

orientation manual



**UBC Family Medicine
Residency Program**

one program • multiple sites



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

Welcome to Family Medicine!

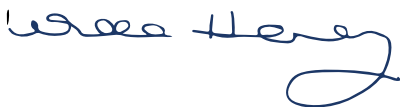
We are excited to have you join our family medicine program! Congratulations on your successful graduation from medical school or success in the IMG selection process. It is very competitive to get a position at UBC and we are thrilled to have you.

The first few days and weeks can be a bit daunting. This booklet is designed to help answer your questions and to get you started with an overview of our program and expectations. Orientation will take several weeks as it is too much information to take in all at once. Transitions can be a time of stress and we want to make sure you get all the support and information you need.

No matter what site you have chosen, we are one family and we are all closely connected. Program objectives and assessment are the same no matter what site you are in. Your experiences will be slightly different, but in two years you will be ready for your exam. Our goal is to prepare you to work in any community in BC...whether urban or remote. We are committed to supporting you on your journey through residency.

Finally, I encourage each of you to get involved in the program through committee work, leadership positions, or mentorship opportunities. You will get from your residency more than you give. If you give a lot... you will get more!

I am always available to talk to any resident at any time. Feel free to let me know how you are doing. Use the resources we give you and above all, have a wonderful two years!

A handwritten signature in blue ink, appearing to read 'Willa Henry', with a stylized flourish at the end.

Dr. Willa Henry, Program Director



Program Overview

The UBC Family Practice Residency Program offers a diverse range of opportunities to prepare you for a future in family medicine. We have 18 sites distributed in many communities across British Columbia. All sites provide a solid foundation in the knowledge and clinical skills required of a family physician, but each site goes beyond that basic foundation, offering residents special opportunities to gain experience and skills in other areas as well.

As a fully accredited program, we are committed to serving the needs of our society by training highly skilled family doctors. Each training site has strong support from dedicated faculty in the areas of curriculum, assessment, scholarship, behavioural medicine, and more. We aim to train residents who can practice anywhere in the world. We want your experience in BC to be a positive and enjoyable one.



Helpful Links for UBC Residency Program

UBC RESIDENCY PROGRAM WEBSITE:

postgrad.familymed.ubc.ca

- » Academic Resources
- » Site Specific Information
- » Program Calendar of Events
- » Program Matrix
- » Program Newsletter
- » Policies and Guidelines
- » Claims and Reimbursements
- » Forms
- » Rural rotations and Travel

UBC PGME Resident Policies and Procedures Manual:

postgrad.med.ubc.ca/current-trainees/policies-procedures

- » Payroll and Benefits
- » PGME Registration
- » UBC Email
- » Address and name changes
- » Leaves and Absences
- » Resident Wellness

Licensing Information and forms: BC College of Physicians and Surgeons cpsbc.ca

Resident Doctors of BC Agreement: residentdoctorsbc.ca

Postgrad Deans Office: postgrad.med.ubc.ca

Payroll and Leaves: Health Shared Services BC: hssbc.ca

LMCC exam: Medical council of Canada mcc.ca

Medical Liability Insurance: CMPA cmpa-acpm.ca

College of Family Physicians of Canada: cfpc.ca

- » Registration
- » Mainpro credits
- » Priority topics
- » SAMP and SOO Exam Information

UBC Family Practice Residency Program **Program**

Resident Outcomes *(at the end of the program)*

PROGRAM GOALS *(what we want to achieve)*

To graduate residents who have developed the competencies they need to begin independent family practice in diverse community settings.

Program Delivery *(during the program)*

To deliver an effective academic, clinical, and scholarly educational program.



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

n Goals + Outcomes

PROGRAM OUTCOMES

(what the program needs to produce in order to meet its goals)

Graduates are effective and demonstrate competency in:

Domains of clinical care

Can-MEDS-FM roles

Skill dimensions

Practice in a variety of clinical settings

Graduates apply their skills in practice and demonstrate:

Evidence-based and reflective practice

Life skills for sustainable long-term practice (resilience, wellness)

Clinical curiosity and a commitment to life-long learning

That they are inspired, resilient, and balanced

Graduates begin independent family practice in diverse community settings.

