THE UNIVERSITY OF BRITISH COLUMBIA

Division of Palliative Care

Department of Medicine | Faculty of Medicine

Palliative Medicine Subspecialty Residency Program HANDBOOK

Last Update: June 27, 2023

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INTRODUCTION

Welcome to Palliative Medicine at UBC!

We hope that this guide will help you make the most of your palliative medicine education. It includes a framework for your clinical rotations, resources, policies, responsibilities and opportunities.

Clinical rotations are scheduled based on the Training Experiences (Adult) set forth by the Royal College and are intended to give you opportunity to work across several health authorities and care environments, building on your skills from your primary specialty. There are elective and selective blocks across both years.

Throughout the first year, you will have an Academic Day educational series, article and case review presentations, as well as other structured learning opportunities. In the second year, your academic plan will be individualized, and intended to ensure your breadth of knowledge based on the Competencies (Adult) set by the Royal College and increase your depth of knowledge in areas of particular interest, clinical and non-clinical.

There are resident activity funds available to help fund conferences and elective experiences. Information regarding the funds, the opportunities and the specifics of the program are found within this handbook and will be reviewed at the orientation session.

Good luck with your residency! We look forward to supporting you in becoming a palliative care consultant in your community. We celebrate your commitment to palliative care advocacy, teaching, research, as well as your role as a lifelong learner.

Sincerely,

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DIVISION MEMBERS & STAFF

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A full list of clinical faculty members within the Division of Palliative Care can be found online at the division website.

Further contacts for the Postgraduate Medical Education office (PGME) can be found on the PGME website, including contact information for Dr Ravi Sidhu, the PGME Associate Dean.

CLINICAL ROTATIONS

There are 13 blocks (4 weeks each) per academic year. A typical schedule is reflected below, but will vary based on resident needs, rotation availability, etc.

Program Year	Content and Sequence of Rotations (4 week blocks)												
	1	2	3	4	5	6	7	8	9	10	11	12	13
1st Year	PCU		Hospice	Community Palliative Care		MedOnc/RadOnc		PCU/IPC		Medical Selectives		PC Outpatient	Scholarly Project
2nd Year	Psychiatry/Psychosocial PC	PC Out-patient	PCU	IPC	Medical Selectives / Electives		Scholarly Project	Peds PC	Medical Selective/Elective		Junior PC Attending / Elective		

Abbreviations: PCU = Palliative Care Unit; IPC = In Patient Palliative Consults; Geri = Geriatrics; Med Sel = Medical Selective; Selective = Palliative Care Selective

Please refer to the Subspecialty Training Requirements in Adult Palliative Medicine additional requirements

Stage of Training Rotations	DURATION
Transition to Discipline Acute Palliative Care, usually PCU	2 blocks
Foundations Community Palliative Care Medical & Radiation Oncology Palliative Care Consult Team, PCU, Hospice	5-7 blocks
Core Medical selectives Scholarly Project work Pediatric palliative care Outpatient palliative medicine clinics Psychiatry/psychosocial oncology PCU/PC Consult team (advanced blocks) Selective/Electives	12-15 blocks
Transition to Practice Junior Attending PCU Elective(s)	3-4 blocks

Palliative Medicine Rotations

Introductory Blocks*:* Most residents will start their program with eight weeks with a palliative care service in the tertiary setting, including a palliative care unit. The resident is part of the interdisciplinary team, under the direct supervision of palliative physicians. This allows the resident to be well supported in their initial palliative care experiences, and also allows an assessment of the resident's current knowledge, skills and vulnerabilities. During this foundational 8-week rotation, there is the opportunity to learn about basic principles of pain and symptom management, working with the interdisciplinary team and gaining some perspective on counseling and facilitating team meetings. Interventional anaesthesia approaches to pain management in palliative patients, palliative care for non-malignant conditions and care for patients with a history of substance use will also be introduced during this time.

Community Palliative Care*:* This rotation allows the resident to provide palliative consultation services to patients in their homes as part of the Home Hospice Palliative Care Service. It may also involve palliative support for patients in long term care and hospice facilities including Canuck Place Children's Hospice. During this 8-week period, the resident sees patients at home on a continuing basis. Attendance at community rounds, providing support and care for home deaths, and facilitating transitions of care from acute care to home, home to acute care, and hospice are key to the learning experience. The resident will also learn about other community resources that palliative patients and their families may use, such as visiting a funeral home, meeting with alternative care practitioners and attending grief support groups. This rotation stresses the Palliative Care Clinicians role as lead, support and educator to the Primary Care team and Physician.

*Access to a vehicle is required for most community rotation sites. If you do not have a vehicle for personal use please alert your program director.

Hospice*:* This rotation will typically be at the end of 1st year or early in 2nd year, and gives exposure to patient management in hospice. Residents are expected to be involved in administrative roles at Hospice, including managing prioritization of admissions and waitlist management.

Advanced Palliative Blocks*:* The resident works both on a tertiary palliative care unit (TPCU) and provides palliative consultation to other parts of the hospital throughout the rotation. The TPCU experience broadens the resident's scope and solidifies the residents' role as consultant. During the advanced rotation the resident will take on progressive responsibility. Some of the ways this progression may be demonstrated is through increased patient volume, participation in patient triage for admission to the PCU, and ownership of education for junior learners.

Junior Attending*:* Scheduled towards the end of the 2nd year, this rotation gives the resident the opportunity to serve as a staff physician on a tertiary palliative care service. This includes triage, supervision of other learners, teaching, multidisciplinary rounds, and administrative tasks. The resident will be encouraged to run the majority of the service, with the expectation that support will be readily available, and teaching/mentoring will be provided particularly around non-medical expert CanMEDs roles.

Oncology: Oncology is primarily experienced in outpatient clinics, usually done at one of the provincial BC Cancer locations, plus for most residents, the didactic components of the Clinician Practitioner in Oncology Course. More information on this course is in the Academic Content portion of this handbook.

The rotation typically consists of 3 blocks, 6 weeks of primarily Medical Oncology, 6 weeks of primarily Radiation Oncology, with 1.5 days of pain and symptom management clinics running throughout.

