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1. **VACATIONS**

As per PARA guidelines, residents are entitled to four weeks of paid vacation (inclusive of weekends) per academic year. Residents **must** provide advance notice to the training program, in writing, so that rotations can be scheduled accordingly. The resident **must** inform the Program Administrator of the planned vacation dates. Banking unused vacation days is not permitted without written permission from the Program Director and/or Residency Program Committee (RPC).

2. **CONFERENCE ATTENDANCE**

Resident attendance at oncology-related conferences offers valuable educational opportunities for residents to learn the latest information relevant to the practice of clinical oncology. These are venues for residents to present the results of their own research. Conferences also provide residents with the opportunity to network with other Canadian trainees and medical oncologists in anticipation of future fellowship and/or career opportunities.

**Recommended Conferences:**
1. American Society of Clinical Oncology Annual Meeting
2. American Society of Hematology Annual Meeting
3. San Antonio Breast Cancer Symposium
4. Canadian Association of Medical Oncology (CAMO)
5. ASCO Subspecialty Meetings (GI ASCO, GU ASCO etc.)

Residents are allowed maximum of seven working days per year for conference attendance and other educational activities. **Regardless of the funding source, residents are required to submit a written request to attend a conference to the RPC.** Conference days cannot be banked and used in subsequent years without written approval of the RPC.

Residents are strongly encouraged to seek external sources of funding. The RPC will provide financial support each academic year to residents to be used towards conference expenses. The monetary value will be determined at the beginning of each academic year, based on the number of residents and the financial status of the program. **Advanced approval is required for funding to be provided.** Original receipts are required for reimbursement. Funding will only be provided within a given academic year and cannot be banked for use in subsequent years.

Meal costs will be reimbursed as a per diem as per NCIC CTG policy (2014). The daily maximum reimbursement for meals is $71.30, if all meals are eligible for reimbursement (i.e. breakfast, lunch and dinner) If you are requesting reimbursement for less than a full day, reimbursement will be at the individual meal allowance (i.e. NOT the daily maximum) breakfast @ $15.60, lunch @ $14.85, and dinner @ $40.85. **Itemized receipts are mandatory.** Residents should not claim meals that were provided at the meeting or in the transportation cost. The cost of meals during the conference will be covered (within the approved amount), with the exception of alcoholic beverages.

If the resident requires greater than seven working days of conference leave, written approval from the RPC is required. Without this approval, absences will be treated as vacation time. Residents who are presenting at a conference or educational event, may be granted additional conference leave and/or additional funding **with written approval** from the RPC.

Residents who are attending a conference with funding from the RPC will be required, upon their return, to do a presentation to their fellow residents and/or the medical oncologists about information presented/discussed at the conference.
3. OTHER FUNDING

The RPC will also cover the cost for each resident's subscription to Up to Date®. Funding for textbooks is not covered by the RPC.

4. EVALUATION PROCESS

The evaluation process of residents is a continuous process which consists of multiple methods for evaluating resident progress. The specific evaluation processes are discussed in the program manual. The Residency Evaluation and Promotion Committee is a subcommittee of the Residency Program Committee. This committee consists of the Program Director, Associate Program Director and the Tumour Site Co-ordinators for the major rotations. This committee meets twice per year to review resident progress and make decisions about resident promotion. The Program Director and Associate Program Director will then meet individually with each resident to discuss their progress and promotion. A written summary of this meeting is provided to the resident to review and sign. A copy of this is then kept in the resident file.

Any deficiencies identified during a rotation should be discussed with the resident at the time of their mid- and end-of-rotation evaluations, with the rotation coordinator. Opportunities to correct the deficiency should be provided to the resident. If at the end of the rotation, continuing deficiencies are noted, these should be brought to the attention of the Program Director who will discuss these directly with the resident. If the deficiencies are minor, the resident and Program Director will discuss strategies for the resident to address them. If major deficiencies are noted, remedial time may be recommended. The Medical Oncology Residency Training Program abides by the Remedial Policy developed by the Office of Postgraduate Medical Education. (http://www.med.ualberta.ca/Library/Documents/Education/PGME/remedial_policy.pdf)

Residents will be asked to evaluate each rotation and each preceptor with whom they work. This is an important activity in maintaining the quality of the training program. Completion of these evaluations is mandatory and must be done in a timely fashion (within 8 weeks of completing a rotation). The RPC can choose to withhold conference funding for residents who do not complete these evaluations in a timely fashion.

