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Residency Program Committee

The Residency Program Committee (RPC) is the nucleus committee that provides oversight to the Respiriology Training Program. The Program Committee is comprised of Faculty and Resident members. The Program Director serves as the chair of the committee and is the liaison with the Division Director, the Divisional Executive Committee and the Research Advisory Committee.

The program committee shall consist of the following members:

- Program Director (chair of the committee)
- Education Site Directors: University-Health Network-Mt. Sinai Hospital, St. Michael's Hospital, Sunnybrook Health Sciences Centre
- Evaluations Coordinator
- Academic Half Day Coordinator
- Chief Resident (selected by Program Committee)
- Year 1 Representative (elected by peers)

Subcommittees

Promotions Sub-Committee

- Program Director
- Education Site Directors
- Evaluations Coordinator
- Chief Resident (if requested to participate by residents)

This sub-committee meets twice per year following February and May RPC meetings to review resident performance and complete FITERs. This sub-committee also develops and implements remediation plans when necessary.

Admissions Sub-Committee

- Program Director
- Division Director
- Education Site Directors (3)
- Evaluations Coordinator
- Academic Half Day Coordinator
- Research Advisory Committee Chair
- General Faculty Representatives (4)
- Chief Resident
- Year 1 Representative
- 2 Current Residents

The Program Director, Education Site Directors, Chief Resident meet electronically in September to review applicants and decide which candidates to interview. The Admissions Sub-Committee meets on interview day in October to interview and rank candidates.

Teacher Evaluation Sub-Committee

- Program Director
- Division Director

This sub-committee meets in September to review teacher evaluations and decide if any faculty development or other action is required. The Program Director reports back to the Program Committee in an anonymous fashion (where possible).

Responsibilities of the Residency Program Committee Members

The RPC is responsible for the overall operations of the 2-year residency program in Adult Respiriology. This includes the global function of providing the environment, mentorship, and experiences necessary for each resident to complete the objectives of the training program.

The RPC meets 6 to 8 times per year, but additional communication with committee members frequently occurs via e-mail.

Specific responsibilities of the RPC include the following:

Training Program Design

- Develop and evaluate a program curriculum based on CanMEDS competencies and in accordance with standards of accreditation, as set forth by the Royal College of Physicians and Surgeons of Canada
- Conduct regular review of the various facets of the program, including individual rotations
- Conduct regular review of resident feedback
- Collaborate with the Research Advisory Committee to facilitate scholarly activity in the program

Applicant Selection

- Develop and implement best practices in applicant selection
- Participate in file review, interviews, and ranking of candidates

Resident Evaluation and Promotion

- Conduct twice yearly review of individual resident performance, in order to ensure that each resident is advancing appropriately in the program
- Complete RCPSC FITERs

Remediation

- Develop formal and informal remediation plans when necessary
- Evaluate remediation outcomes

Assessment of Teacher Effectiveness

- Conduct annual review of teacher effectiveness (Teacher Evaluation Sub-Committee)

Program Committee Members 2019-20

Program Director, Chair	Dr. Christopher Li	lic@smh.ca
UHN/MSH Representative	Dr. John Thenganatt	John.Thenganatt@uhn.ca
SMH Representative	Dr. Anju Anand	AnandA@smh.ca
SHSC Representative	Dr. Harvey Wong	Harvey.Wong@sunnybrook.ca
Evaluations Coordinator	Dr. Harvey Wong	WongHa@smh.ca
Academic Half Day Coordinator	Dr. Shane Shapera	Shane.Shapera@uhn.ca
Chief Resident	Dr. Alina Blazer	alina.blazer@mail.utoronto.ca
Year 1 Representative	Dr Nermin Diab	Nermin.diab@mail.mcgill.ca

People in the Program

Residents 2019-20

Year 1	
Dr. Fatima Alfaraj	Alfaraj_fatimah@hotmail.com
Dr. Eric Carelli	Carelli.eric@gmail.com
Dr. Nermin Diab	Nermin.diab@mail.mcgill.ca
Dr. Chris Kawala	kawalac@gmail.com
Dr. Nicky Kraus	Nicky.kraus@mail.utoronto.ca
Dr. Jesse Lu	jailuolu@gmail.com
Year 2	
Dr. Laura Budd	lbudd3@me.com
Dr. Erica Merman	erica.merman@utoronto.ca
Dr. Ahmed Abdelbasit	abdelbas@ualberta.ca
Dr. Colin Adams	colin.j.adams@gmail.com
Dr. Alina Blazer	alina.blazer@gmail.com
Dr. Eunice Cho	eunice.cho@mail.utoronto.ca
Dr. Daniel Marinescu	daniel-costin.marinescu@mail.mcgill.ca

Educational and Administrative Leads

Division Director	Dr. Douglas Bradley	douglas.bradley@utoronto.ca
Division Administrator	Ms. Rhiannon Davies	rhiannon.davies@utoronto.ca
Resident Research Director	Dr. Jane Batt	jane.batt@utoronto.ca
Journal Club Advisors	Dr. Matthew Stanbrook, Dr. Anju Anand	m.stanbrook@utoronto.ca AnandA@smh.ca
Academic Half Day Seminar Series Coordinator	Dr. Shane Shapera	Shane.Shapera@uhn.ca
Introduction to Respiriology Course Coordinator	Dr. Matthew Binnie	matthew.binnie@uhn.ca
Bronchoscopy Course Coordinator	Dr. Harvey Wong	WongHa@smh.ca
Practice Exam Coordinator	Dr. Harvey Wong	WongHa@smh.ca
Procedural Skills Curriculum Lead	Dr. Harvey Wong	WongHa@smh.ca
Portfolio Coordinator	Dr. Ambrose Lau	Ambrose.Lau2@uhn.ca
Quality Improvement Faculty Advisor	Dr. Kieran McIntyre	McintyreK@smh.ca

Hospital Division Heads

UHN/MSH/WCH	Dr. John Granton	john.granton@uhn.ca
SMH	Dr. Elizabeth Tullis	TullisE@smh.ca
SHSC	Dr. Anu Tandon	Anu.Tandon@sunnybrook.ca
WCH	Dr. Jakov Moric	jakov.moric@wchospital.ca
WPHC	Dr. Roger Goldstein	Roger.Goldstein@westpark.org

