



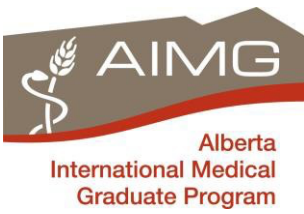
Alberta  
International Medical  
Graduate Program

**Externship Handbook 2023 Edition**

*FOR EXTERNS*

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## AIMG PROGRAM OFFICE CONTACT INFORMATION

The AIMG Program office is located at: University of Calgary, Health Sciences Centre  
HMRB G06  
3330 Hospital Drive NW  
Calgary, AB T2N 4N1

E mail: [aimg@ucalgary.ca](mailto:aimg@ucalgary.ca)

website: [www.aimg.ca](http://www.aimg.ca)

To contact the office and staff, please send an email to [aimg@ucalgary.ca](mailto:aimg@ucalgary.ca).

Please allow a response time of up to 3 business days.

## **SECTION 1: EXTERNSHIP OVERVIEW**

Prior to being accepted as a resident, International Medical Graduates (IMGs) matched to residency programs must undergo a final assessment period called Externship. **During this six-or-ten week Externship period, IMGs are “Externs”, not residents, students, or employees of the AIMG Program, University of Calgary, University of Alberta or Alberta Health Services.**

Externship is made up of two mandatory components:

- 1) Externship Orientation
- 2) Clinical Externship Assessment Period



1. Externship Orientation will take place in an online format.

1.a. The first part will consist of pre-recorded sessions, modules, slideshows, and other informative material. These documents will be available for review on the AIMG Program Externship website and D2L platforms. Pre-work for sessions as noted in D2L platform will require review and completion by April 14, 2023.

1.b. The second part of orientation will be a series of live virtual sessions. These will take place on weekdays from **April 17 – April 28, 2023**. Externs are to take note of these dates in order to virtually attend these sessions. Once presenter availability has been determined, a full schedule will be posted online.



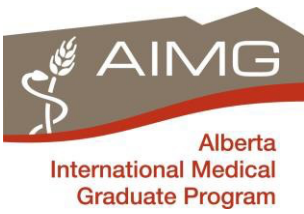
2. **The Clinical Externship Assessment Period will then commence on May 8, 2023.**

The purpose of the Clinical Assessment Period of Externship is to provide residency programs with an opportunity to assess the extern’s readiness to enter residency training. Through regular and standardized assessments over a four- or eight-week period, the residency program will determine if the extern has an appropriate level of knowledge and skills, sufficient training and the necessary attitudes and attributes to enter the residency training program.

**The Clinical Externship Assessment is NOT a training period. Its sole purpose is to assess the extern’s capabilities and readiness to enter residency training in an Alberta University. It MUST be completed to the satisfaction of the Residency Program Director (or representatives appointed by the Residency Program Director) prior to final acceptance into residency training.**



Externship occurs over a short period of time and therefore it is essential that externs attend and participate in all components of externship.



## EXTERNSHIP 2023 CYCLE TIMELINE

ACTIVITY	DATES	COMPONENTS
Orientation Pre-work & Preparation	April 3 – 14, 2023	Online at AIMG website+D2L platform: Pre-readings, webinars, podcasts and resources
Virtual Orientation	April 17 – 28, 2023	Live lectures and interactive seminars hosted online
Clinical Externship Assessment Period*	May 8 – June 4, 2023 June 5 – 30, 2023	Clinical rotations on location as organized by respective programs
Residency**	July 1, 2023	Post Graduate Training Commences

\* Your Clinical Externship Assessment may be 4 or 8 weeks in length, depending on the program to which you are matched.

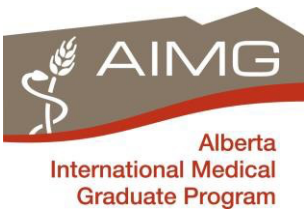
\*\* Promotion to residency is contingent upon successful completion of externship assessment.

## ROLES OF THE AIMG PROGRAM AND RESIDENCY PROGRAMS

Externship is the final step in the AIMG Program’s assessment process and is organized in partnership with the residency programs that have designated AIMG positions.

The roles of the AIMG Program are to:

- Coordinate and develop the two-week externship orientation;
- Arrange for a current resident who graduated from the AIMG Program to mentor an extern, with names suggested by the residency programs;
- Be a resource to the residency programs and to the extern during the Clinical Externship Assessment Period; and
- Monitor the progress of the extern during the assessment period by reviewing all assessment forms completed



Each residency program is responsible for the four- or eight-week externship assessment of their selected extern(s) including:

- Informing the extern about the operating policies and procedures of their residency program;
- Setting up clinical rotations and assigning assessors to supervise the extern and to assess their clinical capabilities;
- Developing an assessment form that meets the needs of the residency program in gauging an extern's abilities, knowledge and competencies;
- Supervising, observing and assessing the extern (using the domains identified in the Extern Assessment Form);
- Ensuring completion and submission of Extern Assessment Forms (recommended frequency is weekly where possible); and
- Determining if the extern has demonstrated the clinical competencies and attributes to enter the residency program. (This is performed by the applicable Residency Program Director or appointed representatives who reviews all the extern's assessments and, at the conclusion of the assessment period, determines the outcome – see pages 8-9 for possible outcomes. Only those externs who complete the Extern Assessment Period to the satisfaction of their Program Directors will be accepted into their residency programs.)

## EXTERNSHIP ORIENTATION

Online pre-work followed by live virtual sessions April 17 – April 28, 2023.

Externship begins with a two-week virtual Orientation hosted by the AIMG Program. All externs are expected to have a fundamental knowledge of medicine, clinical skills and patient care. The purpose of Orientation is to help prepare externs for entry into the Canadian medical environment, including review of essential and current aspects of patient care in Canada as well as familiarizing externs with the expectations of a recent Canadian medical graduate.

While recognizing the diverse background and training of externs, their orientation strives to address common knowledge gaps and deficiencies that have been identified through discussion with residency program directors and assessors, review of assessments of previous externs, review of current research, and input from previous externs. A series of lectures, interactive discussions and experiential activities will provide externs with information regarding the following:

- Relationship-centred care
- Communication skills and expectations
- Professionalism and ethical considerations
- Giving and receiving feedback
- Team-based healthcare provision
- Cultural awareness in patient care
- Patient care expectations for vulnerable or special populations
- Emerging and important topics in Canadian healthcare (e.g. MAID, Advance Care Planning)
- Introduction to the Medical/Clinical Teaching Unit (MTU/CTU).
- A Day on the Medical/Clinical Teaching Unit (MTU/CTU).
- Equity Diversity and Inclusion (EDI)
- Indigenous Health
- LGBTQ + Health



### Learning Objectives of Externship Orientation:

Orientation sessions are designed to help externs to:

- i. Understand, value and implement the concept of patient-centred and relationship-centred care;
- ii. Interact and communicate effectively with patients, patients' families, colleagues, multidisciplinary team members and assessors;
- iii. Demonstrate an ethical approach to the patient-doctor relationship, maintaining a non-judgmental focus while respecting social and cultural differences in attitudes and beliefs of all

patients, regardless of gender, race, age, disability, national origin, religion, or sexual orientation;

- iv. Demonstrate respect and protection of the patient's confidentiality, dignity, and autonomy;
- v. Value and understand the contributions of other healthcare disciplines, show respect for the skills of others, and be prepared to practice effectively within a multidisciplinary, inter-professional team;
- vi. Further develop insight into personal strengths and weaknesses and be willing to seek help or accept feedback about personal limitations in knowledge and skills;
- vii. Demonstrate independent, self-directed learning;
- viii. Acknowledge error and institute corrective action;
- ix. Provide an overview of a day on MTU/CTU;
- x. Document patient encounters and medical information in an effective and timely manner; and
- xi. Manage transfers of care through clear communication;



**Full attendance at the Orientation is required in order for externs to become familiar with the expectations of externs and the Canadian medical environment. Inability to complete Externship Orientation may result in termination of Externship, therefore forfeiting the opportunity to enter residency.**

## CLINICAL EXTERNSHIP ASSESSMENT PERIOD



Following the orientation sessions, externs will participate in a four- or eight-week assessment period in clinical settings determined by the applicable residency program. The length of the assessment period is determined by the residency program and may be subject to modification.

