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Welcome to our Anatomical Pathology Residency Training Program. This handbook has been designed as a reference guide to assist you through your residency training. It’s a guide for expectations, and the rules and policies pertaining to the Max Rady College of Medicine, Rady Faculty of Health Sciences, College Post Graduate Medical Educational Program, PARIM, & The Royal College of Physician and Surgeons of Canada.

Adhering to these rules and policies is of the utmost importance for the effective functioning/operation of your residency training program, and to help guide and monitor the progress of residents. It is the responsibility of residents and faculty to follow and understand the policies as outlined in this handbook.

You will receive a new issue each year.

**Residency Program Director:**
Dr. Nazila Azordegan  204-787-8091 (Office)  
nazordegan@sharedhealthmb.ca  
*Office hours:* Tuesday & Thursdays  
2:30-5:00 pm

**Program Assistant:**
Ms. Terri Martin  204-789-3212 (Office)  
Terri.Martin@umanitoba.ca

*On behalf of the Anatomical Pathology Training Program, we look forward to having you as part of our team.*
St. Boniface Hospital Campus Map
TELEPHONE & ADDRESS LISTINGS

Bannatyne Campus

Department of Pathology
Max Rady College of Medicine, Rady Faculty of Health Sciences
University of Manitoba
401 Brodie Centre – 727 McDermot Ave
Winnipeg, MB R3E 3P5
Website: http://umanitoba.ca/faculties/health_sciences/medicine/units/pathology

Administrative Staff:
Dr. Gabor Fischer, Department Head  204-789-3538  401 Brodie  gfischer@sharedhealthmb.ca
Ms. Amanda Wardekker, Administrative Assistant  204-789-3538  401 Brodie  amanda.wardekker@umanitoba.ca

Residency Program Staff:
Dr. Nazila Azordegan, Program Director  204-787-8091  MS471L (HSC)  nazordegan@sharedhealthmb.ca
Ms. Terri Marin, Program Assistant  204-789-3212  401 Brodie  terri.martin@umanitoba.ca

Max Rady College of Medicine
Rady Faculty of Health Sciences, University of Manitoba
260 Brodie Centre – 727 McDermot Ave
Winnipeg, MB R3E 3P5
Website: http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/index.html

Administrative Staff:
Dr. Brian Postl, Dean of Medicine  204-789-3485  230 BMSB  Jolene.Chester@umanitoba.ca
Ms. Jolene Chester, Executive Assistant to the Dean  204-789-3485  230 BMSB  Jolene.Chester@umanitoba.ca

Postgraduate Medical Education Staff:
Dr. Cliff Yaffe, Associate Dean PGME  204-789-3290  260 Brodie  cyaffe@sbgh.mb.ca
Ms. Donna Coulis, Assistant to the Associate Dean  204-789-3290  260 Brodie  Donna.Coulis@umanitoba.ca
Dr. Eric Jacobsohn, Assoc. Dean, Student Affairs PGME  204-789-3522  260 Brodie  ejacobsohn@hsc.mb.ca

Ms. Wendi Charette, Admin Assistant PGME  204-272-3120  260 Brodie  Wendi.Charette@umanitoba.ca
VENTIS Support  ventis.pgme@umanitoba.ca
**Pathology Hospital Sites**

**Pathology Department (HSC)**
Health Sciences Centre  
MS4 Thorlakson Building – 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Phone: 204-787-1693 (Resident Room)  
Phone: 204-787-2036 (Admin Office)

**Pathology Department (SBGH)**
St. Boniface General Hospital  
L1150 – 409 Tache Ave  
Winnipeg, MB R2H 2A6  
Phone: 204-237-2490 (Admin Office)

**Pathology Department (Grace)**
Grace General Hospital  
G134 Pathology Office (Ground Level)  
300 Booth Drive  
Winnipeg, MB R3J 3M7  
Phone: 204-837-0128 (Admin Office)

**Pathology Department (Victoria)**
Victoria General Hospital  
Lab & Imaging (Main Floor)  
2340 Pembina Highway  
Winnipeg, MB R3T 2E8  
Phone: 204-477-3174 (Pathology Lab)

**Pathology Department (Brandon, MB)**
Brandon Regional Health Centre  
Westman Lab  
150 McTavish Ave. East  
Brandon, MB R7A 2B3

**Other Departments/Organizations**

**Shared Health Services Manitoba (HSC)**
Health Sciences Centre  
MS 471 Thorlakson Building – 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Phone: 204-787-2036  
Fax: 204-787-4942

**Royal College of Physician and Surgeons of Canada**
774 Echo Drive  
Ottawa, ON K1S 5N8  
Phone: 613-730-8177  
Toll Free: 1-800-668-3740  
Fax: 613-730-8830  
Office Hours: 7:30am – 5:00pm (EST)  
Website: [http://www.royalcollege.ca/portal/page/portal/rc/public](http://www.royalcollege.ca/portal/page/portal/rc/public)

**Doctors Manitoba**
20 Desjardins Drive  
Winnipeg, MB R3X 0E8  
Phone: 204-985-5888  
Fax: 204-985-5844  
Email: general@docsmb.org  
Website: [https://docsmb.org](https://docsmb.org)

**Shared Health Services Manitoba (SBGH)**
St. Boniface General Hospital  
L1150 – 409 Tache Ave  
Winnipeg, MB R2H 2A6  
Phone: 204-237-2490  
Fax: 204-235-3423

**College of Physician and Surgeons of Manitoba**
1000-1661 Portage Ave  
Winnipeg, MB R3J 3T7  
Phone: 204-774-4344  
Fax: 204-774-0750  
Email: cpsm@cpsm.mb.ca  
Website: [http://cpsm.mb.ca/](http://cpsm.mb.ca/)

**Toll Free:** 1-800-668-3740  
Email: communications@residentdoctors.ca  
Website: [http://residentdoctors.ca/](http://residentdoctors.ca/)

**Resident Doctors of Canada**
412-151 Slater Street  
Ottawa, ON K1P 5H3  
Phone: 613-234-6448  
Email: communications@residentdoctors.ca  
Website: [http://residentdoctors.ca/](http://residentdoctors.ca/)
Residency Training Schedules in Anatomical Pathology

General Structure and Content of the Program
The Anatomical Pathology Residency Training Program is designed to meet the training requirements of the Royal College of Physicians and Surgeons of Canada. We pride ourselves on having a demanding and comprehensive program that provides residents the opportunity to individualize a training plan tailored to their ultimate career goals. The following includes the current rotation requirements for the 5 year training program at the University of Manitoba. Note that one “block” equals 4 weeks of training and there is a total of 13 blocks per year.

PGY 1 (13 Blocks) – Basic Clinical Training
1 Block Peds Oncology or 1 Block Peds Surgery
1 Block Surgery (Green - Oncology)
1 Block Surgery (Orange - Hepatobiliary)
1 Block Internal Medicine – General
1 Block Internal Medicine - GI
1 Block Gynecologic Oncology
1 Block Medical Oncology
2 Blocks SurgPath – Grace Hospital
1 Block Autopsy (PGY 1)
1 Block Genetics
1 Block Radiology
1 Block SurgPath HSC

Core Anatomical Pathology

PGY 2 (13 Blocks) – Anatomical Pathology
7-8 Blocks Surg Path (HSC) – Mandatory
2 or 3 Blocks Surg Path (St B)
3 Blocks Autopsy/Forensic (HSC)
3 Blocks Cytology (available upon request – to be discussed with Program Director and Program Assistant)
Core/Selectives Anatomical Pathology Continued: *(PGY 3-5 Schedules)*

2 Blocks Neuropathology
2 Blocks Pediatric Path
3 Blocks of Forensic/Autopsy
1 Block Molecular Path
3-6 Blocks of Cytopathology + 1 block MUST be done in PGY 5
2 Blocks SurgPath Grace (Surgical Rotation with focus on GU) (must be taken consecutively) – scheduled in PGY 4/5
2 Blocks Hematopath (must be consecutive blocks)
1 Block Electron Microscopy (must be taken before renal path and neuropath rotations)
1 Block Renal Path (need to complete Electron Microscopy first)
1 block Bone and Soft Tissue
1 block GI Path
1 Block Head and Neck
1 Block Pulmonary
1 block Breast
1 block Gyne Path
1 block Dermatopathology
1 block Liver path (usually taken in PGY 4 or PGY 5)
1 block Ophthalmic Path

**Community Rotations - (Electives)**
1 block SurgPath Brandon, MB
1 block General Pathology Kenora, ON
Other elective rotations are welcomed (out of province/country)

*PGY 1 & 2 Schedules are scheduled by the Resident Program Assistant. PGY 3-5 Residents build their own schedules.*

**Scholarly Project (Mandatory)**
Successful completion of a scholarly project relevant to Anatomical pathology is a requirement for certification (based on the Royal College’s criteria). Residents are encouraged to complete and present their project at the end of PGY 4 level. The resident may schedule “Research Project (Elective)” time into their schedule so they can work on/finalize their project. The resident must have written approval from their supervisor. The supervisor must submit a progress report outlining a detailed work plan on what the resident will accomplish during this rotation block. The supervisor must provide a follow up progress report outlining their progress. Residents are still expected to attend Academic Half Day Sessions, Pathology Grand Rounds, and any other teaching sessions during the “research project rotation”.

*The 5-year program outlined above is to be regarded as the minimum training requirement. The Program Director may require the resident to do additional training to ensure that clinical competences have been achieved.*

**Note: ALL ROTATIONS will be evaluated in VENTIS (MRA & ITAR). Please review rotation objectives prior to rotation, as these can also be found in your VENTIS Schedule.*
PROFESSIONAL ATTIRE

“Professionalism at the College of Medicine, Faculty of Health Sciences is grounded in professional behavior of all of its members at all times and reflects the commitment to leadership by the College of Medicine, Faculty of Health Sciences as the prime institution for research and education in the Province of Manitoba”.

As members of a profession, it is important that a professional image be presented in the course of their work and learning as a demonstration of respect to patients, families, visitors, and colleagues. Discretion and good judgment should be demonstrated in professional attire and personal grooming taking into consideration the specific learning or work environment. These standards will be interpreted and applied in a manner that respects cultural diversity and promotes inclusiveness.

To learn more about Professionalism & Diversity:
http://umanitoba.ca/faculties/health_sciences/medicine/professionalism/index.html

Identification
All faculty members, residents and staff are expected to wear their identification badge in a clearly visible manner in clinical and office settings.

Personal Appearance
Clothing and accessories should be clean, neat and of appropriate length, design and fabric and should not be inappropriately revealing. Clothing should not display offensive language, logos, or images.

Footwear
Footwear should be clean and meet safety requirements for the work or learning area. In accordance with workplace health and safety requirements, open-toes shoes will not be permitted in clinical or laboratory settings.

Protective Equipment
Faculty members, staff and residents working in laboratory areas shall abide by all safety requirements, including the use of personal protective attire and equipment.

PAGERS
All new postgraduate residents will be provided with a pager from the University of Manitoba PGME Office, and will sign off on the WRHA Letter of Responsibility for MTS Hardware form:
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Form_-_Pager_Student_Letter_of_Responsibility_MTS.pdf

Pagers should be on (during working hours) at all times so your rotation site and the Department of Pathology Office can reach you quickly.

Pagers should be answered/addressed within 30 mins of receiving a page or sooner.

Pager Batteries are available at:
Main Switchboard, St. Boniface Hospital 24 hours a day (Mon to Sun)
Main Entry, 820 Sherbrook Street (HSC) 7:00am – 8:30pm (Mon to Sun)
Cashiers @ the Café on Two, GH2 General Centre (HSC) After Business hours, weekends, stat holidays

If your pager is not working properly, if it’s lost or stolen, or has water damage please refer back to the Letter of Responsibility that you signed when you started and follow the instructions indicated on the form for the proper protocol.
RESIDENT MAILBOXES
Resident mailboxes are located in the Pathology General Office at MS4, Thorlakson Building, HSC. Please ensure you check your mailbox on a weekly basis.

