistreatment (OLEM), please visit the Medportal Trainee Mistreatment page. (<https://www.medportal.ca/assistance/student-mistreatment>)

## TRAINEES WITH DIS/ABILITY

- Canadian Association of Physicians with Disabilities (CAPD): ([www.Capd.ca](http://www.Capd.ca)) Providing Networking and support for Physicians with Disabilities

for weekday daytime appointments

## All Sick Days

Please inform our EAs and record in Medsis even when off service. Attendance is a necessary component of residency assessment.

## Sick Day Procedure at MFP

- Notify the following ASAP
  - reception 905-525-9140 ext 27000. If after hours, call 905-546-9885 and choose option #1 then #3 and leave a message. Call again at 8am.
  - EAs through an oscar message and email
  - your preceptor through an oscar message and email
- If a personal phone call is NOT possible, provide all appropriate information in an Oscar message sending it to ALL receptionists, Education Associates, and your preceptor and mark the subject as "URGENT"

## Religious and Cultural Observances

Requests for prayer time during clinical hours will be through schedule

# Booklet

- Orientation Booklet that includes cheat sheets for
  - EMR use, Charting, Billing
  - Resources for Wellness

# Local Teaching Tools

**A815	Midwife-Request Assessment 1 /pt/doc/pregnancy				\$12.20
	Elements of A815 - per unit				\$69.10
H002	Low Birth Weight Visit (uncomplicated) initial visit				
H003	Low Birth Weight Visit (uncomplicated) subsequent visits per visit	\$16.60	+G378	Insertion of intrauterine conception device (+E542 "Tray Fee")	\$31.75
Q015	Newborn Episodic Care (FHO/FHN) <1 year of age, max 8	\$14.27	+G552	Removal of IUD (+E542A "Tray Fee")	\$20
A002	Enhance 18 month visit Child 17-24 months, "well baby care" 18 month age appropriate screen (ex. Rourke) Standardized tool filled out by patient's parent/guardian regarding development (ex. Nippising)	\$63.45	Z770	Endometrial Sampling (+E542 "Tray Fee")	\$34.75
K017	Periodic Health Visit - Child Child age 2-15 inclusive No diagnostic code required	\$44.50	Z714	Abscess of vulva, Bartholin or Skene gland's - incision and drainage (+E542)	\$17.65
K130	Periodic Health Visit - Adolescent Adolescent 16-17 inclusive No diagnostic code required	\$78.75	Z477	Vulva Biopsy(ies) - when sole procedure (+E542 "Tray Fee"), Local Anesthetic	\$27.40
**K008	Diagnostic interview &/or counseling with child &/or parent for psychological problem or learning disabilities per unit	\$69.10			
<b>OBSTETRICS</b>					
+G005	Pregnancy Test	\$2.18	<b>GENERAL MEDICINE</b>		
P003	General Assessment (major prenatal visit)	\$78.75	**K022	HIV Primary care per unit	\$69.10
P005	Antenatal Preventative Health Assessment (can be billed WITH P003 or P004), 1 per pregnancy MRP, initial review of antenatal risks MUST include current risks (psychosocial, genetic + medical) and be documented	\$46.05	**K037	Fibromyalgia / Chronic Fatigue Syndrome Care per unit	\$69.10
P004	Minor Prenatal Assessment	\$37.60	K030	Diabetic Management Assessment 4/pt/year Intermediate Assessment or partial assessment on diabetic target organ systems, relevant counseling and maintenance of diabetic flow sheet (lipids, cholesterol, Hgb A1C, urinalysis, blood pressure, fundal examination, peripheral vascular exam, weight, BMI, med dosage).	\$41.35
A920	Medical Management of early pregnancy initial service Initial assessment and administration of cytotoxic medication(s) for the termination of early pregnancy or missed abortion	\$164.60	Q040	Diabetic Management Incentive 1/pt/year MRP - track at minimum lipids, cholesterol, Hgb A1C, urinalysis, blood pressure, fundal examination, peripheral vascular exam, weight, BMI, med dosage discuss/offer prevention measures (vascular protection, influenza, pneumococcal immunization), health promotion counseling and pt self-management support albumin to cr ratio, discuss / offer referral for dilated eye exam foot exam + neurological exam	\$61.20
A921	Medical Management of early or ectopic pregnancy - follow-up visit Same physician as A920/A922	\$37.60	**K029	Insulin Therapy Support max 6units/pt/doc/year, per unit Assessment, support, counseling of pts on intensive insulin therapy (>3 injections / day or infusion)	\$69.10
A813	Midwife-Request Assessment 1 /pt/doc/pregnancy Assessment of a mother OR General A		+E079	Smoking cessation - Initial discussion with patient Complete flowsheet consistent with guidelines from Clinical Tobacco Intervention (CTI) program - 5A's	\$15.85
			K039	Smoking cessation follow-up visit Within 12 months of E079, max 2/yr (+Q042 if in a FHN/FHO), SAME physician as E079, Complete flow sheet	\$34.10
					\$10.45