### Purpose of Externship Assessment:

**The purpose of externship assessment is to observe the extern's clinical competencies and personal attributes and to assess the extern's readiness to enter residency training. IT IS NOT A TRAINING PERIOD. EXTERNS ARE NOT STUDENTS, RESIDENTS OR EMPLOYEES.**

The residency program to which the extern is matched will provide supervised, patient-care clinical experiences for four or eight weeks. The length of assessment period is determined by the residency programs. Clinical Externship Assessment cannot extend any further than eight weeks.



## Outcomes of Externship Assessment:

**At the end of the four- or eight-week clinical externship assessment period the applicable Residency Program Director (or appointed representatives) will review the extern's assessments and determine if the extern has demonstrated clinical competencies and personal attributes comparable to a recent Canadian medical graduate.**

There are two potential outcomes at the end of Externship:

- 1. An extern is successful in the Externship Assessment Period and is accepted into residency training at the PGY1 level at the end of their assessment period**
- 2. An extern is unsuccessful in the Externship Assessment Period and will not be accepted for residency training.**

NOTE: Unsuccessful externs can reapply as a candidate for future match consideration through the AIMG Program, unless dismissed by the residency program because of an egregious breach of professional conduct.

**The decision regarding an Extern's assessment and outcome is final.**

## The Extern Assessment Experience

During externship assessment with the residency program:

- Externs are assigned supervised patient care clinical experiences by the residency program to which they have matched. Placements will occur primarily in hospital and community facilities within the relevant University's AHS Zone but may also occur in facilities within other Zones.
- Externs are assigned to one or more physicians designated by the residency program who are responsible for the extern's assessments.
- Assessors are required to complete program-specific assessment forms regarding the performance of the extern and are encouraged to review the assessments with the extern. (See Externship Assessment Process section).
- Externs are assessed in comparison to the competencies and Entrustable Professional Activities expected of a recent Canadian medical graduate (Appendix A, B & C).

- Assessment forms are reviewed by the applicable Residency Program Director and are also viewable by the AIMG Program.
- **The Residency Program Director** (or appointed representatives) determines, at his/her discretion, if the extern will be accepted into residency training at the PGY1 level.

## ROLES AND EXPECTATIONS OF THE EXTERN



It is expected that the extern will attend all of their assigned rotations during the clinical externship assessment period in order to ensure an accurate assessment of their clinical knowledge, skills and attitudes.

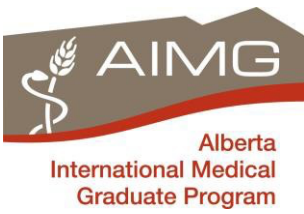
Throughout externship assessment, the extern is expected to function at a level of independence and expertise equivalent to that of a recent Canadian medical graduate. Expectations are described in the Entrustable Professional Activities (EPAs) for Canadian medical schools (Appendix C), the skills and competencies of a graduating medical student for the University of Calgary Medical School (Appendix A) and the University of Alberta Medical School Objectives (Appendix B).

To be successful during the four or eight weeks of assessment, an extern is expected to:

- Integrate into the work environment of the healthcare setting, which may include hospitals, community facilities and/or clinical offices;
- Provide a level of patient care that meets or exceeds that of a recent Canadian medical graduate;
- Communicate effectively and appropriately with patients, families, and health care providers;
- Behave in a professional manner in keeping with the standards of medical practice in Canada and the CPSA Code of Conduct ([https://cpsa.ca/wp-content/uploads/2020/10/CPSA\\_Code-of-Conduct-06\\_Final.pdf](https://cpsa.ca/wp-content/uploads/2020/10/CPSA_Code-of-Conduct-06_Final.pdf));
- Comply with the staff conduct rules, general by-laws, medical staff by-laws, rules and regulations of the institution or teaching location assigned; and
- Request the assessor's direction, assistance and consultation whenever necessary.

With the assessor's agreement, and with the patient's consent, an extern may act as the patient's or family's first point of contact. An extern, under direction from the supervising assessor, may:

- Conduct a history and physical examination;
- Document clinical encounters (with appropriate countersigning);
- Order investigations, interventions, nursing care (with appropriate countersigning);
- Provide patient counselling and management under supervision
- Carry out technical procedures under direct supervision; and
- Write, but not sign, prescriptions



NOTE: The diagnosis and differential diagnosis must be discussed with the assessor and a management plan agreed upon before investigations, if any, are undertaken. All orders (whether written, verbal or via telephone), all documentation, and all prescriptions MUST be countersigned by the assessor.

## EXTERNSHIP ASSESSMENT PROCESS

### Purpose:

The purposes of the Externship assessments are to:

- Ensure that the extern knows the expectations for successful completion of the assigned clinical rotation
- Ensure that the extern is aware of what deficiencies may exist in their performance
- Ensure that the extern, the Residency Program Director and the AIMG Program Medical Director are aware of the extern's performance
- Assess and determine whether the extern has the knowledge, skills, attitude and attributes required to enter the specified residency training program throughout the assessment period and at the end of Externship.

### Assessment Period:

Assessment is ongoing throughout the assessment period:

- Standardized Extern Assessment forms are completed by the assessor (assessment intervals determined by residency program but weekly encouraged).
- Assessment forms are completed using the One45 online system.
- Residency programs may provide more frequent assessments of externs (potentially in a different format).
- Once the assessor completes the assessment form online, the extern will receive an email with a request to review the assessment in One45 and electronically acknowledge the assessment. **It is the extern's responsibility to ensure a valid email address is on file and to check their One45 account regularly.**
- The assessor and the extern should make an effort to meet in person to discuss the assessment. It is important to recognize that Externship is an assessment period and not an educational experience. As such, feedback is not mandatory however it is helpful, and externs are encouraged to ask questions to clarify their understanding of the assessor's comments and to ask specific questions regarding improvement. See Appendix D for guidelines on giving and receiving feedback.

- Access to the online assessments of the extern is restricted to the applicable extern, their Residency Program Director (or appointed representatives) and the AIMG Program staff. Individual assessors can only access those forms that they have personally completed.
- The AIMG Program Medical Director will review the assessment forms. If the extern is noted as unsatisfactory or deficient in some of the performance domains, the AIMG Program Medical Director may review the situation with the Residency Program Director (or appointed representatives) and/or the extern.
- The Residency Program Director (or a representative appointed by the Residency Program Director) will review all assessments completed during the assessment period in order to decide on the outcome of the Externship.

### Decision to Commence Residency Training:



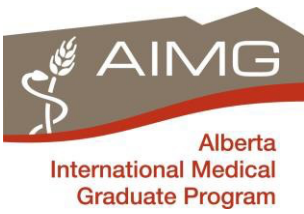
The Residency Program Director (or appointed representatives), upon review of all assessments that occurred during the Clinical Externship Assessment period, will decide if the extern has demonstrated a sufficient level of clinical competency, skills, and personal attributes to be accepted into residency training. They will then complete the *Final Assessment and Outcome of Externship* form, based on the extern's overall performance.

Those externs who have been assessed as having clinical competency and personal attributes equivalent to a recent Canadian medical graduate will begin residency in the program at the PGY1 level.

If the Residency Program Director (or appointed representative) determines that an extern has failed to meet expectations for clinical competency, skills and/or personal attributes, that extern will not be accepted into the residency program.

Early Dismissal: A Residency Program Director (or appointed representatives) may decide at any time during the assessment period to dismiss an extern. This decision may be made for a variety of reasons including, but not limited to, egregious unprofessional behaviour, unsafe clinical practice or breach of conduct rules by the extern. Dismissal would deem the extern unsuccessful and therefore the extern would not be accepted into residency.

**The decision of the Residency Program Director (or appointed representatives) regarding an extern's outcome is final.**



## **Externship Assessment Period Attendance:**

During the assessment period, externs are governed by the attendance policies of the residency program to which the extern is matched. At the beginning of the assessment period, the residency program will provide these policies, the reporting processes and contact names to the extern in case of any unavoidable absences.

In circumstances that require an extended leave of absence such as a family emergency or bereavement, the extern must notify the residency program as per its absence reporting process AND the AIMG Program. The extern may be requested to provide proof of circumstances. Using a leave for purposes other than for which it was approved is considered a breach of professionalism and will have subsequent consequences.

An unplanned absence may require the extern to make up the time through additional clinical rotations and will be addressed by each individual program on a case-by-case basis. A prolonged absence may not allow for sufficient observation of an Extern's capability and could result in an unsuccessful Externship.

## **Working Hours/On-Call Requirements:**

Externs are NOT members of the Professional Association of Resident Physicians of Alberta (PARA) Agreement until the commencement of residency. However, we encourage externs to follow similar working hour conditions. Call requirements are at the discretion of the program/rotation. When on call, externs must still be supervised at all times, and must get approval for all orders as per the parameters of their extern's license.