Medical Selectives: Medical Selectives give the resident the opportunity to participate in medical subspecialty rotations and clinics with a palliative focus, and/or bring the palliative approach and expert symptom management to subspecialty areas.

Subspecialty areas are: Cardiology, Critical Care Medicine, Gastroenterology, Geriatric Medicine, Infectious Diseases/HIV, Nephrology, Neurology and Respirology. Others can be considered in discussion with the Program Director.

These rotations are not scheduled in detail by the residency program, and require the resident to contact subspecialty preceptors and to set up these selectives. Please connect with the PD and PA for assistance if needed for these, and inform the PA once scheduled to enter into One45 for access, evaluation and documentation.

Pediatric Palliative Care: Working with the clinical team at Canuck Place and BC Children's Hospital, the resident will integrate with holistic, interprofessional care in both the hospice and acute care environment. This opportunity is not expected to make the resident an expert in pediatric diagnoses, but rather the differences (and similarities) in management between pediatric and adult populations.

Selectives & Electives: Residents will have blocks without delineated training experiences expected. These blocks should be discussed with the PD in the planning stage, to ensure they fit the residents' educational needs and plan.

Prior to implementation of Competency Based Medical Education for Palliative Medicine Subspecialty Programs in 2023, selectives were delineated by the Royal college as falling within the following areas, which may be useful in planning

- Further Palliative Medicine experience, including those in:
    - Rural palliative medicine
    - Palliative care in vulnerable or marginalized populations
    - Community or hospice palliative care
- Anesthesiology
- Chronic pain
- Education and/or administrative training relevant to Palliative Medicine
- Family Medicine
- Grief counselling
- Physical Medicine and Rehabilitation
- Psychiatry
- Public health

- Research relevant to Palliative Medicine
- Spiritual care

Selectives/Electives should generally should not be more than 1 block in a single area. Please inform the PA once scheduled to enter into One45 for access, evaluation and documentation.

Elective experience will be determined by resident learning needs and expressed areas of interest. They may be clinical or non-clinical and can include rotations out of province or out of country. These must be discussed and approved by the Program Director. Please inform the PA once scheduled to enter into One45 for access, evaluation and documentation.

Here is a link to a document that describes various electives in more detail and provides contact information to assist in scheduling.

Scholarly Activity:

Completion of a scholarly project is a requirement of the residency program. To facilitate this, as well as other scholarly activities, 2 blocks or the equivalent are scheduled across the 2 years. Residents may choose to combine this time with elective or selective blocks that are not heavily clinically scheduled to facilitate more longitudinal time to work on projects.

LEARNING OBJECTIVES AND OUTCOMES

Competencies and Learning Experiences are outlined by the Royal College and are the basis for the objectives for residents' clinical rotations, academic teaching, and identification of areas of need in planning an individualized clinical and non-clinical curriculum for the second year of palliative medicine training.

It is strongly suggested that you review these objectives at regular intervals over the two year program.

Palliative Medicine residency programs across Canada have moved to a competency based system in 2023. A detailed guide to the Entrustable Professional Activities (EPAs) is available through the Royal College.

Summary of Adult Palliative Medicine EPAs

Number to the right of the EPA title indicates the number required to be completed for each EPA.

Transition to Discipline – 5 EPAs requiring 9 assessments [1-2 blocks]

TTD1: Applying the palliative medicine approach to assessment - 2
TTD2: Sharing information with patients and families - 2
TTD3: Managing the on-call duties of Palliative Medicine - 2
TTD4: Supporting patients and families near the time of death - 2
TTD5: Completing medico-legal responsibilities at time of death – 1

Foundations – 8 EPAs requiring 29 assessments [5-7 blocks]

F1: Recognizing and managing patients with an emergent/urgent presentation - 5
F2: Providing consultation for patients with less complex needs - 5
F3: Managing patients with common symptoms - 5
F4: Managing patients with pain -5
F5: Exploring patient and family suffering - 2
F6: Discussing and documenting goals of care - 2
F7: Facilitating family meetings - 2
F8: Working effectively within an interprofessional team – 3

Core – 11 EPAs requiring 41 assessments [12-15 blocks]

C1: Providing consultation for children with more complex needs - 6
C2: Providing ongoing care - 8
C3: Providing contingency plans to manage emergencies and/or acute changes in the child's condition - 3
C4: Managing children with complex symptoms - 5
C5: Using advanced pain management strategies - 5
C6: Identifying and addressing existential distress and suffering - 2
C7: Devising management plans regarding potentially life-prolonging or disease-focused - interventions in accordance with goals of care -4
C8: Providing continuous palliative sedation therapy - 2
C9: Performing the procedures of Palliative Medicine - 2
C10: Leading discussions with patients, their families, and/or other health care professionals in emotionally charged situations - 2
C11: Leading the clinical team - 2

Transition to Discipline – 1 EPA requiring 2 assessments [3-4 blocks]

TTP1: Leading a palliative medicine service - 2

See Appendix A for full EPA list

Rotation Evaluations

At the end of each 4 week block, an ITER (In Training Evaluation Report) will be completed by your primary preceptor(s) or the educational site lead. These evaluations will be reviewed by the competency committee, however your EPAs are the primary mechanism by which your progress is determined.

The ITERs will be updated to better match the CBME curriculum as we implement CBME.

Midterm and Year End Assessments

In the first year, a midterm oral assessment will happen in and around Block 7/8. This is designed to give you directed feedback at your oral case presentation skills.

Also in the first year, a year end oral and written assessment will happen in Block 12/13. This is designed to give you directed feedback and summarize your learning from the first year.

Academic Days, Case Review, Article Review and Journal Club

Approximately every 2 weeks, you have a full day of protected academic time. The Academic Days will alternate (mostly) every other Wednesday. In the first year, residents attend the academic seminars with the Enhanced Skills (ES) residents, and these sessions will have designated topics you need to know in depth. These sessions will be led by a palliative care physician, clinician or allied health. Most Academic Days will have a Case Review in the morning, where each resident will take turns presenting an interesting case, and an Article Review in the afternoon, where one resident will be expected to present an article. The following 2-3 hours in each morning and afternoon will consist of a small-group seminars. In person attendance is encouraged when possible, however, most will be available via video conferencing.

