

# Rural Education Program Newsletter



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comments or your  
stories for our next  
issue!



## TEACHING

### Are you using the financial resources at your disposal?

Dr H el ene Rousseau

#### From the Agency

The MSSS, in accordance with the framework established for the Rural Education Program, allocates an annual budget for the purchase of teaching material (medical books, online medical resource subscription, etc) to sites that welcome trainees.

The amount is granted by discipline, to a maximum of 4 disciplines, by CSSS and varies according to whether the site is in a designated area or a non designated area. For sites located in a designated area the amount is \$2400 per discipline and \$1200 for sites located in non-designated areas.

In keeping with the parameters established by the MSSS, the designated areas of the RUIS McGill are:

Abitibi-T emiscamingue, the Pontiac and Maniwaki regions, the Cree territory of James Bay and Nunavik.

All CSSS that welcome trainees receive the fund.

Please communicate with the rural education administrator of your CSSS to obtain further information. Each CSSS establishes its own allocation procedures. (See list below)

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#### From McGill

The Faculty of Medicine at McGill also has a budget to help establishments that take in students and residents.

This financial assistance can help establishments purchase, among other things, medical material, office equipment or apparatus

needed for distance education to help the trainees.

If you have particular teaching needs that are not covered by the Agency, feel free to contact us to obtain further information.

Please note that we cannot finance equipment for private clinics without special approval and that resources are limited.

We are truly grateful to you for making the rural experience a memorable one for our students and for investing your time and energy in order to make the program a success.

We encourage you to take advantage of the resources put at your disposal to help you with your responsibilities as a teacher and as hosts to our students.

CSSS	Contact person
<b>ABITIBI -T�EMISCAMINGUE</b>	
CSSS de la Vall�e de l'Or	Louise Cardinal
CSSS des Eskers de l'Abitibi	Joanne B�elanger
CSSS de Temiscaming et de Kipawa	Carole Gaudet
CSSS du Lac T�emiscamingue	Jos�e Larouche
<b>MONT�ER�GIE</b>	
CSSS du Haut-St-Laurent	Mireille Dion
CSSS du Suroit	Mich�le Fortier
CSSS la Pommeraie	Claude Benoit
<b>NUNAVIK</b>	
CSSS Inuulitsivik	Eve Milliard
<b>OUTAOUAIS</b>	
CSSS de la Vall�e-de-la-Gatineau	Gail Baker
CSSS de Gatineau	Chantal Boislard
CSSS de Papineau	Lucie Gigu�re
CSSS de Pontiac	Claire Dufour
CSSS des Collines	Holly Crouch
<b>TERRES-CRIES DE LA BAIE-JAMES</b>	
Conseil Cri-Baie James	Jacinthe Tondreau

## Family Medicine-Undergraduate corner Evaluations

by Dr Lisa Graves  
Undergraduate director, Department of Family Medicine

Evaluations serve as an interesting end to the Family Medicine clerkship rotation. It is at this time that you give to students information that allows them to understand exactly how they did during the 4 four weeks they spent with you as clerks.

However, evaluating is a process that occurs not just at the end of the rotation but needs to start from the moment that the student enters the clerkship.

### Here are some thoughts on “evaluating” during a Family Medicine rotation:

All clerks should be advised at the start of their rotation of the criteria by which they will be evaluated. It can be very helpful to inform students if you have specific criteria that are important to your site.

- Students benefit immensely from ongoing feedback sessions at the end of each series of clinical encounters.
- The mid-point evaluation: feedback two weeks into the rotation helps students direct the course of their apprenticeship to maximize their own learning potential. Students, based on their mid-point evaluation, can put into practice information that you give them about their performance and make appropriate adjustments.
- Trainees take the completion of their clerkship evaluation form very seriously. In completing this form it is important to remember that the majority of the students will be satisfactory, approximately 10% to 25% of the class will fall into the “very good” category and only 5% of the students in any given year should be rated as excellent. When you rate a student as excellent, it is imperative that the comments reflect why this student is clearly in the top 5% of students that you encounter every year. Likewise, should students have clinical skills that are unacceptable, the documentation on the weaknesses should reflect this fact. Most medical students will fall within the satisfactory to very good categories; as such you need to make certain that what you write in the comments section of the evaluation really reflects how the students did.
- Students appreciate getting comments that are extensive; particularly in those specific instances where the student excelled. It may be useful as well to comment on the different locations in which the student did his or her rotation. Remarks should be specific to the student’s performance. In the other comment section you may wish to add any observations that you feel are important for the student’s ongoing education but that you would prefer not to be quoted in letters that go to residency programs. In addition, comments such as: “he/she will be an excellent family physician” really do help us understand the student’s actual performance.

