

Modification of the 75% Rule

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Policy proposal to amend the current McGill faculty policy on regulating absences, leaves and rotation attendance.



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Introduction

In recent months, the Association of Residents of McGill (ARM) has received increasing numbers of complaints about request for absence refusals in the context of what is now referred to as the “75% rule”, an academic policy that defines the validity of a rotation by defining the appropriate attendance required. The application of this rule, however, is vague and there have been conflicting statements from both residents and faculty. This document aims to further define the problem, identify solutions to prevent conflicts within programs and faculty, and ensure an appropriate application of the 75% rule.

To define the 75% rule, we must defer to university and faculty policies at the Post-Graduate Medical Education (PGME) level. The following is an extract from McGill University’s **"Assessment and Promotion in Postgraduate Residency Programs"** (McGill University Faculty of Medicine Office of Postgraduate Medical Education, 2017):

3.13 In order to meet pedagogical requirements, a resident should not miss more than 1/4 of a rotation due to illness, conference leave, vacation, etc. A rotation which includes less than 3/4 of the expected time commitment may be considered INCOMPLETE.

3.14 An INCOMPLETE rotation should be completed, unless there was sufficient time for the resident to have achieved the required competencies. The period of time needed to complete such a rotation is determined by the nature of the experience and the need for continuity: e.g. a 2-week illness during an Emergency rotation could be made up by 2 weeks in the Emergency room, whereas a 2-week illness during an ICU rotation might require a 4-week ICU rotation in order to be considered complete. This will be determined by the Program Director based on the goals and objectives of the Residency Program and the resident’s acquired competencies, in consultation with the PPC/CC.

3.15 The faculty supervisor determines whether or not time spent by the resident on rotation was sufficient for meaningful assessment.

This document introduces the notion of “incomplete” rotation, whereby a student that spends less than ¾ of the “time” in the rotation can have their rotation marked as “incomplete” and typically would need to “complete” it by doing, for instance, additional call or day shifts in the respective service. Program Directors and rotation supervisors have traditionally defined the necessary time. The policy’s main goal is to ensure resident learning, and to prevent abuse and extensive absences.

However, the definition of absence – and what constitutes an acceptable absence – still remains vague. The above-mentioned list (“due to illness, conference leave, vacation, etc.”) does not include or exclude statutory holidays, off-service calls, and program specific requirements (such as teaching, continuity clinics or others), thereby creating conflict. Different applications of the 75% rule have been confusing residents and faculty alike. We aim to clear the confusion and ensure standardization of the faculty’s aim in ensuring appropriate attendance.

Finding a solution

We looked at different faculties across Canada and gathered their faculty guidelines and compiled them in the following table. Policies from the 17 Canadian universities regarding incomplete rotations or their equivalent “75% rule” are available in greater detail in the document’s appendix (See Appendix 2). The following table summarizes our understanding of their interpretation of their rules.

	Notion of incomplete rotation	Attendance requirement (percentage)	List of absences	Holidays mentioned	Pre- and Post- call consideration
Ontario					
McMaster	Yes	50%	No	No	No
Queen’s	Yes	75%	+/- ¹	Yes	No
University of Toronto	No	N/A ²	N/A	N/A	N/A
University of Ottawa	No	N/A	N/A	N/A	N/A
NOSM	No	N/A	N/A	N/A	N/A
Western	Yes	None	+/-	No	No
Quebec					
Université de Montréal	Yes	75%	Yes	Yes	Yes
Sherbrooke	Yes	75%	Yes	Yes	Yes
Université Laval	Yes	75%	Yes	Yes	Yes
McGill	Yes	75%	+/-	No	No
British Columbia					
UBC	No	N/A	N/A	N/A	N/A
Alberta					
University of Alberta	Yes	75%	+/-	Yes	No
University of Calgary	Yes	75%	No	No	No
Saskatchewan					
University of Saskatchewan	Yes	None	No	No	No
Manitoba					
University of Manitoba	Yes	75%	No	No	No
Atlantic provinces					
Dalhousie	Yes	75%	+/-	Yes	Yes
Memorial University	Yes	66%	+/-	No	No

¹ +/- : indicates that there is a mention of a list absences. However, these are not detailed.

² N/A: indicates that there is no documented mention of the category within our sources. However, this does not exclude a possible different application at an institution level.