These Academic Days will be set up with your learning needs prioritized, but rotating residents from other programs doing Palliative Care electives will be invited to attend some sessions. Your attendance and participation are required for all sessions unless you are on vacation. You should be prepared for each topic by reading relevant material. Please see the current Academic Day schedule for details.

The Division of Palliative Care holds biweekly Education Rounds. These are also considered mandatory educational sessions. Residents are expected to present at one of these meetings during the year. The coordinator will be in touch with you at the beginning of the year to create a schedule. The Journal Club is not sponsored by Pharmaceutical Companies as per UBC policy

Second Year Academic Time

In second year, an individualized academic plan will be made by each resident, in coordination with the Program Director. Academic days are every 2 weeks, ~22 in the year allowing for holidays, generally on Wednesdays; on these days the resident is excused from clinical duties.

Objectives:

- To allow time and independence to review program learning objectives not satisfactorily covered in academic content in first year and/or during clinical rotations
- To facilitate learning towards successful completion of the Palliative Medicine Royal College exam following completion of the residency program
- To provide time for the resident to gain expertise in areas within Palliative Medicine where they have specific interest, relevant to their own academic or clinical career plan

Mandatory Activities:

- Facilitation of approximately half of the case reviews during academic days; these will occur once every two weeks, with exceptions; expected to be ~6 per year facilitated by the resident
- Attendance at academic sessions for ES/first year residents that were not attended in the previous year, and National Academic Half Days that were not attended in the previous year.
- Attendance at Palliative Medicine academic events, such as international speakers' presentations, Division of Palliative Medicine CME day, etc

Suggested Activities:

- Review of evidence and literature relevant to the current rotation as they progress through the year
- Focused learning based on aptitudes and interests, self-identified by the resident, discussed with the PD – this may include conference/course attendance, online CME/modules or independent learning
- Focused learning based on identified areas of relative weakness, determined collaboratively between resident and PD; this may commonly reflect medical selectives not completed by the resident – this would likely be independent learning but could be discussed with the PD, based on objectives of training from the Royal College

Process:

- Following scheduling of rotations for the resident's second year as well as planning for the YAC/first year academic days, the PD and resident will meet in person to discuss the plan for academic days for the year
- The resident will document the plan for the year once formulated, and share this plan with the PD
- At quarterly meetings during the year, academic days will be discussed and reviewed, with adjustments made and support given as needed

Clinical Practitioners in Oncology (CPO) Didactic Course

We have collaborated with the Family Practice Oncology Network of the BCCA and the CPO training and secured seats for palliative medicine residents to participate in the 2 week CPO didactic course each year. This intensive lecture and workshop series is intended to familiarize you with common oncology chemotherapies and radiation therapies for various malignancies, as well as common side-effects of treatment. Novel approaches to cancer treatment will also be explored. This is an opportunity for you to liaise with oncological clinicians and develop relationships. ***due to Covid-19, this course has changed to be offered primarily online; residents can discuss participation with the PD***

Ultrasound Guided Palliative Care Procedures Course

This is a half-day hands on workshop to learn and practice ultrasound guided palliative care procedures, such as thoracentesis, paracentesis, and DVT detection.

Resident as Teacher Modules

There will be several opportunities for you to teach during the residency. To assist you with your education duties, there are mandatory Resident as Teacher Modules by PGME that require completion by new UBC residents. More information will be sent to you by email and if you have not received it please reach out to the Program Administrator.

Scholarly Project

You will be required to complete a scholarly project over the course of the residency program. There will be several academic sessions related to research. Scholarly projects can be collaborative, and qualitative or quantitative in nature, however each resident is expected to take on a primary role in development and implementation of a project, with the goal of publication or presentation if possible. Further information about the scope of the scholarly project will be provided during these sessions. In process and completed projects are presented at the annual research day in June.

Purpose:

The purpose of this mandatory project is for you to demonstrate competence in a scholarly activity relevant to palliative care. Activities engaged in during your scholarly project will demonstrate various CANMEDS competencies in the scholar, professional, health advocate, collaborator, communicator and expert role. It is hoped that this small endeavour will inspire you to continue similar academic pursuits during your career. There is a great need for good quality palliative care research, reflection, and innovation.

***completion of the scholar project is required to complete your residency. If you anticipate difficulties in completing on time, please ask for help from the faculty research advisor well before the end of the academic year.

Types of Scholarly Projects:

-Quantitative Research Studies (case-control, small prospective observational pilot study, small control trial, secondary analysis of data)
-Survey-based studies (cross sectional study)
-Qualitative Research Studies (focus groups, one-on-one interviews)
-Systematic Review
-Program Innovation (Pilot study of unique or new patient care program if includes outcomes)
-Educational Intervention (if includes outcomes)
-Quality Improvement initiatives

Key Steps

1.Pick topic area and identify research supervisor
2.Form research question
3.Write research proposal
4.Apply for ethics approval
5.Collect data / implement project
6. Analyze data
7.Present project at research day
8.Write manuscript

Timeline

Recognizing that two years is a tight timeline to complete the scholarly project, we suggest the following timelines:

1. Steps 1-4 should be completed by December of your first year of Palliative Medicine residency
2. Step 5 should be completed by September of your second year of Palliative Medicine Residency
3. Data analysis (step 6) October-February
4. Written report March-May
5. Present at Research Scholarship Day in June.

There are at minimum four academic sessions devoted to the scholarly project:
July-Aug of first year: Introduction to research and brainstorm potential topics/supervisors/questions
March of each year: Present work-in-progress
June of second year: Submit written report and Present completed project at Resident Scholarship Day

Support

One faculty member (2023: Dr. Pippa Hawley) in the Division of Palliative Care is responsible for facilitating the resident scholarly projects. This individual is not the project supervisor but will meet regularly with the residents about their projects to ensure a suitable supervisor has been found and that the project is moving ahead.

Research Supervisor

You are encouraged to seek out local palliative care physicians, UBC faculty or allied health professionals who share your interests to support your project as your research supervisor. Alternatively, you may approach someone who is already involved in research of their own. If, during your palliative care residency, you make a substantial contribution to an existing faculty/staff research project, such that you would be listed by them as an author, then you may write this up and present it as your Scholar Project. Your research supervisor can serve as the "Principal Applicant" (PI) on your ethics proposal, or if they do not meet requirements for this role then the Divisional representative can be the official PI.