Only upon successful completion of Externship and at the start of their residency programs, will externs become PGY1 residents and will be subject to the dues, clauses and associated benefits included in the agreement between PARA and the University of Alberta, the University of Calgary, and Alberta Health Services (AHS).

## **SECTION 2: DETAILED INFORMATION FOR EXTERNS**

### **EXTERNSHIP ORIENTATION:**

Externship begins with preparatory material available online followed by a mandatory two-week virtual orientation from April 17 – April 28, 2023 (weekdays).

The Orientation sessions are designed to help prepare externs for their Externship Assessment period and entry into the Canadian medical environment by introducing them to medical practice in an Alberta and Canadian context. A schedule and additional information will be provided by email to externs prior to Orientation. Externs will also have access to a secure website page where the final schedule, pre-work, resources and documents are posted.

In the event of personal illness or circumstances necessitating unavoidable absence from the Orientation sessions, contact the AIMG Program office immediately ([aimg@ucalgary.ca](mailto:aimg@ucalgary.ca)). Requests for a leave of absence from Extern Orientation will be reviewed by the AIMG Program Medical Director or appointed representative on a case-by-case basis and may require submission of proof of circumstances. Inability to complete Extern Orientation may result in termination of Externship, therefore forfeiting the opportunity to enter residency.

### **EXTERNSHIP ASSESSMENT:**



#### **Items required prior to beginning externship assessment**

As described in the Terms and Conditions of the AIMG Program Externship Agreement, the following must be in place before an extern can begin the Clinical Externship Assessment period:

- Externs must be duly licensed and in good standing with the College of Physicians and Surgeons of Alberta (CPSA)
- Externs must have Canadian Medical Protective Association Membership (CMPA) membership/liability protection coverage for the **entire** Clinical Externship Assessment period
- Externs must be credentialed and granted clinical access by Alberta Health Services (AHS)

**It is the responsibility of the extern to ensure that all necessary steps are taken to procure the appropriate licensing, credentialing and coverage. If, for any reason, any of the above are delayed, the extern must inform their Residency Program Director and the AIMG Program office.**

**Note that it is imperative to undertake the CPSA and CMPA processes immediately as AHS credentialing is dependent on an extern's registration with these organizations.**

**If a license or medical protection coverage cannot be obtained in a timely fashion, the residency position may be subject to forfeiture.**



### **College of Physicians and Surgeons of Alberta - CPSA Practice Permit**

The AIMG Program will have initiated the licensing process and instructions will be sent directly to the extern from the College of Physicians and Surgeons of Alberta (CPSA) via email.

After applying for a CPSA license, externs will be able to track the progress of their application online. It is very important that externs remain up-to-date on the progress of their application as there are many documents to submit and many steps to take to ensure that their practice permit is issued in a timely manner.

The CPSA requires credential verification through the Medical Council of Canada's physiciansapply.ca portal as part of its licensing process. Further information is available on the CPSA website ([www.cpsa.ab.ca](http://www.cpsa.ab.ca)) and the physiciansapply.ca website ([www.physiciansapply.ca](http://www.physiciansapply.ca)).

**Externs who have previously practiced medicine in another jurisdiction must supply a Certificate of Professional Conduct (COPC) from that medical licensing authority.** ATTEND TO THIS AS SOON AS POSSIBLE to prevent delay in CPSA certification. The certificate of professional conduct will require translation if not issued in English. Issuance of medical licenses has been stalled in the past due to delay in receipt of these documents, resulting in postponement or forfeit of the Externship Assessment period.

**CPSA also requires externs to provide a criminal record check or police certificate from every jurisdiction that they have ever held any form of medical registration, license or practice permit.** See <https://www.canada.ca/en/immigration-refugees-citizenship/services/application/medical-police/police-certificates/how.html> for instructions on how to get a police certificate from different countries.

**Fees:** Externs are responsible for payment of all associated application and registration fees.

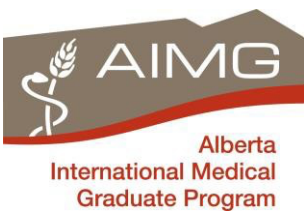
### **Canadian Medical Protective Association - CMPA Membership**

Externs must apply for membership / liability protection coverage in the Canadian Medical Protective Association (<https://www.cmpa-acpm.ca/en/joining-cmpa/how-to-apply>) immediately. CMPA membership requires confirmation of the extern's CPSA license to complete enrolment. To prevent delay, it is important to start the enrolment process prior to the issue of your CPSA license and then immediately complete the online enrolment upon receipt of the Practice Permit.

Externs are responsible for arranging and paying for the CMPA membership / liability protection coverage (Code 12 coverage).

### **Alberta Health Services Requirements**

The AIMG Program will have initiated the credentialing process which grants externs access to AHS facilities and resources. Instructions will be sent directly to the extern from the AHS Medical Education Office/Academic Medicine Office. For AHS credentialing, externs will be required to complete various forms, applications, and training including:



- Alberta Health Services Security Check (Criminal Record Check & Vulnerable Sector Search) – Externs should request this immediately from their local police agency as it can take several weeks to receive results
- Online training modules relating to privacy, information security, cultural awareness and other topics
- Application for Parking and ID Badges
- Electronic Medical Record Training
- Application for NetCare Access (if applicable at the extern’s site)
- Other items as required

**Externs are responsible for payment of all associated fees.**

### **Residency Program Requirements**

You may be required to provide documents or attend courses specific to your residency program. The Program Administrator will communicate additional details for your Clinical Externship Assessment period and if additional prerequisites are needed.

### **Additional insurance**

Externs are not eligible for Workers Compensation Board coverage as they are not considered employees during their Externship. It is recommended that externs purchase comparable insurance to cover this period.

### **Alternate employment**

Externs are **NOT** permitted to hold any other clinically-related positions that require a CPSA practice permit (e.g. clinical assistant) due to the limitations of an extern’s practice permit. Violation of practice permit conditions would affect an extern’s medical liability coverage and may result in extern dismissal.

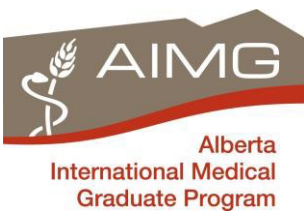
It is strongly recommended that externs do not participate in any other non-clinical employment either during Externship due to varied call schedules and the high stakes related to the outcome of Externship.

### **Clinical rotations schedule**

The residency program will provide the extern with their schedule and location of clinical sessions as well as arrange for any required hospital access.

At the beginning of the Clinical Externship Assessment period, it is recommended that the extern discuss the reporting process for any unavoidable absences with the Residency Program Administrator/Director. **Using a leave for purposes other than for which it was approved for will be considered a breach of professionalism and will have subsequent consequences.**





### **About assessors**

Externs will be assigned to one or more assessor(s) during their Externship Assessment period. Assessors are practicing physicians who will supervise and assess the extern during the clinical practice period.

Assessors will assign clinical encounters, cases or experiences (with the consent of the patient) to the extern, with the intent of assessing the extern's performance during the interaction. It is essential that externs engage in regular dialogue with their assessors, be comfortable in asking questions of the assessors and actively participate if there is the opportunity to receive feedback. To prevent harm to a patient, externs are expected to be honest and upfront with assessors regarding any limitations in their clinical ability and understanding of encounters, as patient safety must never be compromised.

### **Externship Mentors:**

The AIMG Program provides information to each extern for their mentor who is a current resident and AIMG Program graduate who can share their personal knowledge and experiences regarding Externship and the Canadian healthcare system. The role of a mentor is to draw on their own experiences to provide the extern with support, guidance, advice, and encouragement. Mentors are chosen by their respective programs.

As mentoring is a voluntary activity on the part of the mentor, it is important that early in the Externship, each pair determines an appropriate mode of communication and expected time commitment to maximize the success of the mentor/mentee relationship. As such, the time required of a mentor may vary, depending on the needs of the extern and the schedules of both individuals. Some mentor/mentee pairs communicate solely by email regarding specific questions while others may meet in person on a regular basis. The AIMG Program will introduce the extern and the assigned mentor via email.