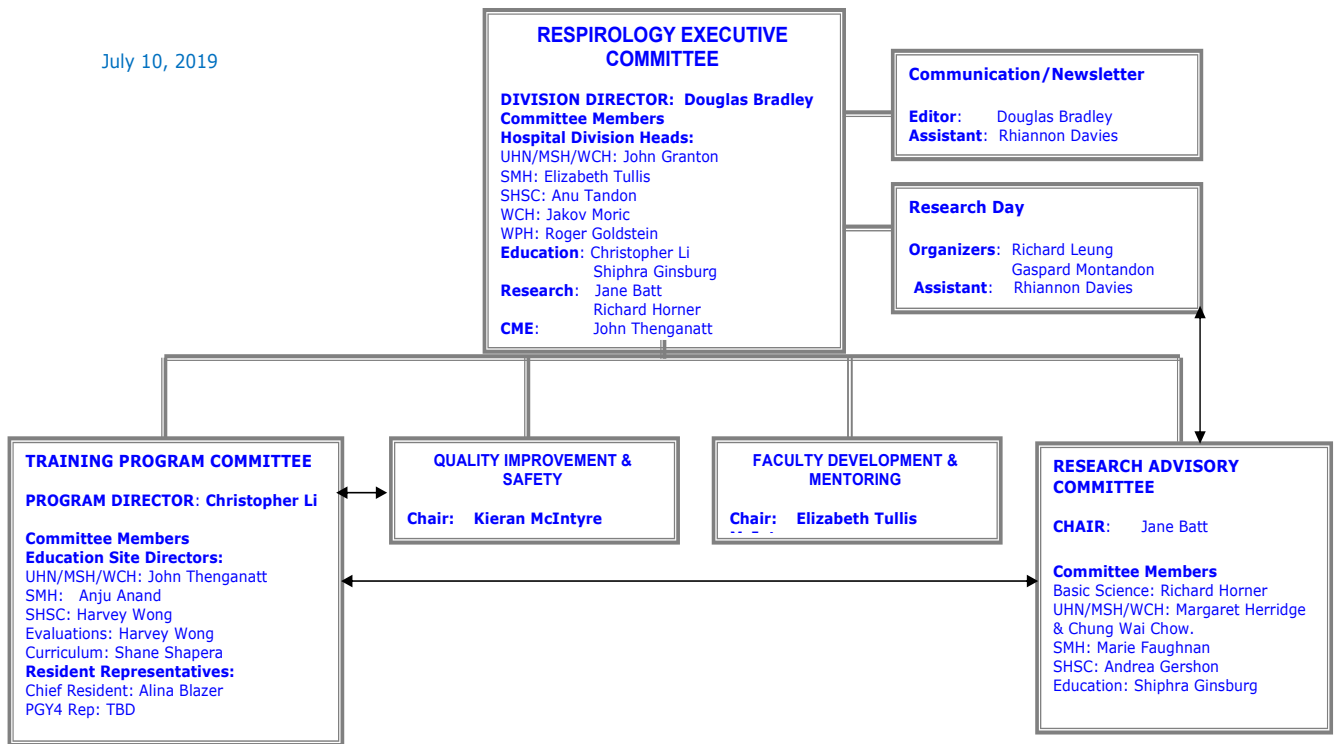
Rotation Coordinators

Toronto General Hospital	Dr. John Thenganatt	John.Thenganatt@uhn.ca
St. Michael's Hospital	Dr. Anju Anand	AnandA@smh.ca
Sunnybrook Health Sciences Centre	Dr. Harvey Wong	Harvey.Wong@sunnybrook.ca
Toronto Western Hospital	Dr. John Thenganatt	John.Thenganatt@uhn.ca
Thoracic Surgery	Dr. Michael Ko	MKo@stjoestoronto.ca
Lung Transplant	Dr. Cecilia Chapparo	Cecilia.Chaparro@uhn.ca
Physiology and PFT	Dr. Richard Leung	richard.leung@utoronto.ca
Sleep Medicine	Dr. Clodagh Ryan	Clodagh.Ryan@uhn.ca
ICU (TGH)	Dr. Ghislaine Doufle	ghislaine.doufle@mail.utoronto.ca
ICU (SMH)	Dr. Alberto Goffi	GoffiAI@smh.ca
ICU (MSH)	Dr. Christie Lee	CLee3@mtsinai.on.ca
Community Respirology (TEGH)	Dr. Markus Kargel	Markus.Kargel@tehn.ca
Community Respirology (Trillium, Credit Valley Site & Mississauga Sites)	Dr. Puja Sahni	puja.sahni@medportal.ca
Community Respirology (Etobicoke)	Dr. Max Huang	huangmax33@gmail.com
PH-ILD	Dr. John Thenganatt	John.Thenganatt@uhn.ca
TB/NTM	Dr. Nick Vozoris Julie Seemangal	VozorisN@smh.ca SeemangalJ@smh.ca
Women's College Hospital	Dr. Jakov Moric	jakov.moric@wchospital.ca
Interventional Pulmonary Medicine	Dr. Kasia Czarnecka	Kasia.Czarnecka@uhn.ca
Occupational Lung Disease	Dr. Aaron Thompson	ThompsonAa@smh.ca
West Park	Dr. Roger Goldstein	Roger.Goldstein@westpark.org
Thoracic Radiology	Dr. Taebong Chung	taebong.chung@uhn.ca
Oncology	Dr. Andrea Beziak	Andrea.Beziak@rmp.uhn.on.ca
Thromboembolism	Dr. Anne McLeod	Anne.mcleod@sunnybrook.ca
Allergy/Immunology	Dr. Christine Song	songc@smh.ca
Pathology	Dr. David Hwang	David.Hwang@uhn.ca
Pediatric Respirology	Dr. Melinda Solomon	melinda.solomon@sickkids.ca
Cystic Fibrosis	Dr. Anju Anand	AnandA@smh.ca
Hereditary Hemorrhagic Telangiectasia	Dr. Marie Faughnan	FaughnanM@smh.ca

Division of Respirology Administrative Structure

The Divisional Administrative Structure is outlined in the diagram on the following page.

You will note that the Residency Program Committee (“Training Program Committee”) reports to the divisional Executive Committee (including the Division Director), and interacts with Quality Improvement and Safety and the Research Advisory Committee.



