**Covid-19 Mitigation Strategy Proposal**

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| **Is a unique and required educational experience, which is not available in your home province?** | |
| No  Yes  Please provide rationale: |  |

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| **Please indicate your Covid-19 mitigation strategy below:** | |
| Please clearly indicate your plan to minimize Covid-19 transmission upon arrival.  Please clearly indicate how many days you will self-isolate and how. |  |

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| **Please indicate the relevant Program Director (Refer to the table below)** | | |
|  | | |
| **Signatures of Approval:** | | |
| **Name** | **Date** | **Signature** |
| **Program Director:** Click here to enter text. | Click here to enter text. |  |
| **UBC Division Head** Click here to enter text. | Click here to enter text. |  |

**Please send your completed proposal (including the mitigation strategy and the elective proposal) to the Program Director. If approved the Program Director will obtain a signature from the Division Head. The Program Director will send the final approved proposal to the appropriate Division Administrator**

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| **Program Directors and Contacts** | | | | |
| **Site** | **Specialty** | **Program Director** | **Contact** | **Email** |
| BC Cancer Agency | Interventional | Dr. Lam | Dr. Lam | slam2@bccancer.bc.ca |
| SPH | Asthma | Dr. Dorscheid | Dr. Ryerson | chris.ryerson@hli.ubc.ca |
| SPH | COPD | Dr. Van Eeden | Dr. Ryerson | chris.ryerson@hli.ubc.ca |
| SPH | Cystic Fibrosis | Dr. Quon | Dr. Ryerson | chris.ryerson@hli.ubc.ca |
| SPH | General- Respiratory | Dr. Ryerson | Deb Howe | RespiratorySecretary@providencehealth.bc.ca |
| SPH | Interstitial Lung Disease | Doctors Wilcox and Ryerson | Dr. Ryerson | chris.ryerson@hli.ubc.ca |
| SPH | Interventional | Dr. Shaipanich | Dr. Ryerson | chris.ryerson@hli.ubc.ca |
| SPH | Pulmonary complications of HIV | Dr. Leung | Dr. Ryerson | chris.ryerson@hli.ubc.ca |
| VGH | Asthma | Dr. Bergeron,  Dr. Carlsten  Dr. Brigham | Dr. Bergeron,  Dr. Carlsten  Dr. Brigham | [Celine.Bergeron@vch.ca](mailto:Celine.Bergeron@vch.ca)  [christopher.carlsten@ubc.ca](mailto:christopher.carlsten@ubc.ca)  epfeil1@mail.ubc.ca |
| VGH | Chronic Home Ventilation Program | Dr. Road | Dr. Road | [Jeremy.Road@vch.ca](mailto:Jeremy.Road@vch.ca) |
| VGH | COPD | Dr. Road | Dr. Road | [Jeremy.Road@vch.ca](mailto:Jeremy.Road@vch.ca) |
| VGH | General- Respiratory | Doctors Carlsten and Johnston | Julianna Shipanoff | [julianna.shipanoff@vch.ca](mailto:julianna.shipanoff@vch.ca) |
| VGH | Interstitial Lung Disease | Dr. Khalil | Dr. Khalil | nkhalil@mail.ubc.ca |
| VGH | Interventional | Dr. Myers | Dr. Myers | renelle.myers@vch.ca |
| VGH | Lung Transplant | Dr. Levy | Dr. Levy | Robert.Levy@vch.ca |
| VGH | Occupational Lung Disease | Dr. Carlsten | Dr. Carlsten | christopher.carlsten@ubc.ca |
| VGH | Pleural Disease | Dr. Ryan | Dr. Ryan | Frank.Ryan@vch.ca |
| VGH | Pulmonary Hypertension | Dr. Swiston | Dr. Swiston | swiston@mail.ubc.ca |
| VGH | Sleep disordered breathing | Dr. Fleetham | Dr. Fleetham | [john.fleetham@vch.ca](mailto:john.fleetham@vch.ca) |
| VGH | Tuberculosis Ward based at VGH | Dr. Johnston | Dr. Johnston | [james.johnston@bccdc.ca](mailto:james.johnston@bccdc.ca) |