Four of the sixteen universities do not mention the notion of incomplete rotation. Two universities mention the notion of incomplete rotation, but do not specify an exact percentage of absences after which the rotation is considered invalid. Two universities have a similar rule, but use another percentage to define the validity of a rotation (50% for McMaster and 66% for MUN). Eight universities in Canada – and all 3 others in Quebec – have a similar rule with the same percentage.

Of the twelve that introduce the notion of incomplete rotation, five explicitly mention holidays as part of absences (Montreal, Laval, Dalhousie, Alberta, Queen's). Others mention leaves in general, sometimes followed by a list that neither includes nor excludes statutory holidays, much like McGill. In general, pre/post-call periods and academic activities or committees are not considered an absence in other universities. This is often implied at McGill but it is not documented in the policy. Other guidelines, such as that from Université de Sherbrooke and Université Laval, is both faculty and resident oriented. It provides residents with different examples on how the guideline is applied.

The aim of the 75% rule and how it distinguishes an incomplete rotation is a requirement from the Collège des médecins du Québec (CMQ), as shown in the Appendix 1. The above definition from the PGME policy introduces the notion of "expected time commitment". During a certain rotation, the collective agreement expects residents to attend all clinical duties during the duration of the rotation. A rotation typically has 20 days of "expected time commitment" during weekdays. To this, we must add call duties on weekends, which can be done during the day or during the night. Programs expect residents to complete a minimum of calls during each rotation; thus, adding to their overall clinical exposure and "expected time commitment". However, clinical duties vary significantly dependent on the specialty and the number of calls expected. It is thus difficult to define an expected time commitment by a number.

Moreover, moving forward, as competency by design becomes a standard teaching method and curriculums will be based around this model, defining a time-based model to achieve rotation completion, may become out-dated. Thus, many variables come into play when calculating the minimum time commitment necessary to meet rotation objectives, and all these factors should be integrated by program directors and rotation supervisors. We propose that a clear and complete list of different types of absences – including pre/post call days, statutory holidays, conference days, sick leave, personal days, academic teaching, continuity clinics and academic or faculty responsibilities – be adopted to facilitate understanding resident commitments and ensure a standardized application.

The next section consists of the ARM's proposal for a policy that could be adopted during the 2017-2018 academic year and would be applied to all residents from July 2018 onwards.

ARM proposal: Policy Related to Incomplete rotations

As is described in the McGill Post-Graduate Medical Education Policy on Assessment and Promotion in Postgraduate Residency Programs (McGill University Faculty of Medicine Office of Postgraduate Medical Education, 2017), a resident must meet the minimum attendance criteria during a rotation for it to be considered valid, or complete. A minimum of 75% of attendance during a rotation has been established by the Collège des médecins du Québec (CMQ) and is considered the benchmark at McGill University.

In order to meet pedagogical requirements, a resident should not miss more than 1/4 of a rotation due to illness, conference leave, vacation, etc. A rotation which includes less than 3/4 of the expected time commitment may be considered INCOMPLETE.

We aim to create a guideline, by which residents and faculty alike can follow, rather than a specific number rule, particularly as we move forward into competency by design (CBD).

1) Expected time commitment

We refer to the notion of “expected time commitment” as the number of days during which a resident is expected to be executing clinical duties while completing a rotation. The academic year is divided into 13 blocks of 4 weeks, and a rotation typically involves one 4-week period, or 20 clinical weekdays. To this, we add standard call duties on weekends and nights (after 5 pm on weekdays), as designated by the Collective agreement. These calls provide residents with clinical exposure and can therefore be considered in judging the resident’s “expected time commitment”. However, a basic 20-day goal rotation can be applied. We, however, recommend that, residents, in collaboration with their rotation supervisors, re-discuss “expected time commitment” in the context of nightfloat, evening calls and weekend calls, if necessary. This aspect becomes particularly important in the new era of CBD.

2) Absences

A resident can be excused from attending clinical duties during a rotation for granted leave, academic purposes or extenuating circumstances. Other absences however are deducted from “expected time commitment”. The following lists such examples.

The following activities are considered as ABSENCES (or leaves, as defined by the Collective Agreement between the FMRQ and the MSSS), and are included within the 75% rule:

- Vacations;
- Conference leaves;
- Maternity leave;
- Paternity leave;
- Bereavement leave;
- Study days;
- Sick leave and personal days;
- Study leave;

- Leave for marriage or civil union;
- Leaves taken to replace banked statutory holidays.