UNIVERSITY OF TORONTO DIVISION OF RESPIROLOGY ADMINISTRATIVE STRUCTURE

Communicating in the Program

As a resident in the program, your voice is important. The program values the feedback from residents and utilizes resident opinions in making changes to improve the program.

Your feedback is collected in a variety of ways:

1. You have 1 on 1 meetings with the Program Director every 6 months, at which time your feedback on rotations and the program in general are solicited.
2. You have 1 on 1 meetings with the Division Director on an annual basis, at which time you may provide additional feedback on the program.
3. You will complete Rotation Effectiveness Scores on each rotation you complete, and provide Teaching Effectiveness Scores on your supervisors in the program.
4. The Program Director will meet with the resident group periodically to get additional feedback.
5. You will complete an anonymous year-end survey on various facets of the program.
6. Your resident representatives (Chief Resident, Year 1 Representative) will bring forward your feedback to the Program Director and the Residency Program Committee.

The Residency Program Committee carefully considers the feedback and incorporates this information in the continuous process of quality improvement in the program.

In addition to the 6 monthly meetings with the Program Director, you are welcome to arrange additional meetings on an as-needed basis, to discuss progress in the program, any concerns you have about the program, wellness issues, or career planning.

You can reach the Program Director by email (lic@smh.ca) or by mobile phone at 416-400-4119.

At St. Michael's Hospital and Sunnybrook Health Sciences Centre, you will receive a site-specific email address for communicating with staff and other residents regarding patient care (University of Toronto email addresses and personal email addresses are not secure for patient-related communication). You are not given an email address at the UHN. You can direct communications to either your St. Michael's or Sunnybrook addresses, or you may also get a secure ONE Mail email account for clinical communications (for more information go to www.ehealthontario.on.ca). The benefit of the ONE Mail account is that it is not linked to a specific hospital, and you can continue to use it throughout and beyond residency. It is free; you must provide your CPSO number when signing up.

Resident Safety Policy

The Division of Adult Respiriology at the University of Toronto recognizes that Residents have a right to a safe environment during their training. Safety relates to promotion and protection of Residents' physical, psychological and professional well-being. This policy applies to all Residents within the Adult Respiriology Program rotating through core training sites within the University of Toronto as well as to elective training sites.

A. Responsibilities of the Resident:

1. It is the responsibility of the Resident to:

- a. comply with this safety policy and with safety policies at each individual training site;
- b. communicate without delay any concerns regarding Resident safety to the site coordinator and the Residency Program Director; and,
- c. provide input on safety issues through rotation evaluations, the Residency Program Committee and directly with Program Director.

2. It is the responsibility of the Residency Training Program to:

- a. provide and encourage an atmosphere that is safe for Resident training;
- b. provide each trainee with a copy of this policy;
- c. provide all faculty with a copy of this policy and ensure that they understand its implications; and,
- d. immediately address all safety issues expressed by Residents, continually monitor adherence to this policy and update the policy as issues arise.

B. Safety domains:

1. Psychological safety:

- a. Residents are entitled to a training environment that is free of intimidation, harassment and discrimination;
- b. Residents should report any instances of abuse, intimidation, harassment or other kinds of unprofessional behaviour to the Program Director. In turn, this information will be handled confidentially by the Program. If the resident is not comfortable bringing this information to the Program Director, multiple other pathways (both within and outside the program) exist for reporting such behaviour (see Appendix);
- c. When a Resident's work performance is affected by health or psychological conditions, appropriate supports should be provided at a Program, Department and University-level and a leave of absence may be provided. The Resident should only be allowed to return to work after approval from an appropriate physician;
- d. Residents should be aware of and have easy access to help with health and psychological issues, substance abuse problems, and intimidation and harassment issues. Sources may include the Resident Wellness Office, Postgraduate Medical Education, University of Toronto and the Physician Health Program at the Ontario Medical Association. PARO maintains a toll free number listed on PARO's website which offers Residents assistance in interpreting guidelines and adhering to University and Hospital policies on intimidation and harassment. The University of Toronto maintains university-wide policies on Sexual Harassment (available at <http://www.utoronto.ca/sho/>) and Diversity Issues and Religious Observances (available at <http://www.governingcouncil.utoronto.ca>).

2. Physical safety:

- a. Residents should exercise judgment when deciding to drive in severe or inclement weather for clinical activities. If Residents cannot take home call because of weather concerns, appropriate on-call facilities should be made available to them;
- b. Residents should not drive when sleepy. If the Resident is post-call and feels that driving is unsafe, the Resident should either take public transit or a taxi. The Resident will be reimbursed by the Training Program for additional transportation costs incurred under these circumstances;
- c. Call rooms and lounges provided for Residents must be clean, smoke-free, located in safe locations, and have adequate lighting, a phone, fire alarms, and smoke detectors. Any appliances supplied are to be in good working order. There must be adequate locks on doors;
- d. Residents are expected to follow Ontario laws with respect to electronic devices when driving and should use only hands-free devices when answering pages or phone calls with respect to patient issues;
- e. Residents are not expected to work alone in after-hours clinics;
- f. Residents are not expected to make unaccompanied home visits;
- g. Residents are not expected to call patients without the ability to block their phone number;
- h. Residents are not expected to walk outside at night while on call to parking lots or other hospital properties without security services;
- i. Site orientations should include review of local safety procedures;
- j. Residents should not be expected to deal with violent or aggressive patients without appropriate security services. Any such encounter should take place in a spacious room, which facilitates easy exit;
- k. Residents should be required to keep all immunizations up to date;
- l. Residents must observe universal precautions and isolation procedures when appropriate; and
- m. Residents should familiarize themselves with the location of the Occupational Health Office at the beginning of each rotation. Specifically the Resident must be aware of protocols to deal with exposure to blood-borne pathogens, isolation, needle stick injuries and other infectious diseases.

