

GENERAL INTERNAL MEDICINE PGY4-5 PROGRAM UNIVERSITY OF BRITISH COLUMBIA

PROGRAM REQUIREMENTS

The trainee should meet with Dr. Palepu before the program begins to plan a block-by-block schedule. Any changes in this schedule must be communicated to Dr. Palepu.

This will ensure that:

- The rotations are tailored to meet the career goals of the trainee
- Changes are approved by the Program Director, Dr. Anita Palepu
- Evaluation forms are sent to the appropriate supervisor
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MEMBERSHIP OF THE RESIDENCY TRAINING COMMITTEE

The Residency Training Committee of the UBC General Internal Medicine PGY 4-5 Program meets regularly at least four times yearly. Its function is to assist the Program Director in the planning, organization, and supervision of the program and its participants. The committee is the selection committee for the fellowship applicants. The committee includes a representative from each of the participating hospitals, and from each major component of the program. In addition, all Fellows are invited to sit on this committee. The minutes of the committee meetings are distributed to the membership.

Committee Membership

All Fellows in the Program

Program Director	Dr. Anita Palepu
Division Head	Dr. Barry Kassen
Hospital Representatives	Dr. Laura Magee Dr. Mark Robert
Research Director	Dr. Nadia Khan
Voting Members	Dr. Iain Mackie Dr. Ric Arseneau Dr. Rose Hatala
Corresponding Members	Dr. Hector Baillie Dr. Steve Wong Dr. Kevin McLeod

Contact information

Dr Anita Palepu: anita@hivnet.ubc.ca; 604-682-2344, 63194 (tel); 64-806-8005 (fax)

Ms. Betty Cristofoli: BCristofoli@providencehealth.bc.ca; 604-682-2344, 68668 (tel)
Program Administrative Assistant

REQUIRED ROTATIONS FOR THE GENERAL INTERNAL MEDICINE PROGRAM:

The Fellowship will be characterized by graded responsibility and by increasing levels of independent decision-making under supervision. The trainee will demonstrate a level of knowledge, clinical skills, technical skills, and attitudes consistent with independent consulting practice.

Training in the GIM Program will consist of:

I. Mandatory Training Requirements:

- a. Two months rotation in the community general internal medicine in a consulting practice under supervision, one of which will be in Nanaimo, British Columbia.
- b. Two months as a junior attending physician as a PGY 5, achieved through the supervision of junior residents on the general medicine CTU. The emphasis will be placed upon developing skills in teaching, administration, and consultation under faculty mentorship (additional CTU junior attending will be provided as requested)
- c. One month of Obstetrical Medicine at B.C. Women's Hospital
- d. Attendance at a longitudinal General Internal Medicine ambulatory clinic, once weekly, with a mentor approved by the Residency Training Committee
- e. One month of Critical Care Medicine
- f. One month of Cardiology (CCU or ambulatory cardiology clinic)
- g. The remaining months to be chosen from sub-specialty or other rotations as chosen in conjunction with the residency training program
- h. Two months of scholarly activity focused on a research project that will be presented at Resident Research Day and/or other appropriate venues by the end of the Fellowship training. It is also highly recommended to publish this research if possible. The research can be around quality improvement, health care delivery, medical education, basic, clinical or health services.
- i. For trainees wishing to pursue scholarly activities in their PGY 5 year, such as post-graduate degrees (e.g. MPH, MHA, MBA) or medical publishing and editing, which are in line with their career goals, adequate time will be allocated.

II. Selective Training Requirements:

A significant amount of training time will be allowed to pursue career goals in a number of tracks.

a) Medical Education

- For trainees interested in pursuing an academic career in GIM as a clinician educator, they are strongly urged to apply for a Teaching Fellowship for the PGY 5 (and possibly 6th) year. The focus of the curriculum is MD undergraduate teaching and there are financially supported opportunities to obtain certification in medical education or a Masters (two year fellowship). The Program Director will assist the Fellow in submitting a strong application. The trainee will continue with the longitudinal GIM ambulatory clinic if they are accepted into the Teaching Fellowship in their PGY 5 year.

