We are nearing the halfway mark, with the winter break only weeks away! Here at Resident Doctors of BC (RDBC), our new Board of Directors and staff are hard at work on a number of projects to improve resident well-being, address your financial concerns, and represent your interests on various provincial and national committees.

As Director of Communications, I chair the committee responsible for facilitating communication to residents and stakeholders. The committee works to ensure that you are abreast of important information and initiatives through regular issues of Rounds and The Pulse, our Council of Program Representatives, and through social media.

We are also preparing for the 15th Annual Resident Awareness Week (RAW), coming up in early 2016. This is a national event that aims to improve the public’s understanding of our role as medical residents in the health care system. During RAW last year, we launched our Humans of Residency photo campaign (inspired by Humans of New York), with the goal to capture the ‘human’ face behind resident doctors. Last year’s campaign was met with so much success that we’ve repeated the campaign this year, so stay tuned! We look forward to meeting many of you throughout RAW, as we celebrate at our major teaching sites across BC.

Our warmest wishes for a safe and happy winter holiday.

Dr. Goldis Mitra
Director of Communications 2015-2016
UPCOMING EVENTS

November 30
Deadline to participate in our “Move’mber team. See pg 6.

December 1
Transition Tuesday session on “Negotiations challenges: Supports available to you.” Visit http://postgrad.med.ubc.ca/transition-into-practice/events for more info and to register.

December 2
Board of Directors meeting. Email info@residentsdoctorsbc.ca to RSVP

December 3
Focus Groups to discuss Ministry of Health policy papers. See pg 25.

December 9
Deadline to claim Pharmacare retroactive coverage. See pg 9.

December 17
Holiday social at Robson Square Ice Rink. Family and friends are invited! See pg 4.

Early 2016
Our annual income tax workshop will take place in the new year. Stay tuned for more details!

Bring your family or friends and join us at Robson Square Ice Rink! Free skate rentals and hot chocolate (submit your receipts to RDBC or grab a voucher from a Health and Wellness Committee member) *valid only on December 17th

THURSDAY, DECEMBER 17, 2015
7:30-9:00pm
UBC Robson Square - 800 Robson Street
Head to the website below to register!
https://www.eventbrite.ca/e/ice-skating-social-tickets-19640794144
With daylight savings time comes the inevitable reminder that summer has certainly ended. While some look forward to winter and its festivities, others may feel suffocated by a barren and sunless season. Placing our summer wardrobe in the back of the closet can symbolize the goodbye to our once smiling, cheerful, energetic summer selves. As we say hello to our toques and scarves, some of us may begin to notice a different version of ourselves emerging; the tired, less motivated, rather stay in bed than get up to go to work selves. The carbohydrate crave gets more intense, and our weight begins to shift. Our moods change, we get sad or irritable and concentration wavers. This can be more than just the ‘winter blues’; it starts to affect how we cope with our day to day lives. Our relationships and work start to be affected by these changes. Come spring, this version of ourselves gets replaced by our usual cheerful, energetic selves. This phenomenon is called Seasonal Affective Disorder (SAD).

What is SAD?
Seasonal affective disorder (SAD) is a mood disorder that causes depressive symptoms and follows a seasonal pattern. It most commonly occurs in the fall to winter months when the amount of sunlight hours decreases. The depressive symptoms resolve once spring/summer return. SAD affects around 3-5% of Canadians, while another 10-15% have a milder form. Women tend to be more susceptible than men.

What causes SAD?
Various hypotheses related to the pathogenesis of SAD have been proposed.
A) Photoperiod and melatonin. A shorter light-dark cycle, that is a short photoperiod, has been linked to the development depressive symptoms. Furthermore, studies have looked at nocturnal melatonin levels being reflective of changes in the photoperiod. Melatonin is a hormone that plays a role in regulating our ‘biological clock’.
B) The serotonin hypothesis: studies have found lower levels of central serotonergic levels in persons with SAD. Other studies have highlighted an apparent role of serotonin in light therapy activation.
C) Psychological factors: Negative thinking and rumination have been linked to the development of SAD.