C. Professional work environment:

- a. Residents may experience conflicts between their religious and ethical beliefs and training requirements or their professional obligations as a physician. Residents should be aware of resources to help deal with these conflicts including hospital ethicists, the Postgraduate Medical Education Office, University of Toronto and the College of Physicians and Surgeons of Ontario;
- b. The Program must adhere to PARO guidelines with respect to religious holiday allowances;
- c. Residents should have adequate support from the Program after adverse events or critical incidents;
- d. The Resident is entitled to a Program that promotes a culture of safety in which Residents are able to report and discuss adverse events, critical incidents, near misses, or

patient safety concerns without fear of retribution, punishment or ridicule;

e. All discussion about Residents at the Resident Program Committee or Resident Evaluation Committee must be confidential. Committee members must not divulge information about individual Residents;

f. The Program Director will only disclose information about Residents outside of the Resident Program Committee when there is reasonable cause; the Resident file is otherwise confidential. Access to the Resident file is permitted only when written consent is provided by the Resident;

g. The Program must handle complaints and feedback from Residents in a confidential fashion. To the extent possible, anonymity will be maintained in regular teacher and rotation evaluations. However, it may be impossible to maintain anonymity in cases such as breaches in professionalism, that require a thorough and fair investigation. Only those who need to be involved to investigate or provide information will be informed.

Occasionally a complaint may arise that is severe or may suggest a threat to other Residents. In these situations, the Program Director may be obligated to deal with the threat against the wishes of the complainant. The Program Director will contact the Postgraduate Medical Education Office immediately for advice, and other authorities such as the College of Physician and Surgeons of Ontario may need to be involved on a case-by-case basis;

h. The Program Director will provide guidance and act as an advocate for the Resident through any complaint process;

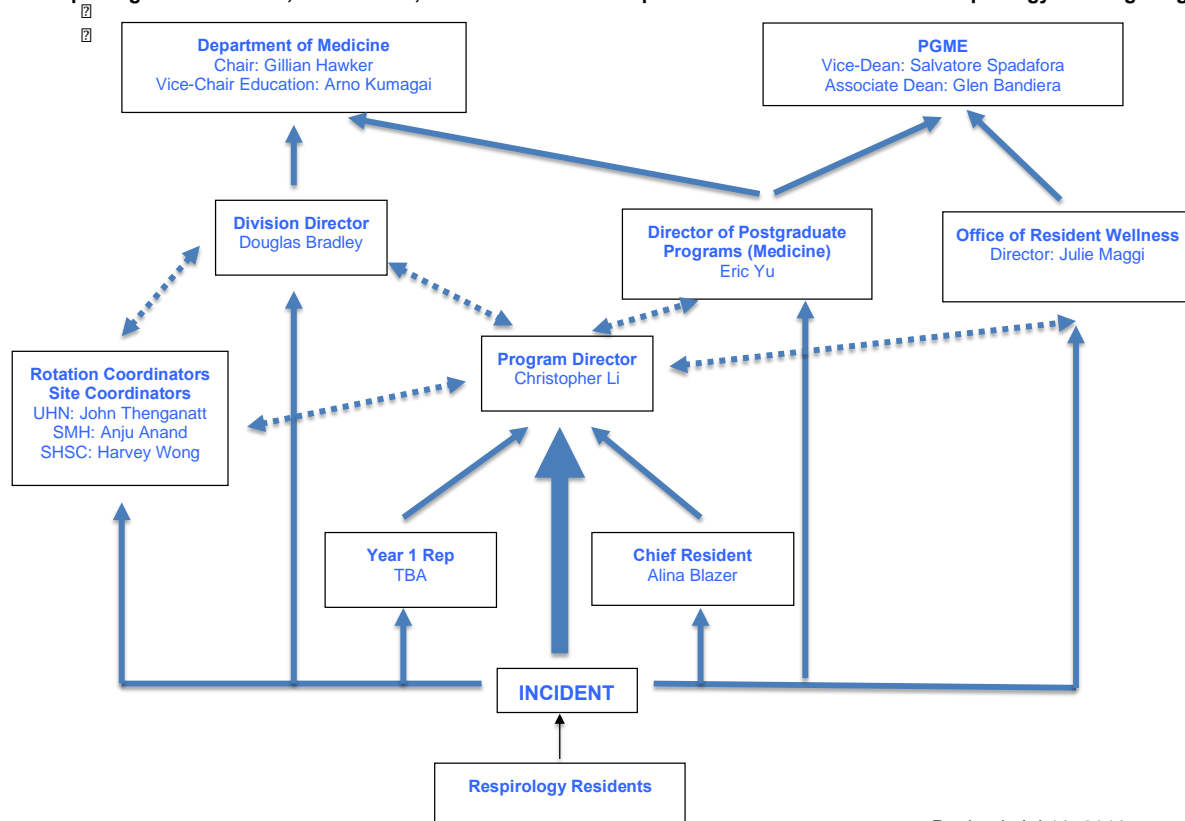
i. Residents will be members of the Canadian Medical Protective Association and follow recommendations in the case of any real, anticipated or threatened legal action; and

j. Residents must use caution with respect to confidential personal and patient information, and exercise good judgment and professional behaviour when using social media. This includes adherence to hospital policies regarding to electronic transmission of patient information and encryption of electronic devices.

**University of Toronto Respiriology Training Program
Resident Safety Policy**

Appendix

Reporting of Intimidation, Harassment, and Other Kinds of Unprofessional Behaviour in the Respiriology Training Program



Revised: Jul 10, 2019

Intimidation and Harassment

In addition to the Division-specific pathway for reporting Intimidation and Harassment, there is an additional set of University of Toronto PGME Guidelines for Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education

http://pg.postmd.utoronto.ca/wp-content/uploads/2016/08/PGMEGuidelinesAddressIntimHarassUnprofessBehaviour_PGM EACHUEC_Mar2016.pdf

Mentorship and Career Counseling

Mentorship and career counseling are standing items at each Program Director meeting. Depending on your interests, the Program Director will direct you towards additional faculty members for more specific counseling. Your annual meetings with the Division Director are an additional opportunity for linkages and career counseling.

You should seek out opportunities for mentorship and career counseling during your rotations. During the course of their training, most of our residents form natural mentorship relationships with supervisors while on clinical rotations. For many, the longitudinal clinic in the PGY-5 year becomes a very helpful mentorship relationship. The Program Director will discuss mentorship relationships with you at your regular 6-monthly meetings. If you have not been able to form mentoring relationships, the Program Director will facilitate one.

More senior residents and recent graduates can be a good source of information on fellowships and recruitment, and a list of these individuals is maintained on the divisional website. Hospital division heads are also a good resource with respect to job opportunities.