As well, there is a mailbox for the Program Assistant which is located in the Pathology General Office at MS4 Thorlakson Building, HSC. If you have any documentation that needs to be given to the Program Assistant you can either place it in their mailbox or you can walk it over to the Department of Pathology Office at 401 Brodie Centre.

EMAIL COMMUNICATION
All Pathology Residents are provided with a University of Manitoba Email account when they start the program (@myumanitoba.ca). Residents are also provided with a WRHA email account (@manitobaphysicians.ca) as well when they enter into the program.

As of September 2013 the University of Manitoba email policy changed and the University of Manitoba will only use your University email account for official communications, including messages from your instructors, preceptors, departments and administrative staff.

With residents receiving both of these email accounts, residents can select which email address they would like to use as their primary address for all communications. It’s strongly encouraged that you check both emails on a regular basis so no communications are missed. It’s strongly recommended that residents DO NOT FORWARD either of these email addresses to their personal accounts. With highly sensitive information coming from the University of Manitoba or from the hospitals regarding patient information, your personal email address accounts are unsecure and can be easily compromised.

When you have selected which email address you would like to use as your primary contact for all communications (university or WRHA) throughout your residency training please inform the Program Assistant so they can record the proper information in their data base.

Social Media: If you are thinking of starting a group chat, or facebook page etc. please review the University of Manitoba’s Policy when it comes to proper social media etiquette: http://umanitoba.ca/admin/mco/socialmedia_guidelines.html

RESIDENT COMPUTERS
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/New_eHealth_Access.pdf

E-health will provide user names and passwords and should be contacted with any login issues.
Issues with computers contact John Medwid 204-787-4583 Email: jmedwid@sharedhealthmb.ca
E-Health contact is: Phone: 204-940-8500 Email: servicedesk@manitoba-ehealth.ca

Access to the following hospital networks: ARIA (CancerCare System) – requests will be sent in by Program Assistant and access should be there on your first day, when you begin your PGY 1 year.

OMNYX (Digital Pathology System) – All residents’ computers are equipped with OMNYK and E-Health would provide the resident with their login information.

RESIDENT MICROSCOPES
Each resident has been provided a microscope at their work station at HSC. These microscopes are the property of the University of Manitoba, Department of Pathology.
If a resident encounters that their microscope is not working properly they need to email the Residency Program Assistant and cc the Program Director explaining what issues they are having with their microscope. The Residency Program Assistant will then contact Olympus to see what will be the best way to handle the repair.

If a microscope needs to be packed up/or relocated, the resident should contact the Residency Program Assistant for further instructions, and to determine if the Olympus Representative needs to come down for assistance.

**RESIDENT – VERIFICATION OF ENROLLMENT LETTERS**

There are times when Residents will require a letter to verify their enrollment with the University of Manitoba, for banking purposes, loans, enrollment with other Medical Organizations, etc.

**Letters for Banking Purposes/Loans:** These letters need to be requested from WRHA. Email: MSAS_Residents@wrha.mb.ca – departments are not allowed to provide a letter concerning salary as the University Departments are not the employer of the resident.

**Letter of Verification:** Residents requiring this type of letter need to submit an email to the Residency Program Assistant with details as to why they need the letter, and to who the letter should be made out too. The Program Assistant will determine if the letter can be done by the department or if the letter will need to come from the CPGME Office. The Program Assistant will email the resident back with instructions on how they can pick up their letter.

**All other inquiries:** If the resident is unsure who they need to ask about the type of letter of verification they need they can contact the Residency Program Assistant for assistance.

**VENTIS**

*(Assessments/Evaluations/schedules)*

VENTIS a web-based program used by the University, contains all Resident rotation schedules within the Max Rady College of Medicine for a full academic year (13 periods July – June). All residents are required to use VENTIS to enter all rotation requests, vacation, stat days, conference leaves, Maternity/Paternity leaves, LOA requests, Educational leaves, Illnesses, etc. Residents are asked around January of each year to begin entering their rotation requests for the upcoming academic year. In addition, VENTIS provides access to all your Rotation Goals and Objectives.

All your required assessments that you need to complete throughout the year are on VENTIS *(NO PAPER COPIES WILL BE ACCEPTED)*. Residents are required to complete their Rotation Evaluations, Preceptor Evaluations, and Pathology Grand Rounds Evaluations (if you attended), and Academic Half Day Session Evaluations in VENTIS. You will also be responsible to review all your MRA’s (Mid Rotation Assessment Evaluations), and ITAR’s, which are completed by your preceptors in a timely manner and date stamp them as to when you reviewed them. As well, you will be able to review your RORP (Report of Resident Progress) which is completed by the Program Director every six months (December and June). It is **IMPERATIVE** that you complete your evaluations and read and accept your rotation evaluations on a regular basis. If any MRA’s or ITAR’s have not been completed and submitted in the VENTIS system by the end of your training each year there may be the possibility that you may not be able to progress to the next level until all documentation has been received.

Residents are encouraged to ask their rotation preceptors when they can meet to have their face to face meeting to complete their MRA (half way through their rotation) and also set a date/time to meet closer to the end of their rotation to complete their ITAR. These evaluations are time sensitive and need to be completed and submitted into VENTIS by the preceptor by the end of the resident’s rotation, or within 7 days after the rotation.
All teaching sessions will be found on your calendar. Some sessions are mandatory and some are optional. The optional sessions are listed in case you would like to attend or if it pertains to the rotation you are on. If any sessions are canceled etc. updates will be done by the program assistant and changes will be reflected in your VENTIS calendar. You can sync your VENTIS calendar with your own personal calendar so you have all the information right at your fingertips on your hand held devices (Information provided to you in your departmental Orientation session). Your call schedules are also visible on your calendar.

A username and password will be assigned to you by the PGME office, along with an orientation and instructions on how to use the system at the beginning of the academic year. If you do forget your username and password please contact the Residency Program Assistant for assistance.

It is recommended that you log into VENTIS using Firefox. We recommend bookmarking the link for VENTIS. The website is as follows: https://uofm.ventis.ca
If at any time you require assistance you can contact your Residency Program Assistant, or you can email the VENTIS team at: VENTIS.PGME@umanitoba.ca

**Switching Rotations**

Once Residents have finalized their rotation schedules in VENTIS (by March of each year), any changes that need to be made to the residents schedule once the schedule has been locked down, you need to contact the Residency Program Assistant for assistance. Any changes that need to be made will require the approval of both training coordinators from both rotations. When the approval from both supervisors has been received (email documentation is fine), then approval from the Program Director is required. Once the Program Director has approved the change, then this information can be passed on to the Residency Program Assistant who will assist the resident in changing the required rotation in their schedule.

**OTHER ROTATION POLICIES & PROCEDURES**

**Rotation Learning Contract**

At the start of each new rotation the rotation preceptor and resident on the first day will complete a Learning Contract. The Preceptor will fill out the necessary information and will discuss the general goals of the rotation, specific goals, expected responsibilities and performance, discuss actions to strengthen weaknesses (if required), overview of learning experiences to date. Both the Resident and Rotation Preceptor will sign off/date the form, once the residents has acknowledged that they have read the Graded Responsibilities for the rotation and discussed any questions with the preceptor; they will report any concerns about the learning and working environment to the preceptor or Program Director; and will discuss possible solutions to any problems they encounter. This form will be turned into the Residency Program Assistant to file in the Resident’s folder.

**Appeals Process**

A Resident may submit an appeal to the Home Program with respect to any procedural or academic, specialty specific issues (substantive decisions) arising out of the evaluation process. This appeals policy is transparent and made known to the Residents.

The Appeal committee will be called ad hoc and chaired by the Program Director and consist of members from the Admission/Assessment Committee, selected members from the Resident Training Committee (RTC), and the relevant rotation preceptors from the teaching hospitals.

Care should be taken to maintain Resident confidentiality, particularly if email is used.
Procedure Process if an Appeal is brought forward:

- The Resident should discuss the issue and seek guidance from site supervisor, rotation preceptor, mentor, program director or the PGME Office depending on conflict of interest and Resident’s level of comfort.
- If a Resident elects to move forward with a formal appeal, the appeal must be submitted in writing to the Home Program Director. The Resident is encouraged to submit the appeal as soon as possible after having become aware of the decision that is being appealed. Timeliness is considered important in order to obtain clear information surrounding the issue at hand.
- Once the Program Director has received the appeal, they must provide the Resident with a copy of the Postgraduate Evaluation Policy and Procedures, along with any program specific evaluation policies.
- If a resident is submitting an appeal to their Home Program Director from an off-service rotation, the Home Program Director will consult with the Off-Service Rotation Preceptor and / or their Program Director, along with other appropriate individuals.
- The Resident must be offered the opportunity to attend the Appeal Committee Meeting where their case is being reviewed. The Resident must be provided the opportunity to invite relevant individuals and / or counsel.
- If the Resident does not agree with the committee’s decision, they have the option to appeal all matters to the PGME Office.
- If the program committee is unable to reach a decision on the issue, the Program may elect to refer the matter to the PGME Office.
- There must be a written report documenting the details and the outcome of all appeal. A copy will be sent to the Assistant Dean, Postgraduate Medical Education, as well a copy is maintained in the Resident’s file.
- In Case of Harassment/Intimidation, issues which the resident may encounter with any staff member, the resident has the option of discussing the matter with their Program Director, or their Department Head, or the PGME Office (Associate Dean, PGME, or the Professionalism Office). These issues will be kept confidential and will not be requested to be submitted in writing.

Additional Information:
CPGME Policies and Procedures Link:
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

Remediation Process
If a resident has received an unsatisfactory evaluation (incomplete, borderline, or fail) in their rotation these are the steps that could be followed for possible remediation:

1. In all cases, the Program Director and the resident should meet as soon as possible to discuss and review the ITER and all supporting documentation. This may lead to a discussion with the Residency Training Committee.
2. The resident may elect to accept or reject the evaluation. If the resident elects to reject the evaluation, they may appeal the designation (see Appeal Policy).
3. If the resident accepts the evaluation, a Remediation Plan addressing the resident’s deficiencies should be implemented as soon as possible.
4. The terms of the Remediation Plan shall be subject to the agreement of the resident, the Program Director and the rotation preceptor.

Remediation Plan should include:
- Nature of the Remediation Plan
- Identification of the areas of deficiency
- Specification of how the Remediation Plan will be evaluated
- A statement of the expected outcomes of the rotation
- Defined time frame for completion of the Remediation Plan
- Consequences of receiving a designation of “Unsatisfactory”

5. The Program Director shall provide a copy of the ITER and Remediation Plan to Residency Training Committee (RTC), the Postgraduate Medical Education Office (PGME) and to the resident’s file.
6. If the resident completes the Remediation Plan with a designation of “Satisfactory”, the resident will proceed in the program and the Program Director will notify the Residency Training Committee (RTC), the Postgraduate Medical
Education Office (PGME) of the outcome. The documentation surrounding the remediation will be kept in the resident’s file.

Additional Information:
CPGME Policies and Procedures Link:
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

**Promotion/Evaluation Process**

*The purpose of evaluating residents is:*

- To assess their individual strength and weaknesses in order so they may further develop their strength and also address their weaknesses.
- To ensure that the graduates of the program meet or exceed defined levels of competences.

Evaluations are based on both program and rotation specific goals and objectives.

**Evaluation Process**

1. The rotation preceptor should meet with the resident at the beginning of rotation to discuss:
   - Goals and objectives of rotation
   - Resident’s duties and responsibilities during rotation
   - Learning contract with the resident
   - Evaluation process during the rotation

2. The rotation preceptor and/or the signing pathologist should provide regular ongoing informal feedback to the resident during their rotation. Formal feedback on the resident’s performance should be documented on all rotation evaluation forms completed by the staff pathologists and/or the rotation preceptor.

3. A mid-rotation evaluation is mandatory and should be completed by the rotation preceptor in a timely manner.

4. If concerns or deficiencies regarding a resident’s performance arise during a rotation, the rotation preceptor must have a face to face meeting with the resident (before or at the midpoint of the rotation) to allow the resident an opportunity to address and correct concerns and deficiencies prior to the end of their rotation. These details need to be documented on the mid-rotation evaluation.