The following activities are NOT considered as ABSENCES, and are exempted from the 75% rule³:

- Statutory holidays (maximum two (2) per 4 week block)^{4 5};
- Pre-call and post-call days;
- Academic days, half-days, and other protected teaching sessions, as mandated by the program;
- Examinations and additional training required by the residency program or Canadian certification bodies (eg. Royal College, LMCC, CCFP);
- Activities organized by the FMRQ or the ARM that are approved by the PGME office;
- Activities directly related to a position in the ARM or the FMRQ, that are approved by the program director and the rotation supervisor;
- Committees related to internal or external revision of residency programs in the context of accreditation;
- Committees related to post-graduate medical education, on a local or on a national level (McGill PGME, FRMQ, RCPSC, CFPC, CMQ, AFMC, etc.);

³ These absences are in conjunction with the application of Articles 3.14 and 3.15 of the PGME policies as detailed above.

⁴ Other statutory holidays within the same block could be counted as absences.

⁵ This excludes block 7 where statutory holidays exceed this number, and calls and scheduling vary depending on the rotation and supervising facility.

Appendix 1: CMQ Policy on Rotation Validity

From the CMQ "Politique relative à la validité des stages" (Comité des études médicales et de l'agrément, Collège des médecins du Québec, 2008):

ATTENDU QU'il y a lieu d'établir une politique relative à la validité des stages pour harmoniser les positions des divers organismes tout en assurant une certaine flexibilité;

ATTENDU QUE des circonstances particulières peuvent justifier des absences durant les stages;

ATTENDU QU'il y a lieu de minimiser les délais de promotion;

Il est résolu,

(céma 08-03)

1. d'abroger la résolution CAE-CEM 98-25 concernant la politique relative à la validité des stages et aux absences en cours de formation;
2. de considérer qu'un stage est valide si le résident y a été présent pendant au moins 75% de sa durée;
3. de laisser à la faculté de médecine le soin de recommander, exceptionnellement, qu'un stage qui ne répond pas à cette règle soit considéré valide.

Appendix 2: Policies from other Canadian Universities

Université de Montréal

From the PGME "Guide du résident" (Université de Montréal, Faculté de Médecine, Vice-décanat aux études postdoctorales, 2017)

Mention «succès»

Pour obtenir la mention « succès » et pour que le stage soit valide, vous devez en avoir complété au moins les **trois quarts (75 %)**. [SEP]

Note : **les congés de maladie, les suspensions (congés sans solde), les jours fériés et les vacances sont considérés comme des absences mais les lendemains de garde ne le sont pas.** Une garde de fin de semaine (de samedi à dimanche ou de dimanche à lundi) ne compense pas une absence. Les gardes font partie intégrale de la formation et un stage ne peut être considéré comme valide sans les gardes, exception faite du retrait préventif à partir de 20 semaines de grossesse prévu à la convention collective.

Mention «stage invalide»

Dans le cas où le résident n'a pas complété 75 % de son stage, le stage est considéré invalide et le Comité d'évaluation doit décider si ce stage doit être ultérieurement complété ou repris en entier.

Absences: congé de maladie, de maternité, de paternité, pour études, pour congrès.

Non-comptabilisées: cours obligatoires du programme ou de la faculté, examens, participation à des comités à visée pédagogique. "

From the PGME "RÈGLEMENT DES ÉTUDES MÉDICALES POSTDOCTORALES" (Université de Montréal, n.d.)

11.5 Évaluation des stages

b) Mention au dossier

Le comité d'évaluation se prononce sur chaque évaluation de stage et accorde une mention globale de « succès », « échec » ou « inférieur aux attentes » qui sera inscrite au dossier du résident. Dans sa décision, le comité d'évaluation tient compte de la fiche d'appréciation de stage ainsi que de toute autre forme d'évaluation faite en cours de stage. La mention « échec » ou « inférieur aux attentes » constitue une évaluation de stage défavorable. **Pour obtenir la mention « succès », le résident doit avoir complété au moins les trois quarts de son stage.** [SEP]

c) Stage incomplet

Pour qu'un stage soit valide, le résident doit y avoir été présent pendant au moins les trois quarts de sa durée. Dans le cas contraire, le comité d'évaluation décide si ce stage doit être ultérieurement complété ou repris en entier.

Université Laval

From the PGME "Guide du résident" (Université Laval, Faculté de Médecine, Vice-décanat aux études postdoctorales, n.d.)