High quality educational programs were experienced by residents across training sites.

Residents, faculty, and staff experienced a working and learning environment where they felt respected and supported.

Preceptors were competent teachers, as guided by the CFPC teacher's framework.

Program resources were allocated effectively and efficiently.

Wellness Tips *for* Residency

postgrad.familymed.ubc.ca/resident-resources/resident-wellness-and-safety

Residency is a time of transition when responsibilities increase not only professionally but also personally for many as a part of investing further in family and personal relationships. Stress is a normal life experience and is an essential part of growth but can become harmful when demands outweigh our coping abilities. These resiliency tips and resources are meant to assist and guide you in maintaining health and wellness.

The Resident Resilience Subcommittee (RRS), UBC Family Practice Residency Program, was formed in 2009 with a mandate to identify, integrate, communicate, and create resources around resident resilience and wellness including a wallet card for emergency assistance. This card cites emergency contact info for the Family Practice Residency Program in addition to provincial and local general emergency resources.

The RRS is co-chaired by residents and the Lead for Behavioural Medicine and Resident Wellness and works to anticipate and bring forward issues that may challenge resident resilience.

The RRS has produced numerous resources summarized as “deliverables” - see link above for an online list.

The **Resident Wellness Office** was established in 2013 to provide residents from all UBC postgraduate residency programs with additional support for coping with personal and professional challenges.

postgrad.med.ubc.ca/resident-wellness

A Resident Wellness Resources guidebook was created by this office.

postgrad.med.ubc.ca/resident-wellness/resources/resident-wellness-resources-guidebook-pdf

The Behavioural Medicine and Resident Wellness Committee liaises with the RRS and the Resident Wellness Office to ensure the implementation of wellness initiatives at the Program and Site level.

The following **Wellness Tips** may be useful to consider in preparing for family practice residency.

1. **Family Doctor:** You need one! Inform your site coordinator if you are having challenges seeking your own family doctor.
 2. **Wellness:** Healthy eating, sleep and exercise are key to maintaining a healthy work/life balance.
 3. **Vacations:** Take them! Maintaining hobbies and family connections are critical.
 4. **Stress:** Residency is stressful. Mindfulness, yoga, reflective journaling & mentorship can be indispensable. Seek help early if signs of distress are appearing (burnout, diminished interest, family issues).
 5. **Community:** Get engaged. Join a club, do something non-medical.
- **Dr. Linda Reid**, Lead Faculty for Behavioural Medicine and Resident Wellness



Curriculum Overview

"The goal is to ensure that all Family Medicine residents develop professional competence to the level of a physician ready to begin [independent] practice in the specialty of Family Medicine."

(CFPC.ca)

Competency Based Education

Triple C is a Competency-based curriculum that is **Comprehensive, Focused on Continuity of education and patient care** and **Centered in family medicine**.

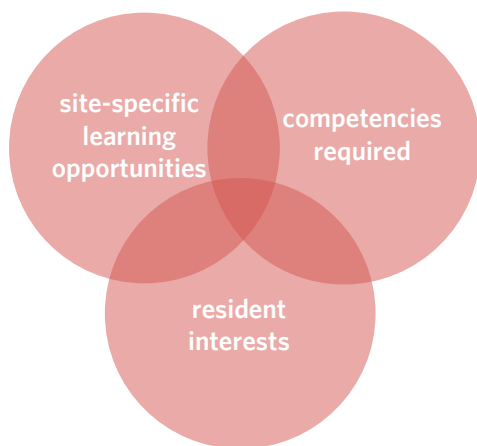
There are a number of different frameworks that exist to describe "competence"- *examples:*

- » CanMEDS-FM
- » UBC Dept of FP Program Wide Curriculum Objectives (based on CanMEDS-FM, CFPC 99 Priority topics, Domains of Care etc)
- » Scope of Training (including Domains of Clinical Care)
- » Evaluation Objectives (includes Six Skill Dimensions, Phases of the Clinical Encounter, Priority Topics, Key Features etc)

Curriculum as a Diverse Set of Learning Opportunities

Our curriculum consists of a diverse set of learning opportunities that are designed to promote progress toward and achievement of this set(s) of outcomes. These learning opportunities can be divided into **clinical** and **classroom-based** (or "academic") experiences. While you and your fellow residents in the program all need to reach the same minimum end-point ("professional competence to the level of a physician ready to begin [independent] practice"), the learning opportunities provided will vary from site to site (and resident to resident) depending on site mandate, local resources, population served and so on.

