



Department of Surgery  
University of Toronto

Task Force on Clinical Fellows

## Table of Contents

Introduction	Page 2
Definitions of positions	Page 3
Governance of Clinical Fellowship Program	Page 4-5
Chart of Governance structure	Page 6
Guiding principles and procedures	Page 7-8
Impact on Residency Education	Page 9-10
Goals, Objectives and Evaluations	Page 11-12
Clinical Fellowship Goals and Objectives form	Page 13-14
CanMEDS competencies	Page 15-17
In Training Evaluation Report Fellowship Program (ITER)	Page 18-23
Clinical Fellow Evaluation of Supervisor form	Page 24
Clinical Fellow Evaluation of Fellowship Program form	Page 25-26
Probation, Suspension, and Dismissal	Page 27-29
Letter of Fellowship Job Offer	Page 30-31
Appendix A. Statement of Goals, Objectives and Responsibilities	Page 32-33
Appendix B. Fellowship Information	Page 34-35
Clinical Fellowship Goals and Objectives form	Page 36-37
Flow sheet of process requirements	Page 38-39
Checklist of process requirements	Page 40
Task Force Members	Page 41

## **Introduction**

There is a national and international need for the advanced learning obtained by clinical fellows. The University of Toronto, as a world leading teaching institution, is optimally positioned to meet this need. As well, the Department of Surgery needs clinical fellows for the effective performance of its mandate to deliver outstanding clinical care, to perform advanced level basic science and clinical research, and to teach residents and medical students.

The strategic plan of 2004 for the University of Toronto, Department of Surgery identified a need for improvement in the clinical fellowships programs with the following statement: “The clinical fellowship program continues to expand and is being managed locally by each division. The program will benefit from development of a more comprehensive clinical fellowship program with improved co-ordination, a re-evaluation of educational goals, and investigation of the impact of clinical fellows in residency training”.

This task force was struck by the Chairman of the Department of Surgery with a mandate to enhance the clinical fellowship program in the Department of Surgery. With over 200 fellows in training, this educational activity is clearly important to the department and will continue to benefit both the faculty and the fellows involved. The issues that require discussion and clarification are:

1. Definitions and roles of positions.
2. Governance, guiding principles and procedures.
3. Impact of clinical fellowships on our primary role of educating residents.
4. Educational goals and objectives.
5. Evaluation of fellows, supervisors, and programs.
6. Probation, suspension and dismissal.
7. Application and selection processes for clinical fellowship positions.
8. Salaries, work contracts, and benefits.

Each of issues 3-8 are discussed briefly in the section “Guiding principles and procedures;” some are covered more extensively in subsequent sections and appendices.

## Definitions of Positions

**Resident:** A graduate of medical school, who is in good standing in a Royal College of Physician and Surgeons of Canada (or equivalent) accredited surgical training program. It is noted that there exists a number of programs, such as General Surgery Oncology, Pediatric General Surgery, Colorectal Surgery, Thoracic Surgery, Vascular Surgery, and Cardiac Surgery, where the trainee may have already obtained FRCS(C) or equivalent credentials in a specialty. These individuals are still considered to be residents as they train within RCPSC accredited programs. An exception is General Surgical Oncology, which is a hybrid residency and clinical fellowship.

**Clinical Fellow:** An individual who has completed sufficient training for a specialty qualification either in this or a foreign country. The fellowship is intended to provide clinical experience over and above the basic specialty requirement, and the opportunity to acquire specific or more specialized expertise not normally acquired during residency training. See definition in the University of Toronto Faculty of Medicine website. (<http://www.facmed.utoronto.ca/English/Fellowship-Appointment-Guidelines.html>)

Department of Surgery clinical fellow positions must have defined educational goals and objectives, and an evaluation process, for both the trainee and the trainee's teachers. University registration is required, and all positions must be vetted by the respective Residency Program Committee annually.

All University of Toronto hospitals have additional positions including **Clinical Associates** and **Clinical Assistants**. These are hospital based positions that do not require university registration and are not training positions. As such, they do not fall under the mandate of this task force. Residency Program Directors and Committees and the proposed Clinical Fellowship Coordinators and Committees must be aware of these positions since they may affect residency and clinical fellowship training. If the impact is negative, and cannot be reconciled individually, the Residency Program Committee Director or the Clinical Fellowship Coordinator should seek recourse through the Division Chair and or the Surgeon in Chief of the hospital.

## Governance

The Task Force proposes that a departmental Clinical Fellowship Director be appointed who will serve a role similar to the Undergraduate, Postgraduate, and Continuing Education directors. The Task Force proposes that a Clinical Fellowship Coordinators Committee (CFCC) be struck, chaired by the Clinical Fellowship Director and comprised of 8 divisional Clinical Fellowship Coordinators and the Spine Clinical Fellowship Coordinator (see below). Membership of the CFCC will change as needed, commensurate with changes in types of surgical clinical fellowships offered by the University of Toronto. The CFCC will meet regularly to discuss clinical fellowship positions, clinical fellowship roles, clinical fellowship evaluations, new positions, conflicts, etc.

The Department of Surgery has two bi-divisional fellowship programs, each run as a combined program, by two separate divisions. The Hand Clinical Fellowship is run by Plastic Surgery and Orthopedic Surgery, and the Spine Clinical Fellowship by Orthopedic Surgery and Neurosurgery. Each of these two bi-divisional clinical fellowship programs will decide which division's clinical fellowship coordinator (or a different person) will coordinate these combined programs, and how this coordinator will report to the two divisions.

The Clinical Fellowship Director will:

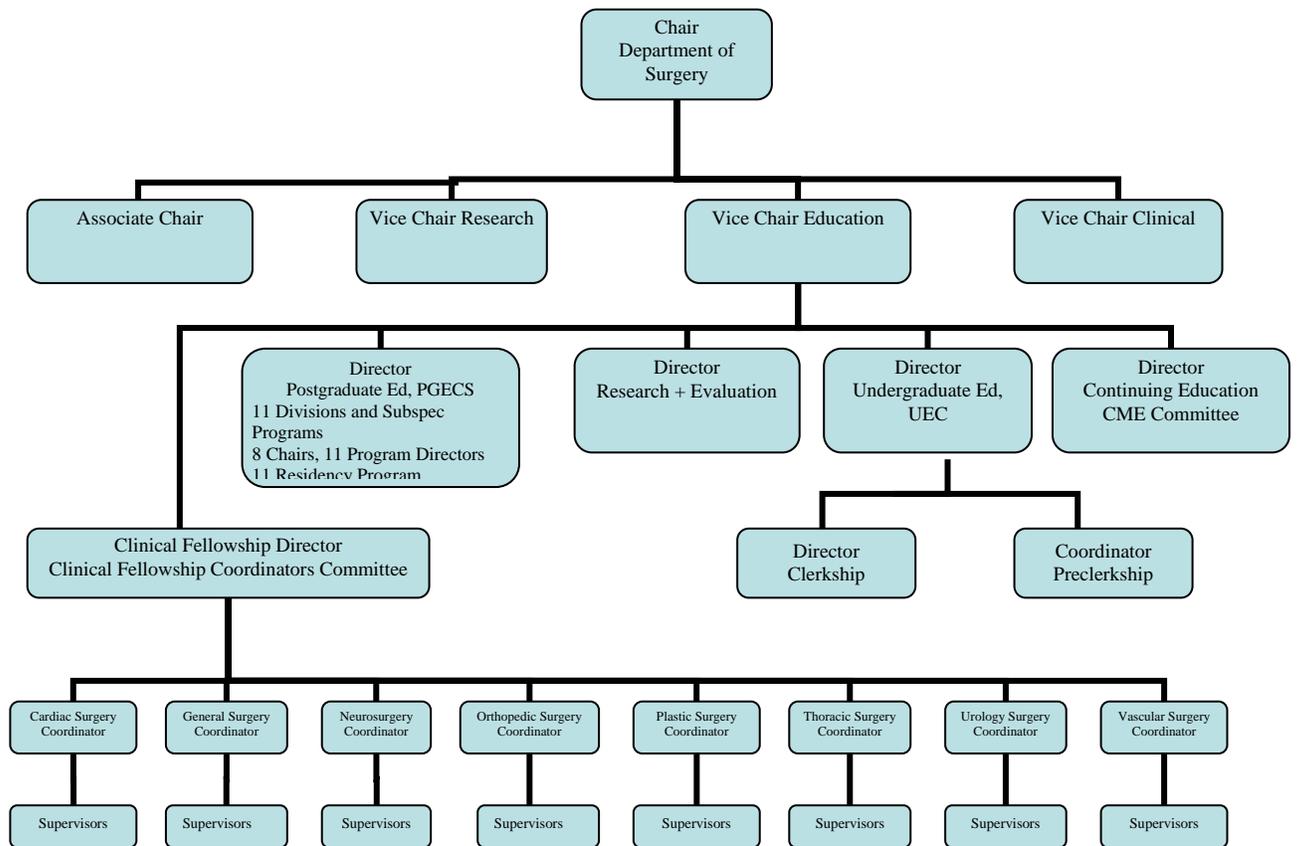
1. Serve as a member of the Postgraduate Education Committee in Surgery (PGECS).
2. Report to the Vice Chair, Education, the PGECS, and (for information) to the Associate Dean, Postgraduate Medical Education.
3. Chair the Clinical Fellowship Coordinators Committee (CFCC).
4. Implement the Department of Surgery's procedural guidelines as set out in this document, and modified by the CFCC, Vice-Chair Education, and Department Chair.
5. Maintain an annual census of the department's clinical fellow positions.
6. Advise the Vice Chair, Education and the Department Chair on the suitability and number of clinical fellowship positions and fellows.
7. Maintain copies of the work contracts of all fellows in the department.
8. Maintain copies of the evaluations of all fellows, supervisors, and individual fellowship positions in the department.