## Handouts

- Detailed 4 page handout on billing that is
  - Easy to reference
  - Identifies commonly used billing codes
  - Provides the description from the schedule of benefits

E079A	Smoking cessation - initial	
K039A	Smoking cessation - follow-up	
Q015A	Newborn episodic care	
A002A	Enhanced 18-month visit	
P003A	General / Major Prenatal	
P005A	Antenatal Preventative Health	
P004A	Minor Prenatal Assessment	
P008A	Postnatal Care in Office	
A813A	Midwife requested Assessment	
A920A	Medical Management of early pregnancy	
K028A	STD management - per unit	
K032A	Specific neurocognitive Exam	
E080A	First Visit After admission	
E077A	Identification of a patient	
K016A	Genetic assessment - per unit	
K033A	Additional counseling unit	
A680A	Addiction Medicine	
<b>IN BASKET</b>		
K133A	Adults with Intellectual / Developmental Disabilities periodic health	
K132A	Adult +65 periodic health	
K130A	Adolescent periodic health	
K131A	Adult 18 to 64 periodic health	
K017A	Annual health exam - child	
K005A	Primary mental health exam	
K013A	Counseling (sole reason) - per unit	
A003A	Full history (Family hx, PMH)	
A007A	Intermediate Assessment	
A001A	Minor assessment	
A008A	Mini -assessment with a V	
K008A	Diagnostic interview - per unit	
K002A	Interview with relatives	
K007A	Psychotherapy - per unit	
<b>TELEMEDICINE / COVID / EVENING CLINIC</b>		
K301A	+ appointments done by phone	
K300A	+ appointments done by video	
Q012A	After hours premium (+3000)	
<b>In General:</b> • 'A' = assessments, • 'K' = procedures		
• As, Ks, Ps cannot be billed together		

# Local Teaching Tools

## Professional Communication 101

## Documentations and Case Presentations

- ▶ Understand the medico-legal requirements for documentation
- ▶ Understand a clinical reasoning approach “backwards thinking”
- ▶ Review the important parts of a SOAP note
- ▶ Case presentations

## The Inbox 101

- ▶ Develop a general approach to inbox
- ▶ Review things to consider when reviewing (breakout rooms!)
  - ▶ consult notes

## Presentations

- Presentations done live and recorded in the first month
  1. How to manage call
  2. Professional communication – documentation and presentations
  3. Resident Wellness, making mistakes
  4. Introduction to the “Inbox”

	\$2,351.03
	194
	\$12.12
Resident 8	
	\$13.87
	\$9.43
	\$9.40
	\$0.00
al	38%

% of visits	
	1.03%
e	0.52%
	4.64%
	12.89%
	8.25%

	(20 min) total (
	es = out of basket PEDIA
	Midwife-Requested Assessm
	Assessment of a mother OR
	General Assessment. Findin
	verbally/written to midwife
**A815	Midwife-Requested Special A
	Elements of A813 + spend >
H002	Low Birth Weight Visit (uncor
H003	Low Birth Weight Visit (uncor
Q015	Newborn Episodic Care (FHO
A002	Enhance 18 month visit
	Child 17-24 months, “well b
	18 month age appropriate s
	Standardized tool filled out
	(ex. Nippising)
K017	Periodic Health Visit - Child
	Child age 2-15 inclusive
	No diagnostic code require
K130	Periodic Health Visit - Adoles
	Adolescent 16-17 inclusive
	No diagnostic code require
**K008	Diagnostic interview &/or cou
	problem or learning disabili

