

# UBC PHPM Supervisor Orientation Guide

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## Supplementary Documents

*(Located in PHPM Governance Team)*

- Annual calendar
- Rotation map
- Clinical faculty appointment instructions and application form
- PHPM Program Official Policies
- Workplace-Based Assessment Materials
- Memo: PHPM Academic Protected Time

## Program Components

The UBC PHPM program consists of learning activities and training experiences that support a trainee’s development across four stages of the [CanMEDS Competency Continuum](#): transition to discipline (junior

resident), foundation of discipline (junior resident), core of discipline (senior resident), and transition to practice (senior/fellow).

The program components that contribute to this continuum include an introduction to public health practice, academic training including research, clinical training in direct patient care, clinical training in public health practice, and elective sub-specialty training. The UBC PHPM program meets the [minimum requirements of the RCPSC](#).

Stage of Training	Program Component	Resident Role	PGY Year	Timeline
Transition to discipline	Introduction To PHP	Junior	1	2-3 Months
Foundations of Discipline	Academic Training	Junior	1	8-12 Months
Foundations of Discipline	Direct Patient Care	Junior	2	12-24 Months
Core of Discipline	Public Health Practice	Senior	3-4	18-24 Months
Transition To Practice	Elective Subspecialty	Final Year	5	6-12 Months

## Competency Based Medical Education

Competency-Based Medical Education (CBME) is an approach to physician development that moves away from overarching goals and objectives, and instead focuses on the development of competencies with measurable outcomes. It is a model designed to be adapted and restructured for each individual resident.

A given competency can be broken down into milestones achieved over the four stages of a trainee's development: transition to discipline (new resident), foundation of discipline (junior resident), core of discipline (senior resident), and transition to practice (final year resident).

CBME focuses the efforts of the learner and teacher on more visible competencies and milestones, where achievement of success is measurable. Coaching and feedback occur in the moment and in relation to specific tasks (formative assessment), rather than after a set period of time often removed from daily clinical work (summative assessment).

More information about CBME from UBC PGME and RCPSC can be found [here](#).

## Competency Curriculum

At UBC we have developed a curriculum database of competencies and milestones organized into eight core content dimensions: communicable disease, environmental health, health promotion, MHSU-harm reduction, emergency management, leadership, and health policy. Cross-cutting content dimensions including communication skills, professionalism, and advocacy.

Every competency is mapped to milestones and stage of training, each with specific learning activities and suggested methods for evaluation. These can be sorted and filtered by rotation and site to meet the needs of both supervisors and trainees. While residents will each have their own master curriculum database to track their learning activities and evaluations, it is strongly recommended that the lead faculty at each site use the database to develop a standard site curriculum that best represents learning activities and opportunities relevant to supervisor day-to-day practice.

Our Competency Curriculum v2022-23 can be found [here](#) and downloaded for reference.

## Formative Assessment of Residents

### Coaching in the Moment

Coaching in the Moment involves supervising faculty establishing rapport and setting expectations with their residents, observing the residents doing their daily work, providing coaching feedback, and documenting the encounter. Frequent observation is a key ingredient in resident learning and assessment.

### Workplace-Based Assessments

Workplace-based assessments (WBAs) are low-stakes, formative assessments of competencies or milestones that are observed in the field during public health practice. Please read the PHPM Quick Guide to WBAs and review accompanying materials.

- PHPM Guide to WBAs July 2022
- RCPSC Short Guide to WBAs 2017
- RCPSC Coaching Moments 2017

Supervisors are expected to complete WBAs using the following Qualtrics surveys:

- Practice Based WBAs: [https://ubc.ca1.qualtrics.com/jfe/form/SV\\_7VbghuLivQeHWiq](https://ubc.ca1.qualtrics.com/jfe/form/SV_7VbghuLivQeHWiq)
- Project Based WBAs: [https://ubc.ca1.qualtrics.com/jfe/form/SV\\_3UBI1kyKL7ECcrY](https://ubc.ca1.qualtrics.com/jfe/form/SV_3UBI1kyKL7ECcrY)
- Mock Oral Exam WBAs: [https://ubc.ca1.qualtrics.com/jfe/form/SV\\_4V0CbwsVGp1XY8K](https://ubc.ca1.qualtrics.com/jfe/form/SV_4V0CbwsVGp1XY8K)

## Protected Time

### Academic Half Day

- From September to June, residents are expected to attend weekly PHPM Academic Half Day (AHD) sessions, which typically take place on Friday afternoons from 12:30-4:30pm.
- During July and August, Academic Half Day sessions will be condensed into one mandatory in-person two-day course per month.
  - Resident Leadership and Wellness Retreat: July 28 and 29, 2022
  - Introduction to Public Health On-Call: August 25 and 26, 2022

### Self-Directed Learning

In addition to Academic Half Day sessions, residents may take an additional 1-3 hours per week for the completion of self-directed and independent learning activities. Time for self-directed learning should be negotiated with the resident's supervisor and should not interfere with rotation duties, wherever possible.

### Mandatory Conferences

Residents are expected to attend the mandatory conferences listed below:

- Health Officers' Council (typically held in April and October)
- PHPM National Review Conference (typically held in November)

Residents will be absent from their rotations during these conferences. Questions or concerns about the impact of conference attendance on the rotation should be raised with the Program Director.

