



*Division of Hematology and Hematologic Malignancies*

## **Adult Hematology Residency Training Program**

General Program Goals & Objectives

**Revised: June 2016**

**Program Director:** Mona Shafey, MD, FRCPC  
Mona.Shafey@ahs.ca

**Admin Assistant:** Jeanne Sheldon  
Jeanne.Sheldon@ahs.ca

Address: 601 South Tower, 1403 29 ST NW, Calgary, AB, T2N2T9  
Phone: (403)944-1993 Fax: (403)270-7891

# Adult Hematology Residency Training Program

## Goals:

The Adult Hematology Residency Training Program at the University of Calgary is a two-year core clinical and laboratory training program that provides the educational and training experience that, upon completion, allows the resident to be a competent specialist in hematology capable of assuming a consultant's role in the subspecialty.

## Objectives

Specific Objectives of Training in Hematology are outlined by the RCPSC and are expected to be met by every trainee completing the hematology residency training program at the University of Calgary. To meet these requirements, the objectives of the residency training program are as follows:

### 1. *Administration*

- a) Provide an environment that is safe, conducive to learning, stimulates challenges, scholarly activity and innovative thought, and promotes collaboration.
- b) Effectively administer a program that provides the full breadth of educational exposure in an efficient and effective manner.

### 2. *Residents*

- a) Attract and recruit high quality residents to the training program and fill the available training positions each year.
- b) Support residents to achieve successful completion of the hematology training program, 100% pass for specialty and subspecialty exams, and establish strategies for lifelong learning.
- c) Provide mentorship and career planning to enable further training opportunities in residents who wish to establish careers in research, medical education and/or further subspecialty training

### 3. *Curriculum*

- a) Provide a curriculum that is an effective education in the breadth of benign and malignant hematology, including laboratory and pathology components to allow excellence in independent practice.
- b) Continue to update curriculum to reflect advances in the pathophysiology, assessment and treatment of hematologic disease.
- c) Provide flexibility in curriculum to provide a tailored learning experience to residents with varied interests within hematology.
- d) Encourage research and scholarship.

#### 4. *Teaching*

- a) Foster effective teaching of residents using a variety of methods to encourage learning and understanding.
- b) Promote excellence in teaching residents skills to in turn provide high quality medical education to others throughout their careers.

#### 5. *Consultancy*

- a) Graduate residents who provide succinct, clear and accurate medical diagnosis and management plans considering the patient's medical situation and values, while engaging in shared decision-making with patients and families.
- b) Communicate consult opinions to patients, caregivers, other physicians and members of the health care team in a clear manner that addresses the question being asked and ensures continuity of care.

#### 6. *Assessment*

- a) Use rigorous, comprehensive, regularly engaged methods of resident assessment to assess medical expert and other CanMEDS competencies
- b) Engage in formative feedback to residents as a tool to improve performance

#### 7. *Accreditation*

- a) Maintain full accreditation through the Royal College of Physicians and Surgeons
- b) Regularly evaluate and improve the residency training program to maintain highest standards of training

#### 8. *Leadership*

- a) Develop the skills to implement patient safety procedures and practice quality improvement throughout the medical career
- b) Ensure competence in health care informatics and understanding of the structure of health care delivery

#### 9. *Ethics*

- a) Teach and model ethical approach to patient care and medical practice, accountability and professionalism
- b) Incorporate the concepts of social justice, beneficence, non-maleficence and respect for patient autonomy into care of patients and health care planning to meet societal needs

## General Program Outline

The RCPSC Subspecialty Training Requirements in Hematology require a minimum of 24 months of approved training in Hematology as follows:

- 8 months of clinical hematology
- 1 month of pediatric hematology
- 1 month of stem cell transplantation
- 6 months of laboratory hematology
- 1 month of research or quality improvement activities related to hematology
- 7 months selected from the following
  - additional training related to clinical hematology
  - additional training in laboratory hematology
  - additional research related to hematology
  - approved course of study or training relevant to the objectives of hematology and acceptable to the program director and to the College, at a hospital or university centre in Canada or abroad

The academic year is divided into thirteen 4-week block rotations. The rotations (in no particular order) are divided by year as follows:

Year 1	Year 2
FMC Ward I	FMC Ward II
FMC Consult I	FMC Ward III
PLC	FMC Consult II
Lymphoma/Myeloma clinics	BMT Ward
Leukemia/Allo SCT Clinics	General Heme Clinics I
Palliative Care	General Heme Clinics II
General Hematology and PBS/Hemoglobinopathies	Pediatrics
Bone Marrow Pathology	Lymph node pathology
Introduction to Transfusion Medicine	Special Labs
Research	Advanced TM/TT/CTL
Hematology selective*	Elective
Elective	Elective
Elective	Elective

\*Hematology selective = Lethbridge community rotation or second month at PLC

## Electives

All residents will have elective rotation time in both years to allow for additional training in any area related to hematology (as outlined above by the RCPSC). The choice of elective and list of objectives for this rotation that reflect the objectives of training in hematology are chosen by the resident but must be discussed with and approved by the Program Director in advance of proceeding with this elective. There is no financial support for electives outside of Calgary. For electives that occur within Calgary, regular

commitments to the program (e.g. academic half-day, call requirements, longitudinal clinic, etc.) are expected to continue.

### Vacation/Absences

Please refer to the document “Adult Hematology Residency Training Program Resident Vacation and Absence Policy” revised June 2016.

### Call Requirements

Hematology residents are expected to participate in the call schedule for their specific rotation as required. PARA rules currently allow for 1 in 3 call dates for home call, for a maximum of 9 calls including two weekends per 4-week rotation. Our program feels that the ideal number of calls for hematology residents is considerably less, with the aim of 4-5 calls and one weekend per 4-week rotation, with up to 7 calls per rotation only if absolutely required. Residents scheduled for a rotation at the PLC will do call at the PLC. Residents scheduled for either FMC Ward or FMC Consults will do call at the FMC. Rotating residents from other services (e.g. internal medicine, medical oncology) will be scheduled to maximize call coverage first. Remaining hematology residents on other rotations (e.g. outpatient clinics, research, lab rotations, electives in Calgary, etc.) will be used to fill in the call schedule at FMC first and any extra availability (if any) will be scheduled at the PLC as determined by the hematology chief resident, to ensure consistent call numbers among the hematology residents from block to block. If there is sufficient first call coverage at the FMC and an R5 resident is scheduled for either FMC consults or FMC ward, then they are expected to take second call on dates when an IM resident is first call. As with previous policies, every effort will be made to protect residents from being on call 2 weeks prior to licensing examinations.