Research Proposal

This is a key document for your scholarly project. Every resident needs to fill out a research proposal for submission to their supervisor and the Divisional representative prior to commencing their project. This proposal will also be submitted as part of your ethics proposal.

Ethics

All Projects involving humans must have UBC Ethics Board approval before starting. This includes educational interventions, interviews, photos, video and simple surveys. Projects using clinical data from patient charts also need Ethics Board approval.

Ethics Board Application

1.Complete a research proposal.
2.Submit the research proposal to your supervisor and the Divisional representative.
3.Once proposal is finalized, go to https://www.rise.ubc.ca/ Complete the relevant UBC Ethics Board application. There are many details on the website which will help you complete this.

Statistical and Data Analysis

If advanced statistical analysis is needed for quantitative projects and you are not experienced in doing this yourself, help is available. Contact the Divisional representative if you wish to enlist the help of a statistician.

Written Report

The written report should follow the ICMJE recommendations (http://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html). We strongly encourage you to submit your research to a journal for consideration for publication.

Work In Progress Presentation

This is a chance for you to rehearse your oral presentation in front of your fellow residents and staff. It is a great opportunity to receive feedback on your work to date and suggestions for going forward.

Division of Palliative Care Research Day

Each resident must present their scholarly project at palliative care resident research day held in June. You will have 20 minutes for your presentation. Your written work and presentation will be reviewed and evaluated by the Divisional representative prior to Research day and your presentation will be evaluated on Research day.

Rounds

Attending palliative care rounds is mandatory for residents at each site/rotation. Each palliative care unit holds weekly rounds.

Recommended but not required rounds include:
Vancouver Hospital - Research Rounds
St Paul's Hospital - Research Rounds
St Paul's Hospital – AIDS Rounds
Other rounds as appropriate (Psychiatry, Oncology, and Geriatrics)

Conferences

Recommended:
Canadian Society Palliative Care Physicians Annual Meeting/Course Spring – Advanced Learning in Palliative Medicine

Suggested:
BC Hospice Palliative Care Association Annual Conference May
Annual Forum on Death and Dying: Finding Comfort in Serious Illness October
Canadian Pain Society Annual Meeting May
Canadian Hospice Palliative Care Association Annual Meeting September
American Academy of Hospice and Palliative Medicine Assembly Spring
International Congress of Palliative Care Fall

Texts and Resources

As recommended by the Royal College to support studying for the Palliative Medicine (Adult) Examination
- Oxford Textbook of Palliative Medicine
- Palliative Medicine: A Case based manual
- Oxford Textbook of Palliative Care for Children
- Care Beyond Cure: Management of Pain and Other Symptoms
- Journal of Palliative Medicine
- Journal of Pain and symptom Management
- Textbook of Interdisciplinary Palliative Pediatric Care
- Supportive care in Cancer Journal
- UpToDate

Other Resources:
- Medical Care of the Dying. Fourth Edition. Victoria Hospice Society. 1900 Fort Street, Victoria, BC V8R 1J8. (This is included with course registration.)
- Evidence –Based Practice of Palliative Medicine: Expert Consult: Online and Print N.E. Goldstein, R.S. Morrison
- Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing –M.L. McPherson
- Canadian Palliative Care Formualry (CPCF) –R. Twycross, A. Wilcock, M. Dean, B. Kennedy
- Interventional Radiology in Palliative Care – P.Munk, S. Babu (available through UBC as PDF)

Online Resources

1 Indigenous Cultural Competency Training Program
  Provincial Health Services Authority in BC

2 Canadian Virtual Hospice

3 Palliative Fast Facts and Concepts (Previously EPERC)

4 BC Centre for Palliative Care – includes symptom management guidelines

5 Pallium Canada

EVALUATIONS

Evaluations are the primary tool for assessing your progress. Without proper documentation, providing a reference letter or letter of confirmation of training, especially a few years after the completion of training, becomes a much more onerous task and may result in less than desirable outcomes. Likewise, it is also important to document the educational objectives that demonstrate the effectiveness of the training, which in turn will help to ensure future government and university support of postgraduate palliative medicine education.

Evaluations and progression of each resident through the program is now done by a competence committee, which will review evaluations and provide feedback to each resident twice a year in a summative

The process of transitioning to competency-based evaluation and assessment (Competence by Design/CBD) is underway, launching in 2023 for Adult Palliative Medicine residency programs.

Evaluation of the Learner

1. Rotation In-Training Evaluation Reports
- These are specific to each rotation, and should be reviewed regularly on One45, UBC's evaluation system
2. Entrustable Professional Activities (EPAs)
   -These are completed in Entrada, and are a core, essential and required part of how each resident is assessed
3. Article and Case Reviews
4. Scholarly Project +/- Presentation/Survey/Poster
5. Journal Club Presentations
6. Journal/Diary (Optional)
7. Mid-Term Assessment (Oral) (January of 1st year)
8. Year-End Assessment Written/Oral (June of 1st year)

Evaluation of the Program

1. Evaluation of each rotation and site
2. Evaluation of individual academic day seminars
3. End of residency evaluation of program
4. Exit interview

RESIDENCY PROGRAM COMMITTEE (RPC)

Residency Program Committees exist for both the Year of Added Competency in Palliative Medicine and Royal College Adult Palliative Medicine Programs. These committees are chaired by their respective Program Directors and meet four times a year. The committees are comprised of:

Dr. Fify Soeyonggo	Head - UBC Division of Palliative Care
Dr. Julia Ridley	Program Director, Royal College Subspecialty Adult Pall Med
Dr. Shannon Bunn	Program Director, Enhanced Skills Palliative Care

As well as representatives from the distributed palliative medicine learning sites, oncology, geriatrics, and spiritual care. The lead resident of each program also sits on this committee and serves as a voice and advocate for the residents.