Each division will appoint a divisional Clinical Fellowship Coordinator. The division's Clinical Fellowship Coordinator will serve a role for their clinical fellows similar to that served by the Residency Program Directors for residents. Each division may elect to have a site supervisor or an individual supervisor for each defined service site or individual fellow.

Each Clinical Fellowship Coordinator will:

1. Serve as a member in the division's Residency Program Committee
2. Report to the Residency Program Committee items of interest regarding clinical fellowship training, particularly when related to residency training.
3. Serve as a member in the department's CFCC.

4. Report to the department's Clinical Fellowship Director/CFCC, and the division's Chair.
5. Implement the Department of Surgery's procedural guidelines as set out in this document, and modified by the CFCC, Vice-Chair Education, and Department Chair.
6. Coordinate and delegate duties to appropriate Clinical Fellow site supervisors.
7. Maintain and send to the Clinical Fellowship Director an annual census of the division's clinical fellow positions and fellows.
8. Maintain and send to the departmental Clinical Fellowship Director copies of the work contracts of all fellows in the division.
9. Maintain and send to the departmental Clinical Fellowship Director copies of the evaluations of all fellows, supervisors, and fellowship programs in the division.



## **Guiding principles and procedures**

### **Census of Clinical Fellowship Positions**

Each division's Clinical Fellowship Coordinator will keep a census of clinical fellowship positions for the division. Each position will have a written statement of its 1) role, and goals and objectives for advanced clinical training, teaching, and research 2) impact, positive and negative, on resident education and 3) duration, usually 1-2 years. A clinical fellow may renew his or her contract once, through the division's application and selection process. The above information will be kept on file by the division's Clinical Fellowship Coordinator and shared with the department's Director of Clinical Fellowship and the Vice Chair Education.

### **Clinical Fellowship Application and Selection Process**

Each division will determine, and articulate in writing, its application and selection process for each clinical fellow position. The selection process should be fair and transparent. Successful applicants should have a track record of clinical and academic achievement, understand the role of the position, be capable of attaining the role's goals and objectives, recognize our primary role as resident educators, and endeavor to enhance the stature of the University of Toronto.

### **Orientation**

Supervisors will orient each new clinical fellow, and provide them with a written package outlining the clinical fellowship program at the University of Toronto; the position's role, goals and objectives in the three academic spheres (clinical, teaching, and research); the evaluation process; the work contract; processes for probation, suspension, and dismissal, and an explanation of appropriate interactions with residents.

### **New Clinical Fellowship Positions**

For any new position, the goals and objectives (for clinical training, teaching, and/or research) must be defined. The new position's impact on residency training must be assessed by the division's Residency Program Committee, or in the case of a multidivision fellowship, by both divisions' Residency Program Committees. The new position must be vetted by the division's Residency Program Committee and the department's CFCC, and approved by the departmental Chair.

### **Evaluations of Clinical Fellows**

The Clinical Fellowship Coordinators will ensure that the respective supervisor(s) evaluate(s) each clinical fellow according to the goals and objectives of the position, including clinical proficiency, teaching of residents and students, and the other CanMEDS roles. The individual division may determine the evaluation format, which must include an ITER in POWER. Formal evaluations should be done at least twice per 6-12 month rotation. If rotations are shorter than 6 months, the evaluations should be done at the end of each rotation. The supervisor must inform the clinical fellow prior to starting the appointment that successful completion depends on successful evaluation. The evaluation process information will be kept by the division's Clinical Fellowship Coordinator and shared with the Clinical Fellowship Director, and Vice Chair Education. Permanent evaluation records will be kept in the Department of Surgery education offices. Subsequent inquiries about fellow evaluations that are made for licensing or other registration purposes, will be directed to, and handled by the

Departmental Clinical Fellowship Director. Further information is set forth in the Goals, Objectives, and Evaluations section of this document.

### **Clinical Fellow Evaluation of Supervisors**

Clinical fellows must have the opportunity to evaluate their teachers' teaching effectiveness at least twice per 6-12 month rotations, or at completion of shorter rotations. Teacher evaluations will be coordinated by the Vice Chair Education. Evaluations will be kept on file by the division Chair, the departmental Clinical Fellowship Director, the Vice Chair Education, and the hospital Surgeon-in-Chief. Further information is set forth in the Goals, Objectives, and Evaluations section.

### **Clinical Fellow Evaluation of Programs**

Clinical fellows will evaluate the overall Clinical Fellowship Program on an annual basis. Further information is set forth in the Goals, Objectives, and Evaluations section.

### **Impact on Residency Education**

Each division's Clinical Fellowship Coordinator will interact closely with their program's Residency Program Committee and Program Director to minimize conflict between clinical fellows and residents in learning acquisition. The educational mission of this Department is assisted by the presence of clinical fellows. The goals and objective of clinical fellowship positions should reflect this fact. Nevertheless, residency education is the primary education mission for the department and will take precedence in a situation of conflict. Further information is set forth in the Impact on Residency Education section of this document.

### **Probation, suspension, and Dismissal**

The process to terminate the training of fellows who are incompetent, or for other reasons are no longer suitable to continue training, is outlined in the Probation, Suspension, and Dismissal section of this document.

### **Work Contracts**

Clinical fellow salary, wages, or payment systems will continue to be managed internally by each division or hospital service. Clinical fellows' benefits, vacation, disability and sick leave, professional time, etc. are determined by the division and are to be listed in the Letter of Fellowship Job Offer sent to the fellowship applicant. Each applicant must read, accept, and sign the Letter of Fellowship Job Offer. Included with the Letter of Fellowship Offer are: Appendix A; Statement of Goal Objectives and Responsibilities, Appendix B; Fellowship Information, and the document Clinical Fellowship Goals and Objectives as completed by the fellow's supervisor. These documents must be read by the potential applicant. A copy of the signed work contract will be sent to the departmental Clinical Fellowship Director and kept on file in the offices of the department.

### **Diplomas**

Surgeons who have successfully completed a clinical fellowship in the Department of Surgery at the University of Toronto will receive a University diploma with the signatures of the Chair of the Department, the Vice Chair of Education, the Clinical Fellowship Director, and the fellow's Supervisor.