Note globale attribuée à un stage

La note globale peut prendre l'une ou l'autre des formes suivantes :

- * P : Succès
- * N : Échec
- * DF : En difficulté
- * **F : Évaluation impossible (stage non valide)**

Validité d'un stage

Pour qu'un stage soit valide, le nombre de jours d'absence ne doit pas excéder 25% du total de semaines de stage. Noter que **les congés fériés sont des absences** alors que les lendemains de garde n'en sont pas. Afin de faire les calculs correctement, vous référer à votre grille de stages. Par exemple, pour un stage de 4 semaines, le total des absences ne doit pas dépasser une semaine.

Université de Sherbrooke

From the PGME "PROCÉDURE RELATIVE À LA VALIDITÉ D'UN STAGE" (Université de Sherbrooke, Faculté de médecine et des sciences de la santé, Vice-décanat aux études postdoctorales, 2013)

Peu importe sa durée, **un stage sera considéré valide dans la mesure que la résidente ou le résident a été présent durant la majeure partie de son stage.** Le Collège des médecins du Québec (CMQ) a établi la règle du 75%, c'est-à-dire qu'il considère qu'un stage est jugé valide lorsque la résidente ou le résident a été présent pendant au moins 75% de sa durée.

L'application de cette règle doit tenir compte de la durée du stage ainsi que du nombre de jours ouvrables. Malgré la simplicité apparente de cette règle, plusieurs autres facteurs peuvent en compliquer le calcul. Afin de promouvoir une interprétation et une application rigoureuse de cette règle, les études médicales postdoctorales ont jugé utile d'y apporter certaines clarifications sur les points suivants :

1. LES ACTIVITÉS HORS STAGE

Les activités suivantes SONT considérées comme des absences :

Les congés suivants, inclus dans l'entente collective entre la FMRQ et le MSSS :

- * Maladie,
- * Suite à un décès,

- * Pour mariage ou union civile,
- * Vacances annuelles,
- * De maternité,
- * De paternité (5 jours rémunérés),
- * Congés pour études, incluant les jours d'études utilisés pour la préparation aux examens de certification des Collèges,
- * Congrès (sauf exception),
- * Les reprises de congés fériés accumulés.

Les activités suivantes NE SONT PAS considérées comme des absences :

- * Les « **lendemains de garde** », incluant ceux qui découlent d'une garde de fin de semaine;
- * Les quarts de travail de nuit dans le cadre des modalités de garde en vigueur dans un département incluant l'assignation à une semaine complète de quarts de travail de nuit (comptabilisés comme des jours de stage);
- * Les **activités d'enseignement** faisant partie du curriculum académique formel;
- * Les **activités syndicales** organisées par la Fédération des médecins résidents du Québec (FMRQ) sur les heures de travail et pour lesquels la FMSS a autorisé la libération des résidents;
- * La **participation**, avec l'approbation de la direction de programme et de la vice-doyenne ou du vice-doyen aux études médicales postdoctorales, **à la révision interne et externe d'un ou plusieurs programmes de résidence** tant dans sa faculté d'attache que dans tout autre faculté canadienne (les processus d'agrément);
- * La **participation**, avec l'approbation de la direction de programme et de la vice-doyenne ou du vice-doyen aux études médicales postdoctorales, **à un groupe de travail ou à un comité facultaire**, universitaires, provincial ou national traitant de sujets ou d'enjeux liés à la formation médicale postdoctorale;
- * La **participation**, avec l'approbation de la direction de programme et de la vice-doyenne ou du vice-doyen aux études médicales postdoctorales, **à un comité officiel d'un Collège ou d'un tout autre organisme officiels impliqués dans la formation postdoctorale** (Collège Royal des médecins et chirurgiens du Canada, Collège des médecins de famille du Canada, Collège des médecins de famille du Canada, Association des facultés de médecine de Canada);
- * La **participation**, avec l'approbation de la direction de programme et de la vice-doyenne ou du vice-doyen aux études médicales postdoctorales, **à des activités formelles découlant d'une fonction officielle occupée au sein de la Fédération des médecins résidents du Québec ou de son association locale**;
- * Par exception, la participation à un congrès scientifique ou médical avec invitation à présenter une communication écrite ou orale à la suite d'un travail de recherche réalisé au cours de la résidence;

2. LE NOMBRE DE JOURS OUVRABLES

La règle du 75% s'applique ainsi sur le nombre réel de jours ouvrables sur lequel le stage concerné s'échelonne. **À ce nombre, nous devons soustraire les congés fériés.** Les congés fériés sont conséquemment exclus du nombre de jours ouvrables. Le calcul s'applique toujours sur le nombre réel de jours ouvrables. Vous retrouverez dans l'annexe plusieurs exemples de calcul de la validité de stage à partir de divers scénarios qui illustrent aisément l'application de la règle de 75% de présence en stage.