Purpose: The Residency Program Committee is responsible for all educational issues affecting the UBC postgraduate Palliative Medicine Program including but not limited to:

- Overall program directions
- Curriculum plan
- Program objectives
- Practice exams
- Financial issues
- Resident selection
- Faculty development
- Others as deemed appropriate by the program director or raised by the committee

The group will meet at least quarterly as required by the College, and may meet as often as monthly if agenda items are sufficient in number or urgency to warrant it. E-mail will facilitate information sharing but not decision making unless an urgent “vote” is needed.

The Committee will function as the focus of academic policy discussion, development and setting for the Program. It will be advisory to the Program Director, but in virtually all situations it will be expected that the Director will follow that advice unless he/she feels seriously in disagreement. Whenever possible, it will function in consensus mode, but any member or the Chair can call for a vote on any issue if desired. Simple majority will then decide the matter.

COMPETENCY COMMITTEE (CC)

The Competency Committee provides regular, systematic and transparent review of each residents’ performance. As a move towards Competency based Education, the Competency Committee will be reviewing ITERs, EPAs, direct and indirect observation forms, scholarly projects, and all other evaluations for each resident. The committee consists of 4 members who are not on the RPC, the Program Director attends the meetings, but it not an active/voting member.

The competency committee will meet every 6 months, and will provide a summative report to each resident as well as the program director, after each meeting. These reports will advise on the residents' progression through the program, identify areas requiring focused attention and areas of strength. Reports are provided to the resident, RPC, and program director.

WELLNESS, SAFETY, ACADEMIC AND PRACTICAL ISSUES

Please see the UBC Post Grad Website and Resident Doctors of BC for further information.

For Policies and Procedures, please see UBC PGME policies and procedures.

Mentor and Faculty Advisor

It is encouraged that each resident establish a formal mentor for the year. The Program Director will provide names of appropriate individuals are the beginning of the program and will endeavour to make a good match for you. You will be encouraged to connect with the mentor on a regular basis. Some past residents have elected to work with multiple individuals as mentors. Whether you choose to engage with a mentor(s) is voluntary.

The Program Director will also serve as your Faculty Advisor. This is feasible due to the small size of the program. However, if you would like to work with another faculty advisor, this will be arranged. Please let the Program Director know of this preference. If at any time during the year you experience any academic difficulties or concerns, a faculty advisor may be assigned to you that matches your learning needs.

Resident Wellness and Wellness Faculty Member

Wellness is important for all residents, but particularly for Palliative Medicine residents, as clinical and personal circumstances may lead to significant stress, distress and potential burnout. You are encouraged to talk to your mentor, program director, peers, faculty, whenever needed. Formal support is also available, including a Resident Wellness Lead. Academic Day sessions will also be devoted to resident wellness.

UBC PGME office also has a Resident Wellness Centre which provides various resources, including counselling support. Please have a look at their webpage: http://postgrad.med.ubc.ca/resident-wellness/

Palliative Medicine Resident Wellness Policy

Preamble

The Postgraduate Medical Education (PGME) Office recognizes that residents require a safe, positive, and healthy learning environment to thrive.

The Division of Palliative Care (DPC) aims to support this by creating, promoting, and sustaining a culture of wellness and resilience.

Key responsibilities

The UBC Faculty of Medicine PGME Office and all PGME Residency Programs, including the Year of Added Competency in Palliative Medicine and the Palliative Medicine Subspecialty Program, have a duty to promote the wellness of residents, provide resources to support physical, emotional and mental

wellbeing, and to strive to assist residents in identifying and obtaining support at times that they are struggling in their physical, emotional and/or mental wellbeing.
Residents are responsible for reporting fit for duty, and recognizing their own impairments, if present, and being familiar with the PGME Wellness Policy.

A. PGME Resources

UBC PGME provides several resources to support resident wellness. Palliative Medicine residents are encouraged to access the Resident Wellness Office (RWO) for support when needed, and utilize workshops and online resources offered by the RWO. Recommendations and resources provided by the RWO and Resident Wellness Advisory Group will be relayed to Palliative Medicine residents, and supported/enacted by the Program Director, RPC and clinical faculty.

B. Division of Palliative Medicine Resources

The Division of Palliative Medicine and Palliative Medicine Residency Programs offer additional supports to their residents, in recognition of the specific emotional demands that training in palliative medicine can place on learners. These supports include:
An annual Wellness Retreat, attended by Residents and Faculty
Wellness Workshops included in the academic curriculum
Balint groups incorporated into the academic curriculum
Formal Mentorship with a mentor in a non-evaluative role offered to each resident
A Wellness Faculty Advisor to oversee the above

C. Program Responsibilities

The Program Director will include wellness and address any concerns about mental, physical or emotional wellbeing of each resident at quarterly reviews.

The Program Director is accessible by email and phone to clinical faculty and residents to discuss any concerns regarding resident wellness on a continual basis; when one Program Director is away, the Program Directors for the Enhanced Skills and Subspecialty Program provide cross coverage.

D. Resources

UBC resident wellness office (http://postgrad.med.ubc.ca/resident-wellness)

Employee & Family Assistance Program (http://www.efap.ca)

Physician Health Program (https://www.physicianhealth.com)

PGME Fatigue Risk Management Policy

Resident Safety Policy

PREAMBLE
The Postgraduate Medical Education (PGME) Office recognizes that residents have the right to a safe environment during their residency training. The responsibility for promoting a culture and environment of safety for residents rests with the Faculty of Medicine, regional health authorities, clinical departments, residency training programs and residents themselves. The concept of resident safety includes physical, emotional, and professional security.

Key responsibilities
Residents have a right to a safe and equitable workplace and learning environment. As such, residents have a professional duty to learn and to comply with the safety policies of the institution in which they are working, as outlined by the University of British Columbia Faculty of Medicine PGME Office. Furthermore, residents have a professional duty to communicate safety concerns and incidents to the residency programs

The UBC Faculty of Medicine PGME Office and all PGME Residency Programs have a duty to ensure a safe and equitable environment for residents to work and to learn. This includes but is not limited to the following:

- Ensuring that the workplace is free of harassment or intimidation on the basis of gender, race, sexual orientation, physical (dis)abilities and level of training.
- Ensuring that residents are educated and informed with respect to the safety policies which govern the workplace and the learning environment.
- To record in writing and to act promptly on any safety concerns and incidents reported to its office by residents.
- Ensuring that every reasonable effort is made to record resident concerns in confidence and in good faith and that residents' rights to privacy and anonymity be ensured at all times.
- Strive to prevent workplace-related and learning environment-related personal retribution against residents in order to foster an open environment where genuine concerns can be raised freely and without fear of reprisal.