5. The rotation preceptor is responsible to organize an exit exam at the end of the rotation for the resident.

6. All information received on resident’s performance should be reflected in the ITER and is based on the feedback from the mid-rotation evaluation, feedback provided by other staff members, exit exam results and other evaluation forms from their rotation.

7. If a resident has met all their training requirements for the rotation they will receive a pass for that rotation.

**Procedure for Unsatisfactory Performance/Evaluation:**

The evaluation on the ITER should indicate whether or not the resident has not met the expected trajectory of training. The summation of the VENTIS ITER provides five possible categories of overall assessment of resident performance:

- Well behind the expected trajectory requiring remediation/probation
- Behind the expected trajectory, will require extension of training if not improved
- Is meeting the expected trajectory of training
- Is somewhat ahead of the expected trajectory
- Is significantly ahead of the expected trajectory

The final result of the resident’s performance falls into three categories: Pass, Borderline, Fail

If a resident has not met all their training requirements and has been identified as a Borderline or Fail performance, a possible remediation plan may be considered.

1. An “Incomplete” evaluation indicates that the rotation preceptor has been unable to properly and fully evaluate the resident because the time the resident spent on the rotation was insufficient for whatever reason (e.g. illness, extenuating
circumstances, etc.). If the rotation is incomplete, additional time or rotation requirements may need to be made up to fulfill the requirements of the rotation.

2. Residents should be aware that time away from rotations (e.g., vacation, professional leave, etc.) may interfere with the acquisition of the competencies outlined by the goals and objectives of the rotation. While ultimately, the PARIM collective agreement regulates time allowed away from rotations, residents and rotation preceptor are advised to consider this when requesting or authorizing time away from the rotation.

3. The rotation preceptor is responsible to meet with the resident at the end of rotation to discuss and review the completed ITER and all supporting documents including exit exam results. The rotation preceptor should ensure that all supporting documentation is sent to the Program Administrator and should be available for the Program Director for review.

4. In exceptional circumstances where it is not possible for the rotation preceptor to meet with the resident prior to the end of rotation to discuss completed ITER, verbal feedback has to be given to the resident including exit exam results. The rotation preceptor should attempt to meet with the resident as soon as possible thereafter.

5. It is expected that a resident will review their evaluation as soon as possible.

Promoting Residents to their next level of training:
1. Admission/Assessment meeting will be called to review all residents’ performance to see if they are eligible for promotion to the next level of residency training based on their overall performance (results of in-house exams, all rotation evaluations including exit exams, residents RORP’s, RISE Exam results, and digital examination results) in all their training rotations for the academic year.

2. At the next RTC meeting the Admission/Assessment committee can bring forward their report for resident promotions to be reviewed and finalized.

3. Promotions will be approved by the RTC. If the RTC approves a residents promotion as they have passed all their training requirements without issue for that academic year they will be promoted to their next training level.

4. If a resident has not met all their training requirements and is performing below the expected trajectory then the Admission/Assessment Committee will outline a remediation plan to be discussed with the RTC.

5. All decisions regarding completion of program, extension of training, remediation, probation or dismissal must be ratified by the Associate Dean of PGME.

Additional Information:
CPGME Policies and Procedures Link:
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

REPORTING ABSENCES
Residents must report all absences during their residency training. Absences should be reported no later than 8:30am that day (by telephone and email). The resident should email the Residency Program Assistant, Program Director, and the Preceptor(s) for your rotation. As well, the Resident should also leave a voice mail message for their Preceptor(s) as well just in case of a server outage and they are not able to access their email.

You need to inform the following individuals when you will be away from the department (when you’re away sick all day, half day, or even for a few hours – (email PD, PA, Rotation Preceptor, and any other people involved in your rotation), as this time away needs to be tracked. As well, if you need to schedule personal appointments (ie. Medical, Dental, or other) or if you need to attend different committee meeting(s) including departmental, PARIM or any other related meeting(s), during your scheduled rotation (email PD, Rotation Preceptor, and any other people involved in your rotation), even if you will make up the time for being away for a few hours for your appointment or committee meetings.

When you start a rotation and you have scheduled vacation time you should remind your preceptor(s) of this right away, so they can structure your working schedule accordingly.

Failure to notify the proper individuals about any type of absence while you are on rotation could be marked as an incomplete and could fail the rotation, which you would need to repeat at a later time.
Please note: The PGME Policy that all departments are required to follow for missed time from a rotation http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/PGME_RESIDENT_ASSESSMENT.FINALSenate25June2014.pdf indicates that Rotation-Incomplete is a rotation in which the resident has missed more than 25% of the rotational activities for any reason, such as medical illness, conference or holiday. The screenshot below is part of the PGME Policy.

Rotation - Incomplete – is a rotation in which the resident has missed more than 25% of the rotational activities for any reason, such as medical illness, conference or holiday.

3.4 For Incomplete Rotations, the following procedures apply:

3.4.1 Should a resident fail to complete seventy-five per cent of a rotation, then the Rotation Supervisor and/or Residency Program Director must record this as an incomplete rotation on the rotation assessment.

Illness Days
Illness days will be tracked in VENTIS in your daily schedule. Residents also have a total of 30 illness days to use during their academic schedule which runs from July 1st – June 30th of every year. If you overstep these 30 illness days then a leave of absence request will need to be started and WRHA, PGME, and the Program Director will have to be notified. Depending on the length of the absence, a doctor’s certificate may be required indicating your fitness to return. The Residency Program Assistant can assist with entering the time in VENTIS if required.

If you will be away due to an Illness and need to take time off you should also notify the Program Assistant, Program Director, and your Preceptor that you will be away. If you do need to leave during your working day you should also notify the appropriate people via email of your absence and the time frame.

How to record your Illness Time in Ventis:
1. Log into VENTIS
2. Click on Daily tab at the top
3. Click on Trainee Assignment (Left side of the page)
4. Locate the date
5. Click on the arrow symbol in the assignment column and select “Illness”
6. In the site column select the hospital location you are currently at
7. Click on all day (if you will be away for the entire day); or just enter the select period of time instead (if its only for a few hours or half a day)


Examination Prep Time Resident’s wanting time off to prepare for an upcoming examination they have scheduled (ie. LMCC, USMLE) should email the Program Director, Preceptor (of their rotation they will be at during the time REQUESTED FOR EXAM PREPARATION), and cc the Program Assistant to request time off. Residents could be granted up to a week of study time (5 working days) AS LONG AS ALL THE INVOLVED PARTIES ARE IN AGREEMENT.

Conference Time Resident’s wanting time off to attend a conference during their academic year must submit their request in writing (via email) AT LEAST THREE MONTHS IN ADVANCE to the Program Director, Preceptor (of their rotation they will be at during the time of the conference), and cc the Program Assistant stating why they would like to attend (ie. presenting a poster, invited as a guest speaker, of if they would like to attend for information purposes). As well in the written request they will need to state how long they will be away for. Residents could be granted time off AS LONG AS ALL THE INVOLVED PARTIES ARE IN AGREEMENT. Once time has been approved then the resident will have to submit the proper paper work to the Program Assistant (Pre-Authorized Travel Form), for departmental approval for expenditures.
VACATION REQUESTS

All vacation requests will be tracked in VENTIS. Residents have 20 days to use during their academic schedule which runs from July 1st to June 30th of each year (no carry over is permitted). The Residency Program Assistant will track these dates and can assist with entering the time in VENTIS if required. Once the resident knows what vacation time they would like to request the resident should submit their request via email to the Program Director and the Preceptor(s) to which they are scheduled to be with, and cc the Residency Program Assistant. Permission from their Preceptor(s) must be obtain to know if it’s ok to be away during their rotation. Once permission has been granted by the preceptor the resident should forward that email to the Residency Program Assistant and cc the Program Director for verification. A preceptor can deny a vacation request if they feel all the training requirements will not be met by the end of the rotation.

**Vacation Submission Deadlines**

Pathology Residents vacation time is only tracked for time off during their weekly work schedule (Monday – Friday). No vacation time will be tracked over the weekends as Residents do not work on weekends. Residents wishing to take any vacation time from July – December should have their vacation requests submitted in the spring of each year. Any Vacation time the resident wishes to take time off from January – June requests should be submitted in the fall time of each year. Having vacation requests submitted well in advance helps the department plan for Off-Service and Medical Student Elective Requests throughout the year. Please check with your Rotation Preceptor for requesting time off from your rotation. Single Vacation days are allowed in the department of Pathology only on your home rotations if required.

**PGY 1 Vacation Requests**

PGY 1 residents should only request one/or two week vacation blocks during their home rotations scheduled in their PGY 1 year. Residents will be able to take time off during their SurgPath Grace/Autopsy/SurgPath HSC or SBGH rotations. With the PGY 1 rotation schedule mostly off-service rotations, it is highly recommended that you do not take vacation time during your off-service rotations. If vacation needs to be taken on an off-service rotation then the resident will need to email the rotation training coordinator with their request. Off-Service sites can deny your vacation requests, as with a short period of time in the rotation there could be too much information missed and the department may feel all training requirements may not be met by the end of the rotation. If an off-service site denies your vacation request the Department of Pathology will support their decision. Single Vacation days are allowed in the department of Pathology only on your home rotations if required.

**Stat Days**

Residents are allowed Stat Days. Stat Days are for any residents who are scheduled to be on call during a regular statutory holiday. The resident then can decide at a later date when they will schedule this day off. The Residency Program Assistant tracks this information as well.

**December Holidays**

Residents are allowed December holidays. Residents are entitled to three weekdays off which needs to be linked to a weekend, for a total of 5 consecutive days off (as per the PARIM Contract). This is either over Christmas or New Year’s timeframe. Most rotations will try to accommodate requests. You also have the option not to take your 5 days of holidays at this time and may possibly use them at another time later in the year, subject to the approval of the Program Director.

**Vacation Changes**

Any change in vacation time, due to personal plans changing or switching of rotations, etc. (after things have been finalized in VENTIS) the resident should make sure they have the approvals of their training coordinator(s) about the change in vacation dates. The resident will need to submit the necessary documentation to the Residency Program Assistant who will then assist the resident with updating their vacation changes in VENTIS.

It is highly encouraged Residents should pre-plan well in advance their holiday schedules and notify the appropriate individuals as to what time frame they would like to take off as soon as possible. The Residency Program Assistant can assist with entering the time properly into their VENTIS schedules if required.
ON CALL SCHEDULES

On call schedules will be found in your calendar on VENTIS. PGY 1 Residents do not participate in the Pathology Call Schedule. However, they may be expected to do on call shifts related to their off-service PGY1 rotations in the other medical areas.

Pathology residents are on-call only at Health Sciences Center.

Time
All call shifts are a week long and are taken from home. Call begins at 17:00 on Friday, and ends at 08:00 the following Friday. If a resident should be called in to work between the hours of 24:00 and 06:00, they are allowed time off that morning, until 12:00pm. If there is an attending staff working with the resident on the post-call day, a message should be left with him/her regarding the resident’s absence. If the resident is called in to the hospital and must remain in hospital for a minimum of four hours, with at least one hour of that time occurring after midnight and before 06:00, the resident can apply to be paid the in-house call rate through PARIM, and is eligible for a full post-call day.

Pathology call duties are assigned to PGY2 – 5 residents on a rotating basis. PGY2 residents will not be placed on-call until after they have shadowed a senior resident on-call at least one weekend. The number of call weeks assigned per year depends on how many residents are in the program.

Fresh specimens received after 17:00 will be stored in the fridge until the resident arrives.

On-Call Memo
An “On-Call Memo” is placed in the resident’s work mailbox on the Friday morning before their call begins. This memo lists the staff and technologists on-call, and their phone/pager numbers. This list should be carried with the resident at all times during their call shift. If the resident is not able to pick up the memo at HSC, the resident can ask the Pathology front office to send the memo via fax to the hospital the resident is at or via e-mail directly to the resident.