University of Ottawa

No mention of 75% rule or notion of incomplete rotation in available documentation

University of Toronto

No mention of 75% rule or notion of incomplete rotation in available documentation

Northern Ontario School of Medicine

No mention of 75% rule or notion of incomplete rotation in available documents.

University of British Columbia

No mention of 75% rule or notion of incomplete rotation in available documentation

McMaster University

From the PGME "POLICY AND PROCEDURES FOR THE EVALUATION OF POSTGRADUATE STUDENTS' PERFORMANCE" (McMaster University Postgraduate Medical Education, 2009)

V. EVALUATION PROCESS

Within each domain and for each goal and objective on the ITER, there may be several levels of competence identified. However, the overall (summative) evaluation on the ITER should indicate one of the following designations:

Satisfactory: Student has successfully met the goals and objectives of the rotation

Provisional Satisfactory: Student has demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies identified in the rotation objectives, or any other requirement of the rotation, and that while such deficiencies require remediation, they are not so severe to necessitate the Student repeating the entire rotation; the Clinical Supervisor believes that the Student can satisfy the deficient rotation objective(s) or requirement(s) during other rotations.

Unsatisfactory: Student has demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies identified in the rotation objectives, or any other requirement, and the Clinical Supervisor believes that the rotation objective(s) or requirement(s) can only be reasonably met by remediation and having the Student repeat the entire rotation. (For example, a designation of "Unsatisfactory" is appropriate and remediation is necessary where the deficiency is in the "Medical Expert" category of the rotation.)

Incomplete: “Incomplete” indicates that the Clinical Supervisor has been unable to properly and fully evaluate the Student because the Student’s time spent on the rotation was insufficient, for whatever reason, e.g. illness, extenuating circumstances etc. As the rotation is incomplete, time will have to be made up to fulfill the requirements of the rotation. **As a guideline, a designation of “Incomplete” may be appropriate where the Student has not spent at least 50% of the required time on the rotation.** Even where a designation of “Incomplete” is indicated, the Clinical Supervisor should complete the ITER in order to document the Student’s time spent in the rotation and the Student’s performance during that limited time.

University of Calgary

From the PGME “Resident Assessment Policy” (University of Calgary Postgraduate Medical Education, 2014)

7 Rotation Assessments

7.9 A rotation may be deemed “incomplete” if less than 75% of the rotation length and/or rotation elements are completed.

7.91 The RPC shall, at its discretion, determine the minimum time required to complete a rotation, recommended to be no less than 75% of the advertised rotation length.

7.92 Programs using competency based definitions will develop their own guidelines and definitions for successful completion.

University of Alberta


From the PGME “Resident Assessment Guidelines and Procedures” (University of Alberta Faculty of Medicine and Dentistry Postgraduate Medical Education, 2015)

6. Rotation Attendance Requirement

* In order to meet pedagogical requirements, **a resident should not miss more than 1/4 of a rotation or a horizontal learning experience due to illness, leave, holidays etc.**

* **A rotation or horizontal learning experience that includes less than 3/4 of the expected time commitment for program-endorsed clinical and academic activity may be considered incomplete**, subject to the discretion of the Rotation Supervisor/Program Director.

* An incomplete rotation or horizontal learning experience should be completed, the duration of which is determined by the nature of the experience and the need for continuity of the clinical experience.

* For any clinical rotation, the Program Director in consultation with the Rotation Supervisor will determine whether or not the clinical experience of the resident was sufficient for meaningful assessment. 



University of Manitoba

From the PGME "Resident Assessment, Promotion, Remediation, Probation, Suspension and Dismissal Policy" (University of Manitoba Faculty of Health Sciences, 2017)

3. PROCEDURES – ASSESSMENT

3.4 **For Incomplete Rotations**, the following procedures apply:

- * 3.4.1 **Should a resident fail to complete seventy-five per cent of a rotation, then the Rotation Supervisor and/or Residency Program Director must record this as an incomplete rotation** on the rotation assessment.
- * 3.4.2 In order to receive credit on the rotation the resident must complete a supplementary rotation and must meet all of the goals and objectives of the rotation, taking both the original incomplete and the supplementary rotation credits into account.

