

Postgraduate Medical Education (PGME)

Title:	UBC PGME Leave of Absence Policy	Number:	011
Approved By:	PGME Committee		
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Preamble

Residents are both learners in postgraduate training programs, and employees of the University affiliated Health Authorities (“Employer”) whose terms and conditions of employment are governed by a collective agreement (“Collective Agreement”) between the Employer, and Resident Doctors of British Columbia (“RDBC”).

From time to time a Resident may need to be absent from training. In these circumstances Residents must seek a leave of absence (“LOA”) as set out in this policy. A LOA from training means that the Resident is also on leave from employment. Benefits associated with any LOA from employment are determined by the terms of the Collective Agreement. Residency Programs and/or the Postgraduate Medical Education (“PGME”) Office will communicate with the Employer, or delegate, to ensure the appropriate application of the Collective Agreement.

Policy

1. Sick days or vacation days

- 1.1 Residents must inform the Program Office and their rotation supervisor or supervising staff when taking sick days, vacation or holiday make up days. Residents sick for longer than *5 consecutive days*, must contact their Program Director to discuss their situation and, at the Program Director’s discretion, may be required to follow the procedures for medical leaves (short or long term) set out in this Policy.

2. Requests for Maternity, Paternity, Adoption, Compassionate, and Education Leave of Absence (“LOA”)

- 2.1 Requests for a LOA under the above noted categories must be submitted in writing to the Program Director. Program Directors may grant LOAs under these categories and if granted, any salary or other benefits will be determined by the terms of the Collective Agreement.

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- 2.2 The Program Director or PGME Office may require additional information from the Resident related to the request for LOA. Residents must comply with these requests in a timely manner. A failure to respond to a request for information may result in the LOA being delayed or not being granted.
- 2.3 Once the LOA is granted, the Program Director or Program Office must notify the PGME Office, and the PGME Office will notify the Employer of the type of leave granted, the dates of the leave, and of any subsequent changes, either to those dates or the type of leave.

3. Requests for Leave for Illness/Injury

- 3.1 Residents are registrants of the medical regulatory authority, the College of Physicians and Surgeons of BC ("College"), and are bound by the College's Bylaws and the *Health Professions Act* ("HPA"). Residents have a professional responsibility to withdraw from patient care when they are impaired by illness, whether due to physical or mental reasons, emotional disturbance, cognitive concerns, or addiction to alcohol or drugs. The HPA requires that any health practitioner notify the College regarding a health concern or impairment that may constitute a risk to patients or the public.
- 3.2 Programs and PGME will grant requests for time off for illness/injury in accordance with the terms of this policy.

4. Request for Short Term Leave for Illness/Injury

- 4.1 Requests for leave related to illness or injury expected to result in an absence of more than 5 days but less than 4 weeks ("Short Term Leave") must be made to the Program Director. Absences that are anticipated to be greater than 4 weeks require a Medical Leave of Absences set out in this policy.
- 4.2 The Resident must notify the Program Director in writing of the request for a Short Term Leave as soon as possible for a scheduled leave. The request must be accompanied by appropriate medical documentation in support of the request for leave including an estimate of the length of leave required. Once the Short Term Leave is approved the Resident must notify the Resident's rotation supervisor.
- 4.3 In the event of an unanticipated and unscheduled illness or injury requiring an absence of more than 5 days the Resident (or delegate) must contact the Program Director and rotation supervisor or supervising staff on the first day of the absence as required in section 1.1. If the Program Director determines that the Resident must apply for a Short Term Leave the Resident must submit appropriate medical documentation in support of the request for leave in a timely manner. The documentation must include an estimate of the length of leave required. Residents who fail to notify the Program Director or who fail to provide timely medical documentation in support of a Short Term Leave will be considered Absent without Leave.