Duties
a) Routine Surgical Pathology:
The on-call pathology resident is responsible for all fresh Anatomic Pathology specimens received at the Health Sciences Centre on the weekend, or weekdays after 17:00 and before 08:00. On weekends, the resident is expected to come to the hospital on both Saturday and Sunday to collect specimens and make sure any fresh specimens are properly opened and placed in fixative. Responsibilities include, but may not be limited to, the following: inking, obtaining measurements, taking photographs, opening and fixation, proper storage, notification of other services that may need to be involved, initial sampling, and submission of material in the proper media for ancillary studies.

b) Cytology specimens:
Pathology residents will be called for any cytology specimens that need to be processed urgently on the weekend. The pathology resident on-call is responsible for calling the cytotechnologist and, if necessary, the histotechnologist to come in and begin processing the specimen. The resident also needs to alert the attending physician that the slides will need to be read, and give an approximate time that the slides will be ready. The cytotechnologist is only available from 09:00 to 17:00. Any cytology specimens received after 17:00 will be processed the following morning.

c) Frozen sections:
The pathology resident on-call is responsible for attending and participating in all frozen sections received at HSC on the weekend, or weekdays after 17:00 and before 08:00.
The OR is to give the resident at least 60 minutes lead-time before weekend/after-hours frozen section requests. During the weekend and weekdays after hours, there is a histology technologist on-call for frozen sections (see “On-Call Memo”). Residents are responsible for contacting the on-call technologist and should notify their staff pathologist regarding the frozen section immediately. Although a resident should be familiar with how to cut a frozen section, attempting to cut a diagnostic frozen section after hours without the aid of an experienced histotechnologist is strongly discouraged.
d) Lymphoma Protocols:
The pathology resident on-call will be responsible for performing lymphoma protocols. Once the resident receives notification of the lymphoma protocol, they will contact the hematopathologist on-call (see “On-Call Memo”) who will advise the resident how to proceed. One hematopathologist covers call from Friday to Sunday and a different one covers call from Monday to Friday. The resident should be sure to contact the correct hematopathologist.

e) Pediatric Specimens:
Pediatric specimens are usually considered urgent and must be processed as soon as possible. The resident should page the pediatric pathologist for instructions on how to handle the specimen. Often, a frozen section will be necessary to determine how the specimen will be handled, and the pathology resident is responsible for calling the histotechnologist to come in for the frozen section.

f) Autopsy:
The pathology resident on-call is not responsible for participating in weekend autopsies. However, they should be familiar with the number of the chief medical examiner and be able to direct phone calls as appropriate should they receive a page inquiring about autopsy.

g) General Inquiries
The pathology resident often receives pages from people asking where to send a specimen, what to send it in, or other logistical questions. The resident must be familiar with basic protocols for handling specimens and which types of media are appropriate for certain specimens in order to handle these inquiries.

Specimens from other sites may be received by General Processing on the 5th floor if they arrive after hours (If a specimen cannot be located checking the 5th floor may be helpful). The resident may be paged for instructions on how to handle these specimens and should be familiar with which types of specimens need to be processed immediately and which can be placed in the fridge for the morning.

Covering Call for Someone Else (Last Minute Switch)
Last minute switches to the call schedule when asked to cover for someone else should be conveyed to the Administrative Assistant and/or the Front Office Supervisor in the Pathology Front Office – HSC (MS459), who will contact hospital paging, as well as the on-call staff pathologist and if possible the chief resident. As a safety measure the resident should ask hospital paging to forward messages from the pager # of the resident no longer covering call to the pager # of the resident now covering call. Page these numbers to confirm the message forwarding is working and remember to reverse the process later when the original resident is available.

Be Proactive
During weekdays, phone the gross room (787-2611) at approximately 4:00 PM to see if there are any expected frozen sections or fresh gross specimens pending. This allows one to anticipate any problems and allows time to leave other sites on time or to arrange alternative coverage in advance.

SAFETY POLICY
Anatomical Pathology Residency Program

1. BACKGROUND
The Royal College of Physician and Surgeons of Canada and the College of Family Physicians of Canada have collaborated in developing national standards for Residency programs. Regarding resident safety, Standard B1.3.9 states:
3.9 The residency program committee must have a written policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac). The policy should allow residents discretion and judgement regarding their personal safety and ensure residents are appropriately supervised during all clinical encounters.

3.9.1 The policy must specifically include educational activities (e.g. identifying risk factors).

3.9.2 The program must have effective mechanisms in place to manage issues of perceived lack of resident safety.

3.9.3 Residents and faculty must be aware of the mechanisms to manage issues of perceived lack of resident safety.

The PGME Program has established an overarching FPGME Resident Safety Policy applicable to all residency programs, for reporting and responding to specific safety issues, available on the PGME Program website: http://umanitoba.ca/faculties/medicine/education/pgme/media/FPGME_Resident_Safety_Policy.pdf

2. PURPOSE OF THIS POLICY

1. To augment the FPGME safety policy by identifying specific provisions to address safety concerns related to educational activities undertaken as part of the Anatomical Pathology residency program.

2. To describe the mechanisms in place at the program level for addressing, reporting, and/or reducing unsafe events and conditions.

3. To establish that residents have the right to use their judgement when deciding if, when, where, and how to engage in clinical and/or educational experiences that they perceive to involve safety risks.

3. SCOPE AND RESPONSIBILITY

1. The University and all affiliated teaching sites as well as ambulatory, outpatient and private practice locales are accountable for the environmental, occupational, and personal health and safety of their employees.

2. Residents must adhere to the relevant health and safety policies and procedures of their current teaching site.

3. All teaching sites must meet the requirements of the PARIM collective agreement.

4. The Anatomical Pathology residency program is responsible for identifying and communicating foreseeable safety risks related to education carried out within the program, educating residents and risk minimization strategies, and for making decisions about educational experiences that take into account, among other things, the educational benefit relative to any safety risk.

4. POLICY STATEMENT

1. The Anatomical Pathology residency program formally acknowledges, endorses and agrees to adhere to the FPGME Resident Safety Policy

2. The residency program also requires residents to adhere to the Shared Health Services Manitoba Workplace Safety and Health Policy, Shared Health Services Manitoba Dress Code Policy, and review the Environment, Health and Safety Awareness orientation checklist with the Lab Safety Officer.

3. Reporting of, and response to, all manner of incidents related to Environmental Health, Occupational Health, and Personal Health and Safety will be addressed as outlined in FPGME Resident Safety Policy and Shared Health Workplace Safety and Health Policy.

4. The residency program requires residents to engage in the following specific situations that may pose a safety risk:
   - House calls
   - Work in isolated or poorly protected environments
   - Exposure to potentially dangerous environments
   - Exposure to potentially harmful bodily fluids
   - Exposure to environmental hazards including pathogens and chemical reagents
   - Encounters with potentially violent or aggressive persons
   - Exposure to potentially dangerous equipment and/or high risk transportation

5. The program commits to providing residents with a full disclosure of foreseeable potential risks associated with these activities.

6. The program will ensure that residents receive education and preparation for these activities using best available evidence and practices AND assess residents for appropriate understanding PRIOR TO involvement in these activities.
7. Residents will not be required to handle any specimens alone in any of the above situations if not appropriately supervised.

8. Residents must immediately notify their supervisor, clinical administrator, or more senior resident of perceived safety concerns.

9. Residents involved in safety-related events, or who have safety concerns, are encouraged to contact their Residency Program Director, Shared Health Medical Site Manager/Lab Manager, the Associate Dean (PGME), or the Associate Dean (Professionalism).

10. A resident should not encounter negative repercussions for decisions they made in good faith related to personal safety concerns.

11. The Residency Program Committee will review all concerns brought forth and take steps to minimize future risk.

12. At times, a resident may be called upon to respond to an acute situation involving a person or specimen which poses a risk to the resident’s personal safety and wellbeing. Residents are expected to consider the effect on themselves and the patient when deciding on a course of action. Every effort should be made to consult more experienced health care providers or staff and seek assistance, support or alternative courses of action. Ultimately, residents should use their best judgement when deciding if, when, where and how to engage in clinical and/or educational experiences.

   Should a resident fail to engage in such an experience (or engage in a manner other than what has been requested or previously expected of them) due to perceived safety concerns, the resident will report this to their site supervisor immediately AND to the residency program director at the earliest reasonable time.

13. Should a resident repeatedly fail to engage in an activity that can be reasonably considered part of their specialty practice, that is a mandated component of the residency training, and for which all means of risk reduction and education have been instituted by the program, the residency program committee will review the circumstances in the context of the general CanMEDS physician competency frameworks.

14. Disputes of decisions made by the residency program committee will be referred to the Associate Dean, PGME for discussion at the PGME Executive Committee.

15. Appeals of decisions will follow the usual Max Racy College of Medicine appeal process.

Safety Policy – Shared Health Services Manitoba:
All Shared Health polices have been moved to a closed platform and are only accessible by Shared Health Staff.
For more information on the Shared Health Services Manitoba Policies you can contact:
Phone: 204-926-8005
Email: contact@sharedhealthmb.ca

REFERENCES:
Annotated General Standards of Accreditation – B Standards, January 2011, Editorial Revision July 2011

RESIDENT MENTORSHIP PROGRAM

Description
The primary purpose of the Resident Mentorship Program is to provide the resident with another person that they can talk to and seek guidance from, in addition to the Program Director, their preceptors, and staff at their rotation sites. The Mentorship Program is for PGY 2-5 Residents. PGY 1 Residents will be assigned a mentor by the Program Director if required during their first year.

The primary role of the mentor is to advise the resident over the course of their training program, in order to optimize their academic and career choices. The mentor can serve as a link in order to direct residents to appropriate and stimulating educational and research opportunities.
Mentoring has been demonstrated to be an important component in the learning and development of professionals. It is also an important way by which adults gain new knowledge and skills.

**Program Goal**
To foster the development and growth of the pathology Residents through discussions, interactions, teaching and role-modelling provided by a mentor.

**Mentor Selection**
- A staff Pathologist (GFT/non-GFT) who has volunteered/agreed to be a mentor.
- The junior residents (PGY 2-3) can approach and request the staff they feel comfortable with and would like to have as a mentor.
- The residents can change mentors depending on their career goals, subspecialty interests or for other reasons. Given the importance of mentorship influence in residency, arrangements will be made to switch mentors to allow for a positive experience, and the specific issues will be addressed on a case by case basis by the Program Director.

**Mentors Role**
- The mentors will provide the resident with guidance, support and advice throughout their residency year. Topics that can potentially be discussed include progress during rotations and program activities, career goals and general well-being during the Program.
- The mentor and resident will meet on mutual agreeable basis during the residency year but should meet a minimum of 3 times during their academic year (approx. every 4 months), or as it’s required.
- The mentor will encourage frank and open discussion about any issues that might affect optimal academic performance. If personal counseling is deemed necessary, it is generally advisable to suggest appropriate professional help rather than to assume this role personally. The mentor will maintain open communication, either in person, by phone or by email.

**Documentation/Assessment**
The mentor will need to complete a meeting documentation form, each time they meet with the resident. All completed forms will be handed into the Pathology Office to the Program Assistant for filing. Also there will be a feedback evaluation form completed by both mentors and residents to evaluate the mentorship program. Feedback evaluations will also aid in providing better mentorship support for future residents.

**RESIDENT WEEKLY PORTFOLIOS**
In accordance with the Royal College Standards, Anatomical Pathology Residents are required to maintain a training portfolio. A portfolio is a collection of a resident’s work, which provided evidence of the achievement of knowledge, skills, appropriate attitudes and professional growth through a process of self-reflection during their rotations. Residents will be expected to hand in weekly portfolios to the Residency Program Assistant. The forms can be left in the Residency Program Assistant’s mailbox in the Pathology Department at HSC, or they can be sent via email or faxed into the office. These weekly forms should be submitted each Friday afternoon or no later than the following Monday morning. The Residency Program Assistant will provide each new resident an electronic copy of the form when they start the program so they can save it on their computer for continued used during the duration of their residency.