Over the course of your time in the program, you will attend a variety of educational activities on transition to practice. In our academic half-day there is a yearly billing seminar, and the CanMEDS conference has an annual component on developing a career in both community and academic settings.

Practice Ontario is a free career-planning service for postgraduate medical residents created by HealthForceOntario Marketing and Recruitment Agency (HFO MRA).

Postgraduate trainees can connect with a personal career advisor called a Regional Advisor (RA). Their role is to assist all areas in Ontario to reach their physician recruitment and retention goals, and to work closely with all medical schools in the province to provide personal job-search assistance and career advice to medical residents. They can help you:

- explore locum and permanent job opportunities available throughout Ontario from urban to rural settings.
- with résumé preparation.
- arrange visits to and interviews with potential employers.

Practice Ontario support is available by e-mail, telephone or face-to-face consultation. For personal appointments, your advisor can meet you at the time and location of your choice: on campus, your training location or even at a local coffee shop.

For more information, go to:

http://www.healthforceontario.ca/en/M4/Practice_Ontario

Stress and Wellness

Although residency can be a very enjoyable part of your medical career, it can also be a stressful one, both personally and professionally. You will be sitting for two Royal College

Examinations in the space of about two years, and may have undergone relocations and changes in your personal circumstances in getting to this point.

It may be helpful to discuss stress and wellness issues with the Program Director, and you can expect to be asked about your well-being and the need for any coping resources as a standing issue at your 6 monthly meetings. Wellness issues can sometimes affect a resident's performance in the program and it is important for your Program Director to know if such issues are present, so that the appropriate supports can be instituted.

PARO Resources

PARO has a 24 hour confidential help line: 1-866-HELP-DOC, and also maintains a roster of family physicians who can see residents.

OMA

There is a physician health program at www.phpoma.org
This includes a confidential, toll-free help line: 1-800-851-6606 as well as some on-line resources.

PGME

PGME Office of Resident Wellness offers assistance with finding a family physician, short term supportive psychotherapy, and workshops on stress management.

<http://www.pgme.utoronto.ca/wellness.htm>

Overall Goals and Objectives

The goal of the Respiriology Training Program at the University of Toronto is to train effective and compassionate consultants in Respiriology. The program is designed to provide trainees with a strong grounding in general Respiriology, with the opportunity to develop a focused area of specialized expertise. Our program emphasizes the development of not only exemplary clinical skills, but also the scholarly skills to succeed in an academic career.

The following are overall goals of our program:

Medical Expert

The Respiriology Resident will:

- Function effectively as a consultant, integrating all of the CanMEDS roles to provide optimal, ethical and patient-centered medical care.
- Establish and maintain clinical knowledge, skills and attitudes appropriate to both ambulatory and inpatient Respiriology, including application of knowledge of respiratory physiology to disease states.
- Demonstrate proficiency in the performance and use of diagnostic testing in Respiriology, including pulmonary function testing, sleep testing, exercise testing, and chest imaging.
- Demonstrate skill in performing procedures related to the respiratory system, including bronchoscopy and pleural procedures

Communicator

The Respiriology Resident will:

- Develop rapport, trust, and ethical therapeutic relationships with patients and families.
- Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals.
- Convey effective oral and written information about a medical encounter.

Collaborator

The Respiriology Resident will:

- Participate effectively and appropriately in an inter-professional health care team.
- Work with other health professionals effectively to prevent, negotiate, and resolve inter-professional conflict.

Manager

The Respiriology Resident will:

- Participate in activities that contribute to the effectiveness of their health care organizations and systems, including quality improvement and patient safety initiatives.
- Manage their practice and career effectively.
- Allocate finite health care resources appropriately.

Health Advocate

The Respiriology Resident will:

- Respond to individual patient health needs and issues as part of patient care.
- Respond to the health needs of the communities that they serve.
- Identify the determinants of health for the populations that they serve.

Scholar

The Respiriology Resident will:

- Maintain and enhance professional activities through ongoing learning.
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions.
- Facilitate the learning of patients, families, students, residents, other professionals, and the public, as appropriate.
- Contribute to the development, dissemination, and translation of new knowledge and practices in Respiriology.

Professional

The Respiriology Resident will:

- Demonstrate a commitment to their patients, profession, and society through ethical practice in Respiriology.
- Exhibit appropriate professional behaviours in the practice of Respiriology, including honesty, integrity, commitment to high quality medical care, compassion, respect and altruism.
- Demonstrate a commitment to physician health and sustainable practice.

Rotation Goals and Objectives

Please see separate document

Additional Information Regarding Toronto General Hospital Rotations

UHN-MSH In-Patient Rotation Policy for when two Respiriology Residents are assigned to the rotation

The policy is based on the following principles:

- i) Residents will establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care
- ii) Residents will negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care.
- iii) Residents will exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- iv) Residents will promote a culture that recognizes, supports, and responds effectively to colleagues in need

Policy:

1. The two residents will divide the work by sites. For two weeks, one resident will have primary responsibility for MSH and PMH consults and be involved in all of the associated procedures. The other resident will have primary responsibility for ward coverage, TGH ER consults and admissions, and TGH consults, and be involved in all of the associated procedures. After two weeks, the residents will swap their responsibilities.
2. In the event of workload imbalance, the resident with the lighter workload will assist the resident with the heavier workload in completing the day's tasks.

Formal Curriculum

Introduction to Respiriology

You will attend this 3-day course, held in Toronto but supported by the Ontario Respiriology Resident Education Program (ORREP). Coordinated by Dr. Matthew Binnie, this course covers basic instruction in core topics in Respiriology, to help you quickly get up to speed. The 2017 Introduction to Respiriology will take place from July 5 to 7.

Bronchoscopy Course

This 1-day course supported by ORREP is also held in Toronto, in the simulation lab at Mt. Sinai Hospital. Dr. Harvey Wong is the course coordinator. You will learn the basics of bronchoscopy, including bronchial anatomy and basic bronchoscopic techniques with hands-on practice using simulators and models. The 2019 Bronchoscopy Course will take place on July 3.