## **Impact on Residency Education**

### **Principles**

Patients requiring the tertiary and quaternary care services provided by members of the Department of Surgery present with problems for which the knowledge and skills requirements for pre-operative, intra-operative, and post-operative care exceed the capacity of senior residents. These patient populations provide clinical fellows opportunities to train in complex surgical care at a post-residency level. The need for such advanced training is demonstrated by the large number of clinical fellowship applications. The clinical fellow positions that have evolved have arisen from these national and international educational needs.

The Residency Training Program remains the Department of Surgery's top priority for graduate medical education. Below, we delineate in general terms, the responsibilities of clinical fellows and residents in pre-operative, intra-operative, and post-operative care of patients, including access to educational opportunities,

Clinical fellows come from different backgrounds, have different levels of expertise, and have different expectations of their training. The goals and objectives must be outlined, specific to each clinical fellow. Where conflict with resident education is anticipated or experienced, the respective Residency Program Committee and Clinical Fellow Coordinator must monitor the situation and take actions when needed.

### **Responsibilities and Duties**

#### **A. Pre-operative and Post-operative**

Consistent with the Royal College of Physicians and Surgeons of Canada and the United States' Accreditation Council for Graduate Medical Education requirements, it is the department's policy that, under the supervision of the attending staff, the senior or chief resident has primary responsibility for patient care. The senior or chief resident must have direct access to the attending surgeon. This policy specifies that a resident's experience should not be diluted by the presence or experience of the clinical fellow. For tertiary/quaternary care in academic centres with a commitment to advanced clinical fellow training, it also follows that a clinical fellow's experience should not be diluted by residents. The ability of our Clinical Fellowship programs to attract top candidates and produce highly skilled academic surgical specialists depends on our ability to protect the clinical fellow's experience.

Clinical fellows should recognize and exercise their important educational responsibilities with respect to residents and medical students, through fostering educational experiences and availing themselves for discussion of the more complex aspects of patient care and decision-making. In this way, we expect clinical fellows to enhance residents' and students' educational experiences beyond that provided solely by attending staff surgeons and residents.

## B. Intra-Operative

Every operative opportunity, appropriate to training level, must be made available to our residents. The chief/senior resident should have his/her “first choice” of each day’s operative procedures, appropriate to his/her level of training and technical abilities, as determined by the responsible staff surgeon.

If complex cases are to be divided into component parts to be performed by trainees of different levels, this practice should be discussed at the beginning of the resident’s or fellow’s rotation (with examples). Prior to each case, the specific parts of the operation should be reviewed with the operating team, and “assigned” by the responsible staff surgeon, so that the appropriate expectations are understood and met.

## **Goals, Objectives, and Evaluations**

### **Goals and Objectives**

Each clinical fellowship position must have position specific goals and objectives. The basic knowledge and skills to practice the specialty should have been obtained during residency training. The clinical fellow should develop enhanced expertise in defined facets of clinical care that may not have been achieved in residency. Fellows from different backgrounds may have different skill levels that require different goals and objectives. Each fellow, prior to accepting a fellowship position, must receive a specific Clinical Fellowship Goals and Objectives form.

### **Evaluations**

Evaluations of fellows, faculty, and program are essential. To facilitate evaluation, the goals and objectives for the clinical fellow must be documented by the start of the training period. Upon entry into the program, the supervisor must discuss with the fellow the methods of evaluation of performance and achievement of goals and objectives.

### **Evaluation of Clinical Fellows**

The specifics of the evaluation will depend on the goals and objectives. Besides the primary role of clinical proficiency, the evaluation should include teaching of residents and students, interpersonal communication, and professional behavior. Evaluations must be timely, and the process transparent and fair. At a minimum, the fellow must be evaluated following each rotation or at least every 6 months.

The evaluation process will include:

1. Completion of In Training Evaluation Reports (ITERS). A generalized ITER for clinical fellows is available in POWER (see document "In-Training Evaluation Report: Fellowship Program").
2. A meeting between supervisor(s) and fellow to discuss progress and concerns of the fellow, supervisor, and/or division.
3. Documentation of that meeting by the supervisor, in the form of a progress report to be sent to the divisional Clinical Fellowship Coordinator and the departmental Clinical Fellowship Director.

In the event of an unsatisfactory ITER and/or progress report, a face to face meeting is required between the fellow and the divisional Clinical Fellowship Coordinator. Depending on the circumstances the respective supervisor may be invited.

Permanent written evaluation records, including progress reports and ITERS, will be kept by the department's Clinical Fellowship Director in the Department of Surgery education offices. Subsequent inquiries about fellow evaluations that are made for licensing or other registration purposes will be directed to, and handled by, the departmental Clinical Fellowship Director.

### **Evaluation of Supervisors and Teachers**

Assessments of teaching effectiveness will ensure that teaching is appropriate and obligations are met, and provide information to help the department acknowledge excellent teaching of clinical fellows. Clinical fellows will evaluate all teachers, with whom they had significant learning relationships, following each rotation or at least every 6 months.

The evaluation process of supervisors will include:

1. Written evaluations of all supervisors/teachers. The evaluation forms will be provided on line by the Department of Surgery (see document “Clinical Fellow Evaluation of Supervisor form” below).
2. Records of these evaluations will be kept by the department in the office of the Clinical Fellowship Director, and shared with the Division Chair, the divisional Clinical Fellowship Coordinator, the Vice Chair Education, the Department Chair, and the hospital Surgeon-in-Chief. The information will be reviewed yearly and used to assess the supervisor’s teaching accomplishments.

For consistently poor teaching evaluations, the divisional Clinical Fellowship Coordinator will meet with the supervisor/teacher. The divisional Clinical Fellowship Coordinator may escalate the discussion to the departmental Clinical Fellowship Director, the division Chair, the Vice Chair Education, and/or the hospital’s Surgeon-in-Chief.

### **Evaluation of the Clinical Fellowship Program**

Fellows must evaluate the clinical aspects and formal educational opportunities of the program on a yearly basis.

The evaluation process for the clinical fellowship program will include:

1. Completion, by the clinical fellow, of a written questionnaire, provided on line by the Department of Surgery (see document “Clinical Fellow Evaluation of Clinical Fellowship Program form” below).
2. Records of these evaluations will be kept on file by the department in the office of the Clinical Fellowship Director.
3. Exit interviews of the fellows by the divisional Clinical Fellowship Coordinator.
4. Periodic group or individual interviews of fellows or faculty by the divisional Clinical Fellowship Coordinator and departmental Clinical Fellowship Director.

**University of Toronto  
Department of Surgery  
Clinical Fellowship Goals and Objectives**

Applicant's Name: \_\_\_\_\_

Clinical Fellowship Position: \_\_\_\_\_

Start Date of Proposed Fellowship: \_\_\_\_\_

Duration of Proposed Fellowship: \_\_\_\_\_

Division(s): \_\_\_\_\_

Supervisor(s): Primary: \_\_\_\_\_ Others: \_\_\_\_\_

Hospital(s): \_\_\_\_\_

1. As all applicants to clinical fellowship positions are specialists having completed specialty residency training it is expected that all applicants are already competent to function at the consultant level in:
  - a. ***List base surgical specialty.***
2. This clinical fellowship position is designed to give the applicant enhanced clinical expertise in the following areas:
  - a. Develop competency in clinical management of:
    - i. ***List areas.***
  - b. Develop competency in the correct application, choice, and performance of the following surgical procedures:
    - i. ***List operations.***
  - c. ***List additional areas of fellowship goals that may be clinical skills or may be in other fields such as teaching, education, administration, or clinical research.***
3. The CanMeds competencies, as outlined by the Royal College of Physicians and Surgeons of Canada (see appendix), are relevant to all surgeons, regardless of their country of origin. All University of Toronto Department of Surgery clinical fellows are expected to have these basic skill sets and will be evaluated on them.
4. Fellows must demonstrate appropriate knowledge relating to gender, culture, and ethnicity pertinent to their specialty.
5. Consistent with the obligation of a physician, fellows must endeavor to deliver the highest quality care with integrity, honesty, and compassion while exhibiting appropriate personal and interpersonal professional behavior. Fellows must adhere to the principles outlined in the University of Toronto Code of Student Conduct  
([http://www.facmed.utoronto.ca/scripts/index\\_.asp?action=31&U\\_ID=0&N\\_ID=13&P\\_ID=10002](http://www.facmed.utoronto.ca/scripts/index_.asp?action=31&U_ID=0&N_ID=13&P_ID=10002))

6. As continuing education and evaluations are necessary throughout a surgeon's life, fellows are expected to have an understanding of the role of research and the need for critical analysis of current scientific and practice developments related to their specialty.