### OBSTETRICS

+G005	Pregnancy Test
P003	General Assessment (major p
P005	Antenatal Preventative Health
	per pregnancy
	MRP, initial review of antena
	MUST include current risks
P004	Minor Prenatal Assessment
A920	Medical Management of early
	Initial assessment and admi
	of early pregnancy or misse
A921	Medical Management of early
	Same physician as A920/A9
A813	Midwife-Requested Assessment
	Assessment of a mother OR r
	General Assessment. Findin
	verbally/written to midwife
**A815	Midwife-Requested Special As
	Elements of A813 + spend >5
	Postnatal Care in Office (no m





Professional  
Communication

Document  
Case Presentation

The Int

# Quarterlies

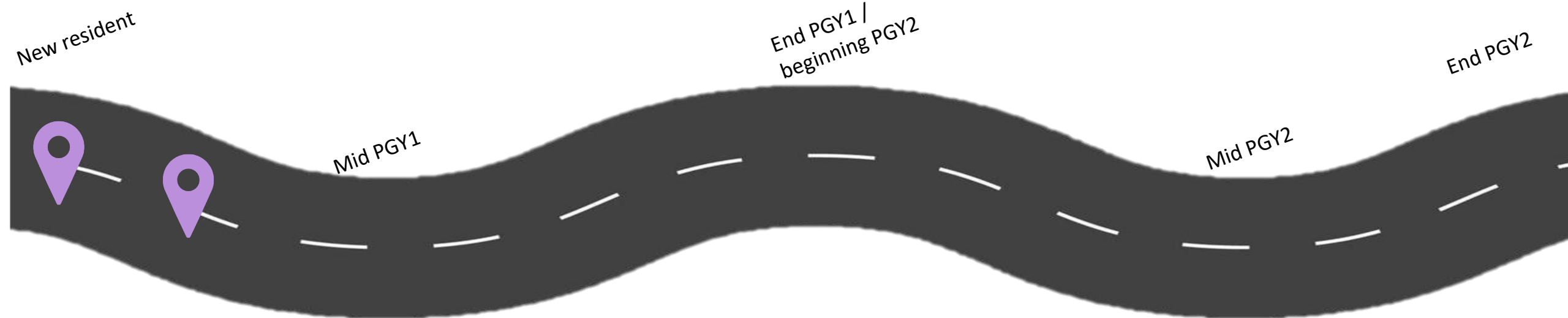
- Residents receive a quarterly billing report that provides
  1. Average income per visit
  2. Highlights codes not used or not used often (?low exposure or low billing)



# Program-Wide Standardized Teaching: Block 7

R2 Central Sessions (AM)	Tuesday December 19, 2023	
	Time	Session
	8:00-8:15am	Introduction/Welcome
	8:15-9:15am	Medicine and the Environment
	9:15-10:15pm	Preparing family doctors for Canadian disasters (case based examples)
	Break 15 minutes	
	10:30-12:00pm	How do we provide care to diverse immigrant and refugee populations in Canada?
	Wednesday December 20, 2023	
	Time	Session
	8:00-9:30am	Indigenous Advocay and Allyship
	Break 15 minutes	
	9:45-11:45am	SAMPs/Practice Exam (2 HRS)
	Thursday December 21, 2023	
	Interest Group Lunch Session (11:50 am-12:00 pm)	
	Time	Session
	8:30-9:30am	Office Emergencies
	9:30-10:30am	Derm Jeopardy
	minutes	
	10:45-11:45am	Wound Care
	Friday December 22, 2023	
Time	Session	
8:00-9:00am	OTD Engagement	
9:00-9:30am	Tips to getting ahead in PM	
9:30-11:45am	Billing Cases	
Monday January 15, 2024 (PM)		
Time	Session	
12:45-2:00pm	Recruiter Fair	
Break 15 minutes		
2:15-3:15pm	Transitioning to Practice	
3:15-4:15pm	E-Health	
4:15-5:15pm	Job searching/comp models/incentives/evaluating practice options	

