



# Externship Handbook

*FOR*  
*EXTERNS AND*  
*RESIDENCY PROGRAMS*

*2019 Edition*

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## AIMG Program Office Contact Information

The AIMG Program office is located at: University of Calgary, Health Sciences Centre  
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E mail: [aimg@ucalgary.ca](mailto:aimg@ucalgary.ca)  
website: [www.aimg.ca](http://www.aimg.ca)

The AIMG Program office is open: Monday to Thursday: 8:30 A.M. – 3:30 P.M.  
Friday: 8:30 A.M. – 12:30 P.M.

## Section 1 – About Externship

### EXTERNSHIP OVERVIEW

Prior to being accepted as a resident, IMGs matched to residency programs must undergo a final assessment period called Externship. During this 10-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: a two-week orientation in Calgary
- 2) Extern Assessment: an eight-week assessment in clinical settings determined by the applicable postgraduate residency program

The Extern assessment period is not intended as a training period – its sole purpose is to assess the Extern’s capabilities and readiness to enter into residency training in an Alberta university. It **MUST** be completed to the satisfaction of the Residency Program Director (or a designate appointed by the Residency Program Director) prior to final acceptance into residency training.

Externship occurs over a short period of time, therefore it is required that all Externs **attend the two-week Orientation and participate fully in the clinical assessment, as determined by their residency program.**

### EXTERNSHIP 2019 CYCLE TIMELINE

<b>Orientation:</b>	Week 1	April 15 - 18, 2019 (no sessions on Apr. 19)	Health Sciences Centre, Foothills Medical Centre, University of Calgary
	Week 2	April 22 - 26, 2019	Health Sciences Centre, Foothills Medical Centre, University of Calgary
<b>Extern Assessment:</b>	Iteration 1	<u>University of Alberta</u> Begins May 1, 2019 Ends June 30, 2019	<u>University of Calgary</u> Begins May 6, 2019 Ends June 30, 2019
	Iteration 2	<i>For individuals who match in 2<sup>nd</sup> iteration, the Extern assessment period will begin on a date determined by the Residency Program Director and in accordance with the time necessary to process CPSA licensure. Every effort should be made to follow the above schedule.</i>	
<b>Residency:</b>	Iteration 1	Begins July 1, 2019 <i>(conditional upon successful completion of Externship)</i>	
	Iteration 2	<i>For individuals who match in 2<sup>nd</sup> iteration, residency will begin at the end of the 8-week Extern assessment period, conditional upon successful completion of Externship</i>	

## 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 IMG positions.

The roles of the AIMG Program are to:

- coordinate the 2-week Extern Orientation
- arrange to have a current resident act as a mentor for each Extern, with names suggested by the residency programs
- be a resource and provide support to the residency programs and to the Extern during the Extern assessment period
- monitor the progress of the Extern during the assessment period by reviewing all assessment forms completed by the residency program

Each residency program is responsible for the 8-week assessment period 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 his/her clinical capabilities
- developing and/or confirming Extern assessment form template
- supervising, observing and assessing the Extern (using the domains identified in the Extern assessment form)
- ensuring completion and submission of Extern assessment forms (recommended minimum frequency is every two weeks)
- 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 designate who reviews all of the Extern's assessments and, at the conclusion of the assessment period, determines the outcome - see page 8 for possible outcomes. Only those Externs who complete the Extern assessment period to the satisfaction of their Program Directors will accepted into their residency program.)

## EXTERN ORIENTATION

**Dates of Orientation: April 15 – 26, 2019** (no sessions on April 19)

Location: Health Sciences Centre, 3330 Hospital Dr. NW, Calgary

Externship begins with a two-week in-class Orientation in Calgary. 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 help prepare Externs for entry into the Canadian medical environment and residency training by

introducing them to medical practice in an Alberta and Canadian context, as well as familiarizing them with the expectations for a recent Canadian medical graduate.

While recognizing the diverse background and training of Externs, Orientation strives to address common knowledge gaps and deficiencies that have been identified through discussion with residency program directors and assessors, compilation 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:

- Relationship-centred care
- Communication skills and expectations
- Professionalism and ethical considerations
- Medico-legal requirements
- Handovers and documentation of patient care
- Case presentation to assessors
- Giving and receiving feedback
- Team-based healthcare provision
- Cultural awareness in patient care
- Patient care expectations for vulnerable or special populations
- Procedural skills

### **Learning Objectives of Extern Orientation**

At the conclusion of Orientation, Externs will be able to:

- understand, value and implement the concept of patient-centred and relationship-centred care
- interact and communicate effectively with patients, patients' families, colleagues, multidisciplinary team members and assessors
- 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
- demonstrate respect and protection of the patient's confidentiality, dignity and autonomy
- understand the contributions of other health care disciplines, show respect for the skills of others, and be prepared to practice effectively within a multidisciplinary, inter-professional team
- document patient medical records in an effective and timely manner
- manage transfers of care through clear communication
- further develop insight into personal strengths and weaknesses and be willing to seek help or accept feedback about personal limitations in knowledge and skills
- demonstrate independent, self-directed learning
- acknowledge error and institute corrective action

The Orientation schedule will be available through the AIMG website. (Externs can sign-in with their AIMG login credentials.)

