

***Orientation and Information for the Respiratory Training Program:
(updated June 25, 2010)***

- 1. The Program Director-Karen Rimmer. The purpose of the PD is to be sure that the residents meet ALL expectations of training of the RCPSC and achieve their personal career goals. Use her often and whenever the need arises to meet these goals!***
- 2. RCPSC dictates 2 years of training of which 18 months must be clinical (includes PFT rotations). 20% of training must be in the outpatient area. A minimum of 2 and a maximum of 6 months must be completed in each of the areas of sleep medicine and ICU. The remainder of the training is flexible and at the discretion of the RTC such that all goals and objectives of training are met.***
- 3. Both general and rotation specific objectives are posted on the website (www.respiratorymedicine.ca). The general objectives should be reviewed at the onset of training and periodically during the 2 years. The rotation specific objectives MUST be reviewed at the beginning of each rotation as the evaluation is based on these objectives.***
- 4. Schedules are posted on the website. The longitudinal clinics are to run like a REAL office. If you must cancel a clinic or change a clinic or are away on holiday, you MUST let your secretary know well in advance.***
- 5. Your feedback. There are a number of mechanisms for feedback. This is YOUR program and your feedback will strengthen it both for yourselves and for future trainees. Feedback can be given in several ways: a) at resident/ PD monthly meetings b) at RTC meetings c) 6 monthly to the ombudsman at a formal interview d) via preceptor and rotation feedback forms which should be sent to***

the ombudsman (Dr. Elizabeth MacKay) for collation 6 monthly e) directly to the PD or other RTC member at any time.

- 6. Evaluations. ITERS should be done before leaving each rotation and face to face feedback received. It is the responsibility of the resident to be sure that this occurs. If you are having any trouble realizing this expectation-let the PD know! Evaluation forms are on the website and can easily be printed off anywhere.*

You are also evaluated in Dec/Jan each year with a written exam and in May/June with an OSCE and oral exam. These exams are very helpful as a self evaluation process, as preparation for the “real” exams and as a means for the PD to evaluate the program- ie. Deficiencies of knowledge.

- 7. Call. The call expectation is 1:3-4 call taken from home (ICU and thoracics may require 1:3). This includes the inpatient rotations, ICU, and Thoracic Surgery. You are not expected to take call during clinic blocks, PFT blocks and many of the elective blocks. You are not to do any more than 8 days call in any block (this includes extra extender shifts). The maximum number of extender shifts per month is 3 unless you have specific permission from the PD to do otherwise. You do receive call stipends and these should be submitted to the program secretary at the end of each block.*

- 8. Meetings. Generally the total for conferences each year is \$2500. The expectation is that you attend ATS, ACCP or ERS. Additional funds are available if you are presenting at more than one meeting. There is competitive funding to attend CHEST. .*

- 9. Rounds. It is mandatory to attend the Friday morning x-ray and academic rounds except when on an ICU rotation. City Wide Journal Club is mandatory. You are expected to present at academic rounds 1-2 times a year at a level that will educate your colleagues (attendings). Sleep rounds are attended when on a sleep*

rotation or according to interest. Airway inflammation rounds are strongly recommended. Site based journal clubs should be attended dependent on site of training.

- 10. Procedures.** *You are expected to keep a “procedure” diary throughout your training. This should include a patient sticker, procedure, indication, complications, sampling performed, diagnosis. This will be reviewed at your 4-6 monthly private interviews with the PD.*
- 11. Research.** *Richard Leigh is the research liaison for the residents. You should meet with him within 2 months of onset of training and then as needed to achieve the research expectation. The expectation of the program is that you perform clinical or basic research that is suitable for presentation at a major meeting and preferably publishable.*
- 12. Holidays.** *You may take 4 weeks of vacation a year. During this time you are not expected to complete the COWS. Holidays should be booked in advance with as much notice as possible given to the program secretary, Jo-anne Maurett (joanne.mauratt@albertahealthservices.ca) Jo-anne should know where you are at all times...which rotation, which meeting, on holiday etc. If you are taking days off for any reason (including sickness), you must let her know.*
- 13. COWS. “CASE OF THE WEEK”** *This is an important educational activity of the program and serves to expose you to a wide range of imaging, clinical problems, and pathophysiology. It also functions as an exam preparation and as a self assessment tool. The case is e-mailed to you on Monday with a response expected by Friday-to the PD. These should be fun-not stressful! Spend no more than 30 minutes on this exercise. Remember that the PD has read all kinds of fantasy when reviewing these, so nothing will come as a surprise and you will learn much (as does she when preparing these!)*

14. Courses. *There are 2 courses which are on alternate years. Both are mandatory and material missed while away should be “made up”. One is a basic physiology course and the other is the “fellows course” which covers a broad range of topics and CANMeds competencies. There are also other shorter “courses”- eg. bronchoscopy into, pleural procedure hands on session.*

15. Fellows teaching. *The fellows recently committed to formalized teaching of the rotators when they are the inpatient rotations. This is intended to be 1 hour per week. We have tentatively chosen Wednesday for this activity. It is not intended to be “power point pretty”. Examples: approach to PFTs, Approach to clinical problems: recurrent pneumonia, hemoptysis, interstitial lung disease etc. This can be done in a very interactive way and in a case based format.*

CXR library. *It is our intention to provide a “film library” to the rotators on pulmonary in the near future. To this end, we are now collecting films to put in this library. The list will be provided by the PD and compiled by her...you just need to send the name and ID and reason for sending to her.*

16. Time conflicts. *Welcome to the real world! You will find the fellowship busy and will find that commitments conflict at times. This is to be expected. This is part of the “manager” function! You will learn to juggle these commitments as a matter of course. If you have too many “balls in the air” and need some help...contact the PD for help and negotiation with some of the people demanding your time.*

17. Longitudinal clinics. *This is one of the most exciting areas of your training. You will be expected to attend this weekly clinic supervised by a single preceptor each week unless you are on holiday or on an ICU rotation. You must get formal feedback from your preceptor every 6 months. You are expected to arrange and attend all procedures/tests that may arise as a result of this activity.*

The bookings will be done by booking clerks and secretaries with whom you will work closely.

18. Personal stresses. *Subspecialty training is a demanding and sometimes stressful time. There are many avenues for support and help should you have difficulty during your training. In addition, if you ever feel threatened/harassed you need to inform the PD or another selected individual that can help you. The PD is your first line of help, but sometimes you may not wish to approach her. All the members of the RTC are there to help you and you can approach any member that you feel comfortable speaking with. Remember that Elizabeth MacKay is our Ombudsman external to our division. She has been a valuable and confidential resource in the past. You will find other resources available through the University, AMA and Calgary Health Region – see the website for contact information for these resources*

19. RTC members. All residents. *Karen Rimmer, Elizabeth MacKay, Dina Fisher, John Chan, Bob Cowie, Stephen Field, Chris Mody, Candice Bjornson, Andre Ferland, Richard Leigh, Sachin Penharkar.*