

Professional Responsibilities in Residency Training General Psychiatry Residency Program

Background

Aligned with the overarching goal of preparing residents for independent practice in a self-regulated profession, the residency program is responsible for ensuring that all residents demonstrate professional behaviours.

As per the Royal College of Physician and Surgeon's (RCPSC) Professional Role and competencies:

Definition

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Description

Physicians serve an essential societal role as professionals dedicated to the health and care of others. Their work requires mastery of the art, science, and practice of medicine. A physician's professional identity is central to this Role. The Professional Role reflects contemporary society's expectations of physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest. It is also recognized that, to provide optimal patient care, physicians must take responsibility for their own health and well-being and that of their colleagues. Professionalism is the basis of the implicit contract between society and the medical profession, granting the privilege of physician-led regulation with the understanding that physicians are accountable to those served, to society, to their profession, and to themselves.

As with other CanMEDS roles, professional competencies are integrative ones, and cultivated in residency through diverse resident responsibilities (clinical, academic), roles (as patient care providers and learners) and experiences (as part of teams, etc.). Similarly, professional competencies are assessed through diverse aspects of the residency program's assessment strategy, including through ITARs (dedicated Professionalism Assessment Tool, included on certain PGY1 and PGY4 ITARs; as well as integrative competencies as part of rotation requirements/Learner Handover), EPAs, and the PCS Self-Reflection. In addition to clinical assessments, professional accountability of residents to each other in teaching and for their own learning is an important part of physicianhood – contributing to a culture of lifelong learning, engagement in productive struggle, and co-construction of safe learning environments.

This guideline includes information about the following professional responsibilities in residency training:

1. Residency program hours for clinical rotations and teaching/academic events.
2. Attendance on rotations.
3. Attendance at academic half-day (AHD) and protected teaching days, including timely communication to primary supervisors about attendance at such events.
4. Camera use during virtual teaching sessions.

Residency Program Hours – Clinical Rotations and Teaching/Academic Events

Residency program hours are **0800-1800** for both clinical rotations and teaching/academic events. It is at the discretion of primary supervisors in collaboration with PG Site Directors if rotations start later or end earlier than the times noted above.

Residents who require accommodations should contact the Office of Learner Affairs:

<https://meded.temertymedicine.utoronto.ca/office-learner-affairs>

Please note: Should a resident have accommodations that limit time on rotation, this may be reviewed at the Psychiatry Competence Committee and/or Resident Assessment and Support Subcommittee to provide guidance to the Program Director as to whether time on rotation would benefit from modification to support resident’s meeting rotation-based competencies.

Attendance on rotations

1. Informing supervisor of absence - When a resident is unable to be present on their assigned rotation, they should e-mail their primary supervisor and cc the medical education administrative assistant/coordinator to advise them of their absence as soon as possible. Absences should be documented in the resident’s ITAR and in POWER.
2. Prolonged or repeated absences – If a resident is absent for more than one week or there is a pattern of repeated absences, the primary supervisor should contact the PG Site Director to institute any additional supports as needed. In coordination with the Program Director, residents with repeated absences may also be asked to provide a physician’s letter to their PG Site Director and primary supervisor to support their absence – this letter does not need to include any personal health information and should confirm that the resident was away due to illness/a medical issue.
3. Leave of Absence – Any leaves of absences should involve the Program Director.
4. Impact on absences on assessment on rotation - Significant absences on clinical rotations can result in the residency program requiring that residents either repeat or extend their time on a rotation.

Residents are learners, service providers, and members of a regulated health profession (as per the College of Physicians and Surgeons of Ontario – CPSO). As such, **assessment of learners related to any absences on a rotation must integrate all three roles in preparation for independent practice**. As learners, residents are expected to participate in clinical

rotations to acquire and demonstrate competency training requirements. The Royal College of Physicians and Surgeons of Canada (RCPSC) also defines a training standard for residency programs in Psychiatry to minimize fragmentation on rotations – exclusive of longitudinal activities such as core teaching and psychotherapy, **all residents must maintain a minimum of 3-3.5 days per week on clinical rotations**. This is intended to foster learning and robust patient care which are inextricably linked. As service providers, residents are also expected to provide patient care during clinical rotations. Finally, as members of a regulated health profession, residents are expected to demonstrate the highest standard of professional behaviours as a part of a self-regulated profession.

Competence by Design (CBD), the RCPSC's version of competency based medical education (CMBE), is a hybrid of both time and outcome-based education. As such, **time spent on clinical rotations remains a significant component of residency training** for residents to fulfill all their roles as learners, service providers, and members of a self-regulated health profession.

Please note – At any time, residents can access supports via the Office of Learner Affairs (OLA). Supervisors and PG Site Directors are also advised to encourage residents to access OLA supports as needed. <https://meded.temertymedicine.utoronto.ca/office-learner-affairs>

Attendance at Protected Teaching Days

1. Residents are expected to **maintain at least 70% attendance at academic half-days** (AHD)/core teaching. Faculty, residency program leadership (e.g. rotation or curriculum coordinators, program director) and/or program administrators may take attendance at any time during teaching sessions. Attendance will be documented on Psychiatry Competence Subcommittee (PCS) reports and be considered as a part of a resident's overall performance and professional conduct in terms of progress and progression in the program.
2. If a resident is **unable to attend core teaching**, the expectation is that they will inform the residency program (for PGY1,2,5 academic half-days) or rotation or curriculum coordinators (for PGY3 and 4 academic half-days) that they are unable to attend.
3. For **protected teaching days** (see list on Quercus), residents must **inform or submit their requests to primary supervisors at least 4-weeks in advance** that they plan to attend the event. Most events are protected once during residency training – remaining protected days are at the discretion of the primary supervisor and may require using PARO educational leave. As per the collective agreement: *“Such leave may be taken by housestaff at any time, provided only that professional and patient responsibilities are met to the satisfaction of the hospital department head.”* In most cases, the primary supervisor acts as the delegate of the department head.

Camera use during virtual teaching sessions

Please refer to the residency program's Virtual Learning Guidelines:

<https://psychiatry.utoronto.ca/policies-and-guidelines>

For large group teaching, residents are expected to turn their **cameras on during interactive components** of core teaching or to indicate to the faculty teacher when they are unable to do so (e.g. via chat in Zoom).

For small group teaching, **all residents are expected to keep their cameras on** during the entire teaching session, and to indicate to the faculty teacher if they are unable to do so.

The residency program may randomly audit virtual teaching sessions to ensure that cameras are being turned on during relevant portions of teaching sessions. **Failure to turn cameras on** during interactive components of large group teaching or keeping cameras on during small group teaching **may result in a resident's attendance not being counted for the teaching session**. Finally, any resident who remains in the main room [for Zoom] during breakout sessions may be considered absent from the teaching session.

Enhanced Support Plans

Residents may be identified via residency program assessments (e.g. EPAs, ITARs, PCS reports) as requiring additional support with regards to meeting professional responsibilities. In these circumstances, residents may be referred to the **Resident Assessment and Support Subcommittee (RASC)** or for more serious concerns related to professional conduct, to the **Board of Examiners-Postgraduate Programs (BOE-PG)** <https://pgme.utoronto.ca/chunk/board-of-examiners/>. In general, residents should transparently disclose any remediation during residency training if requested by the College of Physicians and Surgeons of Canada (CPSO) to do so.

Created by: Program Director and Associate Program Director, with PRPC input.

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