### **Expectations and Responsibilities of Externs:**

In addition to the requirements to attend the Orientation and Assessment period, obtain a CPSA practice permit, have CMPA liability protection coverage and AHS credentialing, the extern is expected:

- To perform clinical duties at a level that meets or exceeds that of a recent Canadian medical graduate (at minimum).
- To inform the AIMG Program, the University's Postgraduate Medical Education Office, Alberta Health Services and his/her residency program of any change to personal contact information (address, email, phone number). (These organizations do not share the personal information of externs, therefore it is incumbent on the extern to notify each agency with any changes.)

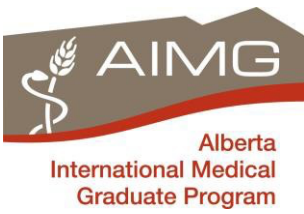


- To advise the assessor if they do not know or understand a particular patient presentation, procedure, situation or topic.
- To inform the residency program of any unforeseen short-term or long-term absences as per the program's policies and procedures and to inform the AIMG Program of any long-term absences.
- To behave in a professional manner in keeping with the standards of medical practice in Canada. Unprofessional or unsafe clinical practice may result in termination of the Externship. The 'Code of Conduct: Expectations of Professionalism for Alberta Physicians' can be found at [https://cpsa.ca/wp-content/uploads/2020/10/CPSA\\_Code-of-Conduct-06\\_Final.pdf](https://cpsa.ca/wp-content/uploads/2020/10/CPSA_Code-of-Conduct-06_Final.pdf).
- To follow the rules of medical staff conduct as determined by AHS and the CPSA.

## Externship Stipend

The AIMG Program will provide externs with stipend payments of \$625 for the two weeks of Orientation plus \$1250 per month during the Clinical Assessment component of Externship to a maximum of \$3125. There is no extra stipend for being on call. Further details on the payment process will be sent via email from the AIMG Program.

Although externs receive a stipend (funded by the Government of Alberta) from the AIMG Program, they are not considered employees of the AIMG Program, the University of Calgary, the University of Alberta or Alberta Health Services during their Externship, nor are they entitled to vacation time or vacation pay.



## Support and Resources:

Externship can be a difficult and stressful time. Externs are encouraged to contact the AIMG Program and the AIMG Medical Director for support during Externship.

Support can also be found through:

- Alberta Medical Association
  - Online resources, articles and tools:  
<https://www.albertadoctors.org/services/pfsp/resources>
  - Physician Family & Support Services ([www.albertadoctors.org/services/physicians/pfsp](http://www.albertadoctors.org/services/physicians/pfsp)) provides confidential advice, support and help with accessing necessary resources for personal or professional problems such as the following:
    - Career, educational and workplace concerns that are impacting health
    - Substance misuse, stress, anxiety, other mental health issues and psychiatric disorders
    - Family and relationship issues
- <http://ephysicianhealth.com/> is a comprehensive, online physician health and wellness resource with information and tools for self-help and collegial support
- Support / Crisis Centres (free & confidential):
  - Edmonton Distress Line: 24-hour crisis Line: 780-482-4357 (HELP)
  - Calgary Distress Centre: 24-hour distress line: 403-266-4357 (HELP)
  - Rural Distress Line: 1-800-232-7288
- Alberta Mental Health Line: 1-877-303-2642
- 211 Alberta (free & confidential referral to community services; available in languages other than English) dial 211 or go to [www.ab.211.ca](http://www.ab.211.ca)
- Mental Health Association of Canada: <https://cmha.ca/resources>
- Immigrant Services Calgary: <http://www.immigrantservicescalgary.ca/>
- Edmonton Immigrant Services Association: <http://www.eisa-edmonton.org/>
- Calgary Immigrant Women's Association <http://www.ciwa-online.com/>
- Edmonton Immigrant Women's Centre: <http://www.changingtogether.com/>

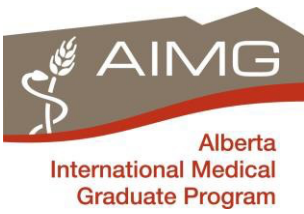
## **APPENDICES**

### **APPENDIX A: UNIVERSITY OF CALGARY MEDICAL STUDENT GRADUATION EDUCATIONAL OBJECTIVES**

A student at the time of graduation will be able to:

1. Demonstrate the basic science and clinical science knowledge and skills necessary for the supervised practice of medicine, and use knowledge efficiently in the analysis and solution of clinical presentations.
2. Evaluate patients and properly manage their medical problems by:
  - Conducting a comprehensive medical history and thorough physical examination; reliably eliciting appropriate information in the history and detecting abnormal findings on the physical examination.
  - Correctly identifying the patient's diagnosis, differential diagnosis, and medical problems.
  - Applying an appropriate clinical reasoning process to the patient's problems.
  - Advocating for patients while formulating and implementing a resource-conscious management plan to deal effectively with patient problems.
  - Applying basic patient safety principles
3. Apply a comprehensive patient-centred approach in the evaluation and care of patients including sensitivity to differing: sexual orientation and gender identity, cultural and spiritual beliefs, attitudes and behaviours, economic situations.
4. Demonstrate knowledge of the fundamental concepts of disease prevention and health promotion for individual patients and populations and incorporate them into treatment plans as appropriate.
5. Communicate and interact effectively with patients, families, medical staff and others involved in the delivery of health services.
6. Describe and apply ethical principles and high standards in all aspects of medical practice.
7. Exhibit appropriate professional behaviour, including awareness of personal wellness and limitations.
8. Formulate clear clinical questions and apply an evidence-based approach to solving these questions.
9. Demonstrate educational initiative and self-directed life-long learning skills.
10. Describe the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients and applied to patient care.

*<https://cumming.ucalgary.ca/mdprogram/about/objectives-competencies#big-10> Retrieved on December 8, 2022*



## **APPENDIX B: UNIVERSITY OF ALBERTA MD PROGRAM OBJECTIVES**

*The MD Program Level Objectives prepare students for successful transition to residency and beyond, to develop competent, socially accountable, and compassionate physician leaders prepared to serve their communities.*

The overarching objective of the MD program is the graduation of physicians who are competent, to the satisfaction of the faculty and the standards of the profession, in the following areas:

1. Medical Expert
2. Communicator
3. Collaborator
4. Leader
5. Health Advocate
6. Scholar
7. Professional

### **Medical Expert**

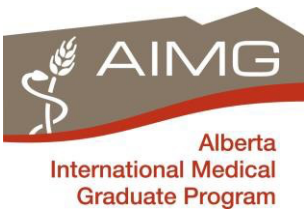
The medical graduate will:

1. Conduct a complete history and physical exam targeted to a patient's clinical situation.
2. Generate a meaningful differential diagnosis and select appropriate therapy with emphasis on prioritization of common, chronic and urgent clinical presentations.
3. Interpret common investigations.
4. Demonstrate clinical decision-making skills that acknowledge patient values and principles of patient-centred care.
5. Apply basic knowledge of the etiology, pathogenesis, clinical features, complications, principles of prevention and management with emphasis on common and life-threatening illnesses across the age spectrum.
6. Demonstrate appropriate use of selected procedural skills.
7. Apply information technology in patient care effectively.

### **Communicator**

The medical graduate will:

1. Demonstrate effective communication skills to develop a therapeutic relationship with diverse patients and families, including building trust and rapport, recognizing personal bias, and considering patients' beliefs, values and cultures, especially in difficult situations.
2. Apply principles of trauma-informed care and culturally safe principles to guide communication.
3. Discuss disease management with patients and families, engaging patients in shared decision-making.



4. Summarize clinical encounters in oral or written presentation in a clear, accurate, and timely manner.

### **Collaborator**

The medical graduate will:

1. Collaborate as part of the health-care team to support interdisciplinary care.
2. Participate in respectful strategies that promote conflict resolution and negotiation in the context of the learning setting, patient care and/or team functioning.
3. Reflect on, and provide feedback in an appropriate and timely manner in their learning and practice.

### **Leader**

The medical graduate will:

1. Describe the principles of effective leadership in the context of different roles.
2. Summarize principles of quality improvement in health care.
3. Apply principles of resource stewardship in patient care.

### **Health Advocate**

The medical graduate will:

1. Incorporate individual, interpersonal, familial, cultural, societal, and environmental determinants of health and illness across a diverse population into patient-centred care.
2. Identify the priority health needs of the communities in which they serve.
3. Apply principles of allyship, anti-racism and anti-oppression in advocating for individual patients as well as advocacy within the health-care system.
4. Recognize patient safety issues and contribute to their resolution.
5. Discuss health promotion and disease prevention with patients and families.