5. APPEALS MECHANISM

The resident has a right to appeal the decision about their evaluation or promotion. Grounds for appeal would include:

a) The resident believes there were extenuating circumstances unknown to the Program Director or RPC that may have had a bearing on the resident's performance and subsequent evaluation.

b) The resident believes that all factors relating to their performance were not considered or there is additional evidence not known to the RPC.

If a resident chooses to appeal their evaluation, the first route of appeal is to the Program Director who will then bring this forward to the RPC. A written appeal outlining the residents concerns should be provided. If the resident does not feel that the situation has been appropriately dealt with then the next route of appeal is to the Academic Appeals Committee of the Faculty of Medicine and Dentistry. Specifics of this appeal process can be located on the Office of Postgraduate Medical Education website. (www.med.ualberta.ca/Home/Education/Policies/appeals.cfm)
6. RESIDENT RESOURCES

The Program Director and all members of the Residency Program Committee are committed to assisting residents in successfully completing their residency. All members of the RPC have an open door policy and are happy to meet with residents at any time. We strive to make residents feel comfortable in approaching us with any concerns, either professional or personal.

If a resident feels that they need professional services (e.g., medical, psychological, substance abuse etc.) and do not feel comfortable approaching either the Program Director or members of the RPC, the Office of Postgraduate Medical Education has a list of resources available to residents. These include names of physicians and counselors, who are willing to accept residents as patients, The Resident Well-Being Committee, the Office of Learner Advocacy and Wellness and the Physician and Family Support Program through the Alberta Medical Association. A list of the resources can be located at the Office of Postgraduate Medical Education website in the Resident Resource Handbook.

(www.med.ualberta.ca/Library/Documents/Education/PGME/handbook.pdf)

7. HARASSMENT AND INTIMIDATION

The Medical Oncology Residency Training Program at the University of Alberta has a zero tolerance policy for harassment and intimidation by faculty, other residents, other healthcare personnel or administrative support personnel. Our program abides by the Harassment and Intimidation Policy developed by the Office of Postgraduate Medical Education.

www.med.ualberta.ca/Library/Documents/Education/PGME/harassment_policy.pdf

8. RESIDENT SAFETY POLICY

1. Introduction

This policy applies to all residents and clinical fellows overseen by the Residency Program Committee in Medical Oncology at the University of Alberta. This policy is effective as of August 1, 2010.

This policy is complementary to the Occupational Health and Safety Policy of the Office of Postgraduate Medical Education.

2. Background

All residents have the right to a safe environment during their training. The responsibility for providing this is the joint responsibility of the Postgraduate Office of Medical Education, the Residency Training Committee in Medical Oncology at the University of Alberta, Alberta Health Services, the Department of Oncology, staff and residents.
3. The following policies apply to residents’ activities related to the execution of residency duties:
   a) Physical Safety
      - residents are not expected to work alone, after hours in health care or academic facilities without adequate support
      - residents are not expected to make house calls
      - residents are not required to assess a patient alone if they feel their physical safety is threatened
        - in the event a resident feels unsafe they can ask for additional support from security personnel, nursing staff, or preceptors before assessing the patient
      - residents on home call who need to return to the hospital should not drive if they are too fatigued
        - the resident can take a taxi with the costs reimbursed by the training program
      - residents must observe universal precautions and isolation procedures when indicated
      - residents working in areas where there is risk of exposure to cytotoxic agents or radiation need to familiarize themselves with the appropriate safety policies and procedures
      - residents should familiarize themselves with the location and services offered by Occupational Health and Safety including policies and procedures for exposure to contaminated fluids, needle stick injuries and reportable infectious diseases

   b) Psychological Safety
      - there is a zero tolerance policy for intimidation and harassment by faculty, other residents and other health care and administrative support personnel.
      - residents subjected to intimidation and harassment should report this immediately to the Program Director, a member of the RPC or the Office of Postgraduate Medical Education
      - the Medical Oncology Residency Training Program abides by the Postgraduate Medical Education Office Policy on Intimidation and Harassment ([www.med.ualberta.ca/Library/Documents/Education/PGME/harassment_policy.pdf](http://www.med.ualberta.ca/Library/Documents/Education/PGME/harassment_policy.pdf))

   c) Professional Safety
      - all residents are encouraged to have personal malpractice insurance coverage through the CMPA

