**Academic Development Rotation**

**McMaster [ ] Residency Program**

**April, 2020**

**Vision**

The Academic Development Rotation is a selective that will provide a supervised project structure for residents that supports lifelong learning and career development through independent study and self-assessment.

**Rationale**

The current COVID-19 pandemic has required enforced quarantine, scheduling disruptions, and interruptions in the curriculum that present a major threat to the learning plans of residents. This selective is nonclinical and may be done remote to the physical environment. The rationale for this selective promotes lifelong learning as an essential skill for all physicians, starting with medical training through to retirement, as per the Royal College of Physicians and Surgeons of Canada.

**Eligibility Criteria**

This selective is open to PGY1 to PGY4 xxxxxxxx residents who are redeployed from their usual block rotations due to the interference of personal issues, required self-quarantine, or external priorities affecting the delivery of the standard educational curriculum and/or heath care systems.

**Rotation Objectives**

Residents completing an Academic Development Rotation will:

* develop personal learning objectives to address identified gaps in knowledge or skill, and/or to craft enhanced professional experiences to acquire mastery within the CanMEDS roles;
* identify and utilize available resources to help meet identified learning objectives;
* create a one-page proposal outlining the above requirements including description of selected activity(ies) and methods/tools for self-evaluation.

**Rotation Description**

The components of the Academic Development Rotation are customized to the individual needs and career goals of each learner, therefore there is no standard template to follow. The resident is to determine how best to use their time in a two- or four-week block, to address their learning needs. Their self-developed, personalized learning plan may identify a single objective or a combination of smaller targeted objectives to make up a productive, personally relevant experience.

It is understood that the resident may need to be somewhat innovative during times when scholarship may take a backseat to the prevailing clinical priorities at the height of the pandemic. Residents are encouraged to use electronic tools and virtual resources to access information, connect with colleagues, and create a virtual curriculum while being mindful of privacy legislation and tool/platform standards.

The Academic Development Rotation can be done individually, or by a group of residents who share common objectives and interest in a joint project.

The residency program office (Program Director, Deputy Program Directors, Program Administrator, and office administrative staff) are available to offer guidance and assistance as requested.

Selected examples of activities that have potential to meet the objectives of the rotation include:

**Scholarship through Creation of Learning Modules or Video Presentations**

* Develop 15-minute modules on key clinical topics relevant to the learning needs of clinical clerks or junior residents. (Leader, Scholar)
* Develop a brief welcome orientation video for off service residents and clinical clerks to reduce anxiety/stress before they set foot on a CTU site – one for the ward, and one for ED call. This would orient them to the basics of where to go and what to expect during their first few days. (Leader, Advocate)
* Collaborate, as necessary, with Educational Leads and technical staff to develop short educational videos/ (Medical Expert, Scholar, Collaborator)
* Develop a Welcome to McMaster xxxxxx Program presentation to send ahead to the incoming new PGY1s. Could address what has been happening due to the COVID crisis and how things are being handled. (Leader, Advocate)

**Scholarship through Peer Mentorship**

* For the PGY2s – pick up a formal Peer Mentorship role for PGY1s (with residency office support) who could use some guidance re: planning electives, studying, etc. (Leader, Advocate)
* For the PGY3s – pick up a formal Peer Mentorship role for the PGY2s (with residency office support) who may need some support as they are trying to fill in their empty external elective spots and to prepare for CaRMS. (Leader, Advocate)

**Study**

* Independent Study – using a validated resource such as NEJM K+ (360), Up to Date, MKSAP, etc. with electronic or self-reported documentation of time spent, content covered, method of evaluation of effectiveness. (Medical Expert, Scholar)
* Virtual group study within focus groups with documentation of meeting times, group members, venue for sessions, content covered, etc. (Medical Expert, Scholar, Collaborator)
* Indigenous Health Module Series (available on request) – reviewing modules as individual or as a group – assign a couple of modules to each group member to review and summarize – later have documented group chat to discuss. (Advocate, Collaborator, Professional)
* eModules for learning may be available through some subspecialties –(Medical Expert)
* Write reflective blogs on impact/crisis management, health system response for residents during the COVID-19 crisis. (Professional)
* Develop and implement new strategies for a program to promote resident and physician

physical and emotional wellness during a pandemic or other major medical crisis. (Advocate)