- For the most part, students appreciate if the evaluation is discussed with them at the end of their rotation. The completion of the evaluation form is required in order for students to meet promotion criteria.
- The evaluation form should be sent to the undergraduate education office at the Department of Family Medicine within 10 days of the end of the rotation.

In conclusion, students really value what you do as clinical evaluators and it is important that each one of you remember that evaluations are part of a process that hopefully will produce an excellent medical student.

CRITERIA FOR PHYSICIANSHIP	Unable to Judge	Not Consistently			Consistently	
H10 Demonstrated awareness of limitations						
H11 Admitted errors/omissions						
H12 Addressed gaps in knowledge and/or skills						
H13 Accepted feedback						
Legend for criteria		Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Superior
CRITERIA	Unable to Judge	U	BE	ME	EE	S
GLOBAL EVALUATION OF PROFESSIONAL COMPETENCE Please check one →						

This evaluation is based on: Direct observation (0-4) \_\_\_\_\_ Case Discussion (0-4) \_\_\_\_\_ Presentation at rounds (0-4) \_\_\_\_\_  
No. of sick days taken during the rotation: \_\_\_\_\_

Strengths: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Weaknesses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other comments NOT TO BE INCLUDED IN THE DEAN'S LETTER \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator: \_\_\_\_\_ Student: \_\_\_\_\_  
 (please print name) (signature)  
 (Evaluator's signature) Date: \_\_\_\_\_

Reference: Student evaluation form from the Family Medicine Department

## Chisasibi: For the curious and keen!

By Dr Darlene Kitty  
Teaching supervisor, Chisasibi



Chisasibi Hospital

At Chisasibi Hospital, medical students and residents have a great experience during their rural rotation, or should we say "remote" rotation. Chisasibi is located more than 2000 km north of Montreal, at the end of the highway, near the east coast of James Bay. The hospital is small, but provides essential health services to the Cree and non-Cree patients from Chisasibi and the surrounding Cree villages.

In the past, trainees have enjoyed a wide variety of clinical cases of common and not-so-common family medicine problems. The family physicians manage diabetes, hypertension and other chronic diseases, which allows students and residents to become familiar with the approach to these problems which, in turn, helps them study for their exams and prepare for practice.

The clinic area of the Chisasibi Hospital encompasses the Emergency and walk-in appointments. There are many common acute cases of ER problems and the occasional MI, trauma and major laceration.

Furthermore, trainees get first dibs on procedures – a cast, blood gas, suturing, ingrown toenails and the like. If they are lucky, trainees can be exposed to or cover an intubation or a code blue. There are no Anaesthesia, Emergency, Surgery or Internal Medicine residents in Chisasibi

to do these procedures, just the preceptor and the trainee.

Most importantly, Chisasibi is a whole new world – a third world really. Being a remote Cree community, family medicine is like 'back to basics'. Trainees can fine tune their clinical knowledge, physical exam and procedural skills without the aid of CT or MRI scans. However, digital X-rays and telephone consults with specialists down south, such as Orthopaedics are often used. When patients require more urgent care, investigations or are critically ill, they are transferred via medivac plane to the south.

The Cree culture and social history is interesting, yet many people down south do not realize the significant changes they have endured over the past few generations. A visit to Fort George Island or a hike at Long Point will demonstrate the history and help trainees understand the culture of the Cree and their enduring connection to the land. Students and Residents are invited to learn about the Cree traditional foods, activities and the impact of recent social, political and environmental changes on their health and lifestyle.

Trainees will learn first-hand about the Cree and their significant health problems as well as help in this challenging remote environment.



Long point

## Teaching by other professionals in the medical field

The undergraduate division of the Department of Family Medicine supports teaching of undergraduate medical students by other health professionals. Students should learn skills from the most competent professionals around. In some cases and in some locations this may not be a physician.

Hence, as a division, we support work of a transdisciplinary and multidisciplinary nature.

Students are covered by McGill insurance while taught by other health professionals.