**Full attendance at the in-class Orientation is required in order to allow the Extern to become familiar with the expectations of Externs and the Canadian medical environment. Participation in the Extern assessment period is contingent on an Extern's attendance at and participation in the Extern Orientation. Inability to complete Extern Orientation may result in termination of Externship and therefore the opportunity to enter residency.**

## **EXTERN ASSESSMENT**

Following the orientation sessions, Externs will participate in an eight-week assessment period in clinical settings determined by the applicable residency program.

### **PURPOSE OF EXTERN ASSESSMENT**

**The purpose of the AIMG Program Extern assessment is 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. EXTERNS ARE NOT STUDENTS, RESIDENTS OR EMPLOYEES.**

The residency program with which the Extern is matched will provide supervised patient care clinical experiences for eight weeks. NO EXTENSIONS for further assessment of the Extern will occur.

Through regular and standardized assessments over the 8-week period, the residency program will determine if the Extern has demonstrated the clinical competencies and personal attributes in order to enter their residency training program.

### **OUTCOMES OF EXTERN ASSESSMENT**

At the end of the eight-week Extern assessment period, the applicable Residency Program Director (or a designate appointed by the Residency Program Director) 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:

- An Extern is successful in the assessment period and is accepted into residency training at the PGY1 level at the end of the eight weeks of assessment.
- An Extern is unsuccessful in Externship and will not be accepted for residency training.

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

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



## **THE EXTERN ASSESSMENT EXPERIENCE**

During the eight-week Extern assessment period 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 from 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 to review the assessments with the Extern. (See Extern Assessment Process section on page 10)
- Externs are assessed in comparison to the competencies and Entrustable Professional Activities expected of a recent Canadian medical graduate (Appendix A, B & C, pages 23-35).
- Assessment forms, signed by the assessor and the Extern, are submitted to the applicable Residency Program Director and the AIMG Program office.
- The Residency Program Director (or designate) 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 be in attendance at all of their assigned rotations in the assessment period in order to ensure an accurate assessment of their clinical knowledge, skills and attitudes.

Throughout the Extern assessment period, 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 – pages 28 - 35), the skills and competencies of a graduating medical student for the University of Calgary Medical School (Appendix A - page 23) and the University of Alberta Medical School Objectives (Appendix B - pages 24 - 27).

To be successful during the 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 equivalent to that of a recent Canadian medical graduate (at minimum);
- behave in a professional manner in keeping with the standards of medical practice in Canada and the CPSA Code of Conduct (<http://www.cpsa.ca/cpsa-code-conduct/>);
- comply with the staff conduct rules, general by-laws, medical staff by-laws, rules and regulations of the institution or teaching location assigned;
- request the assessor's direction, assistance and consultation whenever necessary.

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

- conduct a history and physical examination;
- document clinical encounters;
- 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.

## **EXTERN ASSESSMENT PROCESS**

### **Purpose**

The purposes of the Externship assessments are to:

- assess the Extern's level of clinical competency and personal attributes (knowledge, skills and attitudes) throughout the assessment period
- ensure that the Extern is aware of what deficiencies may exist in his/her performance
- ensure that the Extern knows the expectations for successful completion of the assigned clinical rotation
- ensure that the Extern, the Residency Program Director and the AIMG Program Medical Director are aware of the Extern's performance
- determine whether the Extern has the knowledge, skills, attitude and attributes required to enter the specified residency training program at the end of Externship.

### **Assessment Process**

Assessment is ongoing throughout the 8-week assessment period:

- Standardized Extern assessment forms are completed by the assessor (recommended minimum frequency is at the end of each two-week period).
- Assessment forms are completed online using the One45 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 that he/she 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.**

- If more than one assessor is involved, a primary assessor will be identified by the residency program to coordinate collation of all assessors' comments and completion of the form.
- The assessor and the Extern should make an effort to meet in person to discuss the assessment. 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 (page 36) for guidelines on giving and receiving feedback.
- Access to the online assessments of the Extern is restricted to the applicable Extern, his/her Residency Program Director (or designate) 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 designate) and/or the Extern.