* Develop or join a QI project in an area of interest.
* Joining new committee with resident Co-Chair, Curtis Sobchak, on Equity, Diversity, Inclusiveness. (Advocate, Leader, Collaborator, Professional)
* Chapter editor updates for an assigned/recommended textbook. (Medical Expert, Scholar)

**Process**

The resident is to submit their personal learning objectives and proposal to the residency office prior to the beginning of the selective. For residents who may have already begun an Academic Development Rotation, the start date may be granted retroactively. To receive credit, there must be a defined start date and end date to be entered in MedSIS as an authorized rotation, with provision that an evaluation is to be completed.

**Assessment**

Independent learning includes selecting relevant methods for self-assessment. For this reason, the resident will be required to select the most effective method(s) for assessing their learning experience. There will be oversight at the residency office for your proposal, including the tools that you selected.

*Mandatory Assessment Tool* Mandatory for each resident who participates in the Academic Development block selective is the Royal College Maintenance of Certification (MOC) Program using the MAINPORT ePortfolio. The MOC program supports the lifelong learning needs of Fellows of the Royal College, demonstrating the College’s commitment to sustaining high standards in specialty medicine.

ePortfolio is a reporting tool for the MOC Program, acting as an integrated learning tool to provide physicians with strategies to manage their learning needs and activities, as well as, assess to a wide variety of web resources and assessment programs. All Fellows of the Royal College must submit a minimum number of credits over a five-year cycle in order to maintain certification.

Residents must register as a Resident Affiliate to be eligible to use the MAINPORT ePortfolio. This tool is quite easy to use and will be an appropriate method for you to record assesss your progress for the selective rotation and beyond.

To sign up, [contactresidentaffiliate@royalcollege.ca](mailto:contactresidentaffiliate@royalcollege.ca). Follow instructions provided.

This instructive user guide, compiled by the Chair of the Internal Medicine Resident Development Committee for a PGY1 CBD cohort may be a great resource for initial login and startup. <https://drive.google.com/file/d/1lk0ROcpEjO9kSu1NXTrdBabn2Ehv2T9j/view?usp=sharing>

*Other Tools You May Choose to Select for Assessment*

1. **CBME Narrative Form** (Form 4) in MedSIS, is an appropriate tool for open-ended assessment. Share your objectives, a specific project outcome or self-reflection with a supervisor (academic coach, faculty mentor, Deputy Program Director, Program Director) and trigger a Narrative Form 4 in MedSIS. (*Instructions to trigger Form 4: Instead of selecting Form Type: CBME Form, select Form Type: CBME Narrative Form. The list of Form Types is short: ITAR, WBA, Faculty, CBME, CBME Narrative)* *In the comment section, type “Academic Development Rotation” and trigger to supervisor. Can also include a brief description of the element being assessed).*

2. **EPA Observation Form 1** – must have an identified supervisor to complete. The EPAs having most

relevance to this selective are identified below. Example provided.

Foundations of Discipline EPA #7:

Identifying personal learning needs while caring for patients and addressing those needs.

Key Features:

* This EPA focuses on engaging in self-assessment and personal professional development as part of clinical activities
* The achievement of this EPA is based on Competence Committee review of the resident’s submitted personal learning plans. The PLPs may be submitted via the electronic platform, as written documents or via submission to the MAINPORT Portfolio.
* The PLPs must include a variety of clinical scenarios and include examples in which the resident identifies issues for further development/learning as well as examples in which a knowledge gap is rectified.

Transition to Practice EPA #7:

Identifying learning needs in clinical practice and addressing them with a personal learning plan.

Key Features:

* This EPA focuses on participating in learning activities that prepare the resident for their own continuing professional development
* This includes the identification of professional development needs (based on personal performance gaps and/or emerging needs of the communities they serve) and the development, execution and documentation of the plan to address those needs

**Timelines**

An electronic copy of your progress as documented on the ePortfolio along with any other selected methods of self-assessment must be available to the residency office within two weeks of the end of the rotation. This data will be reviewed by the Program Director and determined to be complete and therefore eligible for credit.