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- 4.4 In all circumstances in which the Program grants a Short Term Leave the dates of the Short Term Leave and of any subsequent changes to these dates will be communicated to the Employer, or delegate, by the Program Director or the PGME Office to ensure appropriate tracking of sick days and application of Collective Agreement benefits.
- 4.5 Residents must notify the Program Director and their supervising staff of their anticipated date of return at the earliest opportunity to allow time to prepare for re-entry into the Program. The Resident must provide medical documentation to the Centre for Accessibility (“CA”) confirming the Resident’s fitness to return and to resume training.
- 4.6 A Resident who requires accommodation to resume training must notify the Program Director at the earliest opportunity. The Resident will be referred to the CA for assessment of the accommodation request. The request for accommodation will be managed in accordance with the Accommodation Policy.
- 4.7 If the Resident’s illness or injury is of a chronic or relapsing nature, or if the Resident requires accommodations, the Resident is urged to notify the College.

5. Request for Medical Leave of Absence (Illness/Injury)

- 5.1 Residents who anticipate they will be absent for more than four (4) weeks must request a Medical Leave of Absence (“Medical Leave”). The request must be in writing and submitted to the Program Director who will forward the request to the PGME Deans.
- 5.2 A Resident whose Short Term Leave will extend beyond four (4) weeks must notify the Program Director and, in the Program Director’s discretion, may be required to request a Medical Leave under this section. The Program Director will notify the PGME Office of the change in leave requirements.
- 5.3 Requests for Medical Leave will be referred by PGME Office to the CA for assessment and recommendations. The Resident is responsible for contacting a disability advisor in CA, and for providing any medical documentation requested by the CA to complete the assessment of the request for Medical Leave.
- 5.4 If the condition resulting in the Medical Leave is acute in nature and not anticipated to result in any accommodations, the resident is not required to contact the disability advisor. In this circumstance, the resident is to contact the PGME Office to notify them about the acute nature of their condition. The resident then is to follow the steps outlined in 4 above (Request for Short Term Leave for Illness/Injury). At any time, the PGME Office may determine that a resident (who has initially indicated their condition is acute) would benefit from a referral to the CA and the resident then would be required to contact a disability advisor from CA.
- 5.5 The CA will contact the Program Director and PGME Office as needed to obtain background

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information and to discuss the impact of the leave on the Resident's training. Neither the Program Director nor the PGME Office will be provided with copies of any medical documentation submitted by the Resident to the CA in support of the request for Medical Leave.

5.6 The CA will provide a written recommendation to the PGME Office regarding the Medical Leave and any recommended terms upon which the Medical Leave should be granted. The PGME Office will discuss the recommendations with the Program Director.

5.7 The PGME Deans may grant the Medical Leave and may incorporate the terms recommended by the CA into the Medical Leave.

5.8 The CA may require a Resident to submit status reports from the treating physician or primary care provider, including an updated prognosis, ("Status Report") at any time, and no longer than at six month intervals, during the Medical Leave. If the Resident fails to provide a Status Report as required, the CA will notify the PGME Office who will follow-up directly with the Resident.

5.9 In addition to any additional requirements imposed by the PGME Deans, a Resident who is granted a Medical Leave must meet the following requirements:

5.9.1 The Resident is expected to be under the treatment of a physician or other appropriate care provider during the Medical Leave and to continue with treatment as recommended by the Resident's treating physician or care provider throughout the Medical Leave.

5.9.2 The Resident, or in appropriate circumstances the Resident's delegate, is responsible for maintaining regular contact with the Program Director and for advising the Program Director of any changes in the anticipated length of the Medical Leave. The Program Director will notify the PGME Office of any reported changes.

5.9.3 The Resident must submit Status Reports or additional medical documentation to the CA as requested.

5.9.4 The Resident must respond promptly to requests from the CA, Program, or PGME Office related to the Medical leave.

Failure to meet the above listed requirements will constitute a breach of the terms of the Medical Leave and the Resident will no longer be on an approved leave. A Resident who is absent and not on an approved leave is absent without leave and may be dismissed from the Program.