**The Residency Program Director (or a designate appointed by the Residency Program Director) will review all assessments completed during the eight-week assessment period in order to decide on the outcome of the Externship.**

### **Decision to Commence Residency Training**

The Residency Program Director (or a designate appointed by the Residency Program Director), upon review of all assessments that occurred during the Extern 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. He/she 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 designate) determines that the Extern has failed to meet expectations for clinical competency, skills and/or personal attributes, the Extern will not be accepted into the residency program.

**Early Dismissal:** A Residency Program Director (or designate) may decide at any time during the assessment period to dismiss an Extern. This decision may be made for a variety of reasons including 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 designate) regarding the Extern's outcome is final.

Unsuccessful Externs: Extern who are not accepted into residency can reapply as a candidate for match consideration through the AIMG Program in subsequent years unless dismissed by the residency program because of an egregious breach of professional conduct.

### **EXTERN ASSESSMENT PERIOD ATTENDANCE**

During the assessment period, Externs are governed by the attendance procedures of the residency program with which the Extern is matched. At the beginning of the assessment period, the residency program should provide these procedures, the reporting process 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**

Although not members during Externship, Externs are considered subject to the same working-hours conditions as stipulated in the Professional Association of Resident Physicians of Alberta (PARA) agreement. The agreement is available at: <https://para-ab.ca/residentphysicianagreement/>

Call requirements are at the discretion of the program/rotation but should not exceed maximums as established by the PARA agreement. Please refer to Article 23 of the PARA Agreement. When on call, Externs must still be supervised at all times, and must get approval for all orders.

Upon successful completion of Externship and acceptance into the residency program, Externs become PGY1 residents and will be subject to all 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

### EXTERN ORIENTATION

Externship begins with a mandatory two-week in-class Orientation in Calgary at the Health Sciences Centre, 3330 Hospital Dr. NW from April 15 – 26 (weekdays, excluding April 19). Review the information on pages 6-8 on Extern Orientation.

The Orientation sessions are designed to help prepare Externs for their Extern assessment period and entry into the Canadian medical environment by introducing them to medical practice in an Alberta and Canadian context. A draft schedule and additional information is 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) or 403.210.7790). Requests for a leave of absence from Extern Orientation will be reviewed by the AIMG Program Medical Director or designate 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 and therefore the opportunity to enter residency.

NOTE: Externs living more than 100 kilometres from the University of Calgary Foothills Campus, during the Externship Orientation period, may apply for a travel stipend to support associated travel costs. Please contact the AIMG Program for details.

### EXTERN ASSESSMENT

Review the information on Extern assessment beginning on page 8.

#### **ITEMS REQUIRED PRIOR TO BEGINNING EXTERN ASSESSMENT**

As described in the Terms and Conditions of the AIMG Program Extern Agreement, the following must be in place before an Extern can begin the clinical assessment period of Externship:

- 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** Extern 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 his/her 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 the Extern's registration with these organizations.**

### **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 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 of the Extern assessment period.

**NEW: CPSA also requires Externs to provide a criminal record check or police certificate from every jurisdiction you 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.

**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 ([www.cmpa-acpm.ca/how-to-apply](http://www.cmpa-acpm.ca/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 to arrange and pay for the CMPA membership / liability protection coverage (Code 12 coverage).

## **Alberta Health Services Requirements**

The AIMG Program will have initiated the credentialing process allowing Externs to be granted access to AHS facilities and resources. Instructions will be sent directly to the Extern from the AHS Medical Education 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
- Confidentiality and User Agreement - online Information and Privacy, and IT Security Awareness Training (IPITSA)
- 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.

## **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 also affect medical liability coverage and may result in Extern dismissal.

It is strongly recommended that Externs do not participate in any other employment 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 his/her schedule and location of clinical sessions as well as arrange for any required hospital access.

At the beginning of the Extern 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 Extern 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 in the ongoing giving and receiving of 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**

Recognizing that many questions may arise during Externship, the AIMG Program matches each Extern with a mentor - a current resident who can share his/her 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. 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 in late April.

## **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 comparable to 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 he/she does 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 [http://www.cpsa.ab.ca/resources/Code\\_of\\_Conduct.aspx](http://www.cpsa.ab.ca/resources/Code_of_Conduct.aspx)
- To follow the rules of medical staff conduct as determined by AHS and the CPSA.