## Chief Resident

Residents are expected to hold the Chief Resident role for 3 or 4 months during their PGY-4 or PGY-5 year. Chief Residents may request up to half a day per week protected time for Chief Resident duties. Residents are expected to notify their supervisor if they will hold the Chief Resident role during their rotation, and should collaborate with their supervisor to arrange Chief Resident duties in a way that minimally disrupts their rotation activities.

## Expectations of the Resident

- Residents are expected to consider potential learning objectives and competencies before the rotation begins.
- Residents should discuss their desired learning objectives with their supervisor prior to or at the outset of the rotation and agree on a learning plan with their supervisor.
- Residents and supervisors should collaboratively develop an 'evergreen' learning plan specific to that resident to follow over the course of the rotation.
- Residents must attend and participate in all rotation learning activities meetings and activities over the course of the workday and/or on-call, unless discussed with preceptor and approved by program where relevant (eg. protected time, sick leave, vacation etc.).
- Residents should work with their supervisor(s) to facilitate opportunities for teaching and assessment across a broad range of relevant content areas.
- Residents are expected to arrange their self-directed learning schedule in collaboration with the rotation supervisor, making every effort to ensure self-directed learning does not conflict with regular rotation activities.
- Residents must inform their rotation supervisor as soon as possible if they need to take time off for illness, and enter it into RMS or complete a PHPM Leave Form.

## Expectations of the PHPM Supervisor

- All supervisors must hold a Clinical Faculty appointment with UBC. If you do not hold a faculty appointment, please contact the Program Manager ([spph.residency@ubc.ca](mailto:spph.residency@ubc.ca)) and follow the appointment instructions in the supplementary documents
- Supervisors are expected to discuss rotation learning objectives and competencies with the resident prior to or at the outset of the rotation
- Supervisors and residents should collaboratively develop an 'evergreen' learning plan specific to that resident to follow over the course of the rotation
- Supervisors should arrange an orientation for the resident at the beginning of the rotation that includes organizational structure, important contacts, space requirements, IT needs, etc.
- Supervisors should explicitly communicate responsibilities and expectations to the resident at the beginning of the rotation, or any time the responsibilities and expectations change.
- Supervisors are expected to meet regularly with the resident (minimum twice per week) providing opportunities for learning as well as timely and meaningful feedback on resident performance (verbal and using Workplace Based Assessment e-forms)
- Supervisors should inform residents in a timely manner if they have any concerns regarding a resident's performance.

- Supervisors should schedule a mid-rotation meeting and in the last week of the rotation to review their mid and summative ITERs. These must be completed and signed off by both the supervisor and the resident within 1-2 weeks of completing rotation.
- When not available in person, the supervisor must be available by phone or pager, or ensure an alternate supervisor is available and has agreed to provide supervision.
- Please refer to the [UBC PGME Postgraduate Trainee Supervision](#) policy for additional information and detail

## Resident Service Hours & On-Call Expectations

PHPM expects and ensures that all its clinical training sites adhere to the Resident Doctors of BC [Collective Agreement](#) when scheduling resident service hours. Residents are expected to work a reasonable number of hours with due regard for sound patient care and treatment, and the educational requirements of the PHPM program.

- While specific hours will vary, a typical rotation will be scheduled Monday through Friday during business hours, averaging between 45 and 50 hours per week, not including on-call
- On-call service is typically taken overnight and on weekends one week at a time and is usually provided out-of-hospital.
  - Residents should be scheduled for call maximum one week per four-week block.

## Resident Vacation, Flex Days & Conference Days

- Resident vacation must be approved by both the rotation supervisor and the PHPM program
- Residents may take up to 2 flex days per year for unexpected personal reasons
  - Residents must notify their rotation supervisor as soon as possible when they take a flex day
- Residents may request time away from their rotation to attend educational conferences related to PHPM.
  - Residents must notify their rotation supervisor as soon as possible if they will be attending a conference.

## Summative Evaluation of the Resident

Supervisors are expected to complete two formal evaluations of the resident during the rotation. These evaluations will be administered through the [One45 platform](#). Supervisors will be notified by email when an evaluation form is ready for completion.

- Mid-Rotation Evaluation: The supervisor will evaluate the resident's progress at the mid-point of the rotation.
- End-Rotation Evaluation: The supervisor will evaluate the resident's progress at the end of the rotation. The supervisor will be prompted to identify "contributors" to the evaluation (these are individuals who have worked closely with the resident during the rotation who can provide additional insight into the resident's performance).

Supervisors are expected to discuss performance regularly with the resident and should discuss the contents of their evaluations with the resident during a one-on-one meeting.

## Evaluation of the Supervisor

Residents will evaluate the supervisor at the end of the rotation using the [One45 platform](#). Resident feedback about the supervisor is anonymous; however, rotation supervisors will be provided a summary of their feedback once at least four residents have completed evaluations.

## Evaluation of the Rotation

Residents will evaluate the rotation experience (excluding the supervisor) at the end of the rotation using the [One45 platform](#). Resident feedback about the rotation will be compiled and summarized for review by the Educational Design Committee and the Residency Program Committee once at least four residents have completed evaluations of a given rotation.

## UBC PHPM Program Contacts

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## UBC PHPM Rotation Site Contacts

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