5.10 The PGME Office will communicate the start and end dates of the Medical Leave and of any subsequent changes to these dates to the Employer, or delegate, and to the College.

5.11 A Resident who wishes to extend a Medical Leave must advise the Program and PGME Office and must provide the CA with medical documentation in support of the requested extension. The CA will assess the request and provide a recommendation to the PGME

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Office. The PGME Deans will consider the recommendation, consult with the Program Director, and in appropriate circumstances grant the extension.

- 5.12 During a Medical Leave Residents can obtain support through the Employee and Family Assistance Program (<http://www.efap.ca>) and through the Physician Health Program (<https://www.physicianhealth.com>) and UBC Resident Counselling and Peer Support Office (<https://postgrad.med.ubc.ca/rcaps/>).

6. Return to Training Following a Medical Leave

- 6.1 The PGME Office will work with the Program, the CA, the Resident, the Resident's treating physician, and the College to ensure a smooth transition back to training.
- 6.2 The Resident must advise the CA and the Program promptly when the Resident's treating physician recommends a return to training. This will allow the Program time to set up a return rotation and/or any transition period that may be required. The Program will notify the PGME Deans who will notify the College.
- 6.3 PGME or the Program may ask the CA to obtain additional medical documentation relevant to the return to training. A delay in providing the requested medical documentation will result in a delay a delay in the Resident's return to training. A failure to provide required information may prevent the Resident's return to the Program.
- 6.4 The Resident's return to training date will be determined based on a number of factors including reactivation of College registration and licensure, availability of appropriate rotations, the need for academic and/or clinical skills assessment, the need for remediation, and the ability of the Resident to meet the requirements of the training, with or without accommodation, and the implementation of any approved accommodation requests.
- 6.5 To ensure patient safety and optimum learning, the Program will determine whether the Resident will require a transition period to assess competence to resume clinical duties ("Assessment Period"). The Program Director will meet with the Resident to discuss the terms and goals of the Assessment Period which will be set out in writing. An Assessment Period will not be counted as a regular rotation to meet the requirements of the Royal College of Physicians and Surgeons of Canada ("RCPSC") or the College of Family Physicians of Canada ("CFPC").
- 6.6 The Program will notify the PGME Office when a Resident is scheduled to return to training, and will advise of any Assessment Period or accommodations to be provided. The PGME Office will notify the Employer, or delegate, of the return date and of any academic accommodations that may have an impact in the clinical setting.
- 6.7 If the Resident requires accommodation to return to training the request for accommodation will be managed in accordance with the PGME Accommodation for Residents with Disabilities Policy.

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7. Residents Receiving LTD Benefits During Medical Leave

- 7.1 The Collective Agreement provides a Long Term Disability Plan (“LTD”) for eligible Residents on Medical Leave. The LTD Plan is administered by a Canada Life on behalf of the Employer. Canada Life will adjudicate claims for LTD under the terms of the LTD Plan.
- 7.2 PGME will notify the Employer and payroll, when a Resident is granted a Medical Leave.
- 7.3 To minimize disruption and duplication a Resident is encouraged to submit the same medical documentation provided in support of the Medical Leave to the CA and Canada Life. With the Resident’s consent the CA will provide copies of the medical documentation submitted by the Resident, to Canada Life, for the purpose of adjudication of the claim under the LTD benefit plan.
- 7.4 The Resident is encouraged to provide consent to Canada Life to share documentation, including medical documentation, provided directly to Canada Life with the CA to assist in planning a return to training.
- 7.5 A Resident in receipt of LTD benefits must submit Status Reports to the CA as required under this Policy and is responsible for responding to any additional requests from the CA for medical documentation.
- 7.6 A Resident in receipt of LTD benefits who wishes to extend a Medical Leave must, in addition to meeting the requirements of the LTD plan, provide, or authorize Canada Life to provide, the CA with medical documentation in support of the requested extension. The CA will assess the request and provide a recommendation to the PGME Office. The PGME Deans will consider the recommendation and, in appropriate circumstances, grant the extension and will notify the Employer and Canada Life if the leave is not extended.
- 7.7 Medical documentation received by the CA, either directly from the Resident, or through Canada Life, will not be provided to the Program or the PGME Office.