**RESIDENT ROTATION LOG BOOKS**
Residents are expected to submit a log book after the completion of each of their rotations. The log book tracks the cases that the residents will be involved with during their rotations. It will track the Date, Case ID, Gender, Patient Age, Clinical Physician/Supervisor, Diagnosis, and Comments. The log book should be emailed to the Residency Program Assistant on the last day of the rotation or the following day. The Residency Program Assistant will provide each resident with a template of their log book just prior to the start of their new academic year (July 1).
GROSSING AND FROZEN SECTION DAYS

Procedure steps to follow at HSC:

Grossing Steps: Touch base with the senior PA/grossing room on Friday and know which case you’re grossing on Monday. Read the clinical history, previous pathology reports and CancerCare notes if applicable. Read the Lester grossing manual (and CAP guidelines for staging – if applicable). Show up on Monday early, well prepared and oriented to the specimen/s you’re grossing.

Frozen Section Steps:
Show up before 8am on the day that you’re on Frozens. Make a copy of the OR list and flag the patients with a potential for a frozen section request. Check their history/previous pathology reports. Review the previous slides if applicable. Let the front office and the pathologist on call know that you’re on Frozens. Make sure your pager is working.

Frozen Section Attendance Sheet: These attendance sheets are in a Purple Folder in the Frozen Section Room (HSC). Residents need to log their attendance each time they report to the frozen sections with the on call pathologist. Once the attendance sheets are full they are to be turned into the Residency Program Assistant for filing.

Frozen Section (HSC) Evaluation Form: This form is also located in the Frozen Section Room (HSC) in a Red Folder. Residents will hand this form to the on call pathologist they are working with. The pathologist will complete the form and will return it to the resident (expectations is the form should be completed in the frozen section room before both individuals leave). The resident will turn in the completed form to the SurgPath HSC Training Coordinator.

RESIDENTS NEED TO MAKE SURE THEY COMPLETE the Frozen Section, Grossing and the Weekly Sign Out evaluations at HSC, and turn them into their current training coordinator to incorporate into their overall evaluation process.

Procedure steps to follow at ST. Boniface:

Grossing Steps: The day before grossing, touch base with the supervising pathologist to ensure they are aware that you are grossing under their supervision. Touch base with the senior PA/grossing room to select cases. The cases selected are at the discretion of the supervising pathologist, followed by the senior PA. Read the clinical history, review radiology reports, previous pathology reports, and/or cancercare notes. Read the relevant sections of a grossing manual and the CAP checklist. Be prepared to start at 8am on grossing day.

Frozen Section Steps: Currently the resident are not integrated into the frozen section performed at St. Boniface, due to the nature of the schedule here (the sign-out pathologist is not the same as the frozen section pathologist, as it is at HSC). The resident rotating at St. Boniface should take turns covering the frozen section service. First thing in the morning every day, the resident should provide their name and pager number to the pathology specimen receiving room and ask to be paged for frozen sections that day.

MONTHLY TEACHING SCHEDULES

Each month you will find in your VENTIS calendar all the different rounds that are being offered from the different areas. If there are round sessions that are of interest or pertinent to the area you are currently on rotation you are welcome to attend. The information is available to all faculty, staff, and residents. The Program Administrator will enter the information as it’s received and the updates are live. If an event has been cancelled the Program administrator will remove the information, so your calendars are always up to date with the current information. You can sync your VENTIS calendar with your hand held devices so all the information is there right at your fingertips without having to log into your account.

As well the residents Academic Half day sessions will also appear in your calendar for each Thursday morning. These sessions are mandatory.
ACADEMIC HALF DAYS

Academic Half-Day is a mandatory session regardless of your PGY level. Sessions are held every Thursday morning from 8:00am-12:00pm. The Chief Resident is responsible for coordinating the teaching schedules for these mornings. These sessions are entered into the residents VENTIS calendar. Attendance is recorded each week. If a resident will be absent from Academic Half Days the resident should email the Program Director and Chief Resident as to why they will be missing. If repeated absences still occur without explanation or prior approval from the Program Director, it will be noted and the Program Director will be informed.

EXAMINATION/ASSESSMENT

March Digital Slide Exam – Each year, residents will be given a digital slide exam in March during one of their Academic Half Days. This exam will be taken by ALL residents. Residents will not be granted permission to be away for this exam, as all residents need to attend. A review session will be held the following week to review parts of the exam and for the residents to ask any questions.

Resident In-House Exam (PGY 2 – PGY 5) - This exam is scheduled once a year for the PGY 2 – PGY 5 residents to help assist the resident and gauge where their strengths and weaknesses are for their level of training. The exam is normally written in November over 3 academic half day mornings. The exam consists of 3 components: 1. Digital Slide and PDF Examination (to be written in the Resident Room); 2. Short answer examination; 3. Oral exam. Feedback is provided to each resident on how well they did and where their strengths and weaknesses lie. Residents will be notified about the dates for this examination 2 – 3 months in advance (September/October). Residents will be expected to confirm their availability. No vacation time will be allowed during these three days of examinations. If a resident needs to defer an exam for a special reason then the Examination Committee and the Program Director will determine how to handle the situation on a case by case basis.

Some Helpful Resources

Digital pathology resources:
https://digitalpathologyassociation.org/whole-slide-imaging-repository.
Juan Rosai Collection
The Iowa Virtual Slide Box
http://www.virtualpathology.leeds.ac.uk/slides/library/

HISTOLOGY – References: (TRANSITION TO DISCIPLINE)
http://histology.medicine.umich.edu/resources/epithelial-tissue#suggested-readings (free app to download)
http://kobiljak.msu.edu/CAI/Histology/HistologyMenu.htm
http://www.lab.anhb.uwa.edu.au/mb140/
https://www.youtube.com/playlist?list=PLD7882068A01C370F

Two histology textbooks: (TRANSITION TO DISCIPLINE)
Junqueira’s Basic Histology: Text and Atlas, Thirteenth Edition
Wheater’s Functional Histology: A Text and Colour Atlas

RISE Exam - (PGY 2 – PGY 5) In the early spring of every year, residents write the RISE (Resident In-Service Examination), which is an online multiple choice exam provided by the American Society for Clinical Pathology (ASCP). The exam covers basic topics such as surgical pathology, cytology, and forensics, as well as special topics such as molecular pathology and lab management. Residents are given a detailed report on how they did, and that report is used to gauge their progress from one year to the next and to identify areas they may need extra help in. More information can be found here: https://www.ascp.org/content/residents/rise
RISE PLUS Exam (PGY 5 only)  Gives residents individual access to ASCP’s leading education tools for board preparation and beyond.
- Access to 600+ case-based study questions per product year
- Added access to PRISE 2018
- 25 topic areas covered, with questions including images, educational feedback and references

RISE FIRST Exam (PGY 2 only)  This exam is done in July of each year just for the residents transitioning to their PGY 2 Level. Rise-First was developed for pathology residents just starting their pathology residency. It is an online exam containing approximately 150 questions (Anatomical Pathology 55% and Clinical Pathology 45%). Residents are given a detailed report on how they did, and that report is used to gauge their progress from one year to the next and to identify areas they may need extra help in.

JOURNAL CLUB

Preamble:
Journal Club serves multiple functions. First, it is the opportunity for residents to learn, by practice and observation, how to critically read a scientific paper, relevant to pathology, and to present the information in a useful format. Second, it serves as a forum for the sharing of important new information or the revision of dogma. Finally, it is an important activity in the social life of the department, at which staff and residents have the opportunity to interact in a less formal, non-clinical setting. The structure of the Journal Club series and the process and criteria for article selection are designed to balance these various elements.

Scheduling of Journal Club:
The Scholarly Activities facilitator will create the schedule of Journal Club at the beginning of each academic year. There will be 9-10 sessions per year, typically the final Thursday of the month in conjunction with the Academic Half Day. The schedule may be altered if the majority of residents AND the Scholarly Activities facilitator agree.

Format for Sessions:
One article shall be presented at each session. At least 4 weeks before the session, the scheduled resident will be assigned a topic or will choose a topic in discussion with the Scholarly Activities facilitator. The resident will then send by email 2-3 articles of potential relevance to the facilitator, who will make the final choice.
During some years a list of topics (e.g. cell biology functions) will be predetermined by the Scholarly Activities facilitator. The presentation itself will consist of: 1. appropriate background material, 2. summary and explanation with critique of the article, 3. formal article appraisal using the “Critical appraisal of journal articles” guidelines provided. Interactive questioning and discussion with other residents is recommended. Expect questions from the facilitator during the presentation. Duration including discussion should be approximately 1 hour.

Role of the Mentor:
After the journal article selection, the staff mentor is available for consultation, but is not actively involved in the review or presentation process. The Scholarly Activities facilitator will attend and contribute to discussion. In some cases, a second faculty member will attend if it might facilitate the discussion. The Scholarly Activities facilitator will provide the resident with written feedback and evaluation (electronic communication; possibly VENTIS in the future), within 3 working days.

Role of the Resident(s):
One resident (PGY2 – PGY5) shall be assigned to present each article at each journal club. The resident shall review his/her assigned article. The resident shall distribute an electronic version of the article to all of the other residents at least 1 week before the session. S/he shall present the review according to the provided template for that type of article. Residents may seek out the advice of staff as needed. Other residents should
read the articles in advance and contribute to the discussion. Attendance by all residents is mandatory with the following exceptions: PGY1 residents post call for other services; illness; vacation; PGY5 residents 2 months before exam.

**Article Selection:**
The following factors should be considered when choosing articles for Journal Club:

Evidence-based medicine is the process of systematically finding, appraising, and using research data as the basis for making health care decisions. Problem-based selection of articles offers the most benefit; current questions / problems are the best stimulus for searching and critiquing the literature. Therefore, the starting point for selecting an article should be to answer a question about a problem that currently exists. To do this, one must be competent in searching the literature using computer-based tools (e.g. PubMed, GoogleScholar). Increasingly, the online databases can find old literature, but sometimes you must rely on the library to acquire a copy of the material.

There are numerous types of articles. Clinical articles of direct relevance to pathologists (not necessarily confined to “pathology” journals) are usually of the case report, case series, case-control, or cross sectional type and much less often of the cohort or controlled trial types. Randomized controlled trials and meta-analyses are much less common than in other medical disciplines. Animal and cell culture studies are often important for understanding the mechanistic biology of disease. At least a rudimentary understanding of appropriate statistical approaches, in particular when parametric vs. nonparametric methods should be used, is important; a starting point to this is asking the question “Do the data exhibit a normal distribution?” As pathologists we a) must understand what our colleagues are doing in response to our tests and reports, and b) must be able to evaluate the efficacy of new diagnostic test (e.g. is it worth setting up a protocol for identifying particular genotype / mutation in selected neoplasms?). Ultimately, there is no substitute for biostatistical education from qualified personnel.

The subject of the article should be one that is interesting and relevant to the practice of pathology. This would obviously include new research that has the potential to change practice, but could also include: systematic reviews of important controversies, vintage “landmark” articles (the source of Dogma for critical review), important clinical topics with solid design.

The most important characteristic of an article is its utility for teaching critical appraisal. Articles of both high and low quality are useful, provided that they may be used to demonstrate a point. Good studies are models. Poor quality articles may serve as examples of common pitfalls or errors in design.

**Ongoing improvement:**
The Program Director shall seek general feedback on format, venue and timing at yearly intervals; this document will be revised accordingly.

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**RESIDENT RESEARCH PROJECT**

**Summary**
Residents in the residency program in Anatomical Pathology are required to carry out a research project, submit a report of the findings to the Resident Training Committee, and present the results.

**Purpose**
The RCPSC CanMEDS criteria for the Scholar role include the enabling competency “Contribute to the development, dissemination, and translation of new knowledge and practices.” The specific competencies are:

4.1 Describe the principles of research and scholarly inquiry;
4.2 Describe the principles of research ethics;
4.3 Pose a scholarly question;
4.4 Conduct a systematic search for evidence;
4.5 Select and apply appropriate methods to address the question;
4.6 Appropriately disseminate the findings of a study.