b) Health Research

- For trainees interested in pursuing an academic career in GIM as a health researcher, they are strongly urged to apply for a Clinical Investigator Program Fellowship for their PGY 6 (and possibly PGY 7 if needed for further post-doctoral education). The Program Director will assist the Fellow in submitting a strong application. A Masters level degree is strongly encouraged for interested Fellows. The trainee will continue with the longitudinal GIM ambulatory clinic in the PGY 5 year and would utilize the remainder of the time to gain research skills through coursework, research projects.

c) Medical editing and publishing

- For trainees interested in pursuing knowledge and skills in scholarly medical publishing and medical editing in their PGY 5 year, potential opportunities for editorial involvement and contribution to *Open Medicine* and the *Canadian Journal of General Internal Medicine* exist. Editorial fellowships (6 month) at other general medical journals are also encouraged, such as *PLOS Medicine*, *Annals of Internal Medicine*, and *JAMA*.

d) Specialty clinical and technical skills

- In addition to the mandatory requirements outlined above, this will consist of training specifically chosen to prepare the trainee for clinical practice, which aligns with their career goals. Within GIM, they include Obstetrical Medicine, HIV and women's health, Addiction Medicine, Palliative Care, Peri-operative Medicine and other subspecialty experience of up to ten months. The training would also take into consideration the technical skills required for a specific community or setting, for example, dialysis, echocardiography, endoscopy, etc. to be chosen in conjunction with the Residency Training Committee.

OPERATIONAL ISSUES AND EXPECTATIONS

Longitudinal Ambulatory Clinic

The trainee will attend a half-day per week longitudinal General Internal Medicine clinic throughout the Fellowship.

- An assigned supervisor will formally evaluate the Fellow every six months and provide formative feedback every two months over the course of the two years
- The Fellow must attend the clinic each week, except when on community general internal medicine rotations outside the Lower Mainland, or on vacation or attending scholarly meetings. The trainee is responsible for notifying the clinic staff of any anticipated absences **ideally two months in advance** so that the patient bookings can be adjusted accordingly and other residents can be scheduled for the experience

Ambulatory Clinics Rotation

For rotations devoted solely to ambulatory clinics, (for example, specialty clinics), participation in a minimum of 7 half-day clinics per week is required. Exceptions can be made with the Program Director's approval, for trainees who wish to use part of their time during the block for a defined scholarly activity. It is the trainees' responsibility to identify the clinics that they wish to attend and the Program will assist with the arrangement and co-ordination of the various clinics that make up this rotation, according to their interests and needs.

Dr Palepu must approve in advance the trainee's plans for an ambulatory clinics rotation

Participation in all divisional academic activities

The resident is expected to participate in all divisional academic activities as described:

- During each of the rotations, they are encouraged to attend all of the relevant weekly Department of Medicine conferences/rounds at the hospital
- Attend all General Internal Medicine Division meetings and may be asked to present rounds at these meetings
- Present rounds during their different rotations and to present at the monthly GIM noon rounds with a case based on the previous month's rotation that includes a scholarly review of a relevant topic to GIM
- Participate in the monthly Journal Club and will be expected to present papers with critical appraisal and contextualization of the findings on a regular basis with a faculty mentor. There are numerous faculty with Epidemiological training who can mentor the trainees in further refining the skills acquired in the core internal medicine training. Emphasis will be placed on high level interpretation and contextualization.
- The trainees have Wednesday afternoons from 1-5pm as their self-study time. They may use this time in a number of ways: They can attend the core Internal Medicine academic half day for sessions that

- are relevant to their learning needs or use this time to study the content related to their current rotation or for a research project or other scholarly activity as described below.
- Practice oral exams and mini-CEX will be arranged for each resident in the spring and they are encouraged to arrange additional practice orals on their own

Scholarly Activity

During the training period, the trainee is expected to engage in a scholarly project, which may take the form of one or a combination of the following activities which are outlined here as examples:

- A health research project that can be completed during the two-year training period. Interested trainees should identify a project and a supervisor early and may use elective blocks to conduct the research. For trainees that want to pursue an academic research career, research will be a focus of their PGY 5 year
- Writing up of a case report for publication, or submission of an abstract for presentation at the Residents' Research Day, and/or one of the meetings which accepts clinical vignettes. A supervisor should be chosen. Abstract deadlines are usually four or six months prior to the meeting.
- In-depth, critically appraised review of a topic (for example, related to a case, new treatment, clinical controversy etc.), to be presented by the Fellow at Divisional Rounds. A supervising co-presenter should be chosen.
- A project related to Quality Assurance. (A supervisor should be chosen.)
- The Fellow may also elect to enroll in courses in scholarly activities presented by Universities, health care forums etc.