8. Return to Training for Residents on LTD

- 8.1 When Canada Life advises the PGME Office that medical documentation from the Resident’s treating physician confirms the Resident’s fitness to participate in a rehabilitation program or to return to work, Canada Life will consult with PGME and the Program to develop a rehabilitation or return to work plan that aligns with a return to training.
- 8.2 Canada Life, the PGME Office, and the Program will share information, including, with the Resident’s consent, medical information to effectively collaborate on a rehabilitation or return to work/return to training plan. PGME may request that the Resident directly, or through Canada Life, provide the CA with additional medical documentation relevant to the return to training. A delay in providing the requested medical documentation will result in a delay in the

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Resident's return to training. A failure to provide required information may prevent the Resident's return to the Program.

- 8.3 Following notification from Canada Life of the anticipated date of return, the PGME Deans will notify the Program and the College. The Resident's return to training date will be determined based on a number of factors including reactivation of College registration and licensure, availability of appropriate rotations, the need for academic and/or clinical skills assessment, the need for remediation, and the ability of the Resident to meet the requirements of the training, with or without accommodation, and the implementation of any approved accommodation requests.
- 8.4 The Program will notify the PGME Office when a Resident is scheduled to return to training and will advise of any Assessment Period or accommodations to be provided. The PGME Office will notify Canada Life and the Employer.
- 8.5 If the Resident requires accommodation to return to training the request for accommodation will be managed in accordance with the PGME Accommodation for Residents with Disabilities Policy.

9. Return to Work and LTD Benefits

- 9.1 Under the terms of the LTD plan Canada Life will determine whether a Resident continues to meet the definition of disability or whether claim termination is warranted. PGME will work with Canada Life to coordinate a return to work and a return to training.
- 9.2 While a determination that fitness to return to work will normally indicate fitness to return to training there may be circumstances when a Resident may be deemed fit to return to work but not able to return to training. The PGME Office in consultation with the Program will determine when a Resident can resume training.
- 9.3 If a Resident requires workplace accommodation the request will be managed in accordance with the Employer's applicable policy.

10. Notification to the College of Physicians and Surgeons of BC

- 10.1 The College will be notified in writing by the PGME Office when a Resident is granted an LOA, other than a Compassionate or Educational Leave, and the Resident will typically be asked to voluntarily suspend their license ("Temporarily Inactive- Health Leave"). Information on this process can be found at: <https://www.cpsbc.ca/files/pdf/PSG-Changing-Status-to-TI.pdf>. Residents are not permitted to engage in any clinical aspects of training while on leave.
- 10.2 The PGME Office will notify the College in writing when the Resident is anticipated to return from leave. The College will contact the Resident, who must complete all College requirements for registration and licensure before the Resident can return to training, including to an Assessment Period.
- 10.3 It is the Resident's responsibility to meet any terms imposed by the College with respect to the Resident's registration and licensure.

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- 10.4 The Resident must provide the license verification to the Program Office on the first day of return. Failure to provide verification will result in delay of return to a scheduled rotation, or the start of any Assessment Period.
- 10.5 Depending on the length of the Medical Leave, a Resident may have the training and/or date of completion extended in order to meet the requirements of RCPSC or CFPC.

11. Removal from the Clinical Area

- 11.1 A Resident may be removed from the clinical area and placed on interim leave by the Program Director if the Resident exhibits behaviours or performance issues that pose risk to others or themselves. The removal of a Resident from the clinical area must be reported to PGME and the College promptly. PGME will notify the Employer as appropriate.
- 11.2 The Resident's return to the clinical area may be subject to conditions imposed by the Program, in consultation with the PGME Office, or by the College.