E. Physical safety

These policies apply only during postgraduate trainees’ activities that are related to the execution of postgraduate trainee duties:

1. When postgraduate trainees are traveling for clinical or other academic assignments by private vehicle, it is expected that they maintain their vehicle adequately and travel with appropriate supplies and contact information. Provincial laws prohibit cell phone use and text messaging in the performance of residency duties while driving.
2. For long distance travel for clinical or other academic assignments, postgraduate trainees should ensure that a colleague or the home residency office is aware of their itinerary.
3. Postgraduate trainees should not be on call the day before long distance travel for clinical or other academic assignments by car. When long distance travel is required in order to begin a new rotation, the postgraduate trainee should request that they not be on call on the last day of the preceding rotation. If this cannot be arranged then there should be a designated travel day on the first day of the new rotation before the start of any clinical activities.
4. Postgraduate trainees are not to be expected to travel long distances during inclement weather for clinical or other academic assignments. If such weather prevents travel, the resident is expected to contact the program office promptly. Assignment of an alternate activity is at the discretion of the Program Director.

5. Postgraduate trainees should not work alone after hours in health care or academic facilities without adequate support from Security Services.
6. Postgraduate trainees are not expected to work alone at after-hours clinics.
7. Postgraduate trainees are not expected to make unaccompanied home visits.
8. Postgraduate trainees should only telephone patients using caller blocking.
9. Postgraduate trainees should not be expected to walk alone for any major or unsafe distances at night.
10. Postgraduate trainees should not drive home after call if they have not had adequate rest.
11. Postgraduate trainees should not assess violent or agitated and potentially violent patients without the backup of security and an awareness of accessible exits.
12. The physical space requirements for management of violent patients must be provided where appropriate.
13. Special training should be provided to postgraduate trainees who are expected to encounter aggressive patients.
14. Site orientations should include a review of local safety procedures.
15. Postgraduate trainees should familiarize themselves with the location and services offered by the occupational health office of each training site. This includes familiarity with policies and procedures for infection control and protocols following exposure to contaminated fluids, needle stick injuries, and reportable infectious diseases.
16. Postgraduate trainees must observe universal precautions and isolation procedures when indicated.
17. Postgraduate trainees should keep their immunizations up to date. Overseas travel immunizations and advice should be sought well in advance when traveling abroad for electives or meetings.
18. Call rooms and lounges provided for postgraduate trainees must be clean, smoke free, located in safe locations, and have adequate lighting, a phone, fire alarms, and smoke detectors. Any appliances supplied are to be in good working order. There must be adequate locks on doors.
19. Postgraduate trainees working in areas of high and long term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines.
20. Radiation protective garments (aprons, gloves, neck shields) should be used by all postgraduate trainees using fluoroscopic techniques.
21. Pregnant postgraduate trainees should be aware of specific risks to themselves and their fetus in the training environment and request accommodations where indicated. Postgraduate trainees should consult the Occupational Health Office for information.

F. Psychological safety

1. Learning environments must be free from intimidation, harassment, and discrimination.
2. When a resident’s performance is affected or threatened by poor health or psychological conditions, the resident should be granted a leave of absence and receive appropriate support. Such postgraduate trainees should not return to work until an appropriate assessor has declared them ready.
3. All programs will appoint a faculty advisor and ensure that all postgraduate trainees in the program are informed as to the policies regarding the faculty advisor role and contact information.
4. Residents will be supported by the program should an adverse event occur.
5. Residents in need of additional support will be free to approach the Program Director or appropriate coordinator for support, without fear of negative consequence or reprimand.

6. Postgraduate trainees should be aware of and have easy access to the available sources of immediate and long-term help for psychological problems, substance abuse problems, harassment, and inequity issues. Resources include the UBC PGME and its Resident Wellness Office and Resident Doctors of BC.

G. Professional safety

1. Some physicians may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligations of physicians. Resources should be made available to postgraduate trainees to deal with such conflicts. Examples include the College of Physicians and Surgeons of British Columbia, UBC Faculty of Medicine, and the regional health authority.
2. Programs are bound by Resident Doctors of BC contract allowances for religious holidays.
3. Residents should have adequate support from the program following an adverse event or critical incident.
4. Programs should promote a culture of safety in which postgraduate trainees are able to report and discuss adverse events, critical incidents, 'near misses', and patient safety concerns without fear of punishment.
5. Residency program committee members must not divulge information regarding postgraduate trainees. It is the responsibility of the residency Program Directors to make the decision and to disclose information regarding postgraduate trainees (e.g. personal information and evaluations) outside of the residency program committee and to do so only when there is reasonable cause. The resident file is confidential.
6. With regard to resident files, programs must be aware of and comply with the Freedom of Information and Privacy (FOIPOP) Act. Programs can obtain guidance about FOIPOP issues from the UBC PGME office.
7. Resident feedback and complaints must be handled in a manner that ensures resident anonymity, unless the resident explicitly consents otherwise. However, in the case of a complaint that must be dealt with due to its severity or threat to other postgraduate trainees, a Program Director may be obliged to proceed, against the complainant's wishes. In that case the Associate Dean of Postgraduate Medical Education or the main campus Harassment Office should be consulted immediately. Depending on the nature of the complaint, the regional health authority and/or the College of Physicians and Surgeons of BC may need to be informed and involved. In general, the Program Director should serve as a resource and advocate for the resident in the complaints process.
8. Postgraduate trainees must be members of the CMPA and follow CMPA recommendations in the case of real, threatened, or anticipated legal action.
9. In addition to CMPA coverage for patient actions, postgraduate trainees are indemnified for actions or lawsuits arising from the actions or decisions made by committees (e.g. tenure, appeals, residency training) they may serve on, under the university insurance for lawsuits related to academic issues.