The clinical experiences across the program represent the bulk of the learning opportunities. The "academic" or classroom based curriculum is meant to supplement, complement and reinforce the clinical learning opportunities.



Planning for Learning

Given that residency is short, there is much to learn, and learning in a clinical environment can be opportunistic. It can be a good idea for you (with guidance) to be strategic about planning your learning. A combination of your needs/strengths/interests (assessment data can help with this), the outcomes that must be achieved and site-specific learning opportunities all can be used to generate a plan.

Clinical Learning Opportunities (including electives)

- » Some sites have clinical learning organized into blocks representing domains of care; others are longitudinal and integrated. All are designed to promote learning towards the same set of outcomes. Each site will determine the clinical learning schedule(s) for you and your fellow residents at their site.
- » Electives are opportunities to (1) Pursue areas of interest (2) Focus on areas requiring attention (3) Meet Program Objectives through experiences not easily available at your site or within BC.

For the process involved in planning electives visit your site specific section on the website - postgrad.familymed.ubc.ca/resident-resources/site-specific-information

Elective information is found under:

Program Resources/Resident Resources/Electives.

- » Global electives (international) must be planned early with pre-departure processes as outlined. globalhealth.med.ubc.ca/resources/pre-departure

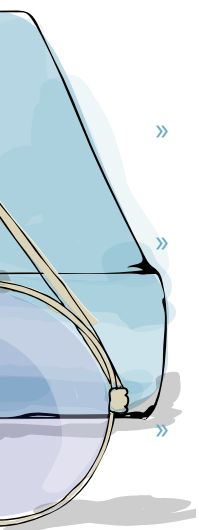


Academic/Classroom based Learning Opportunities

From a pedagogy standpoint, there are a few ways that we can maximize learning in the classroom setting. Increasing interactivity (rather than one-way delivery of content), is thought to be beneficial to retention of material.

Tips for maximizing your learning:

- » Ensure your basic needs are met (sleep, food, water etc) (this may seem obvious, but...)
- » Take advantage of the academic learning log provided for recording your academic teaching and educational activities while away from your home site (eg elective, rural experience etc). postgrad.familymed.ubc.ca/resident-resources/rural-rotation
- » Do your part to ensure a safe learning environment for yourself and your colleagues. How can you best contribute to learning of yourself and others? Don't be afraid to ask for help.
- » Activate or build on your previous knowledge: is there recommended pre-reading/podcast etc? What do you know already about this topic? Have you encountered a patient with this condition previously?
- » Ask questions. Raise discussion points. Is there an opportunity for you to teach others? Provide constructive feedback and helpful suggestions to presenters and facilitators.
- » Connect learning to ensure relevance: have you encountered a similar situation before? What went well? What could you have done differently? How will this learning be useful to you in similar situations in the future? Ask yourself: what did I learn today?
- » Take advantage of this opportunity to catch up with your colleagues, to check in, to be social, to debrief with each other, to learn from each other. We are all in this together.



– *Dr. Maria Hubinette*, Lead Faculty for Curriculum

Scholarship Overview

postgrad.familymed.ubc.ca/resident-resources/scholarship-project

Sites vary in their clinical and academic curriculum depending on the local resources. Every site follows program wide curriculum objectives and assessment standards and the various components of the scholarship curriculum are integrated at each site, including scholarship projects, EBM and informatics.

There are four main requirements for the scholarship projects component of your residency program.

