

## ADDITIONAL CLINICAL TRAINING OUTSIDE OF CURRICULUM POLICY

While the majority of a resident's clinical work will occur in a scheduled, program directed context, there may be times when a resident can request to undertake additional clinical work. This may occur after hours or on weekends.

### Exclusions:

This policy does not apply to the following:

1. Any work completed with a resident's primary preceptor(s), or at the direction of their primary preceptor, regardless of location or time of that work. It is not the intent of the policy to interfere with a resident experiencing full scope family medicine under the supervision of their preceptor(s).
2. Moonlighting, which is covered in the by the PGME Moonlighting policy available at: <https://meds.queensu.ca/academics/postgraduate/current/policies/moonlighting>

### Underlying Principles:

1. Core training remains paramount and must not be compromised or impacted by additional work.
2. The process of scheduling additional work, or attending said shifts, must not negatively impact upon other learners, preceptors, services, other healthcare providers, administrators or patients.
3. Additional clinical work shall be completed with the goal of competency attainment and skill development. It is understood there are circumstances wherein a resident may require additional clinical experiences beyond the core program to prepare them for practice within their community. Normally this would be a shared decision between the resident and their AA and requires approval by the Site Director.
4. "White Space" within a horizontal program is not optional but is intended to be spent in Family Medicine.
5. Additional clinical work is not intended to bolster applications to enhanced skills programs.
6. Additional, non-required, after hours work will not be subject to call stipends or post call hours and will not be counted as part of the regular work week. Approval of additional shifts may be limited depending on SD approval and PARO guidelines.
7. Undertaking clinical work outside of the established education program is not allowed without approval and will be considered unprofessional.
8. The program requires knowledge of the whereabouts as it pertains to all resident clinical work for academic and insurance reasons.
9. Additional experiences must be adequately supervised and assessed.

### Process:

If a resident and Academic Advisor determine a need for additional clinical experience in a particular context or domain, the first step is to attempt to accommodate that need within the existing educational program. If a need, or desire, for training outside of regular duty hours persists the resident shall:

1. The resident will contact the Site Director a for first approval.
2. The resident will then seek approval from their Academic Advisor.
3. Next, the resident will work with their site coordinator to seek approval from the supervising preceptor involved in the additional clinical experience.
4. Fill out the Elective approval form on Elentra
5. Upon receipt of Site Director approval, the resident will inform the Site Coordinator of the addition to their schedule, so they can ensure that there is no undue conflict with other care or education delivery, both within the program and the impacted clinical service
6. All final schedules are to be approved by the Academic Advisor and "open ended" arrangements are not permitted. Added experiences should be planned 30 or more days in advance.
7. Any additional required credentialing such as immunizations are the resident's responsibility.