R1 Central Sessions PM	Tuesday December 19, 2023	
	Time	Session
	12:45-1:00pm	Introduction/Welcome
	1:00-2:00pm	Indigenous Health Funding
	2:00-3:00pm	Fatigue Risk Management (possibly move to Fri)
	Break 15 minutes	
	3:15-4:15pm	X-Rays
	4:15-5:15pm	ECG
	Wednesday December 20, 2023	
	Time	Session
	1:00-2:30pm	Trauma Informed Care
	Break 15 minutes	
	2:45-5:15pm	Palliative Care
	Thursday December 21, 2023	
	Interest Group Lunch Session (11:50 am-12:00 pm)	
	Time	Session
	1:00-2:00 pm	Medical Abortion Care
	2:00-3:00 pm	MAID
	minutes	
	3:15-4:45pm	LGBTQ/Trans Care-Informed consent/approach
Friday December 22, 2023		
Time	Session	
1:00-3:00pm	Intro to Billing	
3:00-4:00pm	WSIB	
4:00-5:00pm	OTD Engagement	
Monday January 15, 2024 (PM)		
Time	Session	
1:00-5:00pm	ProComp Workshop	



- Intro demonstrations
- Intro booklet
- Intro presentation
- CMPA talk in the first 4 months

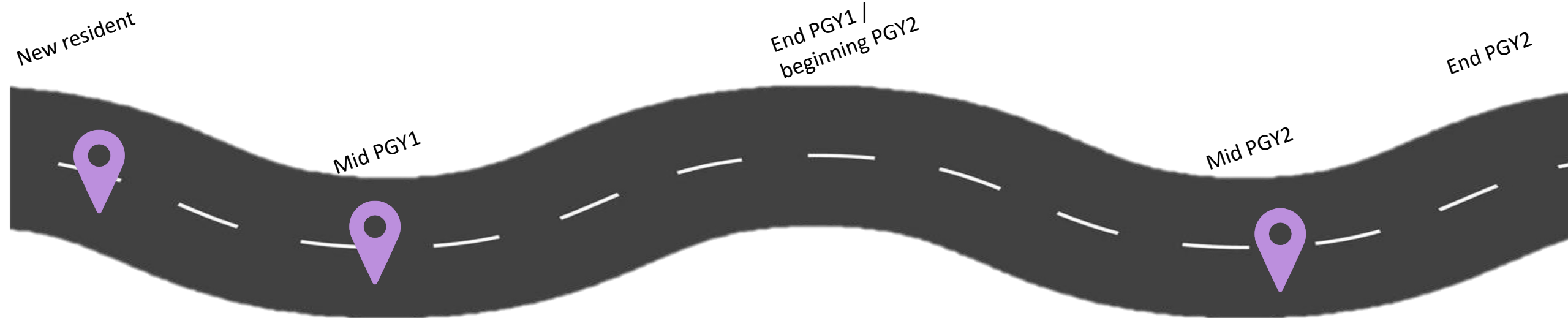
	Mid PGY1	End PGY1	Mid PGY2	End PGY2
Maintain EMR		▲		
Support / Coordinate care transitions			▲	
Follow-up on encounters / results				▲
Complete forms			▲	
Manage prescriptions			▲	
Office billings			▲	
Legal Obligations			▲	
Manage Schedule			▲	
Attend to quality / sustainability			▲	

Early achievement

Expected achievement

Late achievement

Overdue achievement



- Intro to inbox Presentation
- PGY1 block 7: CXR, ECG
- PGY2 block 7: Tips to get ahead