What should I do if I think I have SAD?
Do not fret, as there are a number of things that we can do to cope with SAD! But first, make an appointment with your family physician to clarify your diagnosis. Once you have a diagnosis of SAD, the following options may be discussed with your doctor.
A) Return to the basics- maintain a consistent routine with respect to your sleep, diet, and exercise!
B) Invest in light therapy. There are two forms; a dawn simulator and a light box that are used in the morning hours. Dawn simulators gradually increase the light you are exposed to in the morning over 35-45 minutes. Dawn simulators may help regulate your sleep and improve morning cognition. Light boxes involve exposure to artificial bright light for 30 minutes a day. Their mechanisms are not fully understood but it may have a role in regulating our ‘biological clock’. Overall, light therapy relieves symptoms in 65% of people with SAD. Ideally, the larger and the brighter the light box (10,000 lux), the better the exposure of light to your eyes. As there are a number of options with varying efficacy, please take some time to research the product.
C) Add medication, such as an antidepressant or tryptophan. If light therapy is unsuccessful, one may consider adding L-tryptophan, a protein with antidepressant qualities, or an antidepressant such as a selective serotonin reuptake inhibitor (SSRI).
D) Stay connected with loved ones and seek support when needed.

This article is courtesy of:
Dr. Gunpreet Singh
UBC Fraser Track Psychiatry Resident, PGY-3

“Move”mber

Resident Doctors of BC Moving for Health

This year, Movember Canada introduced a new way to participate in raising awareness about health issues. It sought to combat inactivity, by getting participants to move everyday in November.

Resident Doctors of BC created a “Move”mber team with seven resident participating. Each had a $5 donation made in their honour, and one lucky resident will win a 1 month gym membership to help them keep moving.

http://moteam.co/resident-doctors-of-bc
HOLIDAY PARTY ON A BUDGET

SERVE A SIGNATURE COCKTAIL
Serving a single drink cuts the cost of stocking a full bar

SERVE AN IN-SEASON MENU
Avoid recipes with out of season ingredients like red peppers or cherries which are much more expensive in November and December

HOST A COOKIE EXCHANGE
Each guest bakes a batch of their favourite cookies for those attending, then swaps their batches for the other guests’ treats.

HOST A RECIPE EXCHANGE
Instead of a potluck, have each guest bring their best holiday dish, and the recipe for other guests to take home.

HOST BRUNCH
Brunch typically involves less alcohol and more carbohydrates, which will help cut costs.

DECORATE THE TABLE WITH WRAPPING PAPER
This saves on buying and laundering table linens, and it can be recycled afterwards.

USE FOOD AS DECOR
Fill jars and vases with wrapped candies or mandarin oranges to double as snacks and decor.

CATERING TIP:
If serving a buffet, put low cost filling items (i.e.: bread) at the starting end of the table, and more expensive items last.

DISABILITY INSURANCE: WHAT YOU NEED TO KNOW
As a resident physician, disability insurance coverage is mandatory. This type of coverage used to only be available members through a healthcare benefit trust. Residents are now able to purchase professional disability coverage on an individual basis.

There are a significant number of insurance companies that offer such professional coverage, and the range of products varies widely. The types of coverage offered and the language used to describe them can sometimes be confusing.

It is crucial to select and purchase the appropriate coverage at the beginning of your career, as inadequate or ill-chosen coverage can have serious and devastating ramifications to both your personal and professional life in the event of disability or disease. It is always wise to obtain the best possible coverage while you are young and healthy, as at that time, higher coverage with potentially fewer exclusions can be underwritten at a lower premium.

Whether you are speaking to a broker or agent, or choosing your coverage directly with an insurer, there are a number of general issues of which you should be aware. As a general rule, a good long term disability coverage plan for a medical professional will include the following terms:

- A shorter elimination period: reduces the wait time from the date of disability before benefits commence.
- An “own occupation” rider: provides coverage for a disability from your own occupation for the entire coverage period, even though you may be capable of working, and are working, in another occupation.
- Cost of Living Allowance (“COLA”): designed to provide benefit protection against inflation over time for the period that you are disabled.
- Partial and residual disability coverage: provides protection in the case where you may still be able to work to some extent, but you are suffering some loss of earnings as a result of a sickness or injury.
- Recurrent Disability: should you have returned to work after being disabled and you become disabled again due to the same illness or injury within the first 6 months of your return, a recurrent disability clause will prevent a new elimination period from running such that benefits will commence immediately.
- Waiver of premium: continuing premium payments are waived for the period that long term disability benefits are payable under the terms of the policy.
- Future Income Option: a crucial term which allows you to increase your disability coverage amount in future years without having to provide proof of good health, regardless of any health changes.
- Portability: coverage that is portable outside of Canada.
- Survivor benefit: in the event of your passing while disabled, a certain sum will be paid to your beneficiary (generally three times the monthly disability benefit amount).

These are just some of the more favourable terms which will provide better protection in the case of a disability in years to come.