### **Scholar**

The medical graduate will:

1. Explain basic science and clinical research principles.
2. Describe the scientific principles underlying evidence-informed approaches to health maintenance, preventive screening, therapeutic, rehabilitative, and palliative interventions.
3. Demonstrate critical reflection and inquiry to adaptive practice and self-directed, life-long learning.

### **Professional**

The medical graduate will:

1. Exemplify appropriate professional behaviour (as defined by the CMA and CPSA Code of Ethics), including awareness of personal wellness and limitations.
2. Evaluate priorities to achieve a balance of professional and personal commitments.
3. Discuss ethical and legal principles as they apply to medical practice.



<https://www.ualberta.ca/medicine/programs/md/our-program/curriculum/program-level-objectives>

Retrieved on December 8, 2022

NOTE: 2015 CanMEDS available at:

<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>

## APPENDIX C: ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS)

AFMC is proud of the creation of pan-Canadian Entrustable Professional Activities (EPAs) for every Canadian medical school graduate. The AFMC EPA working group developed the EPAs as a group of core activities required prior to starting residency. These are considered necessary and need to be integrated within the body of required knowledge, skills and behaviours expected at the end of medical school. The report provides a list of 12 suggested EPAs for Undergraduate Medical Education to facilitate the transition between medical school and residency. These EPAs have been approved in principle by the Undergraduate Medical Education deans and endorsed by the Postgraduate Medical Education (PME) deans, student associations (CFMS and FMEQ) and resident associations (RDoC and FMRQ).

More details are available at:

[https://www.afmc.ca/wp-content/uploads/2022/10/AFMC\\_Entrustable-Professional-Activities\\_EN\\_Final.pdf](https://www.afmc.ca/wp-content/uploads/2022/10/AFMC_Entrustable-Professional-Activities_EN_Final.pdf)

EPA 1 - Obtain a history and perform a physical examination adapted to the patient's clinical situation		
<b>1. Short description</b>	<p>The graduate performs a complete and focused history and physical examination in a prioritized, organized manner.</p> <p>The history and physical examination is tailored to the clinical situation and specific patient encounter. The encounter is conducted with respect, in a manner sensitive to the patient's particular circumstances including sexual/gender orientation and cultural/religious beliefs.</p> <p><i>This data gathering and patient interaction activity serves as the foundation for clinical work and as the building block for patient assessment and management. The learner needs to integrate the scientific foundations of medicine with clinical reasoning skills to guide their information gathering.</i></p>	
<b>2. Most relevant CanMEDS roles</b>	<p>Medical Expert Communicator Scholar Professional</p>	
<b>3. Entrustable Behaviours</b>	<b>Pre-entrustable</b>	<b>Entrustable</b>
	<p>The learner</p> <ul style="list-style-type: none"> <li>▪ Misses pertinent positive or negative details that would assist with problem solving and determining the differential diagnosis when obtaining data</li> <li>▪ Is disorganized in his/her history taking skills which is not appropriately detailed</li> <li>▪ Performs a physical examination which is disorganized or missing components relevant to the clinical case</li> <li>▪ Fails to establish rapport with the patient/family/caregiver/advocate, leading to missed data within the history or physical examination</li> </ul>	<p>The learner</p> <ul style="list-style-type: none"> <li>▪ Obtains the appropriate data from the patient (family/caregiver/advocate) for the specific patient encounter</li> <li>▪ Establishes a rapport with the patient (family/caregiver/advocate)</li> <li>▪ Performs a physical exam appropriately tailored to the clinical case</li> <li>▪ Demonstrates specific physical exam skills appropriate to the patient case.</li> <li>▪ Integrates all these elements along with other sources of information</li> </ul>
<b>4. Assessment Suggestions</b>	<p>This EPA should be assessed by direct observation in various clinical contexts (including common acute and chronic medical conditions) with patients of various age groups including children and their parents, adults and elderly individuals.</p> <p>It can also be assessed using simulated patients and/or objective structured clinical examinations.</p>	



### EPA 2 - Formulate and justify a prioritized differential diagnosis

1. <b>Short description</b>	<p>The graduate formulates a prioritized list of possible diagnoses across clinical settings and patient demographics in common clinical presentations using a systematic approach. Through the integration of gathered information and the use of clinical reasoning skills, the graduate formulates a working diagnosis.</p> <p><i>The learner develops and prioritizes a differential diagnosis list by both likelihood and severity using history, physical examination and available studies including past records. The learner identifies patient factors (e.g.: culture and socioeconomic status) that may influence the diagnoses considered and the prioritization.</i></p>	
2. <b>Most relevant CanMEDS roles</b>	<p>Medical Expert Communicator Scholar Professional</p>	
3. <b>Entrustable Behaviours</b>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>▪ Relies on limited aspects of his/her assessment to generate the differential diagnosis, failing to integrate elements across the history, physical examination, and investigative studies</li> <li>▪ Identifies one or two sensible diagnostic possibilities for clinical presentations, but misses important, common diagnoses</li> <li>▪ Has trouble identifying the most likely etiology when a differential diagnosis is generated</li> <li>▪ Selects differential diagnoses which typically lack adequate justification and prioritization</li> <li>▪ Does not routinely consider determinants of health in generating or prioritizing the differential diagnosis</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>▪ Lists diagnostic possibilities by integrating elements from the history, physical examination, and investigative studies</li> <li>▪ Identifies the major diagnostic possibilities for common clinical presentations</li> <li>▪ Justifies and prioritizes a most likely diagnosis based on information from his/her clinical assessment</li> <li>▪ Incorporates major determinants of health for the patient when generating and prioritizing the differential</li> <li>▪ Balances the tendency to be too all encompassing yet avoids errors of premature closure</li> </ul>
4. <b>Assessment Suggestions</b>	<p>This EPA should be assessed by direct observation of the learner at rounds, during review of a patient encounter, with case reviews or chart simulated recall.</p>	

### EPA 3 - Formulate an initial plan of investigation based on the diagnostic hypotheses

1. <b>Short description</b>	<p>The graduate selects a series of tests to help refine the differential diagnosis for a clinical presentation and enable him/her to make appropriate management decisions.</p> <p><i>The plan of investigation should be limited to common clinical situations expected for this level of training.</i></p>	
2. <b>Most relevant CanMEDS roles</b>	<p>Medical Expert Leader Professional Health Advocate</p>	
3. <b>Entrustable</b>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>The learner</p>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p>

<p><b>Behaviors</b></p>	<ul style="list-style-type: none"> <li>Orders tests that are not relevant or helpful in the clinical situation.</li> <li>Does not discuss with patients the possible consequences of ordering certain tests</li> <li>Does not take into account the potential adverse effects of the ordered tests.</li> <li>Does not justify the selection of the tests according to best practices</li> <li>Does not ensure a follow up of the tests</li> </ul>	<ul style="list-style-type: none"> <li>Orders (or decides not to order) tests considering their features and limitations (e.g., reliability, sensitivity, specificity), availability, acceptability for the patient, inherent risks and contribution to a management decision</li> <li>In case of social implications of positive results, discusses the selection of the tests with patients/family/caregiver/advocate when ordering them (e.g. HIV, pregnancy in an adolescent)</li> <li>Identifies levels of uncertainty at each step of the diagnostic process and do not over-investigate or under- investigate</li> <li>Chooses diagnostic interventions using evidence or best practice/guidelines according to costs and availability of resources taking into consideration the way in which care is organized</li> <li>Identifies who will be responsible for the follow-up of the test results.</li> </ul>
<p>4. <b>Assessment Suggestions</b></p>	<p>This EPA should be assessed by direct observation of the learner at rounds, during review of a patient encounter, with case reviews or chart simulated recall.</p>	

**EPA 4 - Interpret and communicate results of common diagnostic and screening tests**

<p>1. <b>Short description</b></p>	<p>The graduate recognizes normal and abnormal diagnostic and screening test results, explains the significance of test results, responds appropriately to these test results and communicates them to patients (family/caregiver/advocate), team members and/or colleagues</p>	
<p>2. <b>Most relevant CanMEDS roles</b></p>	<p>Medical Expert Collaborator Communicator Leader</p>	
<p>3. <b>Entrustable Behaviors</b></p>	<p style="text-align: center;"><b>Pre-entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Is unable to recognize significant urgent or abnormal results or common normal variations in results</li> <li>Is unable to form a preliminary opinion about the significance of results</li> <li>Does not communicate significant normal or abnormal results in a timely manner to other team members</li> <li>Is unable to summarize and/or interpret the meaning of results to other team members</li> <li>Does not communicate results in a clear manner to patients (family/caregiver/advocate)</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Recognizes significant urgent or abnormal results</li> <li>Distinguishes between common normal variations in results and abnormal results</li> <li>Formulates an appropriate preliminary opinion about the potential clinical impact of results</li> <li>Communicates significant results in a timely and appropriate manner to other team members</li> <li>Summarizes and interprets the meaning of the results to other team members</li> <li>Communicates results in a clear manner to patients (family/caregiver/advocate)</li> <li>Seeks help to interpret results when necessary</li> </ul>