Academic Divisional Rounds

These take place from September to June. They are held at the Toronto General Hospital Medical Education Conference Room 025/026, and are videoconferenced to all teaching sites. Rounds can also be watched via Web conference. Instructions for joining the Web conference are available on the Respiriology web site:

<http://sites.utoronto.ca/respirology/pdf/Connecting%20Technical%20Information.pdf>

Respirology Research Rounds: 1st and 4th Fridays from 8 AM to 9 AM

Sleep Rounds: 2nd Friday from 8 AM to 9 AM

Respirology Grand Rounds: 3rd Friday from 8 AM to 9 AM

Attendance is expected at Research Rounds and Grand Rounds throughout the year, and at Sleep Rounds when on Sleep rotations. There are some exceptions: sometimes an early Friday bronchoscopy during SMH rotations will preclude attendance, and there are tumour board rounds on Thoracic Surgery rotations that conflict with divisional rounds. It is also difficult to attend rounds when on ICU rotations. You are not expected to attend rounds when on vacation or on out of town electives.

The expectation is that you will attend at least 24 rounds during your two years in the program. You will be asked to document your rounds attendance as evidence of your professionalism, as part of your portfolio.

Academic Half Day Seminar Series

This runs on Wednesday afternoons from 2 PM to 5 PM, from September to June. It is coordinated by Dr. Shane Shapera. This is a 2 year curriculum. Attendance at academic half day is expected during all rotations in the program, except for out of town electives.

The sessions are generally organized into months by “themes”. Some sessions are exclusively staff-led, while others are resident-led, with a staff supervisor.

Within the academic half day is the Procedure Curriculum, which has been developed and led by Dr. Harvey Wong. This consists of a series of some Case-Based Learning (CBL) sessions and hands-on wet-lab sessions involving simulation of airway and pleural procedures.

During the PGY-5 year, you will also participate in the Co-Learning Curriculum in Quality Improvement (CCQI). This includes several sessions with instruction in Quality Improvement and participation in group project work, which usually fall on the academic half day. Our faculty lead for the CCQI is Dr. Kieran McIntyre. There is an annual QI day in June, where the PGY-5 residents will present their project work.

Journal Club

This is held monthly from September to June, usually on Thursday evenings. Attendance is an expectation of the program. Dinner, funded through a divisional sources (in accordance with University of Toronto policies on interactions with industry in postgraduate medicine) is provided. There are generally two articles critically appraised by residents for each journal club. The Chief Resident coordinates the Journal Club with the faculty supervisor, Dr. Matthew Stanbrook. In addition to the in-person discussion, our Journal Club has a novel social media component run by Dr. Anju Anand, which engages an international audience that often includes discussion with the authors of the papers being reviewed. Residents are encouraged to have a Twitter account so that they can participate in the discussion.

Your critical appraisal and the Twitter discussion should be submitted to a journal for publication.

Physiology/PFT Rotations

PGY-4 residents begin Block 1 of their residency on the Physiology and PFT rotation. This includes instruction in the technical aspects of performing basic pulmonary function testing, and on interpretation strategies.

During the Wednesday afternoon academic half day slots in July and August, there is a seminar series on respiratory physiology, taught by Dr. Richard Leung. These seminars are attended by both PGY-4 and 5 residents.

PGY-5 residents spend Block 8 of their residency on the Advanced Physiology and PFT rotation. This includes a refresher on basic pulmonary function testing, but there is a more in-depth focus on advanced testing, including cardiopulmonary exercise testing.

CanMEDS Retreat

PGY-4 and 5 residents are all expected to attend the annual Respiriology CanMEDS retreat. This ORREP event is hosted at Queen's University in Kingston. In addition to some medical expert focused sessions, there is an emphasis on teaching of non-medical expert roles, through a mixture of some large group lectures and some hands-on activities.

Funding is provided for transportation, accommodation, and meals for the retreat, which will take place September 20 (Friday) and September 21 (Saturday), 2019. Please be sure to notify your rotation supervisor in advance that you will be unavailable for clinical duties on these two dates, in order to attend this retreat.

Respirology Residents Symposium

Following the Better Breathing Conference on January 25, 2019, all PGY-4 and 5 residents are expected to attend the Respiriology Residents Symposium. This half day ORREP event, which takes place in Toronto, includes a half-day seminar series, with speakers on various topics invited by resident representatives from each Ontario program.

Respirology Research Day

This yearly, all-day event takes place in June. Residents are expected to submit an abstract to Research Day at least once during their time in the program.

Evaluations

Please take some time to familiarize yourself with University of Toronto PGME Evaluation Guidelines. The purpose of this document is:

1. To provide minimum guidelines for the assessment and evaluation practices throughout the postgraduate medical education programs in the Faculty of Medicine
2. To provide guidelines for the remediation, probation, suspension, dismissal of trainees
3. To ensure that assessment and evaluation practices are consistent with the University of Toronto

The document is available at the following link:

<http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/evaluation-guidelines/>

In-Training Evaluation Reports (ITERs)

These are to be completed by faculty for each rotation (except for the Physiology rotations). These are completed on the POWER system. The standard is for all ITERs to be completed within 30 days of the end of the rotation. You must first complete evaluations of the rotation and teachers before you can view your evaluation. Once you have reviewed your evaluation, you must sign off on the evaluation on POWER.

Rotation specific ITERs have been designed for all rotations in our program. However, all ITERs use the following anchors:

- 1 – Unsatisfactory
- 2 – Needs Improvement
- 3 – Meets Expectations
- 4 – Exceeds Expectations
- 5 – Outstanding

You will be evaluated on individual items in each CanMEDS domain, but will also be given an overall rotation evaluation.

An overall rating of “2” or less is considered a “fail” on the rotation and would lead to a process of formal remediation.

A “2” or less on an individual item, but not on the overall rotation evaluation, would be brought to the Program Director’s attention and would warrant a discussion regarding ways to address performance in these areas, typically through informal remediation. It should be noted that multiple ratings of “2” or lower, even in the absence of an overall “fail” on the rotation, may still lead to formal remediation should there be sufficient cause for concern on the part of the Residency Program Committee.

If you disagree with an evaluation and wish to pursue an appeal, you should inform the Program Director as soon as possible. The Program Director will attempt to reach a resolution with the evaluating faculty. Should a satisfactory resolution not be attained, notice of the dispute should be given in writing to the office of Dr. Salvatore Spadafora, Vice Dean Post MD, within 1 month. Appeals will be heard by the Faculty of Medicine Appeals Committee.