## EXTERN STIPEND

The AIMG Program will provide Externs with a stipend payment of \$1250 per month during 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:

- Physician Family & Support Services (through the Alberta Medical Association):  
[www.albertadoctors.org/services/physicians/pfsp](http://www.albertadoctors.org/services/physicians/pfsp)  
The PFSP provides confidential advice, support and help with accessing necessary resources for personal or professional problems such as the following:
  - Family and relationship issues.
  - Career, educational and workplace concerns that are impacting health.
  - Substance misuse, stress, anxiety, other mental health issues and psychiatric disorders.
- The Professional Association of Resident Physicians of Alberta (PARA):
  - Edmonton: (780) 432-1749
  - Calgary: (403) 236-4841
  - Toll-free: 1-877-375-PARA (7272)
  - <https://para-ab.ca/crisis-resources-2/>
- <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/>
- Resident Doctors of Canada have a number of resources available including a Fatigue Risk Management Toolkit: <https://residentdoctors.ca/areas-of-focus/wellness/>

## Section 3 – Detailed Information for Residency Programs

### PURPOSE OF EXTERN ASSESSMENT

The purpose of the clinical assessment period of Externship is to provide residency programs an opportunity to assess the Extern's readiness to enter residency training. Through regular and standardized assessments over an 8-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 Extern assessment is NOT a training period.** Its sole purpose is to provide time for assessors and Program Directors to assess an Extern's capabilities and compare his/her clinical competencies and personal attributes to that of a recent Canadian medical graduate. The Residency Program Director (or designate), upon review of all assessments, will then determine the Extern's suitability for acceptance into the residency program.

More details on Externship are available in Section 1, starting page 5.

### SCHEDULING / ATTENDANCE

The residency program is responsible to schedule and manage the placement/assessment rotations for the eight weeks of Extern assessment. Deferrals of an Extern's assessment period may be allowed only at the discretion of the residency program.

The residency program must contact the Extern prior to the start of the assessment period, providing information on locations, schedule and other details. The residency program should also provide the Extern with relevant information regarding its absence-reporting process and contact names in case of unavoidable absences.

In the event of an extended absence during Externship, the Residency Program Director and the AIMG Program Medical Director/Executive Director will consult regarding the Extern's situation. An unplanned extended absence may require the Extern to make up the time through additional clinical rotations.

Each residency program determines the Extern's level of access to a hospital's electronic medical record system/clinical system. Regardless of the access level assigned to an Extern, an assessor must approve ALL orders. Supervision of the Extern is a requirement during the Extern assessment period, including during any on-call shifts assigned to the Extern.

## ASSESSOR RESPONSIBILITIES

### RESPONSIBILITIES RELATED TO EXTERN ASSESSMENT

The residency program will assign the Extern to one or more assessors/supervisors during the clinical rotation. If more than one assessor is involved during a rotation period, then the residency program will identify a primary assessor to coordinate completion of the Extern's assessment forms and personal feedback sessions.

The main responsibilities of an assessor for an Extern are to:

- provide an opportunity for supervised clinical experiences
- inform patients that they are to be seen by a supervised Extern prior to the clinical encounter
- Supervise the Extern during the clinical encounter, comparing their performance to that of the recent Canadian medical graduate.
- perform a careful assessment of the Extern's clinical performance and document by completing assessments on One45 (recommended every two weeks.; additional assessments may be conducted as required by the residency program).
- provide the Externs with constructive feedback and expectations of performance, and discuss any deficiencies that may exist.

Assessors are NOT EXPECTED TO TEACH the Extern, as the purpose of Externship is assessment, not education. Externs should be encouraged to engage in self-learning.

Appendix E (page 37) is a summary document for Assessors.

### SUPERVISION/EXPECTATIONS OF THE EXTERN

The Extern is expected to function at a level of independence and clinical competency equivalent to that of a recent Canadian medical graduate.

It is recommended that direct supervision be provided for all clinical encounters. The level of supervision must be commensurate with the nature of the clinical encounter. As the Extern becomes more familiar with the clinical setting and if he/she has demonstrated an appropriate level of competence, the Extern may be able to act with somewhat greater independence (at the discretion of their assessor). However, throughout the assessment period, the Extern must always be under appropriate supervision.

With the assessor's agreement, and with the patient's consent, the Extern can act as the patient/family's first point of contact. He/she may:

- conduct a history and physical examination;
- document clinical encounters;
- 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.

**It is the responsibility of the assessor to:**

- discuss the Extern's clinical impression, diagnosis and differential diagnosis;
- agree upon a management plan prior to any investigations;
- provide direct supervision for any technical procedures; and
- countersign all orders (whether written, verbal or via telephone), all documentation and all prescriptions.