Contact information
CMPA: https://www.cmpa-acpm.ca/en/home

Resident Doctors of BC:
2399 – 650 West Georgia Street
Vancouver, BC, Canada, V6B 4N7

Phone: (604) 876-7636
Toll-Free: 1-888-877-2722
https://residentdoctorsbc.ca

UBC PGME Resident Wellness Office: http://postgrad.med.ubc.ca/resident-wellness/

Fatigue Risk Management Policy

PREAMBLE

The Palliative Medicine Subspecialty Residency program recognizes that fatigue is a significant issue for trainees. Fatigue can be the result of the clinical and non-clinical work and expectations of training, commitments and requirements outside of residency, as well as the emotional fatigue of supporting patients, families and health care teams in a palliative care context. This policy, along with the resident wellness and health and safety policies are intended to support residents through their subspecialty training.

This policy reflects University of British Columbia's commitment to management of fatigue as part of supporting resident's overall well-being. Fatigue risk management for residents is critical to maintain safe patient care, the integrity of physician liability, and personal safety and wellbeing. The PGME along with programs, faculty and the Resident Wellness Office (RWO) provides ongoing fatigue prevention strategies to monitor, assess and minimize the effects of fatigue for the health and safety of resident and the patients they care for.

POLICY

1. Definition of Terms

Fatigue - A symptom characterized by a difficulty in initiating or maintaining voluntary physical and/or mental task. It is usually accompanied by a feeling of weariness and tiredness and can be acute or chronic. Fatigue maybe the result of physical, emotional and/or social/cultural factors.

2. Resident responsibility

- 2.1 Residents are responsible for reporting fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
- 2.2 Residents are responsible for assessing and recognizing the signs of impairment due to fatigue in themselves. Residents experiencing such fatigue are to notify their Program Director or designate.
- 2.3 If a resident experiencing fatigue anticipates it could impair their ability to perform their duties, he/she is encouraged to voluntarily seek assistance before clinical, educational and/or professional performance, interpersonal relationships or their health are adversely affected. Residents, who voluntarily seek assistance before their performance is adversely affected will not jeopardize their status as a resident.
- 2.4 Residents who experience fatigue which they feel would impair their ability to drive related to work must arrange for alternative transportation arrangements to ensure safe travel. Residents who commute by other means must ensure they feel they can travel without increased risk to themselves or others.
- 2.5 Residents who unable to rest more than 4 consecutive, uninterrupted hours at night while on shift of 24 hours or longer are to inform their clinical team the following day and are expected to be relieved of clinical duties by 10am unless exigent clinical circumstances exist or residents choose to stay for compelling reasons consistent with the terms set out in the HEABC Collective Agreement. In the event of a resident staying past 10am in the above situations, they are to be relieved of clinical duties if any impairment in performance is noted by the resident, peer or faculty.
- 2.6 If a resident recognizes impairment due to excessive fatigue in another resident, that resident should immediately notify the program director or designate.

3. Residency Program Responsibility

3.1 It is the responsibility of the Residency Program Committee to be aware of resident fatigue and the risk factors.
3.2 If a program director or faculty member recognizes the effects of excessive fatigue adversely affecting the performance of a resident the member must take steps to ensure the safety and wellbeing of the resident and their patients.
3.3 It is the responsibility of the program to have clinical duty and on-call schedules consistent with the HEABC Collective Agreement.

4. Resources

UBC resident wellness office (http://postgrad.med.ubc.ca/resident-wellness)
Employee & Family Assistance Program (http://www.efap.ca)
Physician Health Program (https://www.physicianhealth.com)
Current Sleep Science: The Fatigue Risk Management Toolkit, p.6-7
Effective Self-Assessments on Fatigue: Epworth Sleepiness Scale and the Fatigue Severity Scale (with a score of 36 or higher to be problematic).
National Steering Committee on Resident Duty Hours: Summary of Findings, Final Report 2013
Resident Doctors of Canada, Fatigue Risk Management Toolkit

Housing

Housing is your responsibility to organize.

For residents doing mandatory rotations outside of the Lower Mainland, e.g. Victoria, we can request housing support through PGME.

Resident Mandated Travel and Reimbursement Support and Policy

Many expenses related to mandatory rotations, academic sessions etc, are reimbursed. For current policy, and reimbursement forms, please see the UBC PGME Policies and Procedures Website.

Pay and Benefits

As a resident, you will receive a salary, plus benefits for you and your dependents, at the level of a fouth/fifth year resident (unless otherwise specified). This involves the completion of the required university forms and establishing precise start/stop dates of your training. It is strongly recommended that residents use the direct deposit method of payroll.

Should you have any problems regarding your pay cheque, your queries may be directed PHSA payroll, the central paying agency for all residents. Please see the Resident Doctors of BC website for contact information regarding payroll.

If you have any questions regarding benefits, please contact the Resident Benefits Coordinator, employeeRBsupport@phsa.ca; information regarding benefits can be found at the Resident Doctors of BC website.

Expenses

Please keep receipts for any expenses incurred due to participation in your training. Some expenses may be reimbursed through the Resident Activity Fund (see below). There is also an endowment resource which may be accessed through the Division of Palliative Care. This funding, however, varies year to year and is not guaranteed.

Resident Activity Fund

As a Palliative Medicine resident, you are entitled to some reimbursement for expenses related to course and conference registration fees. Please keep and submit original receipts to the PA for reimbursement.

Pagers

Pagers are no longer used during the year. You are expected to provide your cell phone as contact information during each rotation.

Malpractice Insurance

In addition to the coverage provided by the University and affiliated hospitals, residents are required to obtain their own individual malpractice insurance through the Canadian Medical Protective Association, P.O. Box 8225, Ottawa, Ontario, K1G 3H7 (phone: 1-800-267-6522).

Prescription Writing

Duplicate pads are required in BC for opioid and controlled medications. Please ensure these are ordered for your use, as they are used on many palliative medicine rotations.

Immunizations

Residents are required to report immunization status prior to beginning of training, this will be/should have been part of your registration process.

Vacation Scheduling

Please see the Resident Doctors of BC website for details beyond what is below.