Kirk H. Wirsig and J. Martin Willemse
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Counsel for the Resident Doctors of BC on insurance matters
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Disclaimer: The contents of this article are provided for information purposes only, and is not legal advice. We are not contracted to or retained by any insurance carrier and have no interest in any particular insurance product available in the market place. We are available to provide legal advice with respect to denied insurance claims.
On January 01, 2013, the BC PharmaCare Tie-In was re-introduced into the Resident Doctors of BC Collective Agreement. Consequently, drugs which were not on the PharmaCare Formulary were no longer benefits under the Resident Doctors of BC drug plan. In order to assist with the transition back to the PharmaCare Tie-In, Health Employers Association of BC (HEABC) and Resident Doctors of BC (formerly PAR-BC) have negotiated changes to the Resident Doctors of BC drug plan to provide reimbursement and ongoing coverage to residents (and their eligible dependents) who meet the eligibility criteria set out below for non-PharmaCare Formulary drugs listed below.

This guide explains how to claim for drugs reinstated to your Extended Health Care plan. The drugs were reinstated as part of an agreement between the Resident Doctors of BC (formerly PAR-BC) and the Health Employers Association of BC (HEABC).

The claiming deadline for retroactive coverage is Dec 09, 2015.

**Claiming eligibility checklist:**
- Did you or a covered dependent claim for any of the 17 drugs listed below between July 1, 2012 and December 31, 2012, regardless of whether you were a member of Resident Doctors of BC at the time?
- Did you or a covered dependent continue to take the drug beyond December 31, 2012 and pay out of pocket?
- Were you a member of Resident Doctors of BC during either or both of the 2012/2013 academic year or the 2013/2014 academic year?

**How to claim:**
1. If you or a covered dependent paid out of pocket for any of the 17 drugs listed below since January 1, 2013, and while you were a member of Resident Doctors of BC:
   - Complete an Extended Health Care (EHC) claim form. Download EHC forms at [www.pac.bluecross.ca/caresnet](http://www.pac.bluecross.ca/caresnet)
   - Write Attn: Pharmacy Services at the top of your EHC claim form and on the front of your mailing envelope.
   - Enclose pharmacy receipts showing that you or your dependent purchased the drug after December 31, 2012.
2. If you meet the eligibility criteria and if you or your dependent need to start taking the drug again:
   - Starting May 15, 2015, claim at the pharmacy using your pay direct card (Pacific Blue Cross ID) card. Eligible expenses will be reimbursed at time of purchase.

   Reimbursement is in accordance with the Resident Doctors of BC Collective Agreement, which includes information about deductibles, drug markup limits and dispensing fees.

**List of reinstated drugs:**
1. Desvenlafaxine (Pristiq™)
2. Fluticasone/Salmeterol (Advair™)
3. Budesonide (Pulmicort™)
4. Budesonide/Formoterol (Symbicort™)
5. Zopiclone (Imovane™)
6. Eletriptan (Relpax™)
7. Lansoprazole (Prevacid™)
8. Esomeprazole (Nexium™)
9. Pantoprazole (Pantoloc™/ Tecta™)
10. Omeprazole (Losec™)
11. Rabeprazole (Pariet™)
12. Amphetamine (Adderall™)
13. Finasteride (Proscar™)
14. Mometasone (Nasonex™)
15. Methotrexate
16. Tretinoin/Vitamin A Acid (Stieva A™)
17. Benzoyl Peroxide / Clindamycin (Benzaclin Gel™)

**Frequently asked questions:**

**I was first prescribed one of the reinstated drugs after December 31, 2012. Can I claim?**
No. The negotiated agreement between Resident Doctors of BC and HEABC only provides for coverage of these drugs if you originally claimed between July 1, 2012, and December 31, 2012.

**What if I or a dependent was taking more than one of these drugs during the eligibility period?**
You or your dependents will be covered for any drugs reinstated, as long as you or your dependent claimed between July 1, 2012 and December 31, 2012.

**I paid for one of these drugs without using my pay direct card during the eligibility period, and did not submit my claim. Can I submit it now and be covered?**
Yes, as long as your receipt shows that you or your dependent originally paid for the drug between July 1, 2012, and December 31, 2012, you will have coverage for the drug reinstated retroactive to December 31, 2012.

**Who decided what 17 drugs made the list?**
The list was agreed to by the Resident Doctors of BC (formerly PAR-BC) and HEABC. Please contact your union representative if you have questions about the process.