	<ul style="list-style-type: none"> <li>Does not seek help to interpret results when necessary</li> </ul>	
4. <b>Assess ment Sugges tions</b>	<p>This EPA should be assessed by direct observation in various clinical contexts (including common acute and chronic medical conditions) with patients of various age groups including children and their parents, adults and elderly individuals.</p> <p>It can also be assessed using simulated patients and/or objective structured clinical examinations.</p>	

### EPA 5 - Formulate, communicate and implement management plans

1. <b>Short description</b>	<p>The graduate proposes an <i>initial</i> management plan for <i>commonly</i> encountered presentations and diagnoses, including consultations/referrals, written/electronic orders and prescriptions. He/she discusses these recommendations with other members of the healthcare team and patients (family/caregiver/advocate), to reach a shared management plan. He/she makes sure to include patient safety/quality of care principles in his/her management plans</p>	
2. <b>Most relevant CanME DS roles</b>	<p>Medical Expert Communicator Collaborator Scholar</p>	
3. <b>Entrust able Behaviors</b>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Proposes initial management plans that are inappropriately expansive or significantly incomplete in scope</li> <li>Proposes management plans that do not reflect an adequate understanding of patient's context, values and illness experiences</li> <li>Proposes management plans that lack approach, prioritization or organization</li> <li>Proposes management plans that do not take into account opinions of other healthcare professionals</li> <li>Omits pertinent information of the initial proposed plan when discussing with the more senior members of the medical team</li> <li>Incompletely or inaccurately documents approved management plans in the form written/electronic orders and prescriptions</li> <li>Incompletely or inaccurately communicates approved management plans to patients and other healthcare team members</li> <li>Does not implement management plans in the form of verbal and written/electronic orders and prescriptions in an accurate and timely manner</li> <li>Writes incomplete consults/referrals, orders or prescriptions, or that could impact patient safety</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Proposes evidence informed, holistic initial management plans that include pharmacologic and non-pharmacologic components developed with an understanding of the patient's context, values and illness experience</li> <li>Prioritizes the various components of the management plans.</li> <li>Considers other health care professionals advice in proposing a management plan</li> <li>Reviews the initial plan with more senior team members to formulate an approved management plan</li> <li>Documents approved management plans in the form written/electronic orders, prescriptions and consultations/referrals</li> <li>Communicates approved management plans with patients and other healthcare team members that results in mutual agreement and understanding</li> <li>Uses the electronic medical record when available to keep the team informed of the up-to-date plans</li> <li>Follows principles of error reduction including discussions of indications/contraindications of treatment plans, possible adverse effects, proper dosage and drug interactions</li> <li>Writes consults/referrals, orders or prescriptions which are complete, incorporate patient safety principles and that can be understood by all the members of the team, including the patient</li> </ul>

<p><b>4. Assessment suggestions</b></p>	<p>This EPA should be assessed by direct observation in various clinical contexts (including common acute and chronic medical conditions) with patients of various age groups including children and their parents, adults and elderly individuals. It can also be assessed using simulated patients and/or objective structured clinical examinations.</p>
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### EPA 6 - Present oral and written reports that document a clinical encounter

<p><b>1. Short description</b></p>	<p>The graduate presents a concise and relevant summary, including pertinent positives and negatives of a clinical encounter to members of the team (including patients, and when legally relevant, family members) facilitating ongoing care. He/she follows legislation (e.g.: privacy legislation) and confidentiality considerations. <i>This EPA includes various types of documentations of clinical encounters (e.g.: admission notes, consultation notes, discharge summaries, etc.)</i></p>	
<p><b>2. Most relevant CanMEDS roles</b></p>	<p>Medical Expert Communicator Collaborator Professional</p>	
<p><b>3. Entrustable Behaviors</b></p>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>• Presents a summary which is unfocused, inaccurate, disorganized and lacking important information</li> <li>• Does not demonstrate shared understanding among patient, the health care team members and consultants</li> <li>• Documents findings in an unclear, unfocused or inaccurate manner</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>• Presents a concise and relevant summary of a patient encounter to members of the healthcare team</li> <li>• Presents a concise and relevant summary to the patient, and where appropriate, the patient's family (caregiver/advocate)</li> <li>• Specifies the patient context in the report</li> <li>• Demonstrates a shared understanding among the patient, the health care team members and consultants through oral and written reports</li> <li>• Documents findings in a clear, focused and accurate manner</li> </ul>
<p><b>4. Assessment Suggestions</b></p>	<p>This EPA should be assessed by direct observation in various clinical contexts (including common acute and chronic medical conditions) with patients of various age groups including children and their parents, adults and elderly individuals. It can also be assessed using simulated patients and/or objective structured clinical examinations. It can also be assessed by reviewing charts.</p>	

### EPA 7 - Provide and receive the handover in transitions of care

<p><b>1. Short description</b></p>	<p>The graduate participates in safe transitions of care, both as a provider and receiver, with members of the health care team to ensure that pertinent information related to a specific patient is clearly conveyed and understood. <i>This should include either verbal and/or written transfer of information. Evidenced-based tools can be used to direct the transfer of information.</i></p>
<p><b>2. Most relevant CanMEDS</b></p>	<p>Medical Expert Collaborator Health Advocate Leader</p>

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<p><b>3. Entrustable Behaviors</b></p>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>When providing handover, the learner:</p> <ul style="list-style-type: none"> <li>▪ Delivers variable information from patient to patient, not following a consistent structured handover template for verbal communication</li> <li>▪ Omits key components, such as severity of illness in the handover information</li> <li>▪ Does not completely update electronic handover tools</li> <li>▪ Transmits erroneous information about patients</li> <li>▪ Does not appropriately emphasize key points</li> <li>▪ Does not use closed-loop communication to verify that the receiver of information has understood</li> <li>▪ Does not question the timing of an handover in conditions where it would not be appropriate</li> </ul> <p>When receiving handover, the learner:</p> <ul style="list-style-type: none"> <li>▪ Receives information passively without asking clarifying questions</li> <li>▪ Does not use closed-loop communication to verify important information</li> <li>▪ Does not accept responsibility for the transfer of care</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>When providing handover, the learner:</p> <ul style="list-style-type: none"> <li>▪ Conducts handover communication that minimizes known threats to transitions of care (e.g., by ensuring to engage the listener, avoiding distractions)</li> <li>▪ Documents and updates an electronic handover tool</li> <li>▪ Follows a structured handover template for verbal communication</li> <li>▪ Provides succinct verbal communication that conveys, at a minimum, illness severity, patient demographics and wishes regarding care, a concise medical history, current problems and issues, pertinent and/or pending laboratory, radiological and other diagnostic information, situation awareness, action planning, anticipatory guidance and upcoming possibilities and contingency planning</li> <li>▪ Demonstrates respect for the patient's privacy and confidentiality</li> <li>▪ Questions the timing of handover and discusses appropriate actions with team</li> </ul> <p>When receiving handover, the learner:</p> <ul style="list-style-type: none"> <li>▪ Provides feedback to transmitter to ensure informational needs are met</li> <li>▪ Asks clarifying questions</li> <li>▪ Repeats the information just communicated to ensure closed-loop communication</li> <li>▪ Communicates with the health care team and patient (family/caregiver/advocate) that the transition of responsibility has occurred</li> <li>▪ Elicits feedback about the most recent handover communication when assuming primary responsibility for the patient</li> <li>▪ Accepts responsibility for required care until responsibility is transferred to another team member</li> <li>▪ Demonstrates respect for the patient's wishes regarding their care, privacy and confidentiality</li> </ul>
<p><b>4. Assessment Suggestions</b></p>	<p>This EPA should be assessed by direct observation in various clinical contexts (including common acute and chronic medical conditions) with patients of various age groups including children and their parents, adults and elderly individuals. It can also be assessed using simulated patients and/or objective structured clinical examinations.</p>	