## **ASSESSMENT OF THE EXTERN**

The primary assessor must complete standardized online assessment forms of the Extern using the One45 system (recommended minimum frequency is every two weeks). Residency programs may opt to provide more frequent assessments of Externs. ***Due to the short duration of the Externship, it is imperative that the forms be completed in a timely manner.***

Externs are to be assessed at the level of a recent Canadian medical graduate (regardless of an Extern's experience in a clinical setting, e.g. if an Extern was previously employed as a clinical assistant in a hospital). These expectations are described in the Entrustable Professional Activities (EPAs) for Canadian medical schools (Appendix C- page 28 - 25), the skills and competencies of a graduating medical student for the University of Calgary Medical School (Appendix A - page 23) and the University of Alberta Medical School Objectives (Appendix B - page 24 - 27).

For more information, see Section 1 - Assessment Process (page 10).

The assessor should make an effort to meet in person with the Extern to discuss the assessment and provide constructive feedback.

It is essential that the assessor inform the Residency Program Director early in the Externship rotation period of any major gaps in the skills, professionalism or knowledge of an Extern to ensure appropriate supervision is provided for the Extern for the remainder of the assessment period.

## **THE EXTERN IN DIFFICULTY**

It is vital that assessors identify to the Program Director any Extern who is struggling to adequately perform clinical duties or behave professionally. At the beginning of the rotation, the assessor should inform the Extern of the objectives and required standards so that he/she knows what is expected. Expectations need to be clear because of variances in previous medical training and/or cultural differences in Externs. Frequent observation and documentation is recommended so that the assessor has a number of examples to support the assessment of the Extern, can provide detailed informal feedback regularly and can monitor for growth and implementation. (Guidelines for providing feedback are included in Appendix D, page 36.)

It is crucial that knowledge gaps, professionalism issues, etc are identified as early as possible in the assessment process. Assessors should not spend their time teaching but rather should encourage the Extern to engage in self-directed learning.

Completion of accurate and timely assessment forms is very important and should include specific qualitative comments and examples regarding performance. The Program Director and the AIMG Medical Director are available as a resource to assessors.

If the Extern is struggling with personal issues, the assessor or Program Director should direct the Extern to community supports (see potential resources on page 17 & 18).

## **ASSESSOR REMUNERATION**

Extern assessors may receive remuneration for time spent supervising and assessing an Extern during the clinical Extern assessment phase if the supervision of such Externs is considered outside the scope of the assessor's contractual duties.

## **DECISION REGARDING ACCEPTANCE INTO RESIDENCY**

It is the Program Director's responsibility (or a designate appointed by the Residency Program Director) to review all of the assessment forms completed by the residency program faculty, determine if the Extern has demonstrated clinical competencies and personal attributes to a level comparable to a recent Canadian medical graduate and decide if the Extern will be accepted into residency in the program at the PGY1 level at the end of Externship. He/she will then complete the *Final Assessment and Outcome of Externship* form, based on the Extern's overall performance.

NO EXTENSIONS for further assessment of the Extern will occur.

Should it be determined that an Extern has failed to meet expectations for clinical competency and/or personal attributes and will not proceed to residency at the end of Externship, this must be formally communicated to the Extern by the Program Director.

NOTE: The time spent in Externship cannot be used for credit towards completion of residency for advancement into other disciplines, training programs, etc.

## **IMG FUNDING DURING RESIDENCY**

The AIMG Program is responsible ONLY for the funding and processes prior to the start of residency. Once the Extern enters residency, the Postgraduate Medical Education offices of the universities manage the funding that the residency programs receive to support the IMGs. Any questions regarding those funds should be directed to the appropriate individual at the Postgraduate Medical Education (PME) Office at the University of Alberta or the Postgraduate Medical Education (PGME) Office at the University of Calgary.

## Appendix A: University of Calgary Medical Student Graduation Educational Objectives

A graduating medical student, upon 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:
  - a) Conducting a comprehensive medical history and thorough physical examination; reliably eliciting appropriate information in the history and detecting abnormal findings on the physical examination.
  - b) Correctly identifying the patient's diagnosis, differential diagnosis, and medical problems.
  - c) Applying an appropriate clinical reasoning process to the patient's problems.
  - d) Advocating for patients while formulating and implementing a resource-conscious management plan to deal effectively with patient problems.
  - e) Applying basic patient safety principles
3. Apply a comprehensive patient-centered 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.