12. Absent Without Leave

- 12.1 If a Resident is absent and has not contacted the Program Director to arrange time off or a leave of absence, the Resident will be considered absent without leave. Programs must immediately report Residents who are absent without leave to the PGME Office who will report to the Employer, or delegate, to ensure appropriate steps, including payroll adjustments, are taken.
- 12.2 The PGME Office will make a reasonable effort to contact the Resident through the contact information on file. If this fails, the PGME Office may utilize resources such as the emergency contacts provided by the Resident.
- 12.3 A Resident who is absent without leave will not be entitled to receive salary and benefits. A Resident who is absent without leave is in breach of his or her professional obligations and may be dismissed from the Program.

13. Dismissal During Leave

- 13.1 In circumstances where a Resident has been absent from the Program for medical reasons for at least two years, whether or not they are on LTD, and Status Reports from the Resident indicate that there is no prospect of a return to training in the foreseeable future, the PGME Deans may recommend dismissal of the Resident from the Program on the basis that their absence cannot be accommodated indefinitely.

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Related Policies and Contacts

Accommodation for Residents with Disabilities Policy: https://postgrad.med.ubc.ca/wp-content/uploads/2021/09/012a-Accommodation-for-Residents-with-Disabilities-PGME-Policies-and-Procedures_PGMEC-approved-Sept.-7-2021.pdf

CPSBC – Duty to Report: <https://www.cpsbc.ca/files/pdf/PSG-Duty-to-Report.pdf>

CPSBC – Changing Registration Status to Temporarily Inactive During an Absence from Medical Practice: <https://www.cpsbc.ca/files/pdf/PSG-Changing-Status-to-TI.pdf>

PGME Team:

PGME Leave and Accommodations Coordinator: pgme.leave.accom@ubc.ca

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Centre for Accessibility: students.ubc.ca/access

Reception: info.accessibility@ubc.ca; 604-822-5844

College of Physicians and Surgeons of British Columbia: <https://www.cpsbc.ca/for-physicians/health-monitoring>

Dr. Dave Unger: monitoring@cpsbc.ca

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Appendix 1

PGME Core Competencies required for Residents in Postgraduate Medical Education

The University of British Columbia, Postgraduate Medical Education Office is responsible for oversight of training programs which graduate Residents with the knowledge, skills, professional behaviours and attitudes necessary to practice their area of medicine in accordance with the standards set out by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

All candidates for admission, promotion or graduation in a UBC PGME Program will be expected to demonstrate these PGME Core Competencies with or without accommodations at Program entry to successfully achieve the required Program competencies. These Core Competencies outlined below are aligned with both the [UBC MD Undergraduate Program \(MDUP\) Core Competencies](#) as well as the [Exit Competencies](#) in the UBC MDUP. Modifications have been made to be more inclusive of residents who have done undergraduate medical training elsewhere.

In addition, UBC has a responsibility to provide an inclusive and welcoming environment for all Residents, including those with disabilities, ensure that eligible Residents are not denied admission on the basis of their disability, make its facilities, courses and programs accessible to Residents with disabilities and provide reasonable accommodation to Residents with disabilities.

Where there is an accommodation involving a time restriction (i.e., limited hours/week or restrictions on work at night), if accommodation is possible, it would be expected that there will be training extension, and/or more hours worked at different parts of the 7-day week (i.e., more weekend training). Accommodations which adjust resident scheduling will still be compliant with the Collective Agreement.

PGME also has the responsibility to provide advice and guidance for Residents with disabilities about the accommodation process, provide information and support regarding the accommodation process, and ensure that faculty and staff are provided relevant information about PGME's policies and procedures associated with providing accommodation to Residents with disabilities.

These Core Competencies apply to residents beginning their training at the level (PGY-1). It is expected that for some PGY-1 residency programs and for all subspecialty programs, there will be an expanded list of required entry competencies.