PGY-1:

- » Completing the online TCPS Research Ethics tutorial:
pre.ethics.gc.ca/eng/resources-ressources/news-nouvelles/nr-cp/2014-12-18
 - Submit your completed site certificate to your site administrator by September 30 at most sites. Some sites will do this as part of the Distributed Health Research Methods Course (DHRMC) and may have a deadline later than this.
- » York University Academic Integrity Tutorial and Quiz:
yorku.ca/tutorial/academic_integrity
 - Submit a screenshot showing 100% completion to your site administrator by September 30 at most sites. Some sites will do this as part of the Distributed Health Research Methods Course (DHRMC) and may have a deadline later than this.
- » Practice Improvement Project (PIP) or Continuous Quality Improvement (CQI) Project
 - This is due usually at the end of your family practice block in your first year. However, this may vary by site. Talk to your site faculty for scholarship for more details. Submit this project to your site faculty for scholarship. More information regarding this project can be found at:
postgrad.familymed.ubc.ca/resident-resources/scholarship-project/pip-and-cqi-project

****Completion of the Scholarship requirements above is required for promotion to R2.**

Scholar Project

- » Resident Scholarship Project. There are four main types of acceptable Scholarship Projects:
 - **Research study**
 - **Analytical Essay**
 - **Artistic production**
 - **Teaching/Educational tool**
- » Please see the website for more information about each type.
- » To guide you, please note the following timeline for the Scholarship Project:

R1 year:

- **July - December:** Gather clinical questions or start thinking about the type of project that will be done.
- **January - April:** Identify a project supervisor.
- **May - June:** Work on literature review, ethics application (if necessary).

R2 year:

- **July:** Project proposal submitted to your site faculty
- **August:** Ethics submitted (if necessary)
- **September - December:** Project work
- **Draft abstract due:** November 15
- **Final abstract due:** December 15
- **Final manuscript due:** February 28
- **Scholarship Day:** June (Residents present work)

All Resident Scholar Projects must meet 8 criteria. *They must:*

- Be of sufficient scholarship
- Be original
- Be relevant to family medicine
- Contain a literature review
- Have obtained ethics approval, if applicable
- Have a Statement of Contribution
- Indicate any Collaboration and Mentorship (including Acknowledgements)
- Be presented in front of an audience (usually at Scholarship Day but for off cycle residents, may be at another venue)

EBM is best represented by the following diagram:

What is Evidence-Based Medicine?



“The integration of research evidence with clinical expertise and patient values”

Our goal for each resident is that you will develop the knowledge, skills and attitudes to be competent ***Evidence Informed Practitioners***. In summary you will:

- » Be comfortable translating knowledge into practice.
- » Critically evaluate medical information.
- » Effectively answer clinical questions.
- » Gain skills in communicating this to patients and other health care professionals in an effective and meaningful way
- » Gain confidence dealing with lack of evidence, conflicting evidence or “confusing evidence”.
- » Develop an effective knowledge management system.

Your site faculty for scholarship will outline your requirements and each resident is expected to participate in all aspects of the local EBM curriculum.



EBM Activities:

- » EBM electives
 - » Shared EBM resources (blackboard connect)
 - » Fresno tool for self-assessment of EBM skills
 - » eBEARS exercises
-
- *Dr. Brian Ng*, Co-Lead Faculty for Scholarship
 - *Dr. Evelyn Cornelissen*, Co-Lead Faculty for Scholarship
 - *Dr. Cameron Ross*, Lead Faculty for EBM

Assessment Overview

postgrad.familymed.ubc.ca/resident-resources/assessment-evaluation-2

Competency Based Assessment

Competency-based assessment is centered on you as the adult learner. Seek feedback and coaching. Think of the professional musician or athlete coached by many experts in their chosen field. Practice and coaching are in the workplace. Small improvements are important. Progress is celebrated. Reflection is essential, as is lifelong learning. Goals are documented and achieved. Competencies and outcomes defined in advance.

Field notes

Field Notes are brief collaborative documentation of coaching that you received. At one per day, they give good evidence of your growing competence. The electronic Field Note system allows you to track and reflect upon your growing competence and identify gaps to fill. Your 101 Aggregated Field Note report is good evidence to bring to your Progress Review. The T-Res eField Note App has both the 6 Skill Dimensions and the CanMEDS-FM roles on it. Ensure that you are getting coached in all areas, and all Domains of Care. You can use your T-Res FN app to log procedures as well.

