



UBC Respiratory Medicine Postgraduate Training Program

Policy and Procedure

MISSION

The Residency Training Program of the Division of Respiratory Medicine, University of British Columbia, is committed to providing high quality specialist training through leadership, mentorship and scholarship in education, clinical care, and research.

The Program subscribes to the principle that medical practice is an art and profession as well as a science. The Program respects and nurtures the values and personal qualities that are considered fundamental to the physician's role as healer, advocate and professional. We expect that all candidates completing our Program will receive Royal College Certification in Respiratory Medicine.

We, the members of the Respiratory Division, including our Fellows in training, will work with all our partners to provide the highest possible standard of excellence in patient care, teaching and research. We will pursue this mission while emphasizing open communication and ethical behavior, and while recognizing that it is a privilege to provide responsible and innovative stewardship of human, financial and all other resources. We will always:

- respect the dignity, individuality and needs of our patients,
- strive to discover new knowledge that will advance state-of-the-art care,
- ensure effective and innovative teaching of our students,
- optimize our organization to promote both professional and personal fulfillment,
- value the efforts and achievements of teams and individuals who work to face the challenges of modern medicine.

These activities will ensure the respect of our peer organizations and recognition as a world-class Division of Respiratory Medicine.

PROGRAM OVERALL GOALS

At UBC, we are committed to training physicians who will ultimately be serving our population. Residents in our program are expected to demonstrate clinical and academic excellence, exceptional interpersonal and teamwork skills, research experience, and a sense of responsibility and dedication to the profession. Residents are expected to be active community members and demonstrate balance as evidenced by engagement in volunteer, extracurricular or other types of activities.

The overall goal of the UBC Respiratory Medicine Training Program is to train and develop fully qualified and competent consultant respirologists who are ethically and morally sound, who dedicate themselves to the highest standards of medical practice, and who contribute to the career-long provision of total patient care. The specific functioning of the Residency Training Program and Competence Committee are available for review (see RTC Terms of Reference; see CC Terms of Reference and Guideline for Decision Making).



PROGRAM OVERVIEW

The philosophy of the training program emphasizes the importance of the Fellow assuming a progressive increase in responsibility for patient care during training, with the expectation that during the last months of training the Fellow will essentially function as a junior consultant.

Practically speaking, the sequence of training rotations will vary, and the individual Fellow's program will be tailored in consultation with the Program Director to meet that individual's needs and aspirations. When feasible, Service rotations at VGH and SPH are concentrated in the first six months to ensure that Fellows get up to speed quickly in their subspecialty and again in the final six months in preparation for the Royal College exams.

Administratively, the Division of Respiratory Medicine functions within the Department of Medicine. The current UBC Head of the Division is Dr. Chris Carlsten and Drs. Diane Lacaille, Andrea Townson and Teresa Tsang are the Co-Acting Heads for the Department of Medicine. The current Program Director is Dr. Victoria J Cook. VGH Site Director is Dr. Jay Johnston and SPH Site Director is Dr. Janice Leung. Dr. Chris Ryerson is Head of SPH Respiratory Medicine and SPH Morbidity and Mortality Lead. Dr. Eve Beaudoin is the VGH Morbidity and Mortality Lead, as well as medial lead for T12.

The Program Director is responsible for the day-to-day administration of the residency training program and chairs the Respiratory Training Program Committee (RTC). The Program Director also sits on the Competence Committee, and represents the program at PGME and at the Royal College. The RTC includes a broad range of representatives from each teaching hospital across all levels of clinical and academic faculty including community representatives, as well as two Fellows – the chief resident and a representative from first year. Regular meetings of the RTC are held quarterly. The Chief Resident and first year representative also attend these meetings.

GOALS AND OBJECTIVES

The Program conforms closely to all of the requirements of the Royal College of Physicians and Surgeons of Canada that relate to specialty training (e.g. OTR, STR) in Respiratory Medicine and, indeed, these objectives are incorporated into our Program goals and objectives.

Furthermore, the Program endorses the recommendations of the CanMEDS 2005 Physician Competency Framework, and is striving to incorporate these principles into every aspect of the training program. We also embrace the updated CanMEDS 2015 Framework (see CanMEDS 2015 OTR Special Addendum) as it rolls out over the next few years in the context of competency based medical education (CBME).

We are currently working closely with UBC, the Royal College and other Respiratory training programs across the country towards implementation of Competence by Design, scheduled for July 2020.

The relevant documents can be found at:

CanMEDS Competency Framework

www.royalcollege.ca/rcsite/documents/canmeds/canmeds-full-framework-e.pdf



Competency By Design Initiative

www.royalcollege.ca/rcsite/cbd/competence-by-design-cbd-e

Royal College OTR Addendum;

<http://www.royalcollege.ca/cs/groups/public/documents/document/ltaw/mtmx/~edisp/rcp-00131203.html>

Royal College Subspecialty Training Requirements

www.royalcollege.ca/rcsite/documents/ibd/respirology_adult_str_e.pdf

General objectives for respiratory medicine set by the Royal College of Physicians and Surgeons

<http://www.royalcollege.ca/rcsite/documents/ibd/respirology-adult-otr-e>

OBJECTIVES OF UBC TRAINING PROGRAM

The specific objectives of the training program are to ensure that the trainees have expertise in all aspects of clinical respiratory medicine, physiology, biochemistry, molecular biology, epidemiology, and procedural skills outlined in the Specific Objectives for Respiratory Medicine set out by the Royal College of Physicians and Surgeons of Canada.

