



Policies and Procedures

Subject: Minimal Attendance of Clinical and Academic Experiences	
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Time away from training affects clinical exposure, skill acquisition, and the ability to assess residents in training. This is of importance for individual clinical learning experiences but also cumulatively through residency. The College of Family Physicians of Canada (CFPC) expects residents to successfully complete all educational requirements mandated by their training program. Dalhousie University’s Department of Family Medicine (DFM) has developed this policy to clarify the minimal attendance of clinical and academic experiences.

For more information on Time Away From Training, see the [Dalhousie Family Medicine Time Away From Training Policy](#).

Minimal Attendance of Clinical and Academic Learning Experiences:

Adequate exposure on clinical and academic experiences is necessary for both the residents to develop competencies, and for faculty to be able to effectively assess residents’ competencies. It is expected that residents will attend 100% of their clinical and academic learning experiences, unless there are specific circumstances resulting in time away from training.

If residents miss training, they are required to attend a minimum of 70% of their clinical and academic learning experiences. This is calculated separately from after hours on call requirements. Even with 70% attendance met, if the resident did not acquire the required competencies, remediation may be required at the discretion of the resident’s Site Director and/or Program Director in consultation with the supervisor.

For block-based programs, the minimum 70% will be calculated based on the number of available regular clinical working days per rotation (see Appendix A for an example).

In longitudinal programs, the minimum 70% attendance will be measured based on the number of available clinical working days within each family medicine In-Training Assessment Reports (ITAR). The ITAR cycles are typically 2-4 months long. The Site Administrator will provide the cycle dates for their site. A minimum of 70% attendance of all non-family medicine placements such as emergency medicine, hospitalist, obstetrics etc, is also expected (see Appendix B for an example).

Preplanned time away requests will not be approved if they put attendance below 70%.

In cases where attendance is less than 70% of the clinical days during a clinical learning experience, the supervisor will have the option of indicating on the ITAR that the resident’s training is incomplete.

The supervisor will discuss with the resident and the Site Director the remaining competencies the resident must acquire. The Site Director will bring the ITAR to the Residency Program Committee Executive (RPCE) for individual consideration. The RPCE will make a recommendation as to how the resident can best meet the remaining



competencies. Options may include using elective time, conducting independent study time, or extending residency. Mandatory placements should not be shortened to accommodate missed time from another specialty service's placement.

The following types of time away from training impact clinical exposure and the ability to assess the resident and therefore count as time away from the learning experience when calculating minimal attendance:

- Floating leave
- Vacation days
- Sick Days
- Educational Leave (travel days are included in the educational leave days as per the Continuing Professional Development Policy)
- Bereavement Leave
- Resident Parental Leave (7 days)
- Participation in CaRMS
- Resident representative/leadership roles
- Special Leaves

The following days away are not included as time on the rotation and are not included in the minimal attendance calculation:

- Statutory holidays
- The 6 days of contractually mandated time off between Dec 21-Jan 3 (unless moved to another 6 days including holy days of the resident's faith)
- Examination leave (ie study days and exams)
- Travel Days for clinical rotations

The following days should not be counted as time away from training as the experience happened at another time:

- Post-call days off
- Days off in-lieu (strongly recommended to be scheduled with the service that scheduled the resident to work the stat day)

The following types of experiences are counted separately and require 70% minimal attendance. They are not counted as time on the rotation when calculating minimal attendance:

- Regularly scheduled academic sessions (reported in periodic reviews)
- Clinical half day back sessions
- Longitudinal placements (ex: Emergency medicine, hospitalist, psychiatry and Obs)

To clarify the minimal attendance calculation:

1. ADD up all the potential days on the rotation (not weekends, not stat holidays)
2. SUBTRACT travel days for clinical rotations, academic days, examination leave, times booked on other services (including half day back)
3. USE the remaining days to calculate 70% minimal attendance



Appendix A: Example: Block-Based Program: 4 week Rotation

MONTH						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 First day	5 Half day back/ Academic Day	6	7
8	9 Statutory Holiday (not worked)	10 On Call overnight	11 Post Call Day	12 Half day back/ Academic Day	13	14 On Call 24 hours
15	16	17	18	19 Half day back/ Academic Day	20	21
22	23	24 On Call overnight	25 Post Call Day	26 Half day back/ Academic Day	27	28
29	30	31 travel day				

All the “grey days” are regular clinical experience days. There are 14 in the 4-week block. Above 70% of 14 is 10 days so the resident can take an additional 4 “grey days” off for vacation, float, sick, educational, bereavement or parental leave etc., without going below minimal attendance. If the resident took vacation from Monday the 16th to Friday the 20th, they would still be taking 5 days of vacation as the 19th is also a working day that is missed.

If the 17th-24nd was a study week and exam day, those days would not be “grey”. That would leave 9 “grey days” for the rotation and therefore 2 additional “grey” days could be taken off.

Example: Block Based: 2 week Rotation:

MONTH						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 First day	5 Rotation in am Academic ½ day pm	6	7
8	9 Statutory Holiday (worked)	10 On Call overnight	11 Post Call Day	12 Rotation in am Academic ½ day pm	13	14 On Call 24 hours
15	16 Lieu day for working Stat	17	18	19	20	21

All the “grey days” are regular clinical experience days. There are 8 in the 2-week block. Above 70% of 8 is 6 days so the resident can take an additional 2 “grey days” off for vacation, float, sick, educational, bereavement or parental leave etc., without going below minimal attendance.



Appendix B: Example: Longitudinal Program

MONTH 1						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Travel Day	3	4	5 Obs Day	6 Academic Day	7
8	9 Statutory Holiday (worked)	10 Lieu day for working Stat	11	12	13	14 On Call 24 hours
15	16 ER Shift	17 Post call ER	18	19 Obs Day	20 Sim Day	21 Hospitalist
22 Hospitalist	23 Hospitalist	24 Hospitalist	25 Hospitalist	26 Hospitalist	27 Hospitalist	28
29	30 ER Shift	31 On Call overnight				

MONTH 2						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Post Call Day	2	3	4
5	6 ER Shift	7	8	9 Obs Day	10 Academic Day	11 On Call 24 hours
12	13	14	15	16	17	18
19	20	21 On Call overnight	22 Post Call Day	23 Obs Day	24 Academic Day	25
26	27 ER Shift	28	29	30	31	

All the “grey days” are regular clinical experience days. There are 25 in 2 months. 70% of 25 is 18 days so the resident can take an additional 7 “grey days” off in the two months for vacation, float, sick, educational, bereavement or parental leave etc., without going below minimal attendance in family medicine. Note that all the other clinical and academic days are counted separately and missing those days would affect the minimal attendance for the ER, Obs, hospitalist and academic sessions.