<http://www.ucalgary.ca/mdprogram/about-us/big-10-graduation-educational-objectives> Retrieved on February 4, 2019

## Appendix B: University of Alberta MD Program Objectives

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, using the CanMEDS framework:

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

### **Medical Expert**

The medical graduate will:

- demonstrate clinical decision-making skills that integrate best evidence and acknowledge patient values.
- 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.
- demonstrate knowledge on approaches to diagnosis and treatment with emphasis on common and urgent problems.
- perform both complete and organ system-specific examinations appropriate to the age of the patient and nature of the clinical problem(s).
- recognize and prioritize the urgency of a patient's clinical problems.
- list and prioritize a meaningful differential diagnosis with emphasis on common and urgent clinical presentations.
- demonstrate the ability to select and interpret commonly-employed investigations.
- demonstrate appropriate use of selected procedural skills (diagnostic and therapeutic).
- apply the principles of pharmacology and evaluate options for safe, rational, appropriate and optimally-beneficial drug therapy.
- understand the scientific principles underlying evidence-based approaches to health maintenance, preventive screening, therapeutic, rehabilitative, and palliative interventions.
- demonstrate a basic understanding of the psychological, interpersonal, family, cultural, societal, and environmental determinants of health and illness across a diverse population.
- recognize and cope with uncertainty and ambiguity in clinical decision-making and care.



### **Communicator**

The medical graduate will:

- communicate in a manner that maintains compassionate, professional and ethical therapeutic relationships with patients, their families, and the community. This is achieved by developing rapport, understanding, trust, while maintaining respect, integrity, empathy, confidentiality and acknowledging uncertainty.
- communicate effectively and in a non-judgmental manner with patients, their families and the community through verbal, written and other non-verbal means of communication.
- demonstrate effective information-gathering and be proficient in communicating with patients in a variety of situations, including where communication challenges or sensitive topics may occur within the profession.
- deliver information to patients and their families in a compassionate manner such that it can be easily understood, encourages discussion, and promotes patient participation in the process of shared decision-making.
- cooperate and communicate effectively among health professionals involved in patient care to ensure patient safety and optimize outcomes.
- present and discuss "bad news" with patients or families in an empathic manner, including discussions of advance care planning and goals of care.
- be able to maintain clear, accurate and comprehensive records of patient care and disseminate appropriately in a timely manner.

### **Collaborator**

The medical graduate will:

- compare and contrast the roles and responsibilities of all members of an interdisciplinary team that are required for optimal patient care, research and education.
- explain the benefits of teamwork in training and patient care.
- collaborate with patients, their families and all team members.
- be able to participate in negotiation and facilitation of conflict resolution in the context of the learning setting, patient care and/or team functioning.
- demonstrate an understanding of effective team processes and functions.
- function effectively both as a leader or a team member (switching between roles when appropriate).

### **Manager**

The medical graduate will:

- recognize the different roles and responsibilities in healthcare organizations, ranging from individual clinical practices to academic health sciences centres.

- be able to describe the basic governing structures within health care organizations and how they influence patient care, research and educational activities at a local, provincial, regional, national and international level.
- demonstrate knowledge of how information technology can be used to impact patient care.
- demonstrate knowledge in principle of quality improvement/assurance in health care.
- describe how economic and cost perspectives impact decision-making.
- be able to compare and contrast the variety of practice options and settings within the practice of medicine and in order to make informed personal choices regarding career direction.
- demonstrate effective time management in personal and professional roles.
- be knowledgeable on the absolute and relative levels of resources in various components of the health care system and will be able to discuss the rationale for stewardship of available resources within the overall allocation framework.
- describe the need for planning, budgeting and evaluation of outcomes of a patient care program.
- describe principles of change management as they apply to innovations in clinical care.
- describe the principles of effective leadership.
- demonstrate knowledge of cost/benefit issues in the context of health care resource allocation and population health.

### **Health Advocate**

The medical graduate will:

- respond to individual patient health needs and issues as part of patient care.
- respond to the health needs of the communities in which they serve.
- identify the determinants of health in the population they serve.
- promote health and well-being of individual patients, communities and populations.
- articulate and apply the determinants of health and disease.
- articulate and apply the principles of health promotion.
- articulate and apply the principles of disease prevention.
- articulate, synthesize and apply the diverse factors that influence health, disease and disability.
- synthesize and apply the factors that influence access to health services
- demonstrate the ability to advocate for patients and communities
- identify and access community resources related to health promotion, disease prevention and illness management.
- describe the ethical and professional issues inherent in health advocacy (altruism, social justice, autonomy, courage, integrity, idealism) and conflict.
- demonstrate an integration of advocacy into his/her understanding of professional duty to patients and communities.
- be able to discuss the possibility of conflict in their role as a health advocate for a patient or community.
- demonstrate the ability to advocate as a medical professional for health and patient safety.