Practice Examinations

Physiology Quiz

At the end of your Physiology/PFT and Advanced Physiology/PFT rotations, you will have a short “quiz” so that you can assess your learning on the rotation.

University of Toronto In-Training Exam

This exam will be held in April, 2020. This is a Royal College-style practice exam consisting of 4 OSCE-style stations with a single examiner taking the resident through a scenario. The scenario may involve interpretation of tests. There is 1 unmanned station for short answer questions and 1 unmanned station for test interpretation. You should make sure you are available for this exam.

Ontario Respiriology Residents Practice Exam

This is a yearly practice written examination, which includes short answer questions and test interpretation. Following the exam is an uptake session, reviewing the answer key. The practice exam will be done at an academic half day in February 2020.

National Senior Respiratory Fellows Symposium (NSRFS)

This symposium is supported by the Canadian Thoracic Society, and takes place in conjunction with the Canadian Respiratory Conference in April. PGY-5 residents are partially funded by the program to attend (\$250 of total registration and travel costs of \$850). There is a practice written and OSCE-style examination, developed by Program Directors nation-wide.

Portfolios

This longitudinal tool, maintained throughout your residency training, enables more complete evaluation, especially of non-medical expert CanMEDS roles. Your portfolio will be reviewed by the Program Director at your regular 6-monthly meetings. Examples of tools used in the portfolio include review of dictated consultation letters from clinic (communicator), presentation log books (scholar), journal club log books (scholar), and multisource feedback (collaborator). The tool also incorporates learner reflection on aspects of clinical practice.

Dr. Ambrose Lau is our program's portfolio coordinator. You will receive an orientation session and some additional materials on the portfolio.

Procedural Skills

You will be maintaining a procedure log using a web-based program known as medsquares. You will receive log-in information from medsquares so that you can begin logging procedures. Medsquares can generate summary data, and you will also bring this to your 6-monthly program director meetings to ensure that you are on track to achieving competency.

To ensure competency, your procedural skills will be evaluated by direct observation in both clinical and lab settings. You will be required to have staff supervisors complete at least 3 Ontario Bronchoscopy Assessment Tool (OBAT) forms during rotations where you are doing bronchoscopies. In addition, one of the sessions in the Procedure Curriculum includes an Observed Standardized Assessment of Technical Skills (OSATS) evaluation, during which you will also receive feedback on your procedural skills.

Promotions in the Program

The Evaluations subcommittee will review your performance in the program annually, at the end of May. Promotion to the next level requires completion of all program requirements as outlined in the Promotions Criteria Tracking Document (see next 2 pages). You will be informed in writing of the promotions decision.

Resident Name:

Current PGY Level:

Date:

NOTES:

1. The trainee must complete all of the evaluation tools listed below to be considered for promotion to the next level
2. Failure to meet an individual performance criterion does not necessarily preclude promotion to the next level, but will be reviewed by the Evaluations Committee

Evaluation Tool	PGY-4 Requirement	PGY-5 Requirement	Comments
ITER	Overall score of at least 3 on all rotations	Overall score of at least 3 on all rotations	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	
Portfolio			
Multisource Feedback: Patient	Minimum 5 forms per year "Strongly disagree" on no more than 2 forms	Minimum 5 forms per year "Strongly disagree" on no more than 2 forms	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	
Multisource Feedback: Allied Health	Minimum 3 forms "Unsatisfactory" on no more than 2 forms	Minimum 3 forms "Unsatisfactory" on no more than 2 forms	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	
Reflections	Complete 4 per year	Complete 4 per year	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	
OBAT	Minimum 3 forms with no scores < 3	Minimum 3 forms with no scores < 5	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	

In-Training Exam	Pass at least 2/4 oral stations	Pass at least 3/4 oral stations Score at least 50% on written and radiology stations	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	
OSAT	Pass at least 2/4 stations	Pass at least 3/4 stations	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	
Physiology Quiz	Score >50%	Score >50%	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	
Research	Research proposal approved by Research Advisory Committee	Abstract on research project accepted for Respiriology Research Day	
	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	

EVALUATIONS SUBCOMMITTEE COMMENTS:

PROMOTION DECISION:

Call Requirements

Toronto General Hospital

You will be covering home call at TGH (UHN-MSH) throughout your residency. We try to maintain a call pool of 6 to 8 residents throughout the year, though in some blocks there are as few as 5 residents available for this call. “Call eligible” rotations include the following:

Toronto General Hospital General Respiriology
Toronto Western Hospital General Respiriology
PH-ILD
Oncology
Radiology
Sleep
TB/NTM
Interventional Pulmonary Medicine
Research
Community Respiriology (generally weekend call only)
Thoracic Surgery (generally weekend call only)

On weekdays, this involves non-consecutive night calls; on weekends this is day and night call. Residents have generally chosen to do Friday/Saturday/Sunday call on weekends, rather than splitting the weekend between a Friday/Sunday and a separate Saturday.

In general, long weekend call coverage falls to the resident who is on the TGH rotation at the time, though resident-to-resident trades are permitted.

The call schedule is coordinated by Dr. John Thenganatt.

St. Michael's Hospital

You may be asked to cover a weekend of call when on your SMH block. This would involve daytime coverage only.

Transplant

You will do Transplant call on this rotation and are not in the TGH call pool.

ICU

You will do ICU call on these rotations and are not in the TGH call pool.

Holiday Call

You will be assigned to one of St. Michael's Hospital (daytime only), UHN-MSH (day/night), or Sunnybrook Health Sciences Centre (daytime only) for call during the holiday period.

At Toronto General Hospital, the following call guidelines apply:

UHN-MSH Respiriology Holiday Call Coverage Guidelines

The policy is based on the following principles:

- i) Residents will promote a culture that recognizes, supports, and responds effectively to colleagues in need
- ii) Residents will establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care
- iii) Residents will negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care.