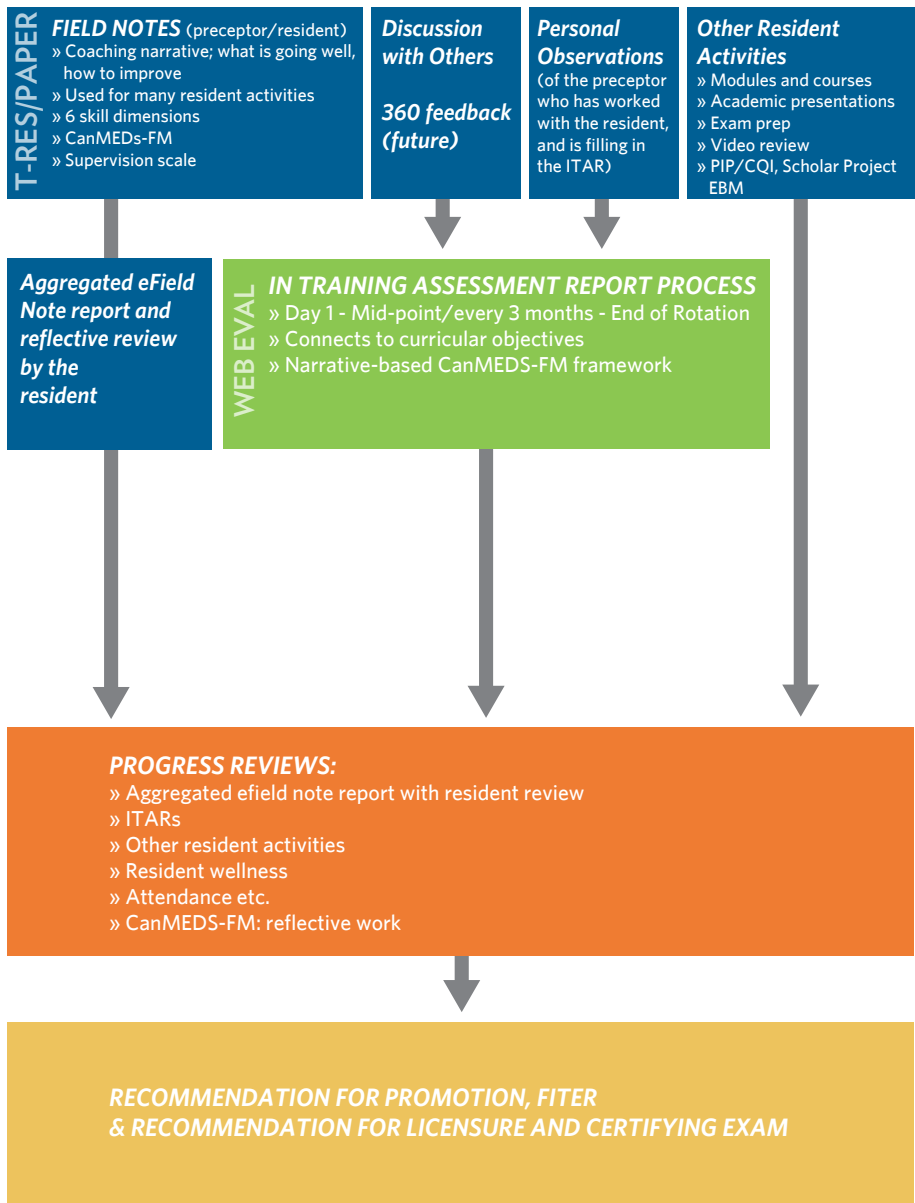
In Training Assessment Process and Reports (ITARs on One45's Web Eval)

For any learning experience – it is good to know what you want to get out of it, what your preceptor expects and what the curricular goals are. This is the essence of the ITAR process. Optimally, set your goals early in your learning event as you meet and discuss the experience with your primary preceptor. Check in part way through – informally or formally depending on the length of the learning experience. Finish at the end with a conversation and documentation about how you did – in most or all of the CanMEDS-FM roles. No surprises and good sense of accomplishment are what we anticipate.



Current RESIDENT PORTFOLIO of ASSESSMENT SYSTEM

v. May 2015



Video Review

Oh, so hard to see yourself on camera – and very, very powerful learning when reviewed with a good coach. Worth every moment, even if it feels a bit uncomfortable at first. Schedule a day to record yourself well before each Periodic Review. You need four per year. You need a minimum of 4 per year. Talk to your site faculty for Assessment & Evaluation or Behavioral Medicine for the details.