Regardless of one’s ultimate desire of anatomical pathology career (e.g. academic vs. community-based), completion of a scholarly project will:
   a) provide insights into the way scientific research is produced,
   b) improve critical appraisal skills, and
   c) enhance the trainee’s ability to evaluate the literature.

Subject Material
Any topic related to pathology is permissible, including basic science, clinical practice, health economics, medical education, outcomes analysis, or quality assurance (i.e. it need not be focused on the CanMEDS Medical Expert role, but CanMEDS domains should be identifiable). Although residents are also encouraged to produce and present case reports during their training when opportunities arise, for the purpose of the research requirement described herein, a narrative description of a topic or a case report is insufficient. The project should involve a hypothesis that can be tested or a goal that can be achieved using appropriate research methodology. The approach must be critical, analytical, and structured. The project must include an appraisal of the existing information and literature.

Supervisors
The resident must have a supervisor with whom to collaborate and discuss the project. The supervisor must have a university appointment and be approved by the Anatomical Pathology Residency Training Committee. The supervisor does not necessarily have to be a pathologist.

Time Frame
The research proposal should be developed by the end of the PGY2 year and must be submitted for approval before block 3 of the PGY3 year. To avoid interference with exam preparation, the final written document and presentation should be completed by the end of the PGY4 year (or must be completed by block 7 of the PGY5 year). Completion of the project will be a requirement for submission of the FITER. The research project may require a period of time commitment beyond what can be accommodated in the resident’s regular schedule. With approval of the training committee, a dedicated period of one to six months (defined as Elective) may be arranged for the trainee to work on his/her project.

Research Proposal
In conjunction with the supervisor, residents must develop a written proposal including an Introduction to the topic (approx. 1 page), an explicit Hypothesis or Goal, specific Aim(s) to test the hypothesis or achieve the goal, planned Methods, consideration of Ethics (Note that a submission to the Research Ethics Board is often necessary), types of Materials to be used (e.g. chart review, pathology reports, archival slides), statement of need for Funding (if necessary), projected Time Line of work, anticipated Significance, and References (10-20; enough to show that the background has been considered adequately).

Approval and Monitoring Of the Project
All project proposals must be submitted to the Anatomical Pathology Residency Training Program Committee and receive approval of the committee before block 3 of the PGY3 year. Supervisors should review proposals well in advance of the submission. Note that first versions of the proposals might not be approved; earlier submission is therefore recommended. In some circumstances, the resident and supervisor might be asked to prepare a brief oral description of the proposal. Brief progress reports must be submitted every 6 months to allow committee monitoring of the resident’s project.

Additional Requirements
Residents must complete the TCPS 2 Tutorial Course on Research Ethics (CORE) (see http://tcps2core.ca/welcome). Certificate of completion must be submitted to the residency program director before the end of the PGY2 year.
Final Document
The manuscript must be in the form of a scientific paper (suitable format for submission to a journal for publication) or structured report (e.g. for quality assurance project). The resident should be the primary author and have played the lead role in execution of the project and in writing the manuscript. There is no specific prescribed length for the manuscript. Publication of the work is encouraged as the ultimate goal, however is not mandatory before completion of the training program. The resident and supervisor (not the Program Committee) are responsible for the decision to publish and the additional work necessary.

Presentations
Each resident will present his / her completed project at Department of Pathology Grand Rounds, at Research Days. Residents are also encouraged to present the work at a relevant national or international meeting. Note that additional presentations of smaller works (e.g. case report and focused review) at Grand Rounds are anticipated on a regular (e.g. annual) basis.

Supervision
General advice, help finding a supervisor, and assistance in choosing a project can be obtained from the scholarly work facilitator of the Anatomical Pathology Residency Training Program. It is expected that supervisors will provide general guidance for the entire project.

Funding
Where appropriate, the necessary bench space, equipment, and materials should be provided by the supervisor. In some instances, trainees may be able to apply for grant funding from internal or external sources. Support for travel to present results at annual meetings is available.

DEPARTMENT OF PATHOLOGY GRAND ROUNDS
Pathology Grand Rounds are held on a weekly basis from mid-September to June each year. Grand Rounds are the traditional core of the academic life of the University department. These sessions serve as a forum where the entire academic faculty, and residents in the department participate in exchange of ideas and education, as well as being kept informed of the individual academic pursuits of the members. Grand Rounds plays an important role in the residency program, but also has a function in CME, departmental administration, research, and creating a general academic atmosphere.

Attendance
Pathology Grand Rounds are held every Wednesday from 1:00-2:00pm in MS 473 Health Sciences Centre, Thorlakson Building. Grand Rounds are broadcasted by Telehealth Conferencing to the following sites: Brandon Westman Lab, Grace Hospital, Seven Oaks General Hospital, St. Boniface Hospital, Victoria General Hospital. Residents are expected to attend any Visiting Professor presentation from the presenting site. Otherwise you may view grand rounds at any remote site through the Telehealth Conferencing. Grand Rounds notifications are sent via email a few days prior to the event. As well they are listing in the VENTIS calendar.

Residents are highly encouraged to attend the Pathology Grand Rounds sessions at the institutions in which they are rotating during all Pathology rotations. Attendance is encouraged while on off-service rotations, but that is subject to the constraints of that rotation schedule.

Resident Presentations
Residents will be required to present at the Pathology Grand Rounds sessions during their PGY 2 – 5 training years. Where possible one presentation should be done each year. PGY 5 residents should have their grand rounds presentation completed no later than January of their graduating year. Once scheduled to present at Grand Rounds, the resident is responsible for selecting the topic as well as researching, preparing the objectives of their presentation.

Residents must seek the advice of a faculty mentor for guidance on preparing their grand rounds presentation. The role of the mentor is to review with the resident the general plan for the presentation, and suggest any areas that require particular emphasis.
ACADEMIC/RESIDENT RETREAT
The Resident Retreat happens yearly, usually in conjunction with the Shared Health conference in the fall. The Chief resident typically participates in organizing the Resident Retreat. One half of the day involves discussions or activities that benefit the program, such as reviewing goals and objectives of rotations. The other half of the day involves presentations or discussions that benefit the residents. Past topics have included fellowships and financial matters. A leisure activity is usually incorporated into the day, and a continental breakfast and lunch are provided. PGY1’s are encouraged to attend, and should be able to do so by providing their off-service rotation plenty of advance notice.

ROYAL COLLEGE TRAINING ASSESSMENT
PGY 4 Residents are responsible to complete and submit the application form along with all applicable fees as per the deadline dates that are listed.

For more information please visit the Royal College’s Website:  http://www.royalcollege.ca/portal/page/portal/rc/public
And you will find more information under the Credentials, Examinations & Accreditation link at the top of the home page.
The information that is required about rotation schedules, this information can be pulled from the VENTIS system under the residents account. If there are rotation schedules that happened before VENTIS was implemented you will have to make sure you have this information documented accordingly for the Royal College.

Royal College Examination Confidentiality Policy:  During registration at the exam site, each candidate signs a statement respecting the confidentiality of the exam. Candidates are warned that if this confidentiality is breached, exam results may be voided and the Canadian licensing authorities shall be fully informed.

The exam questions are protected by copyright and are the intellectual property of the Royal College of Physicians and Surgeons of Canada. Any reproduction or other disclosure of these examination questions in whole or in part is strictly prohibited. The Royal College will take all available disciplinary measures and legal actions against any candidate or others who violate this confidentiality provision.

SENIOR RESIDENT DUTIES
Leadership
The Senior Resident provides support for the Chief Resident and leadership to the other residents. They are responsible for promoting the policies and programs which enhances the resident’s training and development in the department. The Senior Resident serves as a role model for professional and academic behavior.

Faculty and Site Liaison
The Senior Resident is appointed by the Program Director and supports the administration of the department.

Senior Resident Duties include:
- Make the schedule for off-service rotating residents and medical students including tour of histo lab, observation of grossing, autopsies, cytology, hempath, and brain cutting. Tailor the rotation based on the need/interest of the resident or medical student rotating (eg. Neuropath, cytology, hempath, autopsy, pediatrics, GI interested).
- Make the schedule for medical students to make sure they have enough exposure to pathology and partner them with a pathology resident as they gross, sign out and rotate through different areas of pathology, arrange sign outs with attendings as needed.
- Meet off-service residents and medical students on their first day and show them around
- Attend Departmental Council meetings
- Attend misc. ad-hoc meetings about Resident Program related issues
- Help organize the resident retreat
- Help organize social events
- Organize the vote for the Educator of the Year award (presented at Grand Rounds – June or Research Days)
- Take CaRMS interview candidates on a tour of the department

**Orientation of Incoming Senior Resident**

The outgoing Senior Resident will brief their successor on the current issues pending. As well, the outgoing Senior Resident will be available to their successor for advice in the first few months of the new academic term.

**Term of Appointment**

The Senior Resident can be appointed for either six months or one year, pending the decision of the Program Director. The appointment is for the academic year (July – June). The Program Director may terminate this appointment at any time for just cause, and a new appointment would be made.

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**CHIEF RESIDENT DUTIES**

**Leadership**

The Chief Resident provides leadership to the residents and is responsible for participating in the development of policies and programs which enhances the resident's training and development in the department. The Chief Resident serves as a role model for professional and academic behavior.

**Faculty and Site Liaison**

The Chief Resident is appointed by the Program Director and is a part of the administration of the department. They act as the voice of the residents to the administration, as well as the voice of the administration to the residents. The Chief Resident is responsible for formulating, communicating, and implementing decisions of the Department Head, Program Director, and Program Administrator which benefits the training program.

**Chief Resident Duties include:**

- Oversee resident issues
- Prepare monthly academic half day schedule (as outlined from the previous year) and consult with the Program Director for approval. Schedules will be on a 2 year cycle.
- Will review and organize the teaching schedule as outlined by the Program Director.
- Prepare the Academic Half Day Session Sheets and record absent Residents – this will be forwarded to the Program Assistant for filing
- Attend Residency Training Committee meetings and raise issues of concern
- Attend Departmental Council meetings
- Attend misc. ad-hoc meetings about Resident Program related issues
- Attend Quality Assurance meetings
- Make the resident weekend/night on-call schedule
- Sort out issues that may arise in relation to the teaching schedule
- Help conduct CaRMS interviews
- Help organize the resident retreat

**Orientation of Incoming Chief Resident**

The outgoing Chief Resident will brief their successor on the current issues pending. They will assist in the preparation of the first call schedule. Also, the outgoing Chief Resident will be available to their successor for advice in the first few months of the new academic term.
Term of Appointment
The Chief Resident can be appointed for either six months or one year, pending the decision of the Program Director. The appointment is for the academic year (July – June). The Program Director may terminate this appointment at any time for just cause, and a new appointment would be made.

RESIDENT REPRESENTATIVE DUTIES
The Resident Representative is elected by vote amongst all the residents (or, if only one person volunteers, a vote of confidence) at the end of the prior year to act on the residents’ behalf.

Resident representative duties include:
• All chief/SENIOR duties when the Chief or Senior are not available or need help
• Attend Residency Training Committee meetings and bring up any issues that fellow residents have raised
• Oversee the Kitty CASH
• Help organize social events
• Organize thank you cards/gifts (eg. For Speakers at the resident retreat), congratulatory cards/gifts (eg. For Weddings, babies, etc. among the residents), holiday greetings and other acknowledgements of staff and residents as appropriate.

MEDICAL STUDENTS/OFF SERVICE RESIDENT ROTATIONS
The Senior Resident along with the Chief Residents assistance will look after scheduling these rotation requests. The Program Administrator will inform the Chief and Senior Residents of any requests which are received. Medical Students/Off Service Residents that want to learn about general pathology will be scheduled with a Pathology Resident to shadow alongside them to see what they do. If the Off Service Resident is coming for a specialty clinical area (ie. Neurology, Hematology, Urology, GI, etc.), these Off-Service Residents will be scheduled directly with the Training Coordinators from these areas, and the senior or chief resident don’t need to worry about their rotation schedules. University of Manitoba Med 4 students considering pathology the senior and/or chief resident can arrange for these students to be at both sites (HSC/St. B) which would include cytology, frozen, gross, sign-out, and they can be scheduled with a pathologist once a week, including the Program Director.