**EPA 8 - Recognize a patient requiring urgent or emergent care, provide initial management and seek help**

<p><b>1. Short description</b></p>	<p>The graduate recognizes a patient who requires urgent or emergent care. They initiate rapid systems based assessment, evaluates the patient's risk and need, manages for short term stabilization and communicates with team members, other care givers and family members. The graduate identifies his/her limitations and when to seek for help.</p>
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	<p><i>A graduate starting residency training in particular is often among the first responders in an acute care setting, or the first to receive notification of an urgent abnormal laboratory tests or deterioration in a patient's status. Early recognition and intervention (including basic life support*) provides the greatest chance for optimal outcomes in patient care.</i></p>	
<b>2. Most relevant CanMEDS roles</b>	<p>Medical Expert Communicator Collaborator Leader</p>	
<b>3. Entrustable Behaviours</b>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>• Does not recognize an urgent or emergent case</li> <li>• Does not initiate an assessment and/or management of an urgent or emergent case</li> <li>• Is unable to perform CPR</li> <li>• Does not ask for help when appropriate</li> <li>• Does not appropriately document patient assessments and necessary interventions in the medical record</li> <li>• Does not update patient's status to family members (caregiver/advocate)</li> <li>• Does not clarify goals of care</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>• Utilizes early warning scores, or rapid response team / medical emergency team criteria to recognize patients at risk of deterioration and mobilizes appropriate resources urgently.</li> <li>• Performs basic life support when required including CPR in cardiac arrest</li> <li>• Asks for help when uncertain or requiring assistance</li> <li>• Involves team members required for immediate response, continued decision making, and necessary follow-up</li> <li>• Initiates and participates in a code response</li> <li>• Rapidly assesses and initiates management to stabilize the patient</li> <li>• Documents patient assessments and necessary interventions in the medical record</li> <li>• Updates family members/caregiver/ advocate to explain patient's status and escalation of care plans</li> <li>• Clarifies patient's goals of care upon recognition of deterioration</li> </ul>
<b>4. Assessment Suggestions</b>	<p>This EPA should be assessed by direct observation in various clinical contexts (including common acute and chronic medical conditions) with patients of various age groups including children and their parents, adults and elderly individuals. It can also be assessed using manikin-based simulation or objective structured clinical examinations.</p>	

### EPA 9 – Communicate in difficult situations

<b>1. Short description</b>	<p>The graduate communicates in difficult or challenging situations with patients, families, advocates, colleagues or other health care team members. Such situations could include delivering negative, unfortunate or difficult news, managing a crisis (anxiety, sadness or anger) or care dissatisfaction.</p> <p><i>The graduate is often the first responder to manage these situations and must initiate a conversation with those concerned. They demonstrate skills to manage a host of complex communication tasks.</i></p>
<b>2. Most relevant CanMEDS roles</b>	<p>Medical Expert Communicator Health Advocate Professional</p>

<b>3. Entrustable Behaviors</b>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Provides information without verifying that relevant permissions have been obtained</li> <li>Communicates in a public or crowded space with others around, which may impact confidentiality</li> <li>Does not show sensitivity to patient preference (alone, with family, etc.) as applicable.</li> <li>Does not introduce him/herself and/or does not explain the purpose of the visit</li> <li>Uses medical jargon when communicating</li> <li>Does not provide information in an organized, logical manner</li> <li>Is not attentive to the patient's concerns and/or interrupts patient</li> <li>Does not verify for understanding or does not address concerns</li> <li>Does not make any follow up plan</li> <li>Does not seek help in managing the difficult situation</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Verifies who should be present and is aware of what information can and cannot be shared without permission</li> <li>Plans the encounter and communicates in a private setting</li> <li>Introduces him/herself, their role in the patient's care and explains the purpose of the conversation</li> <li>Positions him/herself to communicate comfortably</li> <li>Speaks in non-jargon language, through a translator if necessary</li> <li>Listens actively</li> <li>Verifies for understanding and addresses concerns</li> <li>Makes a plan that is understood, with next steps articulated</li> <li>Works with and includes (where relevant) other health care team members to manage the difficult situation</li> <li>Assesses safety of the situation and seeks help as needed</li> </ul>
<b>4. Assessment suggestions</b>	<p>This EPA can be assessed by direct observation with simulated patients and/or in an objective structured clinical examination setting. This can also be assessed by direct observation in various clinical settings.</p>	

### EPA 10 – Contribute to a Culture of Safty and Improvement

<b>1. Short description</b>	<p>The graduate recognizes safety and quality issues for patients, and more broadly, for systems of care. They collaborate with other members of the health care team to participate in the quality improvement cycle on a day-to-day basis. This includes routine demonstration of patient safety habits as well as possible opportunities for: recognition of near misses, identifying system barriers to optimal patient safety or quality of care, participation in developing quality improvement plans, among others.</p>	
<b>2. Most relevant CanMEDS roles</b>	<p>Health advocate Professional Collaborator Medical Expert</p>	
<b>3. Entrustable Behaviors</b>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Requires prompting to demonstrate common safty habits</li> <li>Requires prompting to reflect on and develop plans around patient safty</li> <li>Attributes a single cause to events caused by a deficient system</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Regularly demonstrates and engages is expected safty habits (e.g., universal precautions, hand washing, team time-outs, medication reconciliation, surgical checklists)_</li> <li>Identifies situations that may jeopardize patient safty</li> <li>Recognizes how the system contributes threats to patient safty</li> <li>Seek help appropriately when a patient is identifies as being at risk</li> </ul>

		<ul style="list-style-type: none"> <li>Recognizes system barriers/errors, reflects on one's contribution, and develops own learning plan</li> </ul>
<b>4. Assessment suggestions</b>	<ul style="list-style-type: none"> <li>Demonstration of patient safety habits (i.e., handwashing, speaking up and identifying issues, actively participating in team time-outs or debriefing sessions, medication reconciliation, surgical checklists) in the clinical setting.</li> <li>Participation in reflection exercise on quality and/or patient safety (i.e., Reflection on systemic threats to patient safety observed in clinical work or talks through possible system solutions to address patient safety concerns.)</li> <li>Participation in system improvement activities such as: morbidity and mortality rounds, documentation of adverse event/error or near miss situation, or participation in root-cause analysis (including in simulation or OSCE setting).</li> <li>Direct observation of an adverse event disclosure with standardized patient (simulation or OSCE setting).</li> <li>Participation in the development of a quality improvement plan.</li> </ul>	

### EPA 11 – Perform general procedures of a physician

<b>1. Short description</b>	<p>The graduate applies the principles of safe performance of procedures. These principles include (a) describing indications/contraindications and risks/benefits of a procedure, (b) obtaining informed consent, (c) performing the procedure including post-procedure care, and (d) recognizing complications and seeking help if necessary. The graduate recognizes his/her limitations and knows not to perform a procedure which is above their abilities.</p> <p><i>As a learner is expected to perform basic general procedures in various patient settings on the first day of residency and that procedures will vary from setting to setting, the procedures below are suggestions. Examples of procedures that fit the above principles include:</i></p> <ul style="list-style-type: none"> <li><i>Suturing the skin including injection of local anesthetic agent</i></li> <li><i>Insertion of a nasogastric tube in an awake patient</i></li> <li><i>Vaginal speculum examination with Pap smear</i></li> </ul>	
<b>2. Most relevant CanMEDS roles</b>	<p>Medical Expert Collaborator Communicator Scholar</p>	
<b>3. Entrustable Behaviors</b>	<p style="text-align: center;"><b>Pre-Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Lacks the skills to perform the procedure</li> <li>Cannot list the indications and contraindications, the risks or benefits</li> <li>Does not anticipate or recognize the complications post-procedure and/or does not seek the necessary help</li> <li>Explains the procedure in a way that the patient/family cannot understand, using jargon and minimizing risks</li> <li>Does not answer the patient/family's questions adequately</li> </ul>	<p style="text-align: center;"><b>Entrustable</b></p> <p>The learner</p> <ul style="list-style-type: none"> <li>Demonstrates the necessary skills to perform the procedure and has a good understanding of the indications/contraindications, the risks and the benefits of the procedure</li> <li>Anticipates and recognizes the complications associated with the procedure and seeks help appropriately</li> <li>Explains the procedure to the patient/family/caregiver/advocate in language that is familiar to them and such that they understand the risks associated with the procedure</li> <li>Answers all questions of patient/family clearly</li> <li>Documents the procedure with all the relevant details</li> </ul>