4. Procedures in Event of a Breach of Policy

Any resident who experiences a breach in the policy should report this to the Program Director and/or RPC. The RPC has the authority to remove a resident from an environment deemed to be unsafe. Other resources available to the resident are the Chief Resident, Office of Postgraduate Medical Education, Resident Well-Being Committee and Office of Learner Advocacy and Wellness. If appropriate, the safety concern will be reported to the Office of Postgraduate Medical Education, the Divisional Director for Medical Oncology or the Chair, Department of Oncology.
9. CALL DUTIES

There is no mandatory call during the PGY4 year. Residents do have the opportunity to do physician extender call, at the Cross Cancer Institute, for which they will be paid. In order to participate in this call, approval from the Program Director and/or RPC is necessary. The frequency and timing of calls should be chosen such that it does not have a negative impact on education, and must abide by the terms of the PARA contract. The Program Director has the discretion to forbid physician extender calls if he/she feels it is having an adverse impact on the resident’s education.

During the PGY5 year, residents are required to participate in a Junior Staff Call rotation (described in the Program Manual). Residents will take call from home for one week at a time, with a preceptor on call as backup. They are expected to do six, one-week call rotations during their PGY5 year. The residents will be the first point of contact for in-house residents, nurses and outside physicians. They are also required to round on medical oncology inpatients on the weekend days.

NB: According the the current PARA contract, residents are not permitted to do more than 3 consecutive days of home call. At the request of the medical oncology residents, a waiver of this policy has been granted to allow residents to be on call one week at a time. **This waiver needs to be re-issued annually.** If residents do not wish to request this waiver, then the structure of the call rotation will be adjusted accordingly, to ensure residents to meet the requirements of the training program.

10. CHIEF RESIDENT ROLE

The choice of chief resident is made by the residents. All senior residents have the opportunity to take on this role. It is up to the residents to determine whether they wish to have a single resident take on the role of chief for the entire academic year, or if they wish to divide the role up among interested residents.

The role of the chief resident is as a representative and advocate for the residents, as well as an assistant to the Program Director. Their tasks include:

1. To assist the Program Director in ensuring the well-being of all residents in the training program.
2. Organizing the schedules for Resident Rounds, Rotating Resident Teaching Sessions, M&M Rounds and Journal Club. The Chief Resident will ensure presenters are scheduled and the AV equipment is available for presenters.
3. Co-ordinating case presentations with residents and visiting speakers.
4. Organizing the junior staff call rotations for senior residents.
5. Resident representative on the Cross Cancer Institute Code Blue Committee and Medical Committee.
6. Contact person and resource for rotating residents and medical students.
11. RESIDENCY PROGRAM COMMITTEE TERMS OF REFERENCE

1. The role of the Residency Program Committee (RPC) is to assist the Program Director in the planning, organization and supervision of the training program. These duties include:

   1.1 development and operation of the program such that it meets the General Standards of Accreditation and the Specialty Specific Standards of Accreditation for Medical Oncology.

   1.2 providing opportunities for residents to attain all competencies as outlined in the Objectives of Training for Medical Oncology.

   1.3 selection of candidates for admission to the program.

   1.4 evaluation and promotion of residents in the program in accordance with policies determined by the Postgraduate Medical Education Committee.

   1.5 maintenance of an appeal mechanism:

       - the RPC will receive and review appeals from residents
       - if necessary, the RPC will refer the matter to the Postgraduate Medical Education Office

   1.6 establishment of mechanisms to provide career planning and counseling for residents.

   1.7 establishment of mechanisms to deal with problems, such as those related to stress.

   1.8 an ongoing review of the program to assess the quality of the educational experience and to review the resources available in order to ensure that maximal benefit is being derived from the integration of the components of the program (see below).

