

### **Time On, and Away From, Rotations Perspective**

PARO recognizes the role for residency programs to ensure residents are able to achieve the educational objectives of their training. We value the expertise and responsibility of clinical educators to assess each resident's training progress.

PARO also appreciates that residents are adult learners who will commonly make vacation and other leave requests in a reasonable manner to limit the impact on their educational experience.

We appreciate that, without restricting residents' ability to schedule vacation and other leave provided under the PARO-CAHO Collective Agreement, programs may provide guidance to residents to support their educational experience and performance.

Where guidance is provided, it shall respect that:

- Assessment of a resident's achievement of the educational objectives will be based on the individual resident's performance and experience.
- The CFPC and RCPSC have no minimum requirements for time on rotation and have demonstrated that they ultimately rely on the Program Director's assessment of the individual resident's performance. As such, programs should not have guidelines such as a required *75% attendance* on rotations.
- The PARO-CAHO Collective Agreement does not permit programs to have blanket policies restricting the amount of vacation that a resident can take during a given rotation.
- Academic half-days, Professional Leave, Exam Leave, PARO-related activities and other educational activities are to be considered as days on rotation as they contribute to meeting educational objectives in fulfilling the non-medical expert CanMEDs roles.
- Post-call days must be considered days on rotation, given that the very nature of being on-call provides additional educational and service opportunities beyond the normal workday.

With regards to the timing and the duration of the vacation:

- The PARO-CAHO Collective Agreement provides for vacation to be taken in one block of four weeks, in one or more segments of 1 week in duration, or in segments of less than one week. The timing may only be delayed if professional and patient care responsibilities cannot be met to the satisfaction of the Department Head. If the service/program must delay a resident's vacation, they must indicate in their response why the service is unable to meet service requirements if the vacation was approved. An alternate time for the vacation must be mutually agreed to within two weeks of the original request being received.



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- PARO is proud of the critical role our members play in the delivery of patient care and appreciate the challenging scheduling role that Chief and Senior Administrative Residents and Rotation Coordinators have. However, it is the hospitals' responsibility to ensure that services are adequately resourced such that patient care needs are met and that residents are able to obtain vacation consistent with the provisions of the PARO-CAHO Collective Agreement.
- PARO recognizes that missing some specific educational experiences may be to a resident's disadvantage. Examples include, but are not limited to: taking a week off of a breast radiology rotation offered only once during training or an emergency medicine resident taking a week away from paediatric critical care if offered only once during training. We encourage an open discussion between the program and the resident so that he/she is able to make an informed choice about whether to take the time off and to determine if alternative arrangements could be made to ameliorate the impact.
- During the Assessment Verification Period that IMGs each undergo we encourage an open discussion between the program and the resident so that he/she is able to make an informed choice about whether to take the time off and to determine if alternative arrangements could be made to ameliorate the impact.
- Residents must be able to take vacation of at least one week in a four-week rotation. To clarify, this would acknowledge that two full weeks of vacation in a four-week rotation may impede the ability to meet educational objectives, but should not imply that a one-week vacation, in addition to a statutory holiday, short illness or some Professional Leave days is precluded or that it should be discouraged.
- Residents on rotation longer than four weeks in length should be able to take longer continuous vacations. When a resident has completed, or will complete, additional rotations on the same service, it should be treated as a rotation of longer than one month. This should be taken into account when considering whether or not a resident can meet the required educational objectives. For example, if a resident has three blocks of nephrology over the course of an academic year, it should be permissible for them to take a vacation longer than one week during one of those blocks. Assuming all patient care and professional responsibilities are met during the block they are on vacation, they will be able to complete their educational objectives on their subsequent nephrology rotations.
- If a Program Director is concerned that an individual resident would be unable to achieve the educational objectives by taking the desired vacation/leave, the resident should be advised what objectives will not be met and cannot be met in an alternative manner. PARO recognizes and respects that, in some cases, particularly for off-service residents, a determination may not be made until the resident has spent time on the service. If a vacation/leave request would otherwise be granted, as patient care and professional obligations can be met to the hospital's satisfaction, but there is potential that educational objectives may not be met, the Program Director or Rotation Coordinator should meet with the resident to discuss contingencies on a case-by-case basis.



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- We commend the time and effort programs put into scheduling in-training examinations and though vacation cannot be denied due to these scheduled activities, we believe that residents should be encouraged, but not required, to be present on the exam dates as scheduled.
- If there is sufficient coverage to ensure adequate patient care, residents should not be prevented from taking leave solely due to a service's preference. For example, approving only one resident to be away at a time should not be the practice if there is adequate clinical coverage when multiple residents take leave at the same time.

As we transition to competency-based training a reliance on time-based measures of competence is incongruous with the future of medical education.

We encourage early and open dialogue between residents and Program Directors to resolve any conflicts that may occur regarding scheduling time away from rotations. We welcome Program Directors and residents to get in touch with PARO should there be need for further guidance or clarification.

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