**Proposal for Postgraduate Resident Elective**

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| This document serves as a proposal to do a Postgraduate Resident Elective with Respiratory medicine.  Thank you for your interest in doing an elective in Respirology at UBC. Please let us know your preferred dates (block) and site(s). You do have the option to choose between VGH and SPH to complete your elective. We will attempt to accommodate site preference, but it may not be possible to grant all requests.    If you would like to pursue an elective at VGH please email Julianna Shipanoff at [Julianna.shipanoff@vch.ca](mailto:Julianna.shipanoff@vch.ca)  For electives at SPH please email the form to [RespiratorySecretary@providencehealth.bc.ca](mailto:RespiratorySecretary@providencehealth.bc.ca)  **Although the elective in respirology will mainly be inpatient work, for your reference, these sites have the following specialty clinics:**     |  |  | | --- | --- | | **VGH**  <https://www.thelungcentre.ca/> | **SPH**  <http://pacificlung.ca/specialty-clinics> | | Pulmonary transplantation | Cystic Fibrosis | | Pulmonary hypertension | Difficult asthma | | Chronic home ventilation program | Pulmonary complications of scleroderma | | Occupational lung diseases | Pulmonary rehabilitation | | Tuberculosis | Sarcoid | | COPD | COPD | | Asthma | Asthma | | Interstitial lung disease | Interstitial lung diseases | | Lung cancer | Allergy and Immunology | | Pleural diseases including interventional bronchoscopy | Immunodeficiency-related lung disease | |  | Lung cancer / pleural disease |   Please fill out your proposal below and send it to the appropriate coordinator, they will work with you to try to facilitate your elective. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Basic Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | |  | | | | | | First Name: | | | |  | | | | | | | | | | | | | |
| Date of Birth (m/d/yy): | |  | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| City/Province: | |  | | | | | | Postal Code: | | | |  | | | | | | | | | | | | | |
| Cell Phone: | |  | | | | | | Email: | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Canadian Citizen | | |  | | Permanent Resident (Landed) | | | | | |  | | | | | | | | | | | | | |
| Foreign Resident (please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | | | | | | | | | | | | | | |  | No |  | Yes (country) |  |
| Did you receive your medical degree outside of Canada? | | | | | | | | |  | No |  | | | Yes (country) | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current University Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| University Name: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Program: | | |  | | | | Resident Level: | | | | | |  | | | | | | | | | | | | |
| Program Phone: | | |  | | | | Program Email: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this your first postgraduate elective with the University of British Columbia? | | | | | | | | | | | | | | | |  | | No | |  | | | Yes | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UBC Elective Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your elective general Respirology or a Specialized mentorship? | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Training Site: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Preceptor Name: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Preceptor Phone: | | | | |  | | Preceptor Email: | | | | | | | |  | | | | | | | | | | |
| **Please propose three elective dates below:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date (m/d/yy): | | | | |  | | End Date (m/d/yy): | | | | | | | |  | | | | | | | | | | |
| Start Date (m/d/yy): | | | | |  | | End Date (m/d/yy): | | | | | | | |  | | | | | | | | | | |
| Start Date (m/d/yy): | | | | |  | | End Date (m/d/yy): | | | | | | | |  | | | | | | | | | | |
|  | Canadian Citizen | | |  | | Permanent Resident (Landed) | | | | | |  | | | | | | | | | | | | | |
| Foreign Resident, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |  | No |  | Yes (country) |  |
| Is your proposed elective longer than 6 months?  No  Yes  Please List any academic time off (e.g. academic half day) or other clinic services that will prevent you from being on service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For Admin: Funding source for employer verification (Visa) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

**Next steps**

1. Please submit this entire proposal package to the relevant Program Director via email. Please cc the appropriate Administrator when you submit your package:
   1. VGH please email Julianna Shipanoff at Julianna.shipanoff@vch.ca
   2. For electives at SPH please email the form to [RespiratorySecretary@providencehealth.bc.ca](mailto:RespiratorySecretary@providencehealth.bc.ca)
2. If approved the Program Director will obtain a signature from the Division Head. The Program Director will send the final approved proposal to the appropriate Division Administrator.
3. If your proposal is accepted, you will receive a confirmation letter verifying the dates of your elective, your preceptor and your jobsite.
4. Please complete the UBC Application for Post Graduate Electives found here :

Canadian Residents: <https://postgrad.med.ubc.ca/prospective-trainees/postgraduate-visiting-electives/>

International : <https://postgrad.med.ubc.ca/prospective-trainees/postgraduate-trainees/>

This process will include:

* 1. Letter from your Program Director stating agreement to this elective with contact information.
  2. Letter from your preceptor stating agreement to this elective with contact information. Applications submitted without preceptor contact information will not be approved.
  3. [Online Payment](https://med-fom-vrcf.sites.olt.ubc.ca/) of the $100.00 nonrefundable administration fee. **Payment must be received prior to your application being processed**. Please submit a copy of your receipt with your application.
  4. You can contact the Postgraduate Training Program at [pgme.electivesandfellows@ubc.ca](mailto:pgme.electivesandfellows@ubc.ca)

You can also find additional information regarding Residency positions, Clinical Fellowships, or Postgraduate Traineeships at our website: [www.med.ubc.ca/postgrad](http://www.med.ubc.ca/postgrad).

1. If your application is approved by the PGME Office you will require an educational license from the [College of Physicians and Surgeons of British Columbia (CPSBC)](https://www.cpsbc.ca/) in the postgraduate (Resident Elective) class. It is the applicant’s responsibility to apply for the license and meet the CPSBC criteria for licensure.
   1. The college should contact you regarding next steps to acquire your license. More information can be found here: <https://www.cpsbc.ca/for-physicians/registration-licensing/applying/postgraduate/trainees>
   2. Upon receipt of that email, the College will mail the resident-elective an application package with further instructions. The package includes:
      1. application form
      2. consent to a criminal record check form
      3. Medical Identification Number for Canada (MINC) form
      4. checklist
      5. certificate of professional conduct information sheet
      6. English language proficiency requirements information sheet
   3. Once all the above steps have been completed, the resident-elective must contact the College. They may be eligible for expedited processing but if not, they must arrange an appointment. All original documents (passport, medical degree, etc.) must be brought to this appointment. Registration will be granted at that time and must be done prior to your elective start date. Alternatively, you may be able to send these documents with a notarization by way of registered mail, prior to your arrival in Vancouver.
   4. For information regarding educational licensing, please contact The College of Physicians and Surgeons of British Columbia: ph: 604.733.7758, ext. 2267, or visit their website: [www.cpsbc.ca](http://www.cpsbc.ca).