	<ul style="list-style-type: none"> <li>Documents the procedure in an incomplete manner with missing information in the chart/notes</li> </ul>	
<b>4. Assessment Suggestions</b>	<p>This EPA should be assessed by direct observation in various clinical contexts (including common acute and chronic medical conditions) with patients of various age groups including children and their parents, adults and elderly individuals. It can also be assessed using simulated patients and/or objective structured clinical examinations.</p>	

### EPA 12 – Educate patients on disease management, health promotion and preventive medicine

<b>1. Short description</b>	<p>The graduate counsels patients on disease management, risk factor modification, and health promotion adapted to meet the clinical context using evidence-based information. They do so independently where appropriate, or in collaboration with other members of the health care team.</p> <p><i>Examples of the types of information to be provided by the graduate may include: dietary/lifestyle modifications, general information on patients' condition(s), patient safety, etc.</i></p>	
<b>2. Most relevant CanMEDS roles</b>	<p>Medical Expert Health advocate</p>	<p>Communicator Collaborator</p>
<b>3. Entrustable Behaviours</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
	<p>The learner</p> <ul style="list-style-type: none"> <li>Does not question the patient about lifestyle habits.</li> <li>Uses a level of language which is not understood by the patient.</li> <li>Does not provide examples to promote change.</li> <li>Does not assess the patient's and/or family's readiness to change.</li> <li>Does not coordinate with other health care team members potentially leading to mixed messages to the patient.</li> <li>Does not identify potential risky behaviours or living situations that may jeopardize the safety of the patient.</li> <li>Does not document the discussion properly.</li> </ul>	<p>The learner</p> <ul style="list-style-type: none"> <li>Enquires about the patient's lifestyle habits.</li> <li>Educates using language that is understood by the patient.</li> <li>Encourages the patient to ask questions.</li> <li>Verifies for understanding of the education provided.</li> <li>Provides examples of concrete changes that could be implemented to improve healthier habits.</li> <li>Assesses patient's readiness to change.</li> <li>Coordinates with other health care team members to ensure appropriate and consistent messaging.</li> <li>Identifies potential risky behaviours or living situations that may jeopardize the safety of the patient.</li> <li>Documents the discussion and the planning of the next steps</li> </ul>
<b>4. Assessment Suggestions</b>	<p>This EPA should be assessed by direct observation in various clinical contexts (including common acute and chronic medical conditions) with patients of various age groups including children and their parents, adults and elderly individuals. It can also be assessed using simulated patients and/or objective structured clinical examinations (OSCEs). Patient feedback can also be useful.</p>	

## APPENDIX D: GUIDELINES FOR GIVING AND RECEIVING FEEDBACK

### Giving Constructive Feedback

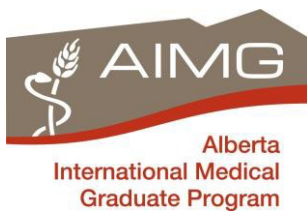
Feedback should always include a suggestion for change – not just what was wrong but how things could have been managed differently.

- Normalize feedback by making it a part of expected routine activities. The sooner that feedback is given after the event, the better
- Provide feedback in the appropriate setting and space
- Give a clear report of specific facts, rather than generalities, assumptions or value judgements
- Be descriptive rather than judgmental – rather than stating that something went well or poorly, describe the behavior that made it go well or poorly
- Build on strengths – a safer, more supportive environment is created by discussing strengths first
- Reinforce desired behaviors
- Focus on the behavior - not the individual
- Encourage discussion: let the extern speak first as they often are realistic about their performance; show empathy and ask probing questions for their thoughts
- Be clear and concise, especially for those who are not native English speakers as complex language or colloquialisms can be misunderstood
- Be specific and helpful in comments and provide a supportive environment
- Provide feedback about things that can be changed; be constructive by showing that the problem exists and encourage suggestions of improvements
- Give the extern time to digest the feedback rather than overwhelming them with discussion about multiple behaviors you would like to see changed
- Build in follow-up plans

### Receiving Feedback

View feedback as an important part of development and an opportunity to learn and/or improve your skills.

- When receiving feedback, whether criticism or praise, do not let your feelings get in the way of what is being offered
- **Avoid interrupting with explanations or defense; listen to the feedback first rather than immediately rejecting it or arguing with the giver**
- Pay attention to what is being said and ask for clarification so that you can be clear about the feedback; paraphrase what you have heard to ensure you understand
- If the feedback is vague or generalized, ask the giver for more detail or specific examples
- Ask the giver for suggestions on what can be changed
- Ask for feedback in additional domains if not discussed and you like this information
- Take the opportunity to reflect on the feedback and create a plan to address gaps going forward



## APPENDIX E: SUMMARY FOR ASSESSORS

**Overview:** Externship is the final phase of assessment of an international medical graduate (IMG) to determine suitability and readiness as a resident physician. Externship is comprised of two mandatory components: a two-week orientation presented by the AIMG Program and a 4/8 week assessment period in a clinical placement organized by their residency program. All externs are expected to have a fundamental knowledge of medicine, clinical skills and patient care. While Extern Orientation will include a limited number of sessions on some crucial clinical skills, the purpose of Orientation is to introduce externs with the expectations of a recent Canadian medical graduate and the Canadian Healthcare system.

**Externship Assessment Period** is structured to allow the residency program to observe the extern's clinical competencies and personal attributes and to assess the extern's readiness to enter into residency training. **It is NOT a training period.** All externs are licensed by the CPSA, credentialed by AHS, and have CMPA membership. Externs must be supervised by a licensed physician at all times and all orders must be co-signed.

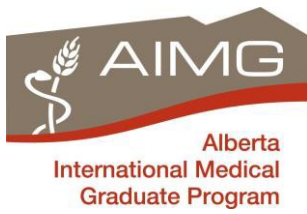
### Externship Assessor responsibilities are to:

- Ensure that the extern knows the expectations for the rotation/clinical service
- Assign clinical responsibilities as appropriate, obtain consent from patients for the extern's involvement, and provide supervision of patient encounters
- Observe the extern for comparability to recent Canadian-trained medical graduates
- Discuss with the extern the diagnosis and differential diagnosis, agree upon appropriate investigations and management plans, provide direct supervision for any technical procedures and countersign all orders, documentation and prescriptions
- Remain accessible to the extern and ensure that the extern has the opportunity to ask questions
- Complete Externship assessment forms through One45 (weekly interval encouraged)
- Review of each assessment with the extern is encouraged, but not required,
- Inform the Program Director early in the rotation of any major skill/ knowledge gaps or professionalism issues observed in the extern

### An extern is expected, at the level a PGY1 resident on day one, to be able to:

- Provide patient-centred care, delivered in a nonjudgmental, courteous, compassionate and confidential manner
- Conduct a comprehensive medical history and thorough physical exam methodically and efficiently, provide focused patient presentations, perform basic general procedures, and be sensitive to the patient
- Selectively order/perform appropriate diagnostic studies, consider risks/benefits, arrive at an appropriate diagnosis and/or differential diagnosis and identify effective management strategies
- Communicate/interact effectively with patients, families, medical staff and others involved in the delivery of health services
- Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including displaying integrity, tact and consideration in all interactions
- Nurture collaborative and respectful relationships with the interprofessional team
- Be committed to personal and professional growth and be willing to accept feedback

**Outcomes:** The Residency Program Director reviews all assessments to determine if the extern will proceed to residency. For questions or concerns related to Externship, contact the AIMG Program ([aimg@ucalgary.ca](mailto:aimg@ucalgary.ca)).



## APPENDIX F: EXTERN ONBOARDING CHECKLIST

**\*Subject to change based on ongoing changes to requirements due to COVID-19**

### Licensure

#### CPSA

Note for those currently licensed in Alberta: Current licensure automatically flips to externship requirements

- Application submitted
- Certificate of Professional Conduct (COPC) – be aware that these can take a long time to obtain
- Police Check(s) (specific for appropriate jurisdiction)
- References
- All other CPSA required documents (log in and check your CPSA account for specifics)

#### AHS

- AHSSC
- IPITSA
- Netcare/Connect Care
- My Learning Link

#### CMPA

- Application submitted
- Proof of required coverage (to share with relevant parties)

### Residency Program-specific onboarding

- BLS, ALS
- Program Orientation
- Clinical Assessment schedule received
- Site-specific ID badges or other requirements (eg: hospital ID card)

### AIMG Program-specific onboarding

- Financial information submitted for stipend payments
- UofC IT account created in order to access D2L and library resources
- Extern Handbook reviewed, including the appendices and EPAs
- Connected with mentor
- Access to One45 account