## **CanMed Competencies Clinical Fellowship**

### ***i) Medical Expert/Clinical Decision Maker:***

#### *Objectives:*

At the level of a consultant, the fellow will:

- 1) Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
- 2) Access and apply relevant information to clinical practice.
- 3) Demonstrate effective consultation service with respect to patient care, education and legal opinions.

#### *Specific Requirements:*

In order to attain these objectives:

- 1) The fellow will acquire knowledge of the principles of advanced care of the patient in their area of specialty. The specifics of this knowledge should be defined by the respective division.
- 2) The fellow will acquire the clinical skills necessary to function as a consultant in an area of specialization; the specific skills to be acquired should be defined by the respective division.
- 3) The fellow will acquire the technical skills necessary to function as a consultant in an area of specialization. The specific skills to be acquired should be defined by the respective division.

### ***ii) Communicator:***

#### *Objectives:*

- 1) At the level of a consultant, the fellow will establish a therapeutic relationship with patient and families.
- 2) Obtain and synthesize relevant histories from patients and families and their communities.
- 3) Listen effectively.
- 4) Discuss appropriate information with patient, family and health care team.
- 5) Communicate effectively in English, even if English is not the fellow's first language.

#### *Specific Requirements:*

In order to obtain these objectives, the fellow must:

- 1) Inform patients and families about their condition at an appropriate and understandable level
- 2) Be sensitive and respond appropriately to issue of gender, culture and ethnicity in dealing with patients and families
- 3) Write clear operative/consultation/discharge/clinical notes
- 4) Prepare and present patient care rounds in an organized fashion
- 5) Participate in scheduled rounds

### ***iii) Collaborator:***

#### *Objectives:*

At the level of a consultant, the fellow will:

- 1) Consult effectively with other physicians and health care professionals.
- 2) Contribute effectively to other interdisciplinary team activities.

*Specific Requirements:*

In order to obtain these objectives, the fellow will:

- 1) Work effectively with ward, ICU, operating room and expanded role nurses to manage patients appropriately.
- 2) Be sensitive and respond appropriately to issues of gender, culture and ethnicity.
- 3) Identify social, rehabilitative, dietetic concerns with patients and consult appropriate allied health professionals.
- 4) Consult and work with medical specialists appropriately.
- 5) Assist allied health professionals through active participation in their training and educational rounds.

**iv) Manager:**

*Objectives:*

At the level of a consultant, the fellow will:

- 1) Utilize resources effectively to balance patient care, learning needs and outside activities.
- 2) Allocate finite health care resources wisely.
- 3) Work effectively and efficiently in a health care organization.
- 4) Utilize information technology to optimize patient care, life-long learning and other activities.

*Specific Requirements:*

In order to obtain these objectives, the fellow will develop the ability to:

- 1) Understand the importance of and mechanisms to safely utilize resources in a cost-effective manner to benefit all patients.
- 2) Recommend practices to effectively utilize resources including undertaking studies to assess effectiveness of standard of care procedures.

**v) Health Advocate:**

*Objectives:*

At the level of a consultant, the fellow will:

- 1) Identify the important determinants of health affecting patients.
- 2) Contribute effectively to improve health of patients and communities.
- 3) Recognize and respond to these issues where advocacy is appropriate.

*Specific Requirements:*

In order to obtain these objectives a fellow will develop the ability to:

- 1) Understand the principles and data supporting primary and secondary prevention of diseases.
- 2) Understand the value of outcomes research for surgical procedures.

- 3) Develop and support constructive relations with hospital administrators, Regional, Provincial and Federal Government Agencies and Representatives.
- 4) Support the activity of local and national organizations promoting health advocacy

**vi) Scholar:**

*Objectives:*

At the level of a consultant, the fellow will:

- 1) Develop, implement and monitor a personal continuing education strategy.
- 2) Continually appraise resources of medical information.
- 3) Facilitate learning of patients, house staff students and other health professionals.
- 4) Contribute to the development of new knowledge.

*Specific Requirements:*

In order to achieve these objectives, the fellow will:

- 1) Recognize gaps in knowledge and develop strategies to correct this by self directed reading and consulting with other health professionals.
- 2) Contribute knowledge learned to review rounds.
- 3) Understand principles and practice of basic and applied research including the scientific method, design and conduct of clinical trials, critical appraisal of literature and the use of statistics.
- 4) Understand the need to incorporate gender, cultural and ethnic perspectives in research methodology.
- 5) Prepare and present scheduled rounds.
- 6) Participate actively in scheduled morbidity and mortality conference.
- 7) Prepare and present clinical research papers at peer-reviewed meetings/published in medical literature.
- 8) Participate effectively in teaching fellow professions including junior house staff.

**vii) Professional:**

*Objectives:*

At the level of a consultant, the fellow will:

- 1) Deliver the highest quality care with integrity, honesty and compassion.
- 2) Exhibit appropriate personal and interpersonal professional behaviors.
- 3) Practice medicine ethically, consistent with the obligation of a physician.

*Specific Requirements:*

In order to achieve these objections, the fellow must develop the ability to:

- 1) Understand the professional, legal and ethical codes to which physicians are bound
- 1) Recognize self limitations and seek outside assistance where appropriate
- 2) Be sensitive to and respond appropriately to patients of different social status, ethnic groups, age and gender

**In-Training Evaluation: Fellowship Program  
Department of Surgery, University of Toronto**

NAME OF FELLOW:	
HOSPITAL/SERVICE:	
SUPERVISOR:	
DATE:	