## **Scholar**

The medical graduate will:

- demonstrate critical reflection and inquiry to enable practices of life-long and self-directed learning.
- assist in teaching others and facilitate learning where appropriate.
- demonstrate knowledge of forms of rigorous inquiry in research methodologies and describe an appropriate methodology to a specific research question.
- demonstrate an understanding of ethics as it relates to medical research.
- demonstrate knowledge of the professional practices and scholarly activities required of the profession. Activities include, but are not limited to: participating in the development of practice guidelines and health policy development.
- receive, incorporate, and provide feedback in an appropriate and timely manner in their daily learning and practice.

## **Professional**

The medical graduate will:

- demonstrate key values required in the profession including honesty, integrity, trustworthiness, compassion, respect, empathy, cultural awareness, altruism, maintaining confidentiality and a commitment to patient well-being.
- honour the privileges and responsibilities of the medical profession. This includes responding to the societal and community needs (social accountability), commitment to public service and carrying out the principles of social justice (access to care, free of discrimination, finite resource allocation).
- recognize and knowledgeably respond to ethical and legal challenges.
- demonstrate reflective practice with patients to achieve a sustainable and current practice while maintaining appropriate boundaries with patients.
- demonstrate self-awareness through reflection, and a commitment to balance professional and personal priorities.
- demonstrate that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege and to support its institutions including peer assessment and self-assessment as applicable.

[www.med.ualberta.ca/programs/md/curriculum/plo](http://www.med.ualberta.ca/programs/md/curriculum/plo) Retrieved on March 12, 2018

NOTE: 2015 CanMEDS available at:

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

## Appendix C: Entrustable Professional Activities (EPAs)

Entrustable professional activities (EPAs) have been developed to provide a list of core abilities that every Canadian medical school graduate should be able to perform with indirect supervision on day one of residency. EPAs complement the CanMEDS competencies by providing descriptors of a physician’s work in a way to translate competencies in clinical practice.

The focus of the twelve EPAs is meant for usual common presentations expected in the course of medical school, including new and continuing patient interactions across patient age groups and gender in the following settings: emergency departments, office/ambulatory clinics, and medical/surgical in-patient wards.

More details are available at: <https://afmc.ca/medical-education/entrustable-professional-activities-epas>

### EPA 1 - Obtain a history and perform a physical examination adapted to the patient’s clinical situation

Short description	<p>The graduate performs a complete and focused history and physical examination in a prioritized, organized manner. 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>	
Most relevant CanMEDS roles	Medical Expert Scholar	Communicator Professional
Entrustable Behaviours	<p><b>Pre-entrustable</b> 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><b>Entrustable</b> 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>

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

Short description	<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>
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	<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>	
Most relevant CanMEDS roles	Medical Expert Scholar	Communicator Professional
Entrustable Behaviours	<p><b>Pre-Entrustable</b> 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><b>Entrustable</b> 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>

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

Short description	<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>	
Most relevant CanMEDS roles	Medical Expert Professional	Leader Health Advocate
Entrustable Behaviours	<p><b>Pre-Entrustable</b> The learner</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>	<p><b>Entrustable</b> The learner</p> <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>

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

Short description	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	
Most relevant CanMEDS roles	Medical Expert Communicator	Collaborator Leader
Entrustable Behaviours	<p><b>Pre-entrustable</b> 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> <li>Does not seek help to interpret results when necessary</li> </ul>	<p><b>Entrustable</b> 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>

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

Short description	The graduate proposes an <i>initial</i> management plan for commonly 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	
Most relevant CanMEDS roles	Medical Expert Collaborator	Communicator Scholar
Entrustable Behaviours	<p><b>Pre-Entrustable</b> 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> </ul>	<p><b>Entrustable</b> 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> </ul>

	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <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>
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### EPA 6 - Present oral and written reports that document a clinical encounter

<p>Short description</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.</p> <p><i>This EPA includes various types of documentations of clinical encounters (e.g.: admission notes, consultation notes, discharge summaries, etc.)</i></p>	
<p>Most relevant CanMEDS roles</p>	<p>Medical Expert Collaborator</p>	<p>Communicator Professional</p>
<p>Entrustable Behaviours</p>	<p><b>Pre-Entrustable</b> 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><b>Entrustable</b> 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>

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

<p>Short description</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.</p> <p><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>
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Most relevant CanMEDS roles	Medical Expert Health Advocate	Collaborator Leader
Entrustable Behaviours	<p><b>Pre-Entrustable</b> 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><b>Entrustable</b> 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>	

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

Short description	<p>The graduate recognizes a patient who requires urgent or emergent care. He/she initiates 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> <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.</i></p>
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	<i>Early recognition and intervention (including basic life support*) provides the greatest chance for optimal outcomes in patient care.</i>	
Most relevant C anMEDS roles	Medical Expert Collaborator	Communicator Leader
Entrustable Behaviours	<p><b>Pre-Entrustable</b> 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><b>Entrustable</b> 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>