PGME Core Competencies:

Residents are front-line care providers who are integral in the care of patients in diverse settings across the province. It is expected that they provide high quality, culturally safe, collaborative and patient centred care with graduated supervision that evolves throughout their training with expanding medical knowledge, clinical skills, and professional ethics. Residents provide care in a variety of settings which often involve uncertainty and unexpected circumstances, it would also be expected that residents would respond in with adaptation and flexibility.

Over the course of training, Residents are required to progressively attain knowledge, skills, behaviours, and attitudes which meet the graded Program competencies and align with attainment of the competencies required of a graduating Resident.

Medical Expert:

Residents demonstrate the acquisition of knowledge, skills, and behaviours through a variety of assessment modalities including, but not limited to: in-training assessments (ITAR and ITER); workplace-based assessments [Entrustable Professional Activities (EPA's)]; oral, written and/or computer-based examinations; simulation-based assessments;

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scholarly work; reflective activities; as required by the Program for advancement, promotion, and completion of training.

Residents interpret information obtained through interview, observation, examination, and integration of data to formulate a hypothesis, recommend, and pursue interventions, as appropriate.

Patient Assessment and Care

- Patient-centred approach
- Gather and interpret all relevant clinical and non-clinical information
- Perform an appropriate physical examination
- Generate a prioritized differential diagnosis, problem list and initial diagnostic plan
- Recommend diagnostic procedures
- Interpret the results of diagnostic laboratory tests and imaging based on the history and physical examination
- Describe more specialized investigations, the limitations of these diagnostic tests, and implications of the results
- Develop and implement a management plan using all relevant sources of information, including foundational science knowledge and evidence-informed guidelines, tailored to the patient's goals of care (preventive, curative and/or palliative), values, beliefs, medical conditions, co-morbidities with appropriate timelines and follow-up
- Employ contextualized decision-making guided by evidence-informed best practices, and take into account individual patient's considerations
- Communicate patient information in an organized manner (written and orally) to health care team, consultants, referring physicians
- Refine and evolve diagnostic and treatment plans based on feedback from senior residents, preceptors, consulting physicians

Emergency Care

Residents practice within their level of competence to deliver patient-centred care. This includes participating as a team member in responding to patient safety situations, recognizing that team roles are not limited to performing procedures or directing emergency response. Care is to be in compliance with all applicable safety standards. It is expected that the training experience of call/work at night/weekends is required to achieve competencies, especially those which involve emergency decision-making and care; in most programs overnight call/work at night is part of this required training experience.

- Initiate evaluation and management of a patient who requires urgent or emergent care and know when to seek help
- Identify potential underlying causes of a patient's deterioration
- Apply BCLS and ABCDE management as needed
- Initiate a "code blue" when required
- Effectively call for help as needed using standardized communication tools
- Participate in the initial emergency care plan for a patient with common life-threatening conditions and demonstrate familiarity with emergency life-saving protocols [e.g., Advanced Cardiac Life Support (ACLS)]
- With support from a supervisor, update patient's family about the patient's condition
- Perform, under appropriate supervision, essential medical procedures skillfully and safely with attention to patient comfort, including providing appropriate care prior to and following the procedure

Health Promotion

- Share accurate, effective health promotion and disease prevention strategies, and their underlying rationale, with patients, their circle of support and/or other members of the health care team

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Communicator

Residents listen actively and convey information effectively in person and virtually with patients, supervising faculty, peers, administrative staff, and multidisciplinary team members. In communicating with patients and their supporters, Residents build rapport, eliciting their perspectives, and collaborating in management. Residents record elicited information in a clear, accurate, and timely fashion.