**It is mandatory that this evaluation be discussed with the trainee before the end of the rotation.**

ROLES / COMPETENCIES	EXPECTATIONS					
	Fails to Meet <b>0</b>	Meets Expectations			Exceeds <b>4</b>	N/A
		Marginal <b>1</b>	Satisfactory Progress <b>2</b>	Fully <b>3</b>		
<b>I. MEDICAL EXPERT</b>						
Demonstrates diagnostic and therapeutic skills for ethical and effective patient care; accesses and applies relevant information and therapeutic options to clinical practice; demonstrates effective consultation services with respect to patient care, education and legal opinions; recognizes personal limits of expertise.						
<i>A. Knowledge - Basic Science, Physiology and Anatomy related to specialty</i>						
1. <b>Anatomy:</b> knows anatomy, embryology, and histology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Physiology:</b> knows and understands normal physiology and pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Basic science:</b> knows pharmacology and other basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Basic science:</b> knows imaging techniques and science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B. Clinical Skills</i>						
1. <b>Medical Histories:</b> are relevant, concise, accurate, appropriate to patients' problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Physical Examinations:</b> are relevant, sufficiently elaborate, appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Diagnostic Tests:</b> uses medically appropriate investigations cost-effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Clinical Diagnosis/Decision Making:</b> analyzes and integrates relevant data to formulate diagnoses and therapeutic strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Pre-operative planning:</b> decisions and plans are well-documented and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROLES / COMPETENCIES	EXPECTATIONS					
	Fails to Meet 0	Meets Expectations			Exceeds 4	N/A
		Marginal 1	Satisfactory Progress 2	Fully 3		
6. <b>Postoperative Care:</b> provides diligent post-operative care that includes management of wound healing, infections, other organ complications, post op pain, and psychosocial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Emergency Management:</b> recognizes urgent situations and intervenes quickly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>Evidence-based Practice:</b> uses “evidence based medicine” for clinical decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Operating Room Skills</b>						
1. <b>Surgical procedures:</b> knows and applies sound surgical technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Pre-operative Planning:</b> makes appropriate preoperative plans to insure effective performance of surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Sterile technique:</b> understands and practices sterile technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Tissue handling:</b> handles delicate tissues using appropriate instruments and technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Dissection:</b> recognizes tissue planes and dissects effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Fine motor co-ordination:</b> demonstrates appropriate fine motor dexterity necessary to practice surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Intra-operative judgment:</b> demonstrates appropriate intra-operative judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>Operating room demeanor:</b> displays an appropriate operating room demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Operating room leadership:</b> when given the opportunity, leads effectively in the operating room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Emergency situations:</b> recognizes emergency or potentially catastrophic situations, and responds effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROLES / COMPETENCIES	EXPECTATIONS					
	Fails to Meet 0	Meets Expectations			Exceeds 4	N/A
		Marginal 1	Satisfactory Progress 2	Fully 3		
11. <b>Stress:</b> copes with daily operating room environment stresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. COMMUNICATOR</b>						
<i>A. Verbal Communication Skills</i>						
1. <b>Patients/Families:</b> listens and communicates effectively with patients and families, sensitive to ethnic, cultural, spiritual values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Informed Consent:</b> provides patients and families appropriate therapeutic risk/benefit information for informed decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Physicians:</b> communicates effectively with physicians in the same team and referring physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Other Health Care Professionals:</b> communicates effectively with other health care providers, especially nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B. Written Communication Skills</i>						
1. <b>Written Orders, Progress Notes, and Discharge Summaries:</b> produces accurate, timely and appropriate written records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>OR Reports:</b> creates timely, concise, accurate, operative reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Clinic/Office Notes/Consultation Reports:</b> produces well organized letters and reports that provide clear directions to referring physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. COLLABORATOR</b>						
Consults and collaborates effectively with patients, other physicians and a multidisciplinary team of expert health care professionals to provide optimal patient care, education and research. Recognizes and understands the roles and expertise of other health professionals.						
1. <b>Physician</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Nursing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Other Health Care Professionals</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROLES / COMPETENCIES	EXPECTATIONS					
	Fails to Meet 0	Meets Expectations			Exceeds 4	N/A
		Marginal 1	Satisfactory Progress 2	Fully 3		
<b>IV. MANAGER</b>						
Utilizes resources effectively to balance patient care, learning needs, and outside activities, allocates finite health care resources wisely.						
1. <b>Canadian Health Care System:</b> understands the structure, financing and functions of health care organizations, including individual clinical practices and local and national organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Time Management:</b> uses broad sources of information and technology to maximize efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Resource Utilization:</b> uses health care resources appropriately and efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Administrative Ability:</b> leads or contributes to the health care team, delegates and distributes tasks fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. HEALTH ADVOCATE</b>						
Identifies the psychosocial, economic, environmental and biological factors that influence the health of patients and society (e.g. poverty). Contributes effectively to improved health of patients and communities. Identifies and uses available resources (social services, addictions services etc.). Responds to those issues where advocacy is appropriate.						
1. <b>Risk Factor Identification:</b> demonstrates knowledge of primary and secondary prevention of diseases and advises appropriate interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Social Health and Health Advocacy:</b> demonstrates and supports activities of local and national organizations promoting health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VI. SCHOLAR</b>						
Develops, implements and monitors a personal continued learning strategy, critically appraises sources of medical information, facilitates learning of patients and other health care professionals, contributes to development of new knowledge.						
1. <b>Self-directed Learning:</b> motivated and interested, reads around cases, and makes appropriate use of educational resources; recognizes need for life long learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Critical Appraisal Skills:</b> analyzes and interprets the validity and applicability of evidence in the medical literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROLES / COMPETENCIES	EXPECTATIONS					
	Fails to Meet 0	Meets Expectations			Exceeds 4	N/A
		Marginal 1	Satisfactory Progress 2	Fully 3		
3. <b>Teaching/Supervisory Skills:</b> facilitates the learning of patients, students, colleagues and other health professionals; provides constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Medical Research and Medical Literature:</b> understands principles and practices of basic and applied research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Participates in Academic Activities of the Service</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VII. HEALTH PROFESSIONAL</b>						
Delivers highest quality care with integrity, honesty and compassion; exhibits appropriate personal and interpersonal professional behaviors; practices medicine ethically consistent with the obligations of a physician.						
1. <b>Responsibility:</b> recognizes the predominant importance of his or her personal responsibility in the care of his or her patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Empathy:</b> delivers the highest quality care with integrity, honesty and compassion. Sensitive to gender, cultural, racial and societal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Personal/Professional Boundary:</b> exhibits proper personal and interpersonal professional behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Ethics and Professional Bodies:</b> understands and adheres to legal and ethical codes of practice, including confidentiality and informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Insight/Self-assessment:</b> demonstrates insight into his or her limitations and is responsive to constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL COMPETENCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Were educational objectives / performance discussed with the fellow?**

- At the beginning of the rotation:  Yes  No  
 At the midpoint of the evaluation:  Yes  No  
 At the end of the rotation:  Yes  No

<b>Was this evaluation completed</b>	<input type="checkbox"/> an individual?	
--------------------------------------	---	--

by:		
	<input type="checkbox"/> a committee?	

Was input obtained from other team members?  Yes  No

**DESCRIPTIVE RESPONSES**

*For any items scored 0 or 1, specific comments are critical*

<b>1. Strengths</b>
<b>2. Areas for improvement</b> <i>(If remedial work is recommended – please provide specific suggestions)</i>
<b>3. Comments</b>

<b>Evaluator Signature:</b>			<b>Date:</b>	
<b>Fellow Signature:</b>			<b>Date:</b>	

<b>PLEASE RETURN THIS FORM TO:</b>	<p><b>Dr. John Bohnen</b>  <b>Vice Chair, Education</b>  <b>Department of Surgery, University of Toronto</b></p> <p><b>The Banting Institute</b>  <b>100 College Street, Rm. 209</b>  <b>Toronto, ON M5G 1L5</b></p>
------------------------------------	--

**University of Toronto  
Department of Surgery  
Clinical Fellow Evaluation of Supervisor Form**

Please fill out the following confidential form. Use a separate form to evaluate each supervisor you have worked with a significant amount of time, and feel qualified to write an evaluation on.

Name of Clinical Fellowship Position \_\_\_\_\_  
 Name of Division \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_  
 Your Name (confidentiality assured) \_\_\_\_\_  
 Start and End Dates of Evaluation Period \_\_\_\_\_  
 Total Duration of Fellowship \_\_\_\_\_  
 Amount of time spent with this supervisor on service? < 25%, 25-50%, 50-75%, >75%  
 Do you regard this supervisor as one of your primary supervisors? \_\_\_\_\_

Please rate this staff surgeon as a teacher, In terms of:	within top 10%	within top 25%	fairly typical	within bottom 25%	within bottom 10%
Appropriate Role Model .....	5	4	3	2	1
Establishment of Good Rapport .....	5	4	3	2	1
Provision of Constructive Feedback .....	5	4	3	2	1
Teaching of Cognitive Knowledge .....	5	4	3	2	1
Teaching of Clinical skills.....	5	4	3	2	1
Teaching of Surgical Skills .....	5	4	3	2	1

Please provide additional comments describing how your association with this supervisor has affected your professional development. Use the back of this sheet if necessary.

Please return this form to: Divisional Clinical Fellowship Coordinator, Mail Address, Email, Telephone number

**University of Toronto  
Department of Surgery  
Clinical Fellow Evaluation of Clinical Fellowship Program Form**

Please fill out the following confidential form.