Evaluation

The trainee will be evaluated in a number of ways:

In-Training Evaluation Reports (ITER)

Formative and summative evaluation of the trainee's performance takes place during mandatory and elective rotations. Evaluation from the rotation supervisor at the end of each rotation will include assessment of knowledge, clinical skills, communication skills, teaching skills and attitudes such as responsibility, patient relationships, and interprofessional relationships. It is the trainee's responsibility to ensure that the supervisor completes the evaluation form on Webeval within two weeks after end of the rotation. The Fellow should seek feedback from the supervisor prior to the end of the rotation as well.

Semi-Annual ITER

The trainee will meet with the program director at six-month intervals, to discuss the evaluations and progress, or earlier, in the case of borderline or unsatisfactory evaluations. The Program Director is responsible for collating evaluations received

from the rotations into a summative semi-annual ITER at mid-year and at the conclusion of the academic year.

Final In-Training Evaluation Report

The FITER is prepared by the Program Director in the final months of the PGY4, based on all assessments in the file.

Other assessment

The Fellow's teaching skills will be evaluated on at least two formal presentations at Divisional rounds, feedback from junior housestaff and medical students, evaluation during Jr. Attending rotations

Performance on the Royal College exams and the American Board of Internal Medicine exams

The Fellow is expected to evaluate each rotation in writing on WebEval. These evaluations may be done anonymously.

Leave policies

Vacation

As per the PARBC contract, each trainee is entitled to 4 weeks of vacation, in addition to time off during the Xmas-New Year break

Notify Betty Cristofoli **at least** 2 months in advance of your vacation schedule to ensure patients are not booked for you and that the rotation supervisor is aware

Conference

Each trainee may have 5 working days of leave for the purpose of attending educational conferences. Additional time may be provided if the trainee is presenting at the meeting. Conferences must be approved by the Program Director. These must be planned **at least** 2 months in advance to ensure that patients are not booked and that the rotation supervisor is aware. The Ministry of Health has allocated \$1530.00 per resident for scholarly activities and costs for the fiscal year.

Examination

Each trainee is allotted 2 days leave for the written RCPSC examination and 2 days for the oral examination. The rotation supervisor must be informed in advance as above.

On call Responsibilities

This varies from service to service and all rotations are expected to adhere to the PARBC contract. It is recognized that valuable clinical experience is gained by being on call during their rotations. There is no standard "on-call" for the PGY4 and PGY5 trainees.

Appeal Mechanism

- The training program follows the procedures outlined by the UBC Faculty of Medicine Postgraduate Education Office. In terms of evaluation, the resident must make their appeal in writing to the program director and it must document the perceived error in process. The Program Director and the RTC will review the appeal and determine whether the appropriate process for an evaluation had been followed. The RTC may involve the Associate Dean Equity as an independent arbitrator.
- If the appeal is successful, a new evaluation will be performed, which will be signed by the resident and placed in his/her file. The appealed evaluation will be removed and destroyed.
- If the appeal is denied, the evaluation will be judged appropriate and valid, and will be placed in the residents file.

Counseling for stress and personal problems

The program director is available and with an “open door” policy.

The residents have other more “arms length” options they can contact and include:

- Employment Assistance Program from PAR BC
- Physician Health Program of BC: Dr. Paul Farnan is the contact and his number is 604-742-0746. This is a confidential service and he can access a broad range of other services as needed.
- Student Health and their “Wellness program”
- The PGME Dean’s Office. 604-875-4834 or sivrun@postgrad.med.ubc.ca

At UBC we have an Associate Dean of Equity, Dr. Lori Charvat. Her contact is lcharvat@equity.ubc.ca or via 604-827-3664. This office is arms length from the programs and residents can go there for confidential advice.