The specific objectives of the UBC Training Program will be met by the following:

1. All trainees will be expected to attend for each of their two years of training the annually held University credit course in Lung Pathophysiology (Medicine 560).
2. All trainees will be expected to attend for each of their two years the organized sessions on the imaging of the respiratory system run in conjunction with the Department of Radiology and complete a one month rotation in Pulmonary Radiology. They will be expected to be able to interpret conventional chest roentgenograms, as well as computed tomographic studies of the lung.
3. The trainees will be expected to attend in each of their two years the organized sessions run on the measurements of lung function and the interpretation of lung function tests. They will complete a rotation directly supervised by a faculty member with special expertise in physiology and methodology of pulmonary function. They will be expected to know how to set up a pulmonary function laboratory in which measurements of spirometry, subdivisions of lung volume, gas transfer, bronchial responsiveness, exercise capacity and pulmonary mechanics are measured.
4. Trainees will be expected to attend in each of their two years the organized sessions on clinical respiratory topics, research and CanMEDs topics during academic half day.
5. The trainees will be expected to develop the skills necessary to be a consultant respiratory physician. This will be accomplished by seeing new consults referred to the respiratory services at the two teaching institutions and reviewing of these consultations with faculty members.
6. Trainees will be expected to learn the techniques required for fiberoptic bronchoscopy, transbronchial biopsy, transthoracic needle aspiration and where available, pleural biopsy and



ultrasound. They will be expected to perform between 100 and 150 bronchoscopies and as outlined in the procedural aims of the program, will be expected to keep a log of their procedures.

7. Trainees will be expected to attend all organized clinical rounds held at the different participating institutions and to participate in these organized sessions which are designed to teach the interpretation of chest roentgenograms and the correct methods of diagnosis and management of patients with respiratory disease.
8. Trainees will be expected to have a working knowledge of pulmonary pathology. This will be accomplished by attending in each of their two years the organized teaching sessions on lung histology held in conjunction with the Department of Pathology.
9. The trainees will be expected to be able to assess the respiratory literature, both clinical and experimental studies. This will be accomplished by attending in each of their two years the organized journal clubs held at different institutions during AHD, and reviewing and presenting 1-2 journal articles each year.
10. The trainees will be expected to develop an approach to the outpatient management of patients with a variety of respiratory disease. This will be accomplished by having the trainees arrange and attend their longitudinal clinic, under the supervision of the faculty and complete two one-month rotations solely addressing ambulatory care.
11. Respiratory trainees will be expected to be familiar with the management of patients on ventilators in intensive care units and with common respiratory problems in the ICU (eg. nosocomial pneumonia). Trainees will spend a minimum period of two months in an intensive care unit at one of the participating institutions (VGH and/or SPH) in conjunction with the organized training program in critical care medicine at the University of British Columbia.
12. All trainees will be expected to attend the organized sessions on ventilatory management organized with the help of the respiratory therapy department of the teaching institution. These will consist of didactic and practical sessions and are completed during the ICU rotation.
13. Besides developing detailed knowledge of and experience in the investigation of patients with suspected bronchogenic carcinoma, trainees will be expected to learn the options for long term management of such patients. This will be accomplished by having the trainees complete a four week rotation at the BC Cancer Agency.
14. Trainees will be expected to gain experience in the management of patients who have the pulmonary complications of HIV/AIDS.
15. Trainees will be expected to develop expertise in the diagnosis, investigation and management of patients with respiratory sleep disorders.
16. Trainees will be expected to develop expertise in the latest techniques for the diagnosis, treatment and follow-up of patients with pulmonary tuberculosis and their contacts, as well as latent TB infection. This can be consolidated during a one month tuberculosis rotation elective.
17. Trainees will be expected to be familiar with acute problems during hospitalization and with the long-term follow-up of adults with cystic fibrosis



18. The trainees will be expected to conduct, under supervision of individual faculty members, clinical or basic science research/QI projects during their fellowship and elective research rotation(s). An attempt will be made to individualize the trainee's research training in conjunction with their career aspirations. Individuals whose aim is to be primarily a practicing chest physician will be involved in clinical studies/QI, whereas those whose aim is to become a clinician scientist will be involved in more depth with clinical epidemiologic and/or basic studies. All trainees will be expected to learn the principals involved in medical investigation including hypothesis development, experimental design, data analysis, the writing of abstracts and manuscripts, and the skills to critically review the medical literature. Scheduled teaching of research design occurs in the Academic Half-Day.
19. Trainees will not be expected to have extensive knowledge covering pediatric respiratory disease except as it relates to the development of adult disease. This can be facilitated by a one month rotation at the BC Children's Hospital under the supervision of a paediatric respirologist.
20. Trainees will have elective opportunities in Thoracic surgery. Fellows will attend in the operating room and assist in thoracic surgery cases. Fellows will have responsibility for admitting and working up patients under the supervision of the thoracic surgeons and thoracic fellow/clinical associate (if available), and following patients post-operatively.
21. Trainees will also experience community –based practise through a mandatory community rotation. Clinical experiences will include inpatient consultations and bronchoscopy. There may also be opportunities for outpatient clinical experience – this will be site-specific. Fellows will be involved in pulmonary function and cardiopulmonary exercise testing interpretations. This rotation will also afford the staff an opportunity to assist those Fellows interested in a community based respiratory practice with career planning.
22. Associated educational experiences may include weekly Respiratory Noon Rounds, bi-monthly physiology/ pathophysiology didactic sessions and monthly clinical-radiology-pathology rounds.
23. Trainees will be expected to gain experience in the management of patients with pulmonary hypertension
24. Trainees will be expected to be familiar with acute problems during hospitalization and with the long-term follow-up of patients pre and post lung transplant
25. Trainees will be expected to present at UBC Respiratory Rounds at least once during their fellowship

****Further details related to the UBC Respiratory Medicine Postgraduate Training Program can be found in the UBC Respiratory Medicine Training Program Manual.**