Name of Clinical Fellowship Position \_\_\_\_\_  
 Name of Division \_\_\_\_\_  
 Name of Supervisor (or supervisors, if more than one) \_\_\_\_\_  
 Your Name (confidentiality assured) \_\_\_\_\_  
 Start and End Dates of Evaluation Period \_\_\_\_\_  
 Total Duration of Fellowship \_\_\_\_\_

	within top 10%	within top 25%	fairly typical	within bottom 25%	within bottom 10%
How would you describe education opportunities of this clinical fellowship?					
Number of Formal Education Opportunities.....	5	4	3	2	1
Number of Informal Education Opportunities.....	5	4	3	2	1
Quality of Formal Education Opportunities.....	5	4	3	2	1
Quality of Informal Education Opportunities.....	5	4	3	2	1
How would you describe this clinical fellowship, In terms of:	within top 10%	within top 25%	fairly typical	within bottom 25%	within bottom 10%
Adequate Resources Available.....	5	4	3	2	1
Appropriate Variety & Volume of Clinical Material	5	4	3	2	1
Objectives were Clearly Communicated .....	5	4	3	2	1
Objectives were Met .....	5	4	3	2	1
Please rate your progress in your discipline, in terms of:	within top 10%	within top 25%	fairly typical	within bottom 25%	within bottom 10%
Clinical Skill Development.....	5	4	3	2	1

Clinical Decision Making..... 5 4 3 2 1

Surgical Skill Development..... 5 4 3 2 1

Did your training conflict with residency training on that service? Yes No  
If so, please explain.

Would you recommend this fellowship to others? Yes No

Please provide additional comments describing how this fellowship program has affected your professional development:

Please return this form to: Divisional Clinical Fellowship Coordinator, Mail Address, Email, Telephone number

## **Probation, Suspension, and Dismissal**

This document does **not** pertain to the PEAP (Pre-entry assessment program) process that all international medical graduates must undergo before becoming a clinical fellow in the University of Toronto, Faculty of Medicine.

### **1 Probation**

- 1.1 Probation is a period of training during which the trainee is expected to correct identified serious weaknesses which are felt to jeopardize successful completion of fellowship. Probation implies the possibility of dismissal from the program if adequate improvement in performance is not identified at the end of the probationary period.
- 1.2 The Fellowship Supervisor may decide to place a trainee on probation if the identified problem is medical incompetence, or of a nature such as attitudinal weaknesses, behavior disorder or chemical dependence which is not subject to usual remedial training. The program itself may not be able to provide the required intervention but will be able to assess the outcome in meeting the required standards of performance.
- 1.3 Proposals for probation must be approved by the divisional Clinical Fellowship Coordinator and the departmental Clinical Fellowship Director. The proposal must:
  - a) provide evidence of the unsatisfactory performance
  - b) identify the problem areas and/or behaviors to be improved or corrected and the performance outcomes to be achieved
  - c) state the nature of the intervention, if any, which may be used to assist in correction of the problem
  - d) state the specific time frame of the probation, which must not be less than one month
  - e) specify how outcomes will be evaluated
  - f) state the consequences of a successful, unsuccessful, or partially successful probation
- 1.4 The trainee must be informed of the proposal in writing, and must have the opportunity to meet with the departmental Clinical Fellowship Director to discuss the terms of the proposal.
- 1.5 Notwithstanding the requirements of 1.3 and 1.4, the Fellowship Supervisor may suspend a trainee from clinical duties when the conduct of the trainee is felt to be potentially hazardous to patients, other physicians or hospital staff, or when the presence of the trainee constitutes a disruption detrimental to the function of the clinical unit or the progress of other trainees.
- 1.6 All periods of probation must have a written mid-point evaluation. There must be a written final evaluation of the outcome of the probation which should be discussed with the trainee during the final days of the probation and, at the latest, not more than two weeks after the conclusion of the probation.

## 1.7 Outcomes of Probation.

1.7.1 The problem has been corrected and the trainee will continue in the program

1.7.2 The problem has been partially corrected. The Fellowship Supervisor may recommend another period of probation

1.7.3 The problem is not corrected and the Fellowship Supervisor will recommend dismissal

## 2 **Suspension**

2.1 Suspension is the interruption of the clinical fellow's participation in the training program including clinical and educational activities. Suspension will be used as a means to deal with improper conduct or medical incompetence and will be followed by formal review.

2.2 Because clinical fellows are both physicians and students of the University, the conduct of the trainees is governed by policies of professional bodies, such as the CPSO, the Canadian Medical Association (Code of Ethics) and others. Clinical fellow's conduct is also governed by policies of the University of Toronto's Faculty of Medicine that includes: the Standards of Professional Behavior for Medical Undergraduate and Postgraduate Students, the University of Toronto's Code of Behavior on Academic Matters, and the University of Toronto's Code of Student Conduct.

### 2.3 Suspension from the Training Program

a) A Fellowship Supervisor may, pending approval of the divisional Clinical Fellowship Coordinator and the departmental Clinical Fellowship Director, suspend a trainee for medical incompetence or for improper conduct if the conduct is such that the continued presence of the trainee in the clinical setting would be potentially hazardous to persons (i.e. patients, staff, students, or the public that uses the clinical setting), or to the academic function of the training program, or the ability of other trainees to continue their program of study.

b) The trainee, the Head of the Department, and the Associate Dean, must be notified in writing, and the notification must include the reasons for and the period of suspension.

c) The trainee may continue to be paid during suspension, pending formal review, but may be denied access to hospitals or other clinical or laboratory facilities.

### 2.4 Evaluation and Outcome Following Suspension.

A decision to suspend a trainee must be reviewed by the divisional Clinical Fellowship Coordinator and the departmental Clinical Fellowship Director in a timely fashion. The suspension must be discussed at the next scheduled Clinical Fellowship Coordinators Committee and followed by either full reinstatement or any of the processes described in sections 1 and 3, such as probation or dismissal.

**3. Dismissal**

3.1 Dismissal of the clinical fellow, a decision taken by the departmental Clinical Fellowship Director under advisement of the Clinical Fellowship Coordinators Committee and the clinical fellow's Supervisor, may occur for the following reasons:

3.1.1 following unsuccessful probation

3.1.2 following suspension

3.1.3 for ethical, behavioral violations, or medical incompetence that are not subject to remediation or probation

## Letter of Fellowship Job Offer

Dr.  
Address  
Email

Dear Dr *applicant*,

On behalf of the Division of (your Division) Surgery, I am pleased to offer you a clinical fellowship position for one year beginning July 1, 200? to June 30, 200? We are pleased to have you join our Division at the (list hospitals) and become a member of the Department of Surgery, University of Toronto (<http://www.surg.med.utoronto.ca/>). Our hospital is one of the affiliated hospitals at the Faculty of Medicine, University of Toronto <http://www.facmed.utoronto.ca/English/Affiliated-Teaching-Hospitals.html>.

The general goals, objectives, and responsibilities of the fellowship (Appendix A), Fellowship Information (Appendix B), and the specific Clinical Fellowship Goals and Objectives of this fellowship are attached.

The Division will provide a salary of xxxxxx CAD per annum. *If the fellow is expected to bill OHIP fee for service to earn his/her salary this must be explained here. The collection, distribution, and amount of billings to be paid to the fellow are to be explained here.*

A registration package will be made available to you from the Postgraduate Medical Education office (<http://www.facmed.utoronto.ca/English/Postgraduate-Medical-Education-Training-Programs.html>).

If you are a foreign medical graduate you must obtain an educational license which is issued by the Ontario College of Physicians of Ontario (<http://www.cpsso.on.ca/>). If you are a Canadian trained physician you must obtain either an educational license or an unrestricted medical license as required by the division.

There are registration fees associated with the University of Toronto and the College of Physicians and Surgeons of Ontario. The Division *will pay/does not pay* these registration fees on behalf of the trainee.

Membership in the Canadian Medical Protective Association (liability insurance) (<http://www.cmpa-acpm.ca/>) is mandatory for all trainees. The Division *will pay/does not pay* the membership dues on behalf of the trainee.