### EPA 9 – Communicate in difficult situations

Short description	<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. He/she demonstrates skills to manage a host of complex communication tasks.</i></p>	
Most relevant C anMEDS roles	Medical Expert Health Advocate	Communicator Professional
Entrustable Behaviours	<p><b>Pre-Entrustable</b> 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> </ul>	<p><b>Entrustable</b> 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> </ul>

	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <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>
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### EPA 10 – Participate in health quality improvement initiatives

Short description	<p>The graduate recognizes and seeks timely intervention for safety and quality issues in patient or systems of care. He/she collaborates with other members of the health care team to develop an evaluation and management plan as part of a quality improvement cycle. This could include recognition of medical errors or near misses.</p> <p><i>The graduate participates in the reflection process to improve efficacy of systems to protect patients, including the continuous quality improvement cycle.</i></p>	
Most relevant CanMEDS roles	Medical Expert Health Advocate	Collaborator Professional
Entrustable Behaviours	<p><b>Pre-Entrustable</b> The learner</p> <ul style="list-style-type: none"> <li>• Is passive during morbidity and mortality rounds</li> <li>• Is careless in daily safety habits</li> <li>• Does not demonstrate alertness for situations threatening patient safety</li> <li>• Does not admit errors of commission or omission until the errors are recognized by others</li> </ul>	<p><b>Entrustable</b> The learner</p> <ul style="list-style-type: none"> <li>• Participates in morbidity and mortality rounds</li> <li>• Enters information in an error-based system</li> <li>• Engages in daily safety habits (e.g., universal precautions, hand washing, time-outs)</li> <li>• Recognizes one's own errors to the supervisor/team, reflect on one's contribution, and develops his own learning plan and or quality improvement plan</li> <li>• Identifies a risky situation for the safety of a patient</li> <li>• Participates in a quality improvement exercise/project</li> </ul>

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

Short description	<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>• Suturing the skin including injection of local anesthetic agent</li> <li>• Insertion of a nasogastric tube in an awake patient</li> <li>• Vaginal speculum examination with Pap smear</li> </ul>	
Most relevant CanMEDS roles	Medical Expert Communicator	Collaborator Scholar

<p><b>Entrustable Behaviours</b></p>	<p><b>Pre-Entrustable</b> 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> <li>• Documents the procedure in an incomplete manner with missing information in the chart/notes</li> </ul>	<p><b>Entrustable</b> 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>
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**EPA 12 – Educate patients on disease management, health promotion and preventive medicine**

<p><b>Short description</b></p>	<p>The graduate counsels patients on disease management, risk factor modification, and health promotion adapted to meet the clinical context using evidence-based information. He/she does 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>	
<p><b>Most relevant CanMEDS roles</b></p>	<p>Medical Expert Health advocate</p>	<p>Communicator Collaborator</p>
<p><b>Entrustable Behaviours</b></p>	<p><b>Pre-Entrustable</b> 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><b>Entrustable</b> 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>

## 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
- Be critical of 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 as a resident physician. The Externship period has been designed to assess and prepare Externs for entry into residency training. Externship is comprised of two mandatory components: a two-week in-class orientation presented by the AIMG Program and an 8-week assessment period in a clinical placement with the residency program to which the Extern has matched. 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 help prepare Externs for entry into the Canadian medical environment and residency training by introducing them to medical practice in an Alberta and Canadian context, as well as familiarizing them with the expectations of a recent Canadian medical graduate.

**Extern Assessment Period:** The eight-week Extern 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, insured by the CMPA, and credentialed by AHS. Externs must be supervised by a licensed physician at all times and all orders must be co-signed. Externs may participate in call shifts, under appropriate supervision, at the discretion of the residency program.

### Extern Assessor responsibilities are to:

- ensure that the Extern knows the expectations for successful completion of the assigned clinical rotation
- assign clinical responsibilities as appropriate and provide supervision of patient encounters
- observe the Extern for comparability to recent Canadian-trained medical graduates (at the level a PGY1 resident on day one)
- 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
- complete the Extern assessment forms through One45 (Lead assessors) – recommended every two weeks
- encourage the Extern to engage in self-directed learning (rather than teaching the Extern)
- provide regular constructive feedback to the Extern to ensure that they are clear about expectations as well as their strengths and deficiencies
- remain accessible to the Extern and ensure that the Extern has the opportunity to ask questions
- 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 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 (403-210-7790 or [aimg@ucalgary.ca](mailto:aimg@ucalgary.ca))*