RESIDENT TRAVEL CLAIMS
If funding is coming from U of M please follow these steps below:
Funding may be provided to each resident for the Royal College Exam Review Course organized by the Canadian Association of Pathologists (CAP-ACP) once during their training. Funding available for conferences once a year, when the resident presents a poster or gives an oral presentation. Residents should notify the Program Director and cc the Department Head, Administrative Assistant, and the Resident Program Assistant via email [at least three months prior], about the event they would like to attend during the academic year (July – June). Once approval has been given to the resident then the pre-authorization travel form must be completed to see which expenses will be eligible for reimbursement. This form must be signed off by the Resident, Program Director, and submitted to the Department Head for final approval, before booking arrangements can begin.

If a resident is presenting a poster or abstract at a conference, you may be eligible for reimbursement of up to $2,000.00 of your travel/conference expenses per academic year. This is a 50:50 cost sharing agreement with the PGME office. A written request from the Residency Program Assistant to the PGME office must be made prior to making any travel arrangements for the conference.
If you are not presenting a poster or abstract at a conference, or you require funds for a second conference to present a project within the same academic year, you may be still eligible for reimbursement of up to $1,000 of travel/conference expenses in that same academic year, pending available funding and final approval by the Department Head.

Residents can ask the Resident Program Assistant for assistance with their travel arrangements (especially those expenses that would be eligible for reimbursement).

**Airfare**
When booking airfare the Administrative Assistant can provide assistance to the Resident. Concur is the recommended booking method for domestic, trans-border (CND-USA), and direct international flights. Carlson Wagonlit Travel is recommended only to assist in booking flights which are complex in nature. Airfare selected must be lowest cost available, not to exceed full economy class. Any enrolment fees, service charges, and related costs of air travel from frequent flyer programs will not be reimbursed. Airfare paid using personal travel Airmiles or any other point program is not reimbursable.

**Hotel Bookings**
You must book the hotel on your own and pay for it. If you are sharing a room with another Resident(s) who wishes to be reimbursed their portion you MUST have the bill split into separate bills at the hotel. If one hotel bill is received for reimbursement the person whose name appears on the bill will receive the full reimbursement. No Divided reimbursement will be processed.

**Car Rentals**
If you need to rent a car this will need to be discussed before making arrangements to see if the costs will be reimbursed or not.

**Food Reimbursement**
If you do not submit receipts for food reimbursement you will be provided a per diem of $40.00 a day in Canada and $60.00 a day (Cnd) when in the U.S. If the conference you are attending is providing a continental breakfast, lunch or a dinner for the days of the conference, no reimbursements will be given for these meals that were provided by the conference for you.

**Conference Registration**
You will be reimbursed for your conference registration. You must submit an original receipt of payment and/or a document stating you’re attending the conference and the cost. The documentation must state that it was already paid. Conference agendas should be provided as well.

**Ground Transportation**
You will be reimbursed for any expenses you had for ground transportation (taxi, bus, etc.). You must submit all original receipts.

**Expenses Not Covered**
You will not be reimbursed for liquor charges, movies, telephone calls, mini bar items, room service, or tips.

**To Be Reimbursed**
You must submit your original receipts to the Resident Program Assistant in the Department of Pathology General Office, within two weeks from returning from your travels. Residents will not receive reimbursement for expenses without original receipts. You can obtain the most current Pre-Authorization Form/ Guest & Student Claim Form from the Resident Program Assistant for submitting your claim.
If Funding is coming from WRHA please follow these steps:
Anatomical Pathology Residency Program Committees

Terms of Reference (TOR) for all committees are available through the Department of Pathology General Office. Not all Committees have a Resident representative as a member.

**Residency Training Program Committee**
To continuously monitor and improve the residency training program, to recruit and select new residents, to maximize the individual educational experience for each resident, assessment and promotion of residents, to oversee the service component provided by residents to the department, and to mentor and train residents with the final goal of independent practice of Anatomical Pathology at a level of excellence in all CanMEDs competencies.

**Admission/Assessment Committee**
It’s a committee to oversee all aspects of the resident selection and to recommend admission of appropriate candidate learners to the Anatomical Pathology Residency Training Program Committee. Also the committee oversees all aspects of resident assessment and to recommend promotion to the next training level in the residency program to the Anatomical Pathology Residency Training Program Committee.

**Examination Committee**
To oversee all aspects of the resident in service examination for the Anatomical Pathology Residency Training Program.

**Curriculum Committee**
To oversee and contribute to the development, implementation and evaluation of the curriculum of the Anatomical Pathology Residency Training Program.

**Research/Scholarly Committee**
The committee will make recommendations, provide guidance, and assistance to the Residents, as they are required to carry out a research project and present it at the end of their PGY 4 level. As well, they will make recommendations respecting the terms and recipients of awards, scholarships, and prizes.

**Competency By Design (CBD) Committee**
To oversee the planning, development and implementation of the Royal College Competency By Design (CBD) model into the Anatomical Pathology Residency Training Program.

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**GENERAL INFORMATION**

**ANSWERS INFORMATION BOOTH**
The Answers Booth in the Brodie Centre is located beside the Scotiabank ATM and is open daily from 10am – 2pm. They provide information about anything related to student life and also have brochures and flyers about services around U of M. They can also provide residents with a Peggo bus pass and an annual transit sticker for their student card that entitles them to a discounted monthly bus pass.

**HOW TO ACTIVATE YOUR U OF M COMPUTER ACCOUNT**
Please refer to the following instructions on how to claim your UMnetID: http://umanitoba.ca/computing/ist/accounts/claimid.html

At any time you require assistance on your account you can contact IST at the following:
Phone: 204-474-8600
Email: Servicedesk@umanitoba.ca
BOOKSTORE
The Health Sciences Bookstore is a full service store and serves the Bannatyne Campus, the entire Health Sciences community and the general public. It stocks medical and allied health reference books in every health science specialty as well as general reading, medical instruments, stethoscopes, lab coats, office and stationary supplies, sportswear, gifts, and some computer supplies. It is located on the main floor of Brodie Centre at 727 McDermot and is open from 9:00am to 5:00pm Monday to Friday.

PARKING
University of Manitoba/HSC
U of M parking is very limited on the Bannatyne Campus. Private residents in the area often post rental notices on bulletin boards around campus, or students choose to park on distant streets and walk. Most metered parking in the area is for a 4hr limit. In addition, Health Sciences Centre parkades may have spots for rent (contact Parking Operations at Health Sciences Centre at 204-787-2715). Or you may park in one of the designated parkades which are located on Emily Street, Tecumseh Street, William Ave, or the underground lot off of Sherbrook Street for a daily fee.

For more parking information at HSC please refer to the following link: http://www.hsc.mb.ca/mapsParking.html
For more parking information at the U of M (Bannatyne Campus) please refer to the following link: http://umanitoba.ca/campus/parking/bann_permit.html

St. Boniface Hospital
As Residents spend a fair amount of time at St. Boniface Hospital during their residency you can contact the Parking Office at St. Boniface for more information about parking arrangements for residents. The Parking office at St. Boniface is located at Room B1039, 409 Tache Ave. General Office number is: 204-237-2319 Parking Services Coordinator number is: 204-237-2848 Office hours are: Monday to Friday 8am to 9 pm (excluding holidays); after hours Security may be contacted at: 204-237-2205 Or you can refer to the following link for more information: http://www.sbgh.mb.ca/visitors/parking.html

NEIL JOHN MACLEAN HEALTH SCIENCES LIBRARY (NJMHSFL)
The Neil John MacLean Health Sciences Library is located on the 2nd floor of the Brodie Centre at the Bannatyne Campus. It is the major resource library for clinical medicine, biomedical sciences, dentistry, dental hygiene, nursing, rehabilitation, hospital administration, Aboriginal health and consumer health.

The NJMHSFL has over 200,000 volumes comprised of print, audio-visual and computer-based media, as well as more than 1,200 current journal titles and approximately 3,400 electronic journals and over 70 rehabilitation assessment tools.

New journals are located on the 1st floor (200 level) in the Dr. Robert E Beamish Reading Area and new books are located adjacent to the Information Centre. Dental journals, consumer health information, reference, and reserve material are also on the 200 level. Books, journals and Aboriginal health collection are located on the 300 level. The journals are shelved in alphabetical order; the books by National Library of Medicine call numbers.

A list of the library’s on-line resources are services can be found at: https://libguides.lib.umanitoba.ca/health

Faculty, staff and students or the University of Manitoba may borrow library materials on presentation of a valid U of M photo ID Card. Staff and students of the HSC can apply to have a library card by presenting their photo ID to circulation staff. Library cards can be renewed at any U of M library. Books may be borrowed for 14 days, journals for 7, and most items can be renewed up to three times. Materials located at Fort Garry Libraries may be requested through BISON and will be delivered to the Neil John MacLean Health Sciences Library for pickup.
Computer Labs
General use computer labs are located in the Neil John MacLean Health Sciences Library during regular library hours. Phone 789-3464 to check availability to these computers.

Meeting Rooms
There are a number of meeting rooms and small tutorial rooms located throughout the library. If you are wishing to book a meeting space please see one of the clerks at the front desk for the proper procedures.

Some helpful library links are:
http://libguides.lib.umanitoba.ca/njmhsll

STUDENT SERVICES/WELLNESS

PGME Student Affairs and Wellness Office at the Max Rady College of Medicine, has a variety of support structures in place for faculty, residents and students. Residency training can be stressful and you may occasionally need certain supports. We acknowledge that your program and program director will often be able to help address your concerns, or steer you to available resources. We understand that at times you may wish to access some of the supports yourself.

PGME STUDENT AFFAIRS AND WELLNESS OFFICE http://umanitoba.ca/medicine/wellness/
Location: 260 Brodie Centre – 727 McDermot Ave (Bannatyne Campus) Hours: Mon – Fri from 7:00 am – 3:00pm, but we are con-tactable 24-hrs a day for an emergency by calling St. Boniface 204-237-2053, and asking to contact Dr. Jacobsohn, PGME Associate Dean for Student Affairs. No referral is required. Our mission is to support residents through difficult situations (academic and other), give counseling where appropriate, or to simply assist you in navigating some of the resources below.

STUDENT SERVICES AT BANNATYNE (SS@Bannatyne) www.umanitoba.ca/student/bannatyne
Location: S211 Medical Services Building at Bannatyne Tel no. 204.272.3190
Hours: Mon -Fri from 8:30 am – 4:30 pm.
A very useful and important service! At the SS@Bannatyne office, you are able to have a confidential meeting with a student wellness intake counselor. The counselor can connect you to a wide array of resources, including expeditious referral for: psychological counseling, psychiatry, financial counseling, learning resources, and many others. It is confidential, is not part of PGME, and there is NO communication between this office, your program or PGME.

STUDENT COUNSELLING CENTRE (SCC)
http://www.umanitoba.ca/student/counselling/services.html
Location: 474 University Centre Main Campus
Tel no. 204.474.8592
Hours: Mon - Fri from 8:30 am – 4:30 pm.
This is an alternative to Student Services at Bannatyne. SCC offers a wide variety of services to help students, including those seeking counseling training opportunities. The Fort Garry office can arrange for counseling to occur at Bannatyne Campus.