The University Health Insurance Plan (UHIP) (<http://www.uhip.ca/>) is mandatory for all trainees and family members not insured under the government's Ontario Health Insurance Plan (OHIP) (<http://www.health.gov.on.ca>). The UHIP membership fee is the responsibility of the trainee. The government plan (OHIP) is available to foreign national trainees at no additional

cost once a three month waiting period has been fulfilled. Family members of foreign national trainees are not eligible for coverage by OHIP.

Fellows are granted four weeks holidays per year.

One week of Professional leave is given to attend a conference. The Division *will pay/does not pay* conference registration, travel, and expenses.

This nature of this job offer has been discussed with the Surgeon-in-Chief at (*list hospitals*) and the Clinical Fellowship Coordinator for the Division of (*your Division*).

We look forward to working with you during the upcoming academic year. I am sure that you will find your experience at the (*list hospital*) to be enjoyable and rewarding.

Please review carefully the 4 enclosed documents (this Letter of Fellowship Job Offer, Appendix A. Statement of Goals Objectives, and Responsibilities, Appendix B. Fellowship Information, Clinical Fellowship Goals and Objectives Form). If the conditions are satisfactory, sign and return to me a copy of your acceptance of this offer as indicated below.

Yours sincerely,

---

Supervisor of Clinical Fellow  
Division of (*your Surgical Division*)

---

Divisional Clinical Fellowship Coordinator  
University Division of (*Surgical Division*)

---

Surgeon-in-Chief  
(*Hospital*)

**I have read this Letter of Fellowship Job Offer, Appendix A on Goal Objectives and Responsibilities, Appendix B on Fellowship Information, and the document Clinical Fellowship Goals and Objectives. I accept this offer of clinical fellowship training.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(*Fellow's name*)

## **Appendix A.**

### **Statement of Goals Objectives, and Responsibilities**

#### **Overall Objective:**

At the end of the Fellowship in (*your Specialty*), the trainee will have attained competence in the assessment and surgical management (including pre and post-operative care) of disorders of the (*specialty of fellowship*).

#### **Specific Objectives:**

See attached document Clinical Fellowship Goals and Objectives.

#### **Departmental policy Regarding Fellow and Resident Training:**

We offer advanced training for fully trained surgeons. However the Department of Surgery at the University of Toronto is committed to the training of surgical residents and therefore residents are given priority when delegation of surgical responsibility is appropriate. Please refer to the Departmental Guidelines on Clinical Fellowships. (<http://www.surg.med.utoronto.ca/>) (*to be posted when available*)

Operative experience will depend on the abilities of the fellow and will be graduated. This, of course, is at the discretion of the surgeon in charge who is ultimately responsible for the care of the patient.

#### **Clinical Responsibilities:**

##### **To participate in all clinical activities in the Division including:**

- a. Admit patients, record their medical history and physical examination in clinic and ward environment
- b. Assist in the operating room or operate as the principal surgeon under supervision of the attending surgeon.
- c. Consult on patients on medical wards, ICUs, outpatient clinics, and emergency department.
- d. Make rounds in the various hospital units as assigned, order appropriate medications, tests and other forms of therapy required for continued care, plan discharge with nurse clinicians and charge nurse and write a daily progress note in the chart where appropriate.
- e. Take call in-hospital, as determined in advance by your supervisor, not to exceed one night in three.
- f. Clinical fellows are expected to finish their term which means staying until the end of their arranged fellowship. During the final month of your appointment leaves are not usually granted. Any exception must be approved by the Division Head.
- g. Must demonstrate a collaborative ability with residents, other health care providers and other clinical fellows.

#### **Academic Responsibilities:**

To participate in all academic activities including:

- a. Presentations of patients at weekly Divisional Rounds.
- b. Present cases and discuss their peri-operative course at Morbidity and Mortality Rounds.
- c. Review topics assigned for discussion at didactic rounds.
- d. Participate in the supervision of interns and residents
- e. When deemed appropriate, fellows will be responsible for some teaching of undergraduate medical students.
- f. Undertake one or more clinical research projects leading to presentation and publication.

**Evaluation:**

The fellow will receive evaluations from his/her supervisors at completion of every rotation or more frequently for rotations of 6 months or longer during the fellowship. Fellows will have an opportunity to provide anonymous feedback on faculty supervisors with whom they have worked during their fellowship year and on the fellowship program itself.

## **Appendix B Fellowship Information**

### **Registration at the University**

You must register with the University of Toronto, Faculty of Medicine. There is a fee set by the University. Information and registration forms can be obtained at the following website: <http://www.facmed.utoronto.ca/English/Postgraduate-Medical-Education-Training-Programs.html>.

The International Student Centre at the University of Toronto (<http://www.isc.utoronto.ca/index.html>) provides useful information regarding the necessary VISA and immigration and Health coverage issues.

### **Registration at the Ontario College of Physicians and Surgeons**

You must register with the Ontario College of Physicians and Surgeons (<http://www.cpso.on.ca/>). Foreign medical graduates need an educational license whereas graduates from Canadian Medical Schools may obtain an unrestricted medical license or an educational license as discussed/arranged with the division.

### **Medical Malpractice Insurance**

Membership in the Canadian Medical Protective Association (liability insurance) is mandatory for all trainees. This requires an application by the fellow. Information can be obtained at: (<http://www.cmpa-acpm.ca/>)

### **Health Insurance**

The University Health Insurance Plan (UHIP) (<http://www.uhip.ca/>) is mandatory for all trainees and family members not insured under the Ontario government plan (<http://www.health.gov.on.ca>). The UHIP membership fee is the responsibility of the trainee. The government plan (OHIP) is available to trainees at no additional cost once the three month waiting period has been fulfilled. Family members are *not eligible* for membership in OHIP so alternate arrangements are required.

### **Benefits**

Benefits are not included with your compensation. Information about other benefits such as Dental coverage and Disability Insurance can be obtained through the International Student Centre at the University of Toronto (<http://www.isc.utoronto.ca/index.html>)

### **Parental Leave**

Parental Leave, when required, is supported by the Department of Surgery at the University of Toronto. The term of your fellowship is limited to 12 months, and so parental leave can have a serious influence on attaining your educational objectives. Therefore, the request for consideration of parental leave should be made well in advance of starting your fellowship to your supervisor.

### **Foreign Medical Graduates**

Graduates of medical schools outside North America can obtain an educational license to practice medicine at the University of Toronto. If your language of instruction at medical school was not in English, then the Department requires you pass the TOEFL and TSE examinations with minimum scores of 237 and 50 respectively ([www.toefl.org/](http://www.toefl.org/)). Before you begin your fellowship, foreign medical graduates will have to complete a Preliminary Evaluation Assessment Program (PEAP). This comprises 8-12 weeks of supervised practice at our hospital. Upon successful completion of this PEAP, notification is sent to the Ontario College of Physicians and Surgeons, who will then issue an Educational License.

### **Departmental Clinical Fellowship Guidelines**

The Department of Surgery at the University of Toronto is committed to providing the best possible educational environment for clinical fellows. To achieve this objective the department of surgery has developed clinical fellowship guidelines regarding:

Governance

Impact on residency training

Educational goals and objectives

Issues of probation, suspension, and dismissal

Evaluations of performance of fellows, supervisors, and the program

Work contracts

These guidelines are available from your supervisor or can be found online at (<http://www.surg.med.utoronto.ca/>)