- Develop and maintain patient-centred therapeutic relationships with patients and their family that demonstrate sensitivity and responsiveness to self-identified culture, race/ethnicity, age, socioeconomic status, gender, gender identity, sexual orientation, religion, spirituality, disabilities, and other aspects of diversity and identity
- Elicit patient's concerns and expectations and respond with active listening
- Demonstrate empathy in responding to patients
- Appropriately adjust communication techniques to adapt to the needs of the patient
- Elicit the perspective of the patient, their supporters and incorporate these perspectives into the therapeutic plan

Difficult conversations (i.e. breaking bad news to patient)

- Use language that is understood by the patient and their circle of support when summarizing information, clarifying information, or requesting patient feedback; understand when to ask for support from supervisor when conversation is beyond the Resident's knowledge, comfort, abilities
- Check to ensure that the patient and their supporters understand the information being presented
- Demonstrate a compassionate, holistic approach during difficult conversations
- Anticipate, interpret and respond to one's own and others' emotions to manage interpersonal interactions with compassion
- Recognize and adhere to appropriate professional boundaries in emotional situations

Documentation of Patient Information

- Effectively organize the information using traditional methods [e.g., SOAP (Subjective, Objective, Assessment and Plan outline for progress notes)]
- Use language that is clear, accurate and appropriate for the intended reader
- Convey clearly the clinical reasoning and rationale for care decisions
- Use communication strategies that reflect patient centredness and inclusion
- Adhere to the policies governing secure communication media such as email, etc., set out by regulatory bodies
- As supported by their supervisor, disclose medical records to patient families, physicians or other health care providers and third parties involved in the patient's care only when necessary to provide care and only with the patient's consent or with appropriate legal authority

Collaborator

- Demonstrate respectful and inclusive professional relationships across all environments
- Promote an inclusive and respectful environment by actively inviting patients and others to participate in processes, activities and decision-making in order to address inequities in power and privilege
- Promote mutual regard by acknowledging differences, clarifying misunderstandings, and managing conflicts
- Demonstrate different strategies to seeking help and advice in challenging situations of conflict in the clinical environment

Consultations

- Identify clinical situations that require expertise beyond one's own, and demonstrate the ability to recruit the

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- appropriate colleague or health care team members to assist
- Prioritize the need for consultation in a manner cognizant of the quality of patient care, resource allocation and safe delivery of care
- Demonstrate comprehensive oral and written communication using standardized communication tools (e.g., [SBAR](#)) when requesting consultation that defines the reason for consultation, urgency of the request, and specific aspects that require input
- Demonstrate comprehensive oral and written communication when providing consultation that outlines the reason for consultation, addresses the specific aspects that prompted consultation, summarizes data and outlines recommended plan

Documentation for other Health professionals

- Provide clear and accurate prescriptions for medications
- Provide (and enter into an electronic health record) admitting and other in-hospital orders
- Perform an accurate and complete medication reconciliation
- Order appropriate investigations or procedures
- Perform structured verbal handover of care that includes all relevant information necessary for safe transition of care
- Utilize standardized documentation tools and communication strategies for clear and timely exchange of patient information at care transitions
- Participate in multi-disciplinary transitions of care
- Demonstrate up-to-date record keeping and ensure relevant documents for transfer included in/with patient handover

Leader

- Demonstrate awareness of one's own strengths and weaknesses
- Demonstrate a willingness to seek and respond to feedback
- Set priorities and manage time to integrate professional learning and personal life
- Demonstrate a systematic (i.e., prioritizing) approach to training, work and learning
- Demonstrate a time management strategy for residency
- Demonstrate punctuality in all settings (educational, administrative and clinical)
- Demonstrate adaptability in meeting clinical and administrative obligations
- Demonstrate short-, medium- and long- term goal setting and seek feedback and guidance on priorities/goal selection and attainment
- Promote the sustainable use of healthcare resources, using resources efficiently and effectively
- Rationalize investigations and treatments to optimize patient safety and mitigate patient harm
- Regularly engage in and model safety habits (e.g., universal precautions, hand washing, donning and doffing personal protective equipment, team time-outs, medication reconciliation, surgical checklists)
- Identify situations that may jeopardize patient safety
- Demonstrate knowledge of how to report a patient safety incident
- Seek help appropriately when patient or provider safety is at risk
- Seek clarification if the treatment plan for a patient is unclear
- Describe physicians' accountability for system improvement and optimal patient outcomes