       - the opinions of the residents must be considered in this review
       - appropriate faculty/resident interaction and communication must take place in an open and collegial atmosphere so that free discussion of the strengths and weaknesses of the program can occur without hindrance

       - the review must include:

           i. an assessment of each component of the program to ensure educational objectives are being met
           ii. an assessment of resource allocation to ensure that resources and facilities are being organized with optimal effectiveness
           iii. an assessment of the teachers in the program

2. The RPC will meet at least quarterly, at the call of the chair and minutes from each meeting will be kept.
3. The RPC will consist of:
   i. Program Director who will act as Chair of the RPC
   ii. Associate Program Director
   iii. representatives from each major component of the training program.
      - Tumour Site Representatives: Breast, GI, GU, Malignant Hematology, Lung
      - Other: Palliative Care, Hematology, Radiation Oncology
   iv. at least one elected resident representative
   v. an identified faculty member with responsibility to facilitate and supervise involvement
      of residents in research and other scholarly work
   vi. the Fellowship Residency Program Director

4. Role of Acting Program Director
   i. orientation and evaluation of external residents and medical students
   ii. development of a teaching curriculum for external residents and medical students
   iii. biennial performance review, along with the Program Director, with medical oncology
        residents
   iv. Acting Program Director during Program Director absences

5. Role of the Tumour Site Representatives
   i. reviewing and updating rotation-specific objectives
   ii. meeting with the resident prior to each rotation to review rotation-specific objectives
       and discuss clinic selection
   iii. compiling a mid-rotation and end-of-rotation evaluation based on input from all
        preceptors who worked with the resident
   iv. performing a structured oral examination at the end of the rotation for the purposes of
       formative feedback
   v. advising the Program Director and RPC of and potential changes to the structure of
      the rotation

6. Subcommittees of the RPC:

   6.1. Resident Evaluation Subcommittee

      This subcommittee consists of the Tumour Site Co-ordinators for each of the major
      tumour sites, who sit on the RPC. This committee meets twice per year to complete
      a 6-month and 12-month evaluation of each resident’s performance and to complete
      the Royal College of Physicians and Surgeons of Canada Final In-Training
      Evaluation Report (FITER). At the request of the residents, a resident representative
      does not sit on this committee.

   6.2. Program Review and Evaluation Subcommittee

      This subcommittee consists of a resident representative from each of the R4 and R5
      years and interested members of the RPC. The goal of this committee is to review
      the current academic content and evaluation processes in the Residency Training
      Program and make recommendations for change. This committee meets on an ad
      hoc basis on the call of the Program Director. All recommendations need to be
      approved by the full RPC.
10. ONGOING PROGRAM REVIEW

Review of Overall Program Structure

1. On an annual basis the overall program structure will be reviewed by the RPC and residents to ensure that the educational objectives of the program are being met and to ensure adequacy of resources.

2. This review will occur at the last RPC meeting of each academic year.

Review of Individual Rotations

1. Each resident is responsible for completing a rotation evaluation at the completion of each rotation.

2. Rotation evaluations will be reviewed once per year by the RPC to ensure that educational objectives are being met. Rotation reviews will be a standing item on the RPC meetings.

3. A summary report of all rotation evaluations will be provided to the Tumour Site Coordinator and all members of the RPC. The Tumour Site Coordinator will present the report to the RPC with recommendations for changes to the rotation, if appropriate.

4. Residents may bring concerns about individual rotations at any time to the Program Director or during a regularly scheduled RPC meeting.

Review of Preceptor Teaching

1. At the end of each rotation, residents are responsible for completing an evaluation on each preceptor he/she worked with. The evaluations will be completed anonymously.

2. Preceptor evaluations will be reviewed annually by the Program Director to enable identification of poorly performing preceptors.

   2.1. If a poorly performing preceptor is identified, the Program Director will meet with that person individually to discuss concerns and make recommendations for faculty development.

   2.2. If there is no response or ongoing concerns identified the situation will be discussed at the RPC and/or with the Divisional Director as appropriate

3. A summary report of all preceptor evaluations will be provided to the Program Director and RTC every 2-3 years, depending on the number of evaluations available. This frequency is chosen to ensure anonymity of the residents completing the evaluations and to ensure the preceptor has received sufficient evaluations for valid and reliable results. This summary report will be reviewed, with preceptor names anonymized, at the RPC.

   3.1. A poorly performing preceptor will be handled as discussed above.

4. Preceptors will be provided with a summary of their evaluations every 2-3 years. This frequency is chosen for the reasons discussed above.

5. Residents may bring concerns about individual preceptors teaching performance at any time to the Program Director or during a regularly scheduled RPC meeting.