Residents are entitled to 20 working days vacation. This equates to four calendar weeks (a week is defined as seven consecutive days) Vacation scheduling is determined by the Program Director in accordance with operational and educational requirements. Every effort will be made to permit a Resident at least their third choice for a vacation period. Vacation requests must be made in writing.

A minimum of two consecutive weeks' vacation shall be granted to Residents so desiring. A Resident shall not be scheduled for on-call duty on the weekend immediately preceding or immediately following a block of vacation where the block starts on a Monday and continues uninterrupted ending on a Friday. Your days on service are also reduced for calculating the number of calls in a block. If both spouses (including common-law) are residents, subject to operational needs, they are entitled to take their vacation together

Every resident is entitled to 5 consecutive days off during the 12-day period that encompasses Christmas Day, Boxing Day and New Years Day and two full weekends. These 5 days will account for the three statutory holidays: Christmas Day, Boxing Day, New Years Day, and 2 weekend days. Residents who take the 5 days will not receive in-lieu days if they are scheduled to work on one of the statutory holidays, although they are still entitled stat pay. These 5 days can be taken at any mutually agreed upon (between the resident and the program) time during the specified period. For example, the 5 days could be Monday-Friday (meaning residents could be scheduled on the weekends for call), or the 5 days could be Wednesday-Sunday (with the resident working the beginning of the week).

Vacation Requests: Residents should give vacation requests, by email, to the Program Director and Site Administrator within the first 6 weeks of the first and second halves of the Academic year. Residents can apply, by email to the Program Director for alternate vacation arrangements. This must be done at least 6 weeks before the date of the vacation. Any change requests must be discussed with the Program Director a soon as possible.

Call Schedules

As a resident, you will be expected to be on call on some, not all rotations. This is to enable you to gain experience in the working conditions you can expect to be moving to after you finish your program. You must honor the call schedule set up on your behalf. You should contact your preceptor for each rotation 6 weeks in advance of the rotation should there be any weekends or days that you do not wish to be on call.

While in most cases call should be determined a month in advance, on many rotations residents do not provide coverage on a regular basis, therefore call days/weekends can be determined in discussion with the site faculty.

Sick Days

Residents must inform the Program Administrator, Program Director and their rotation supervisor or supervising staff when taking sick days. In addition, it is the resident's responsibility to report this in RMS.

Residents sick for longer than 5 consecutive days, must contact their Program Director to discuss their situation and, at the Program Director's discretion, may be required to follow the procedures for medical leaves (short or long term).

Staying in Touch

It is important that you keep your contact information with the Program up to date. The difficulty with a de-centralized program such as this is that when it is imperative to reach a resident immediately, it may take hours to track them down and may even be impossible. Please help in maintaining the point of contact throughout your training by notifying the Palliative Care Program Office and Residency program Director of any change in your mailing address, phone number or email. You will be given a UBC email address, and are strongly encouraged to use this address, or forward it to your regular email address, as it will be used routinely by the PGME office.

PRINCIPLES FOR THE LEARNER

Learning to be and remain competent as a physician is an ongoing developmental process if acquiring wise judgment, attentive compassion, precise skills, and accurate information. While change is constant, and uncertainty exists with every patient encounter, the principles of learning to become and be this effective physician remain constant. Reflection and self-assessment are fundamental to becoming such a self-directed learner. The following description addresses some of the principles:

A. Principles for the learner

- Learning is a consequence of clinical experience and that experience is not altered without altering the person;
- Learning is an experience which occurs inside the learner and is activated by the learner; thus no one directly teaches anyone anything of significance;
- Learning is the discovery of the personal meaning and relevance of ideas;
- Learning is a co-operative and collaborative process;
- Learning is an evolutionary process;
- Learning may be painful;
- One of the richest resources for learning is the learner him/herself;
- The process of learning is emotional as well as intellectual.

B. Context of learning for the faculty

Effective instruction of a learner occurs best if:

- The individuality of the resident is recognized;
- There is active participation of the learner(s);
- There is immediate and frequent feedback;
- Clinical preceptors/faculty are most effective facilitators of learning when in a professional relationship, where they might integrate five distinct educational roles as:
    - An instructional designer (goals, plans, implementation, & evaluation);
    - A role model;
    - A resource;
    - A supervisor;
    - A mentor, a relationship that fosters professional and personal development by believing in the learner, helping them refine, support and attain their dream.

"Imagination is more important than knowledge."

- A. Einstein

CHARACTERISTICS OF A SELF-DIRECTED LEARNER

- Takes the initiative, with or without the help of others, in diagnosing or assessing his/her own learning needs;
- Selects appropriate resources and, when necessary, temporarily surrenders some measure of independence for the sake of expedience in learning;
- Develops, through inquiry and reflection, appropriate criteria by which to evaluate specific learning goals;
- Asks for justification of rules, procedures, principles and assumptions which it might otherwise by natural to take for granted;
- Refuses to agree or comply with what others state or demand where this seems critically unacceptable;
- Is aware of alternative choices, both as to learning strategies and to interpretations or value position being expressed, and makes reasoned choices about a preferred course of action;
- Continually reviews his/her approach to learning and makes strategic and tactical adjustments in order to optimize learning;
- Conceives of goals, policies and plans independently of pressures from others to do so, or not to do so;
- Independently forms opinions and clarifies beliefs, yet is willing to relinquish beliefs or to alter opinions when relevant contrary evidence is presented, and does so irrespective of the presence or absence of external rewards or pressures;
- Clarifies what is of personal value or in one's interests, as distinct from what may be expedient, or what may be convenient; and,
- Is willing and able to accept alternative points of view as legitimate and is able to deal with objections, obstacles, and criticisms or one's point of view without becoming defensive, threatened or angry.

- Daniel D. Pratt

COMPLAINT MANAGEMENT SYSTEM

WHERE CAN *POSTGRADUATE* STUDENTS GO TO DEAL WITH COMPLAINTS?

1. Your Preceptor
2. The Program Director
3. The Department Head
4. Resident Doctors of BC
5. Associate Dean, Postgraduate Education
6. Associate Dean, Equity
7. College of Physicians and Surgeons of B.C.

In turn any or all of these resources may contact the Associate Dean, Equity to coordinate the process.