University of Saskatchewan

From the PGME "Assessment of Postgraduate Trainees: Guiding Principles" (University of Saskatchewan College of Medicine Postgraduate Medical Education, 2014)

Impact of leaves on rotations and their outcomes:

1. **When a resident fails to meet the objectives of a rotation because of legitimate, and duly approved, absences from the program, the rotation may be extended or a supplemental rotation required. This will not be designated nor reported as a remedial rotation but will be recorded as an incomplete rotation** until the resident has demonstrated that they have met the objectives of the rotation.
2. When a resident fails to meet the objectives of a rotation because of unsanctioned absences (absences not approved through appropriate channels) this will be addressed as a failure of professional behaviour and may lead to remedial or probationary recommendations.

Dalhousie University

From the PGME "ASSESSMENT OF TRAINING AND PROMOTION REGULATIONS" (Dalhousie University Postgraduate Medical Education, 2017)

3.0 INCOMPLETE ROTATIONS/CLINICAL LEARNING EXPERIENCES

It is critical that a postgraduate trainee obtain sufficient clinical experience to meet pedagogical requirements, and to provide adequate opportunity to be appropriately assessed. **A non-CBME Program clinical rotation or clinical learning experience that includes less than 75% of the expected clinical experience, regardless of the reasons (illness, leave, holidays, etc.), may be considered as incomplete. Post-call days off and regularly scheduled academic sessions (eg academic half day) should not be counted as time away.** In such cases, the Program Director, in consultation with the Clinical/Rotation/Designated Supervisor will determine whether the clinical experience of the postgraduate trainee was sufficient for meaningful evaluation. If so,



that evaluation may be “pass”, “fail” or “borderline” or in the case of Family Medicine, “progress as expected”, “some concerns about progress” or “significant concerns about progress”. If not, it will be “incomplete” and the requirements for the completion of the rotation or clinical learning experience will be outlined. The requirements for completing the rotation will be based on the performance of the postgraduate trainee, the nature of the experience and the need for continuity of the clinical experience.

Memorial University

From the PGME "Evaluation, Promotion, Dismissal, and Appeal Policy" (Memorial University Faculty of Medicine Postgraduate Medical Education, 2007)

4.0 Incomplete Rotations

4.1 A rotation is considered incomplete if a resident completes less than two-thirds of the expected time commitment for that rotation.

4.1.1 A resident should not miss more than one-third of a rotation due to any combination of leaves (illness, conference, vacation, etc.)

4.2 A resident will be required to complete an incomplete rotation, which may result in an extension of training.

4.2.1 The time requirement necessary to complete the rotation will be determined by the Program Director, RPC, and PGME office, based on the nature of the experience, the need for continuity, and the resident’s performance within the rotation. The resident may be required to repeat the rotation in full.

Western University

From the PGME "Resident Evaluation and Appeals Policy" (Schulich Medicine and Dentistry Postgraduate Medical Education, 2012)

INCOMPLETE ROTATION OR HORIZONTAL LEARNING EXPERIENCE

It is critical that a Resident obtain sufficient experience to meet pedagogical requirements, and that there be adequate opportunity to appropriately evaluate a Resident’s performance.

A rotation/horizontal learning experience will be designated “incomplete” if a Resident is unable to complete it or is absent from a significant component due to illness, leave, vacation, etc., and the Program Director determines that the goals and objectives of the rotation/horizontal learning experience were not achieved or that the Resident cannot be properly and fully evaluated. An incomplete rotation/horizontal learning experience will normally have to be completed or repeated as determined by the Program Director and RTC.



Queen's University

From PGME "Resident Assessment Process at Queen's University" (Queen's University School of Medicine Postgraduate Medical Education, 2012)

8.0 Incomplete Rotations

8.1 In order to meet pedagogical requirements, **a resident should not miss more than 1/4 of a rotation or horizontal learning experience due to illness, leave, holidays etc.**

8.2 **A rotation or horizontal learning experience that includes less than 3/4 of the expected time commitment may be considered incomplete.**

8.3 An incomplete rotation or horizontal learning experience should be completed, the duration of which is determined by the nature of the experience and the need for continuity of the clinical experience.

8.4 For any clinical rotation or horizontal learning experience, the Program Director or delegate in consultation with the Rotation Supervisor will determine whether or not the duration of a resident's learning experience was sufficient to support meaningful assessment.

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