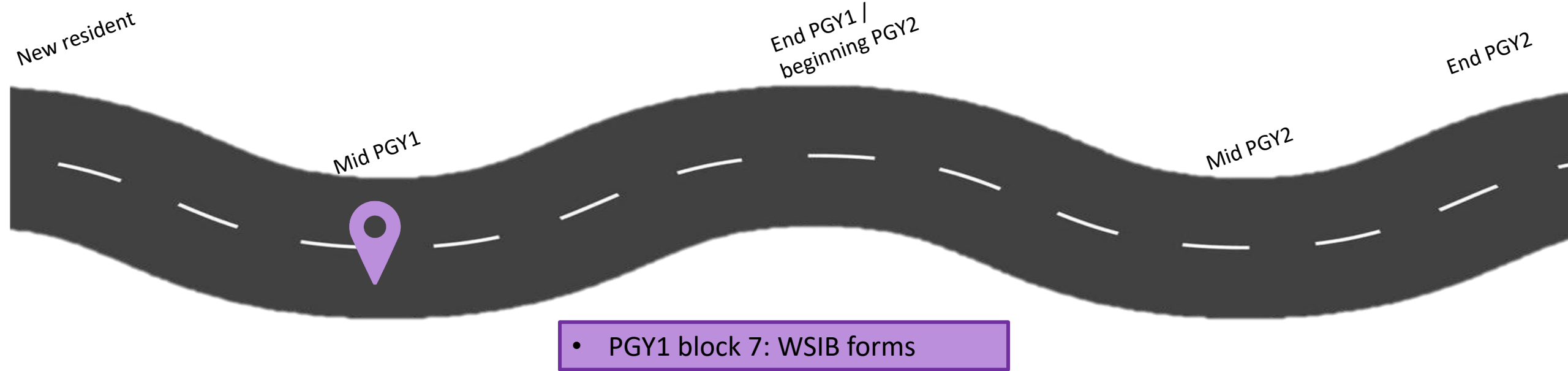
	Mid PGY1	End PGY1	Mid PGY2	End PGY2
Maintain EMR	Expected achievement	Late achievement	Overdue achievement	Overdue achievement
Support / Coordinate care transitions	Early achievement	Expected achievement	Late achievement	Overdue achievement
Follow-up on encounters / results	Early achievement	Early achievement	Expected achievement	Late achievement
Complete forms	Early achievement	Expected achievement	Late achievement	Late achievement
Manage prescriptions	Early achievement	Expected achievement	Late achievement	Overdue achievement
Office billings	Expected achievement	Expected achievement	Late achievement	Overdue achievement
Legal Obligations	Early achievement	Expected achievement	Late achievement	Overdue achievement
Manage Schedule	Early achievement	Early achievement	Expected achievement	Expected achievement
Attend to quality / sustainability	Early achievement	Expected achievement	Late achievement	Overdue achievement

Early achievement

Expected achievement

Late achievement

Overdue achievement



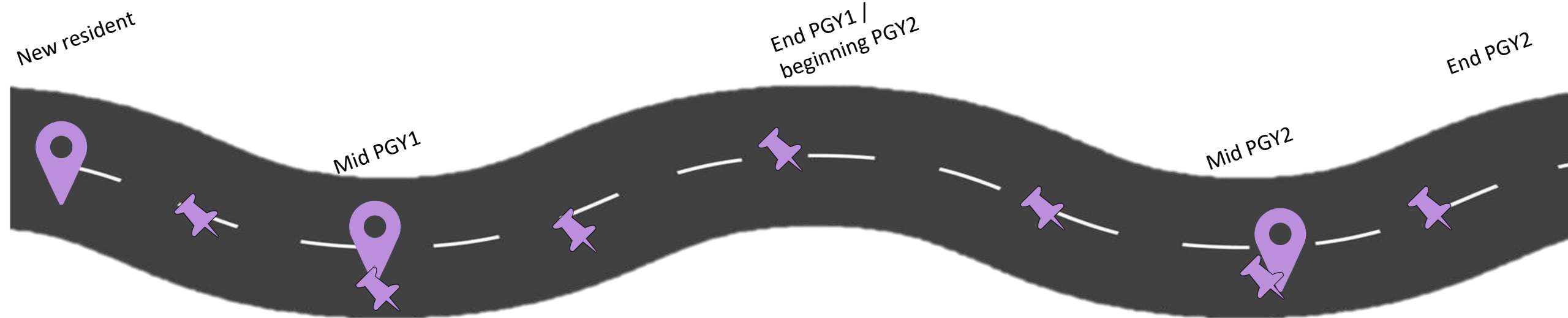
	Mid PGY1	End PGY1	Mid PGY2	End PGY2
Maintain EMR		▲		
Support / Coordinate care transitions			▲	
Follow-up on encounters / results				▲
Complete forms			▲	
Manage prescriptions			▲	
Office billings			▲	
Legal Obligations			▲	
Manage Schedule			▲	
Attend to quality / sustainability			▲	

Early achievement

Expected achievement

Late achievement

Overdue achievement



- Intro to billing handout + presentation
- Billing Quarterlies
- PGY1 block 7: Billing
- PGY2 block 7: Billing, Practice Models

