

## Summary of Changes for 2024-2025 Compared to Last Year

If you are a returning preceptor, it is enough to read this document (in combination with the **Suggested Daily Schedule** document), and you can use the handbook as a reference as needed.

If you are a new preceptor, or a returning preceptor who has not taught for a couple of years, **please read the full handbook** this first time for lots of important information that can't be captured here; the handbook may seem long, but it is a fairly quick read and more than half of it is just appendices. After having read the full handbook, the Suggested Daily Schedule document serves as a great summary of the key points.

Most changes are already captured in the Suggested Daily Schedule. Please note the additional changes to the Handbook below, with relevant Table of Contents section referenced:

### Important Dates

- Please note, we cannot require students to submit assignments during protected vacation time. If the student assignment submission deadline falls during the December two week holiday break, please proactively set up an alternative deadline with your student for after the break.

### Covid-19 Considerations

- Similar to last year, students **CAN SEE ALL PATIENTS** in their family medicine clinic, including those that have been **confirmed positive for Covid-19** (e.g. by home RAT or by PCR) and those that have **screened positive** for symptoms that could be related to Covid-19 (e.g. cough, fever, diarrhea, etc.) as long as they are in compliance with UofT's vaccination requirements, completed their PPE training curriculum, and have appropriate PPE. **The main difference this year is that the PPE requirements will be determined by the preceptor's clinic's policy.**
- The specific PPE requirements are not mandated by UofT but rather we follow the usual protocols at the preceptor's clinic
- **The student should clarify with their preceptor what their preceptor's clinic's guidelines are for necessary PPE**, in order to see symptomatic patients.

**Note:** Students are always welcome to wear more PPE than the minimum requirements, as long as they are meeting at least the minimum requirements.

- Students will bring their own face mask to use if needed.
- We assume that preceptors can provide disposable gloves for students to use if needed, but if you are unable to, please let the student know ahead of time so they can procure their own.
- If your clinic requires any, or all of the following -- **face shield, N95, or gown**, please let the student know and they can arrange to pick up from their campus. (1 face shield

total – reusable throughout FMLE, 6 x N95 masks, and 6 x gowns, i.e., 1 N95 and gown for each FMLE session)

## How and What to Teach

- Some helpful feedback we have gotten from a few students, is their **confusion on why preceptors mention certain aspects of a patient’s social circumstances** in describing them when not immediately connected to their presenting complaint, in particular things like addictions and mental health. They worry that this kind of priming may inadvertently lead to undermining the validity of the patient's chief complaint, leading to poorer care. For example, when a preceptor tells a student “You are about to see a 23 year old IV drug user who is complaining of back pain”. Although we are used to these kinds of descriptors in case vignettes, some students wonder about the intent behind this priming. They think – is the preceptor suggesting that this type of patient is lying about their pain? They then quietly wonder about professionalism. In order to avoid any unintended confusion, consider whether this aspect of the priming is helpful or relevant for that particular encounter, and if so, also explain to the student why you are telling them what you are telling them. For example, you might say I’m mentioning this because I want you to look out for any signs of an infection or abscess.

## Injury Protocols

- We have made this its own section in the handbook with some further details
- If a student experiences an injury while at their placement, for example a needle-stick injury, UofT does have an algorithm for how to proceed. Please see the [Appendix 1 flowchart](#), which is the final page of this linked document, for the algorithm ([https://md.utoronto.ca/sites/default/files/Workplace%20injury%20and%20exposure%20protocol\\_2019-07-09.pdf](https://md.utoronto.ca/sites/default/files/Workplace%20injury%20and%20exposure%20protocol_2019-07-09.pdf) ).
- Note, students should be directed to contact their Academy Director **ASAP** to facilitate the protocol. The students are aware of who their individual Academy Director is and how to contact them.
- Responsibilities of SUPERVISING PHYSICIANS when a student under their supervision is injured or potentially exposed to infectious disease in a clinical setting.
- Immediately following the incident, the supervising physician is expected to:
  - Assist the student in accessing immediate care as necessary. The site-specific workplace injury protocol should be applied.
  - Facilitate the obtaining of consent for samples to be drawn from the patient, in cases of potential exposure to infectious disease.
  - If the student is unable to speak for himself/herself:
    - Describe the incident to the health professionals who provide initial care to the student.

- Inform the health professionals who provide initial care to the student that he/she is a medical student from the University of Toronto.
- Contact at least one of the student's Academy Director, course director, or site director to inform them of the incident.

### **Special Information for Resident Preceptors**

- In response to resident feedback, Resident preceptors will now complete evaluation forms online!
- The FMLE Coordinator will email Resident preceptors a link to access their student's evaluation forms (Final Assignment and Professionalism Form) to complete online. Since you do not have a faculty appointment, **please ask your clinical supervisor to review your marking to make sure they agree** with the grading and comments, as per university policy. Note, within the evaluation form you will be asked to attest to confirm you've reviewed the evaluation with your clinical supervisor.

Most importantly – ENJOY! Remember, FMLE is meant to be experiential. It is not about testing student knowledge or creating extra work for the student or the preceptor. The goal is to experience family medicine, continuity of care, and get practice clinical skills and S.O.A.P. notes. You will likely inspire the next generation of physicians!

### **At any time if you have questions, contact:**

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