Health Advocate

- Facilitate access to and navigation of health care services and resources for patients
- Uphold practices that promote equitable access to care
- Support patients to achieve their health goals, leveraging strengths, supports, and resources
- Demonstrate awareness of the negative health effects of current and historic structural and systemic factors that patients may experience
- Be aware of and work to promote and engage in anti-racist and anti-oppressive practices

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Scholar

- Identify, select, and navigate pre-appraised resources for given clinical scenarios
- Employ ethical principles when planning, conducting, or disseminating health research
- Critically reflect on one's own performance to identify strengths, challenges
- Engage in learning activities to address knowledge and skills gaps
- Contribute to a positive atmosphere
- Facilitate learning of peers and faculty through sharing relevant scholarly studies/evidence
- Facilitate learning of patients and their family
- Evaluate supervisors, rotations, and Program in an honest, fair, and constructive manner

Professional

Residents are to engage in self-reflection to identify personal and professional learning needs. Residents are expected to respect personal/professional boundaries, confidentiality, and protect privacy for patients and colleagues. All patients and colleagues are to be treated respectfully regardless of gender, gender identity/ expression, sexual orientation, age, race, colour, religion, disability, political beliefs, or any other protected status. Residents are to conduct themselves within the ethical and legal norms of the medical profession.

- Deliver, within the limits of one's training, high quality care and progressive attainment of competence
- Treat all patients and colleagues with compassion and respect for their privacy, dignity, beliefs, values, and human rights
- Apply current ethical and legal aspects of the consent and capacity process
- Approach controversial ethical issues in a non-judgmental manner
- Provide preceptors with full and honest disclosure of medical errors or patient harm
- Demonstrate resilience and seek collegial support when involved with adverse events
- Demonstrate awareness of health and wellness services, and other resources, available to you and colleagues in need (i.e., Resident Counselling and Peer Support Office, Physician Health Program, crisis helpline)
- Seek help from qualified professionals for personal and professional problems that might adversely affect your health/your ability to engage in training and patient care activities
- Contribute to the cultivation of training and practice environments that provide physical and psychological safety and encourage help-seeking behaviours
- Seek mentorship to address professional development needs
- Report and seek support for [witnessed or experienced mistreatment in the workplace](#) (Respectful Environments, Equity Diversity Inclusion Office)
- Maintain patient confidentiality at all times, collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and only within the patient's circle of care
- Comply with all privacy regulations, only accessing medical information for patients cared for/team has cared for or consulted on for the purposes of follow-up/ongoing care
- Adhere to professional standards when expressing personal views in public/on-line; standards include UBC Faculty of Medicine, Canadian Medical Association Code of Ethics and Professionalism, College of Physicians and Surgeons of British Columbia Practice Standards and Professionalism Guidelines, as well as all Professionalism Standards and Codes of Conduct at all facilities /Health Authorities where training occurs
- Ensure all requirements for licensing (College of Physicians and Surgeons of BC) as well as medical-legal protection (CMPA) are in place continuously while training
- Demonstrate adherence to professional obligations including UBC Faculty of Medicine, Canadian Medical Association Code of Ethics and Professionalism, College of Physicians and Surgeons of British Columbia Practice Standards and Professionalism Guidelines, as well as all Professionalism Standards and Codes of Conduct at all facilities /Health Authorities where training occurs.

Postgraduate Medical Education (PGME)

Action	Committee	Date	Status
Approved	PGME Committee	April 9, 2019	Active
Updated policy Approved	PGME Committee	November 26, 2019	Active
Updated policy Approved	PGME Committee	September 22, 2020	Active
Updated policy Approved	PGME Committee	September 7, 2021	Active
Editorial Revisions	N/A	December 18, 2025	Active