INDIGENEOUS STUDENTCENTRE http://umanitoba.ca/student/indigenous/about.html
Location: 114 Sidney Smith St. Main Campus
Tel No. 204.474.8850
Hours: Mon – Fri from 8:30 am – 4:30 pm.
The Indigenous Centre (ISC) provides holistic supports, services and opportunities so that student will feel sense of belonging, be affirmed in their identities, have meaning experience and achieve authentic success. Counsellors/Psychologists are available at the ISC on Thursday from 8:30am – 4:30 pm.
CRISIS RESOURCE CENTRES IN MANITOBA
https://www.gov.mb.ca/health/mh/crisis.html
There are varieties of crisis resource centers, available 24/7, to deal with acute psychological and other stressors. These include:

**Klinik Crisis Line** (204-786-8686 or at 1-888-322-3019, TTY 204-784-4097)

**Manitoba Suicide Line “Reason to Live”** (1-877-435-7170)

**Kids Help Phone** (1-800-668-6868)

**Klinik Sexual Assault Crisis Line** (204-786-8631 or 1-888-292-7565, TTY 204-784-4097)

**First Nation and Inuit Hope for Wellness Help Line** (1-855-242-3310)

**Mental Health Crisis Response Center** www.wrha.mb.ca/wave/2013/05/crisis-response-centre.php

Location: 817 Bannatyne Avenue (At the Corner of Tecumseh) Tel No. 204.940.1781

Hours: available 24/7

The Crisis Response Centre offers walk-in assessment and treatment for those in mental crisis, along with referrals to other mental health services. It is designed to assist adults with personal distress, those at risk of harm in an crisis, including suicide, symptoms of mental health condition that requires assessment and treatment circumstances which require de-escalation to prevent relapses, mental health problems that if dealt with may prevent hospitalization, emotional trauma, where assessment crisis intervention and links to longer-term services can be made, difficulty obtaining ongoing services after a crisis, and difficult-ty obtaining help after hours when mental health service providers are unavailable.

**Mental Health Mobile Crisis Service for ADULTS**. http://www.myrightcare.ca/mental-health-mobile-crisis-services

Tel Nos. 204-940-1781 TTY Deaf Access 204.779.8902 Hours: available 24/7

This team is based in the Crisis Response Center and can come to your home in a crisis, if deemed appropriate.

**DOCTORS MANITOBA PHYSICIAN HEALTH AND WELLNESS (MD CARE)**
http://www.docsmbwellness.org/resources/docs-mb-services/md-care/

**Telephone message center available 24/7: 204.480.1310 (messages will be returned by the end of the next business day).**

MD Care is a service for ALL Manitoba physicians and their immediate family. MD Care will provide educational and clinical ser- vices focused on promotion of emotional and psychiatric well-being of Manitoba’s physicians. MD Care has two main areas of focus. The first to provide accessible, comprehensive psychiatric care to Manitoba physicians and their dependents. The second mandate is to provide educational sessions to physician health and well-being in locations throughout Manitoba.

**DOCTORS MANITOBA PHYSICIAN AND FAMILY SUPPORT PROGRAM**
https://doctorsmanitoba.ca/wellness/physician-family-support-program/physician-family-support-program/

**Tel No. 1.844.436.2762 Hours: available 24/7**

The Physician and Family Support Program is a confidential, comprehensive resource program available designed to provide you and your dependents with support to manage issues at work or at home including confidential counseling, legal support and many other services.

**PRIMARY CARE PHYSICIAN FINDER.**
http://www.gov.mb.ca/health/familydoctorfinder/

**Telephone: 204.786.7111 or 1.866.690.8260.**

**Hours: Mon – Fri from 8:30 am – 4:30 pm**

We encourage all residents to have primary care practitioner. If you do not have one or are having difficulties finding one, please discuss with your program director, a colleague, or use this service.

**STUDENT HEALTH SERVICES (UOFM)**
http://umanitoba.ca/student/health/

**Location: 104 University Centre Main Campus**

**Tel No. 204.474.8411**

**Hours: Mon – Fri from 8:30 am – 4:30 pm.**

(A Physician will be available by telephone for emergencies after hours and on weekends by calling 204.474.8411) The University Health Services is a unit of the Student Affairs Division. Health unit consisting of a family physician (3.5 FTE), nurses (1.2 FTE) and office staff (2.7 FTE) and offer full range of medical services including acute & minor health care.
problems, check-ups, pre-natal care, health and travel counseling, immunizations and health promoting programming. Student Health Services are currently located at Main Campus; a Bannatyne Campus location will be available later this year.

**AFTER-HOURS PRIMARY CARE OR URGENT CARE**
If your primary care practitioner is not available, this useful site provides a comprehensive list of facilities and services in Manitoba, including emergency departments, urgent care and walk-in clinics, minor injury clinic, many listed and describe on the site.

*Emergency Departments:*  http://www.myrightcare.ca/emergency-departments
*Urgent Care Clinics:*  http://www.myrightcare.ca/urgent-care
*Walk-In Clinics*  http://www.myrightcare.ca/walk-clinics
*Pan Am Minor Injury Clinic*  http://www.myrightcare.ca/pan-am-minor-injury-clinic

**MANITOBA POISON CENTRE**
http://www.myrightcare.ca/manitoba-poison-centre
Tel No. 1.855.776.4766  Hours: available 24/7
It provides specialized information and treatment recommendations related to chemical, biological, pharmaceutical, and environment poisoning and exposure.

**UNIVERSITY OF MANITOBA LEARNING ENVIRONMENT, ACCESSIBILITY AND MENTORING RESOURCES**

*Location:*  260 Brodie Centre Bannatyne Campus
*Tel No.*  204.789.3207
*Hours:*  Mon – Fri from 8:30 am – 4:30 pm
Learners are encouraged to address issues in the Learning Environment with the individual with the Program Director or other faculty. Learners may also contact the Associate Dean of Professionalism regarding issues of intimidation, harassment, and discrimination.

*Location:*  201 Allen Bldg. University of Manitoba Main Campus Tel No. 204.474.6348
The office work to prevent discrimination and harassment at the U of M by promoting, supporting, and administering the following University of Manitoba Policies and Procedures.

*Student Advocacy*  http://umanitoba.ca/student/advocacy/
*Location:*  520 University Centre, Main Campus
*Tel No.*  204.474.7423
*Hours:*  Mon – Fri from 8:30 am – 4:30 pm
The Student Advocacy Office provides confidential centralized services for receiving student complaints and grievances. This centre serves as a general information source for students regarding their rights and responsibilities. Students are assisted in the resolution of any problems or concerns resulting from academic and/or discipline decisions. Students are advised of policies and procedures to follow, both informally and formally via appeals. Where appropriate, referrals will be made to other campus re-sources.

*Student Accessibility Services*  http://umanitoba.ca/student/saa/accessibility/about-us.html
*Location:*  520 University Centre, Main Campus
*Tel No.*  204.474.7423
*Hours:*  Mon – Fri from 8:30 am – 4:30 pm
SAS provides support and advocacy for students with disabilities, such as hearing, injury-related, learning, mental health, medical, physical, visual or temporary disabilities. We act as a liaison between students, faculty, staff and service agencies.

**Academic Learning Centre** [http://umanitoba.ca/student/academiclearning/](http://umanitoba.ca/student/academiclearning/)
**Location:** 201 Tier Building, University Main Campus
**Tel No.** 204.480.1481
**Hours:** Mon – Fri from 8:30 am – 4:30 pm
The Academic Learning Centre (ALC) who may need assistance with writing or study skills, or special tutoring in this domain.

**Coach and Mentoring Specialist: Mr. Jim McLaren**, Certified Coach and Facilitator / Mentoring Specialist
For students who are having academic, professionalism or other difficulties.
**Location:** 260 Brodie Centre – 750 Bannatyne Avenue Winnipeg, MB R3E 0W2
**Tel. No.** 204.255.6047
**Email:** Jim.McLaren@umanitoba.ca

**Learning skills coach: Mr. Jim Honeyford** Instructor / Learning Skills Specialist
**Location:** 201 Tier Building – University of Manitoba Main Campus
**Tel. No.** 204.480.1481
**Email:** Jim.Honeyford@umanitoba.ca

**High Performance Physician Program**
*Jason Brooks* [https://phenomenaldocs.com/](https://phenomenaldocs.com/)
*http://www.umanitoba.ca/faculties/health_sciences/medicine/units/emergency_medicine/education/frcpc/8601.html*
The High Performance Physician (HPP) Program is founded upon best practices and principles in the areas of health and performance psychology, as well as professional learning. The program is tailored to help learners meet the demands of their educational residency while addressing the need for applicable strategies to help residents perform and cope more effectively in both their professional and personal lives. Although many residency programs offer these courses, there are opportunities for individuals.

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**UNIVERSITY OF MANITOBA BEHAVIORAL POLICIES**

**College Of Medicine:**
**Learner Mistreatment Policy**

**Speak Up: Report an incident Link:** [http://umanitoba.ca/faculties/health_sciences/medicine/reporting.html](http://umanitoba.ca/faculties/health_sciences/medicine/reporting.html)
The University of Manitoba Max Rady College of Medicine is committed to assuring a safe, respectful and supportive learning environment in which all of its members are enabled and encouraged to excel. This is an environment free of discrimination, harassment and mistreatment and one in which feedback regarding performance can be shared openly without concern for ridicule or reprisal. All members of our diverse community share responsibility for maintaining a positive learning environment and for taking appropriate steps to seek advice and/or address learner mistreatment when it occurs.

**University of Manitoba**
**Respectful Work and Learning Environment (RWLE) Policy**

**Sexual Assault Policy** [http://umanitoba.ca/sexual-violence/](http://umanitoba.ca/sexual-violence/)
Violent or Threatening Behavior Policy
http://www.umanitoba.ca/admin/governance/media/Violent_or_Threatening_Behaviour_Policy_-_2016_09_01.pdf

Student Discipline Bylaw (Non Academic Misconduct and Concerning Behavior Procedure)
http://www.umanitoba.ca/admin/governance/governing_documents/students/student_discipline.html

Responsibilities of Academic Staff with Regard to Student (ROASS)
http://intranet.umanitoba.ca/academic_support/catl/roass.htm

HEALTH & WELLNESS
http://umanitoba.ca/faculties/health_sciences/medicine/wellness/index.html

Bison Recreational Services
Bison Recreation Services have a number of fitness and wellness programs being offered. You can find them in the Joe Doupe Centre (030 Brodie). Students receive a discount on their membership; there is also a package where students may purchase a second pass at the same rate for their significant other. The facilities include an indoor track, gymnasium, weight room and studio. With your membership you would also have access to the Fort Garry Campus facilities at the Frank Kennedy Centre, which includes a pool and many other programs. Gym members have access to Joe Doupe’s Group fitness classes. As a member you would also be able to register in various fitness programs, wellness programs and workshops, dance classes, martial arts, yoga classes, and more at cost (price varies on the activity).

For more information about the Wellness programs offered to PGME students please see the following link:
http://umanitoba.ca/faculties/health_sciences/medicine/wellness/pgmeresources.html

DENTAL SERVICES
The Faculty of Dentistry will make appointments for cleaning teeth and dental repairs in their clinic. The rates are low. If you need immediate attention contact the Clinic at 204-789-3505

UNIVERSITY OF MANITOBA SAFE WALK PROGRAM – BANNATYNE CAMPUS
University of Manitoba Security Services is pleased to announce that it is expanding its Safe Walk initiative to include a Safe Ride component. Safe Ride is a service provided to members of the University community as a safe and free alternative to walking alone after dark. The Safe Ride program will operate daily (Monday-Friday) until 12:00am. For the Safe Ride, Security Services will pick up a student, faculty or staff member on campus and deliver that person to their vehicle within our Safe Ride boundaries, listed below. When the Safe Ride program is unavailable, students, faculty and staff can still utilize the services of our Safe Walk program, which operates 24hrs per day 7 days a week, within the boundaries of the Bannatyne Campus.

Safe Ride Service Boundaries:
- North to Logan Ave
- South to Sargent Ave
- West to Arlington Street
- East to Isabel Ave

Request a Safe Ride by Calling 204-474-9312
When you call, you will be asked for the following information by Security Services:

- Your first and last name
- Your pickup location
- Your destination (vehicle location)
- The number in your party
- The phone number you can be reached at

Rules of Use:

- Safe rides may be made for up to 3 people total at one time.
- Children, unless accompanied by a parent or guardian will not be permitted.
- Food is not permitted in the vehicle.
- Alcohol (opened or unopened) is not permitted in the vehicle.
- Safe ride drivers will drive only to the planned destination.

Carry-on items must fit in the rider’s lap.