Examples of activities that can be taught by health professionals other than doctors:

- Home Visit with professionals (ie:nurse)
- Vaccination Clinic (including Flu Season Clinic)
- Specialized clinics (physiotherapy, ergo, etc...)



You have something to say?

## Contact us!

### Rural Education Program

Dr Hélène Rousseau, Director  
Carole Lemieux, Administrator  
Alejandra Moreira, Secretary

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## Faculty Development workshops Fall Calendar 2007

- October 25 Role Modelling: Making the Implicit Explicit
- November 1 Searching the literature for Evidence-Based Teaching and  
(Beginner) Learning
- November 20 Searching the literature for Evidence-Based Teaching and  
(Advanced) Learning
- December 6 Designing successful Workshops

Workshops are from 8:30 AM to 12 PM at the Faculty of Medicine at McGill University.

*These workshops are Accredited Group Learning Activities as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada.*

### Medical Education Rounds

- October 18 Dr. Sue Brien
- November 22 Dr. Deborah Danoff
- December 13 Teaching Scholars Program Graduate for 2006-2007

For further information about faculty development programs and activities, please contact Dr. Yvonne Steinert, Associate Dean, Faculty Development Office, (514) 398-2698, Lady Meredith House, Room 103 or visit the Faculty Development website at [www.medicine.mcgill.ca/facdev](http://www.medicine.mcgill.ca/facdev).

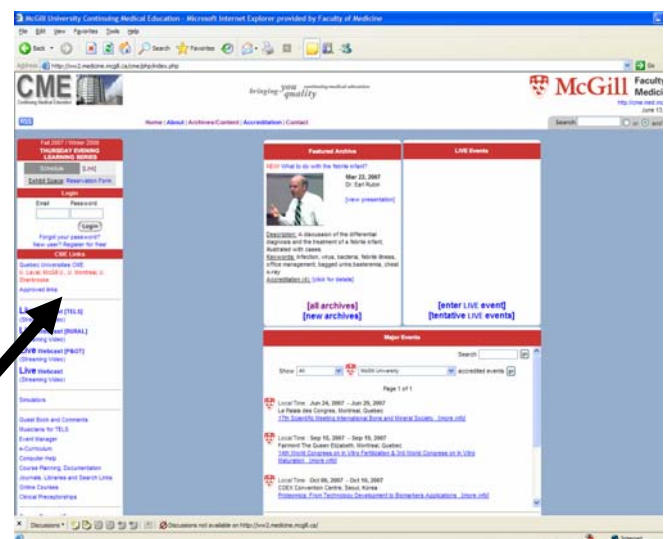
## Continuing Medical Education

The Thursday Evening Online Learning Series will not be given during the summer period. However, you can consult the sessions which took place during the year and those of previous years. To access the sessions visit the following site:

<http://ww2.medicine.mcgill.ca/cme/php/index.php>

If you haven't already done so, you have to first register to gain access to the files or to take part in the online learning sessions. There is no registration fee. See the information on the site's banner page.

Welcome Everyone!





## Brainstorming corner

### Get to know the trainees before they start their rotation

In order to better know the trainees before their arrival, the CSSS Baie-des Chaleurs created a questionnaire which the trainees must complete and send back. This questionnaire is sent a few weeks before the beginning of the rotation with information which you send on your site. In addition to creating a first contact, this questionnaire allows the teaching supervisor and doctors to better meet the needs for the trainees.

It is a very simple idea which can be beneficial to all. We invite you to use the questionnaire as it is or to modify it according to your needs.

<b>Resident registration-card Rotation at the CSSSBC de Maria</b>	
<b>Surname and given name:</b>	
_____	
<b>Previous university education:</b> _____	
_____	
<b>Previous work experience:</b> _____	
_____	
<b>As a resident what are your strongest points:</b>	
- in regards to your clinical approach: _____	
_____	
- in regards to your "doctor-patient" approach: _____	
_____	
- in regards to your future field of expertise: _____	
_____	
<b>Identify 1 point which you wish to develop or improve during the rotation.</b>	
- in regards to your clinical approach: _____	
_____	
- in regards to your "doctor-patient" approach: _____	
_____	
- Others: _____	
_____	
<b>Contact information:</b>	
Address:	_____
Telephone:	_____
E-mail:	_____
Date: _____	
Signature: _____	
Free style translation from McGill University	