**University of Toronto  
Department of Surgery  
Clinical Fellowship Goals and Objectives Form**

Applicant's Name: \_\_\_\_\_

Clinical Fellowship Position: \_\_\_\_\_

Start Date of Proposed Fellowship: \_\_\_\_\_

Duration of Proposed Fellowship: \_\_\_\_\_

Division(s): \_\_\_\_\_

Supervisor(s): Primary: \_\_\_\_\_ Others: \_\_\_\_\_

Hospital(s): \_\_\_\_\_

1. As all applicants to clinical fellowship positions are specialists having completed specialty residency training it is expected that all applicants are already competent to function at the consultant level in:
  - a. **List base surgical specialty.**
2. This clinical fellowship position is designed to give the applicant enhanced clinical expertise in the following areas:
  - a. Develop competency in clinical management of:
    - i. **List areas.**
  - b. Develop competency in the correct application, choice, and performance of the following surgical procedures:
    - i. **List operations.**
  - c. **List additional areas of fellowship goals that may be clinical skills or may be in other fields such as teaching, education, administration, or clinical research.**
3. The CanMeds competencies, as outlined by the Royal College of Physicians and Surgeons of Canada (see appendix), are relevant to all surgeons, regardless of their country of origin. All University of Toronto Department of Surgery clinical fellows are expected to have these basic skill sets and will be evaluated on them.
4. Fellows must demonstrate appropriate knowledge relating to gender, culture, and ethnicity pertinent to their specialty.
5. Consistent with the obligation of a physician, fellows must endeavor to deliver the highest quality care with integrity, honesty, and compassion while exhibiting appropriate personal and interpersonal professional behavior. Fellows must adhere to the principles outlined in the University of Toronto Code of Student Conduct

([http://www.facmed.utoronto.ca/scripts/index\\_.asp?action=31&U\\_ID=0&N\\_ID=13&P\\_ID=10002](http://www.facmed.utoronto.ca/scripts/index_.asp?action=31&U_ID=0&N_ID=13&P_ID=10002))

6. As continuing education and evaluations are necessary throughout a surgeon's life, fellows are expected to have an understanding of the role of research and the need for critical analysis of current scientific and practice developments related to their specialty.

## **Flow Process for Processing and Approval of Clinical Fellows and/or Research Fellows**

1. A supervisor may only interview the applicant for a clinical fellowship position if the applicant has met Department of Surgery requirements. Effective July 1, 2003, the Department of Surgery has made it MANDTORY for all Fellows, whose language of instruction in medical school was not English, to complete the TOEFL and TSE English examinations (appendix).
2. Procedural guidelines must be followed before an offer of fellowship can be given (appendix). A statement must also be included in the offer indicating that the offering of this position is contingent upon the applicant being able to complete all College of Physicians and Surgeons of Ontario (CPSO) licensing requirements.
3. Once the applicant accepts the offer, the supervisor must write to the Surgeon-in-Chief of their hospital, with copies to their Hospital Division Head and Dr. John Bohnen, Vice Chair of Education, Department of Surgery, requesting approval of this appointment and outlining the dates of the fellowship, name of the supervisor, amount and type of funding and a statement indicating that this fellow's presence will in no way interfere with the University of Toronto Postgraduate Residency Training Program. This letter should also indicate any cross-appointments to other hospitals that may be required. A copy of the fellow's current curriculum vitae and a job description must accompany this letter.
4. It is the responsibility of the Department of Surgery to collect all documents required to ensure timely processing of the appointment (appendix). A request for appointment at the University of Toronto, with a current curriculum vitae of the fellow, must be submitted at least 6 months prior to the commencement of the appointment.
5. It is the responsibility of the Department of Surgery to inform the Clinical Fellow to obtain a licensing application package from the CPSO and to apply for CMPA coverage. A Research Fellow does not have any patient contact and will therefore not require a license.
6. Once all of the necessary documents are received from the fellow, the Department of Surgery will approve the appointment by letter with copies to the Surgeon-in-Chief, Hospital Division Head, Supervisor, University Chair and the Postgraduate Dean's office in the Faculty of Medicine.
7. All documentation will be sent from the Department of Surgery office to the Postgraduate Dean's office with a copy of the approval letter.
8. The Postgraduate office will then issue to the Fellow:
  - a) A Letter of Appointment
  - b) A contract letter

- c) A request for verification of immunization data (appendix )
- d) Information regarding health insurance if applicable.
- e) A PIN and password, with instructions to register on-line with the University POWER system. If the Fellow cannot register on-line, they can register in person on arrival at the Postgraduate office at 500 University Avenue, 2<sup>nd</sup> floor, Room 207.

It is MANDATORY that all Clinical Fellows, Research Fellows and Electives be registered with the University of Toronto. Failure to do so will result in deletion of the appointment from our records and a certificate of completion of training cannot be issued to the trainee.

- f) If the Fellow requires an employment visa, the Postgraduate office will initiate the request for approval of an employment visa with the necessary agencies. Upon receipt of the final approval of the employment visa from Employment and Immigration Canada, their office will contact the Fellow directly with a copy of the approval and further instructions they will need to obtain their Employment Visa from their consulate.

9. When the Fellow arrives they must:

- a) Complete any outstanding licensing requirements with the CPSO. Please have them contact the CPSO to make an appointment if necessary. A license number will be issued by CPSO and given to the trainee.
- b) Complete registration at the Postgraduate office at 500 University Avenue, 2<sup>nd</sup> floor, Room 207 if necessary. This would be most applicable to IMG fellows who will need to present a copy of their employment visa.
- c) Complete registration at the Hospital Medical Education office to present their Postgraduate Proof of Registration and licensure to obtain their badge, pager, etc. Since registration procedures differ from hospital to hospital, the supervisor should ensure that they are familiar with their individual hospital's requirements.

10. If a Fellow is an International Medical Graduate (IMG) and has not completed their residency training in Canada or the United States, it is mandatory that they complete the Pre-Entry Assessment Program (PEAP) at the start of their fellowship. This period will last for a minimum of 4 weeks up to a maximum of 12 weeks. The Fellow is licensed during this time and a PEAP evaluation form must be completed before the CPSO will allow them to continue after the PEAP period (see appendix).

11. The Fellow can start their fellowship.

FUNCTION	RESPONSIBILITY	TIMELINE	COMPLETE
Fellow identified. Letter and complete documentation package sent to Surgeon-in-chief for approval of the appointment	Supervisor	6-12 months prior	
Fellow advised to apply for CPSO license and CMPA coverage	Supervisor	6-12 months prior	
Fellow contacts CPSO for license application	Fellow	6 months prior	
Appointment approved letter and complete package sent to Department of Surgery asking for University approval of the appointment	Surgeon-in-chief	6-12 months prior	
Letter of approval done and sent to Associate Dean's office	Dept of Surgery PG office	6-12 months prior	
Statement of objectives letter completed and sent to CPSO	Dept of Surgery PG office	6-12 months prior	
Letter of appointment, contract and information package re immunizations, benefits info, and registration info sent to fellow	Associate Dean's office	6-12 months prior	
CPSO is informed of appointment approval of fellow	Associate Dean's office	6-12 months prior	
* Arrangements for obtaining employment visa by sending request to CPSO, Ministry of Health and Employment and Immigration (if applicable)	Associate Dean's office	6-12 months prior	
* Fellow is notified of approval of visa and is contacted with further instructions for processing (if applicable)	Associate Dean's office	6-12 months prior	
Letter of appointment is signed and sent to CPSO	Fellow	6 months prior	
License application documents sent to CPSO	Fellow	6 months prior	
Registration completed online at University	Fellow	6 months prior	
Fellow arrives and makes appointment at CPSO to present documents	Fellow	On arrival	
Fellow registers at hospital medical education office	Fellow	On arrival	
* Fellow starts Pre Entry Assessment Program PEAP	Fellow and Supervisor	On arrival	
* PEAP form completed and forwarded to Dept of Surgery PG office	Supervisor	4-12 weeks after arrival	
* PEAP form sent to Associate Dean's office	Dept of Surgery PG office	4-12 weeks after arrival	
* PEAP form sent to CPSO	Associate Dean's office	4-12 weeks after arrival	
* Second phase of PEAP license issued (educational license)	CPSO	4-12 weeks after arrival	

\* applicable to FMG fellows only

## **Members of Task Force on Clinical Fellowship**

David A. Latter, Chair  
John M. A. Bohnen  
Chris Wallace  
Paul Greig  
Peter C. Neligan  
Stephanie Brister  
Doug Hedden  
Wayne Johnson  
Laurence Klotz  
Jason Schwalb  
Sam Bederman  
Joseph Neimat  
James Waddell  
Gail Darling  
Richard Reznick, ex officio member of task force  
Tess Weber