Policy:

1. The Respiriology Program Director will identify residents available for the holiday call pool.
2. The UHN-MSH Rotation Coordinator will work with the residents to develop a call schedule.
3. Each 24 hour period of the holiday call coverage will be assigned an on-call resident and a back-up resident.
4. The role of the on-call resident is to round on Respiriology inpatients, perform admissions to Respiriology, and perform consultations at TGH, MSH, TWH and PMH. The on-call resident will provide daytime in-house and night-time home call coverage.
5. The role of the back-up resident is to provide on-call coverage in the case of illness of the on-call resident. The back-up resident will also come in to perform bronchoscopies, or to assist the on-call resident in the event of heavy workload (>6 consults/admissions).
6. In some instances, the back-up resident may not be called in for bronchoscopy if the workload for the day appears to be light. This will be left to the discretion of the on-call staff physician.

Vacations

Vacation requests are subject to the terms of the PARO contract as outlined below:

11.1 Residents shall be entitled to four (4) weeks paid vacation during each year.

11.2 Vacations may be taken by housestaff at any time, but, subject to article 11.4, the timing of vacation may be delayed only where necessary, having regard to the professional and patient responsibilities of the hospital department for the time the vacation is requested.

11.3 Housestaff may request their vacation to be taken in one (1) continuous period, in one or more segments of at least one (1) week in duration, or in segments of less than one week, which request will be scheduled provided professional and patient responsibilities are met.

11.4 Requests for vacation shall be submitted in writing to the department head at least four (4) weeks before the proposed commencement of the vacation. In, addition each resident taking a certification examination in the Spring shall have until one month prior to the date of the examination to make a written request for one week of his/her vacation entitlement. Vacation requests submitted before March 1, or one month prior to the date of a certification examination, will be considered in priority to those submitted after that time. All vacation requests must be confirmed or alternate times agreed to, in accordance with Article 11.2, within two (2) weeks of the request being made. Where the hospital department rejects the vacation request, it will do so in writing and include the reasons for rejecting the original vacation proposal.

11.5 There will be no adjustment to vacation entitlement for up to seventeen (17) weeks in the case of pregnancy leave of absence and/or up to thirty-seven (37) weeks in the case of parental leave of absence. Where a resident is entitled to and takes pregnancy leave and is also entitled to and takes parental leave, there will be no adjustment to vacation entitlement for up to an additional thirty-five (35) weeks. If an employee is on pregnancy or parental leave, any accrued vacation shall be taken immediately after the leave expires, or at such later date if agreed to between the resident and the hospital.

11.6 The Hospital shall not institute policies that restrict the amount of vacation that residents can take over a given rotation, it being understood that the hospital continues to have the right to delay an individual resident's request where necessary having regard to the professional and patient care responsibilities of the hospital department pursuant to Articles 11.2 and 11.3.

Furthermore, you are entitled to educational leave as outlined by the PARO

12.1 In addition to vacation entitlement, residents shall be granted additional paid leave for educational purposes. Such educational leave, up to a maximum of seven (7) working days per annum, shall be consecutive if requested by the resident, and shall not be deducted from regular vacation entitlement. Such leave may be taken by housestaff at any time, provided only that professional and patient responsibilities are met to the satisfaction of the hospital department head.

12.2 Each resident shall be entitled to paid leave for the purpose of taking any Canadian or American professional certification examination; for example, Royal College examinations, LMCC, ECFMG, CFPC. This leave shall include the exam date(s) and reasonable travelling time to and from the site of the examination. This leave shall be in addition to other vacation or leave.

12.3

- a. Subject to operational requirements and at the request of a resident, a resident will not be scheduled for call duties for a period up to fourteen days prior to a CFPC or RCPSC certification exam.
- b. Subject to operational requirements and at the request of a resident, a resident will be granted up to seven consecutive days off during one of the four weeks preceding a CFPC or RCPSC certification exam.

Please note that vacation requests on TGH call-eligible rotations can have an impact on the viability of the call pool for that block, and on faculty staffing for the week. Earlier requests are always appreciated in this regard, especially if you have a vacation request during one of your TGH blocks. Arrangements are made for call coverage so that all residents can attend the yearly CanMEDS conference, as this is part of the core curriculum of your training program and it is expected that you will attend. We make our best efforts to ensure that residents who wish to attend the CHEST and ATS conferences can do so; however, sometimes absences must be staggered so that call coverage can be maintained.

Vacation requests should be completed using the Vacation/Educational Leave and Not-On-Call Request form (a sample of the form follows here, but it is also provided as a separate Word document for easier completion). The form should be emailed to Rhiannon Davies at respirology@utoronto.ca. The request will be sent on to the appropriate supervisor and the Program Director.

University of Toronto, Division of Respiriology Vacation/Educational Leave and Not-On-Call Request Form

Do not make firm commitments (eg. flights, reservations) without receiving email confirmation from your Rotation Supervisor AND your Program Director.

Procedure:

1. Submit vacation request forms to Respirology@utoronto.ca. They will be emailed out your rotation supervisor.
2. Final approval of all absence requests must come from your Program Director – Dr C. Li. Dr Li will only approve vacations/absences after they have been approved by your rotation supervisor during the time of the leave.
3. It is your responsibility to request Not On-Call the last Sunday of the rotation, if you are approved off the first week of the next rotation block.
4. As per PARO, all requests must be submitted **at least (4) weeks before** the proposed dates. (Preferably earlier)
5. Not-on-call requests are not part of the PARO agreement. You may submit requests; however, they are subject to approval and are not guaranteed.

Date Request Submitted (MMM DD YYYY):		
Your Name:		
Your Program: Respiriology	Your Email:	
PGY: <input type="checkbox"/> 4 <input type="checkbox"/> 5	Pager #:	
*Rotation at time of absence:	*Site of Rotation:	
Rotation Supervisor Name:		
Dates Requested:		
If Unavailable, alternate date request: <i>(Providing alternate dates reduces approval time significantly)</i>		
Type of Request:		
<input type="checkbox"/> Vacation	<input type="checkbox"/> Conference/Educational Leave	Details:
<input type="checkbox"/> Exam/ Interview	Details:	
<input type="checkbox"/> Not On-Call Request (see #3 above)	Reason:	

*Pay attention to details of your rotation site, vacation requests submitted and approved by the wrong site may not be honored.

For Office Use Only:	
SUBSPECIALTY DIRECTOR, Dr Chris Li	Date
VACATION SITE – Rotation Supervisor	Date
AMINISTRATIVE OFFICE – Respiriology	Date