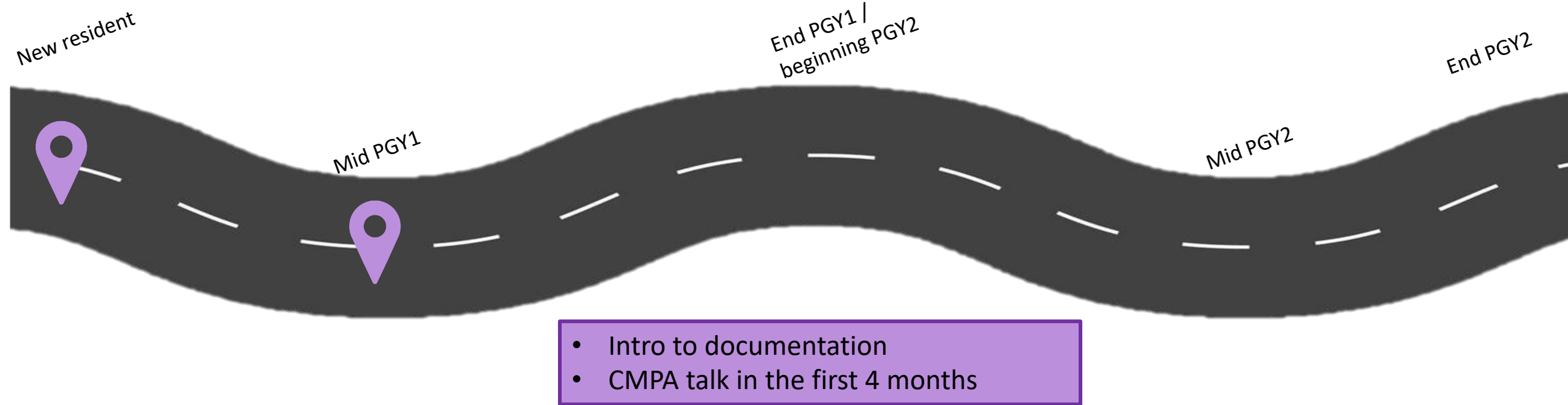
	Mid PGY1	End PGY1	Mid PGY2	End PGY2
Maintain EMR		▲		
Support / Coordinate care transitions			▲	
Follow-up on encounters / results				▲
Complete forms			▲	
Manage prescriptions			▲	
Office billings			▲	
Legal Obligations			▲	
Manage Schedule			▲	
Attend to quality / sustainability			▲	

Early achievement

Expected achievement

Late achievement

Overdue achievement



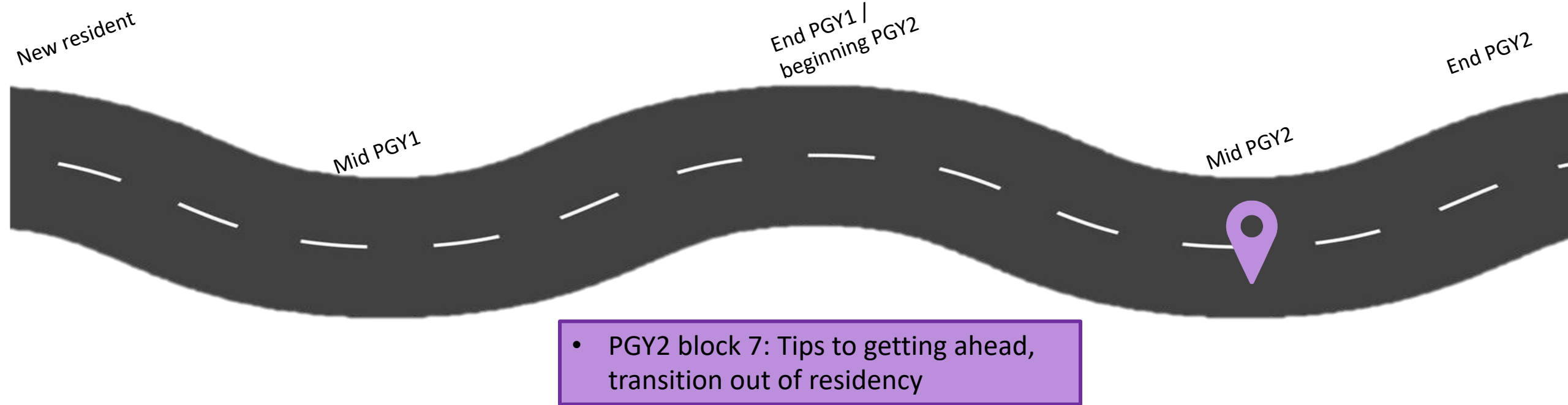
	Mid PGY1	End PGY1	Mid PGY2	End PGY2
Maintain EMR	Expected achievement	Late achievement	Overdue achievement	Overdue achievement
Support / Coordinate care transitions	Early achievement	Expected achievement	Late achievement	Overdue achievement
Follow-up on encounters / results	Early achievement	Early achievement	Expected achievement	Late achievement
Complete forms	Early achievement	Expected achievement	Late achievement	Late achievement
Manage prescriptions	Early achievement	Expected achievement	Late achievement	Overdue achievement
Office billings	Expected achievement	Expected achievement	Late achievement	Overdue achievement
Legal Obligations	Early achievement	Expected achievement	Late achievement	Overdue achievement
Manage Schedule	Early achievement	Early achievement	Expected achievement	Expected achievement
Attend to quality / sustainability	Early achievement	Expected achievement	Late achievement	Overdue achievement