Reflections

Essential to being a professional is reflection and lifelong learning – hand in hand. Unpacking the challenging moments and learning just a bit more deeply about yourself and the complexities of being a Family Physician is fundamental to your professional development and to your competence, resilience and wisdom. As one of many times you might find yourself reflecting on your performance, you are asked to do a reflective paragraph in advance of your Periodic Review.

The Periodic Review

Review your most recent 4 months of assessment information and reflect on your progress - identify gaps and goals achieved. How else do you know how you are doing? Self-assessment alone is often poor quality and inaccurate. You and your Site Director use a process of "guided self-assessment" every 4 months to assess your progress and collaboratively develop a learning plan.

99 Priority topics and key features

Each Priority Topic has a list of key features – what is most important, or difficult, or where error is commonly made - the essential “must knows” for that topic. Consider getting to know these topics and selecting a suite of relevant topics for each of your rotations (block or horizontal) to review as you go.

– *Dr. Theresa Van der Goes*, Lead Faculty for Assessment + Evaluation

Program Expectations *at* Completion

For successful completion of the Family Medicine Residency Program, the following criteria must be met:

1. **Achievement of Family Medicine competencies in the following domains as evidenced by ITARS and field notes across practice settings.** (Residents should refer to Priority Topics and Curriculum Objectives)
 - » Maternity /Newborn Care
 - » Care of Adults
 - » Palliative Care
 - » Family Medicine
 - » Care of Children and Adolescents
 - » Care of Elderly
 - » Mental Health Care
2. **Achievement of Family Medicine competencies in the following Can-MEDS-FM roles as evidenced by ITARS , reflections (3 yearly), periodic reviews (3 yearly), field notes, and achievement of Scholar competencies**
 - » Family Medicine Expert
 - » Communicator
 - » Collaborator
 - » Advocate
 - » Professional
 - » Scholar
 - » Manager
3. **Achievement of the following skill dimensions as evidenced by direct observation and documented by field notes, video-reviews (minimum 8 over 2 years) and ITARS**
 - » Patient Centered Approach
 - » Clinical Reasoning Skills
 - » Clinical and Procedural Skills
 - » Communication Skills
 - » Professionalism
 - » Selectivity



4. Satisfactory completion of the following courses:

All Residents

- » Pre-Residency: Infection Control Basics,
- » Information Privacy & Confidentiality
- » ACLS
- » NRP
- » ALARM (or equivalent)
- » TCPS2 Ethics Tutorial
- » York University Academic Integrity Tutorial [http: yorku.ca/tutorial/academic_integrity](http://yorku.ca/tutorial/academic_integrity)

Rural Residents

- » ATLS (or equivalent)

Site Specific

- » Pre-residency: Student Practice Education Core Orientation (SPECO)
- » Safety Modules: (Infectious Disease; Radiation Safety; Driving Safety; WHIMIS)
- » Indigenous Cultural Competency Module
(Some site access issues. Discuss with Site Director)

Promotion to R2

Residents are expected to demonstrate competency reflected by program benchmarks (Bordage/Lacasse) at the 12 month level prior to promotion to R2.

The Site Director will review field notes, periodic reviews, and ITARs in determining readiness for R2 responsibilities. The summated assessment data will inform the Site Director that the resident has attained the 12 month benchmark for residency training. Recommendation will be by the Site Director to the Program Director for promotion to R2.

Program Completion

The Site Director will review R2 performance as informed by ITARS, field notes, reflections, professional behaviour and scholarship skills. Recommendation will be made to the CFPC that the resident has evidence to support that:

“The resident has achieved competence in the six essential skill dimensions and the phases of the clinical encounter, throughout the seven CanMEDS-FM roles, over a sufficient sample of the priority topics, themes, core procedures, and competencies, as defined by the Evaluation Objectives and CanMEDS-FM.”



Notes

Need more information?

The Postgraduate Program Office can be reached at:
residency@familymed.ubc.ca | 604 827 4125

postgrad.familymed.ubc.ca