Early achievement

Expected achievement

Late achievement

Overdue achievement



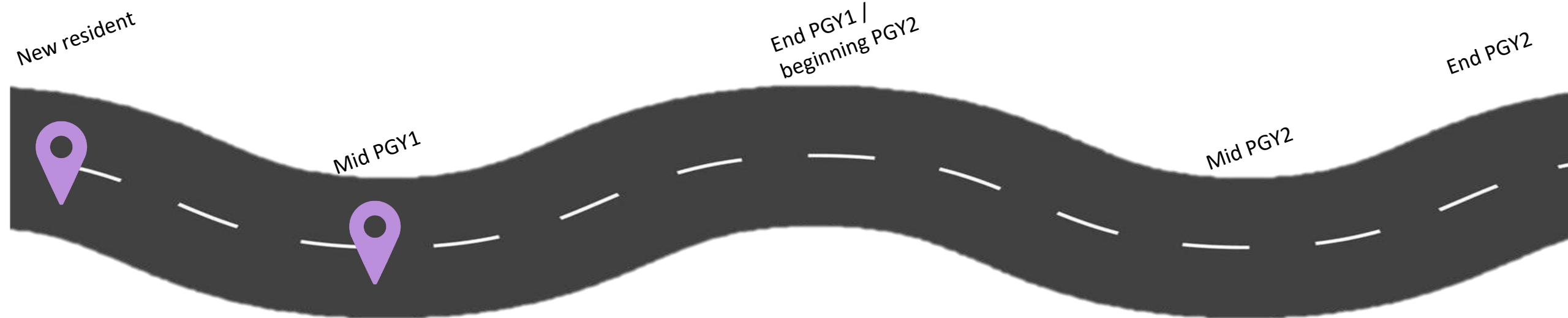
	Mid PGY1	End PGY1	Mid PGY2	End PGY2
Maintain EMR		▲		
Support / Coordinate care transitions			▲	
Follow-up on encounters / results				▲
Complete forms			▲	
Manage prescriptions			▲	
Office billings			▲	
Legal Obligations			▲	
Manage Schedule			▲	
Attend to quality / sustainability			▲	

Early achievement

Expected achievement

Late achievement

Overdue achievement



- Intro presentation – wellness + mistakes
- PGY1 block 7: procomp, fatigue risk management

	Mid PGY1	End PGY1	Mid PGY2	End PGY2
Maintain EMR	Expected achievement	Late achievement	Overdue achievement	Overdue achievement
Support / Coordinate care transitions	Early achievement	Expected achievement	Late achievement	Overdue achievement
Follow-up on encounters / results	Early achievement	Early achievement	Expected achievement	Late achievement
Complete forms	Early achievement	Expected achievement	Late achievement	Late achievement
Manage prescriptions	Early achievement	Expected achievement	Late achievement	Overdue achievement
Office billings	Expected achievement	Expected achievement	Late achievement	Overdue achievement
Legal Obligations	Early achievement	Expected achievement	Late achievement	Overdue achievement
Manage Schedule	Early achievement	Early achievement	Expected achievement	Expected achievement
Attend to quality / sustainability	Early achievement	Expected achievement	Late achievement	Overdue achievement

Early achievement

Expected achievement

Late achievement

Overdue achievement



# Final Thoughts (Social Accountability)...