**I obtained BC PharmaCare Special Authority to continue to take one of these drugs after December 31, 2012. Should I resubmit?**
No. If you obtained Special Authority approval then there is no need to resubmit. You have already been approved for coverage and reimbursed for eligible expenses.
The Council of Program Representatives had its first meeting on Nov 5th. The next meeting will be in Jan/Feb and we are hoping to have even more representatives in attendance! The following programs are still in need of a representative. If your program is listed, we encourage you to get involved! (The number of reps needed is noted next to the program in brackets.)

Contact the office at info@residentdoctorsbc.ca to sign up.

Anatomical Pathology (1)
Anesthesiology (1)
Cardiology (1)
Clinician Investigator Program (1)
Colorectal Surgery (1)
Critical Care Medicine (1)
Dentistry (1)
Developmental Pediatrics (1)
Emergency Medicine - Vancouver Island (1)
Endocrinology and Metabolism (1)
Family Practice - Clinician Scholar Program (1)
Family Practice - Chilliwack (1)
Family Practice - Emergency Medicine (1)
Family Practice - Enhanced Skills (1)
Family Practice - Fort St. John (1)
Family Practice - Kamloops (1)
Family Practice - Nanaimo (1)
Family Practice - Rural Northwest (1)
Family Practice - Prince George/Northern Rural (1)
Family Practice - Victoria (1)
Gastroenterology (1)
General Internal Medicine (1)
General Pathology (1)
Geriatric Medicine (1)
Gynecological Endocrinology (1)
Gynecological Oncology (1)
Hematology (1)
Infectious Diseases (1)
Maternal Fetal Medicine (1)
Medical Microbiology (1)
Medical Oncology (1)
Neonatal Perinatal Medicine (1)
Nephrology (1)
Neuropathology (1)
Nuclear Medicine (1)
Oncology and Pathology (1)
Optometry Medicine (2)
Pediatric - Adolescent Medicine (1)
Pediatric - Allergy & Immunology (1)
Pediatric - Critical Care (1)
Pediatric - Emergency Medicine (1)
Pediatric - Endocrinology and Metabolism (1)
Pediatric - Gastroenterology (1)
Pediatric - Hematology/Oncology (1)
Pediatric - Island (1)
Pediatric - Neurology (1)
Pediatric - Psychiatry (1)
Physical Medicine and Rehabilitation (1)
Psychiatry - Forensic (1)
Psychiatry - Geriatric (1)
Psychiatry - Island (1)
Psychiatry - Research Track (1)
Pulmonary Diseases (1)
Rheumatology (1)
Thoracic Surgery (1)
Urology (1)
R1 - Royal Columbian (1)
R1 - St. Paul's (1)
Instructions:
1. Melt butter in a large stockpot or Dutch oven over medium heat. Add garlic, onion, and thyme; cook, stirring occasionally, until translucent, about 3-4 min.
2. Whisk in flour until lightly browned, about 1 min. Gradually whisk in milk, vegetable broth, and heavy cream; cook, whisking constantly, until mixed, about 1-2 min. Stir in broccoli.
3. Bring to a boil, then reduce heat and simmer until broccoli is tender, about 6-8 min.
4. Stir in cheeses gradually until smooth, about 1-2 min; season with salt and pepper, to taste. Serve immediately.

Ingredients:
- 3 cloves garlic, minced
- 1 tsp salt
- 1/2 tsp ground black pepper
- 1/2 cup heavy cream
- 3 heads broccoli, cut into florets and finely chopped
- 1 cup shredded sharp cheddar
- 1/4 cup grated Parmesan
- Kosher salt and freshly ground black pepper, to taste

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Instructions:
1. Heat 1 tbsp olive oil in a large stockpot or Dutch oven over medium heat. Season chicken thighs with salt and pepper, to taste. Add chicken to pot and cook until golden, about 2-3 min; set aside.

Ingredients:
- 3 tbsp unsalted butter
- 1 onion, diced
- 2 cloves garlic, minced
- 1/2 tsp dried thyme
- 3 tbsp all-purpose flour
- 3 cups milk
- 2 cups vegetable broth
- 1/2 cup heavy cream
- 3 heads broccoli, cut into florets and finely chopped
- 1 cup shredded sharp cheddar
- 1/4 cup grated Parmesan

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Instructions:
1. In a large stockpot heat olive oil and saute the onion for 3 min. Add the cinnamon and chili powder and continue to saute for another 2 min. Mix in the garlic and cumin seeds, saute for 2 min more before adding lemon juice and tomatoes. Mix thoroughly so the stew doesn't get too chunky.
2. Stir the squash, pinto beans and water into the stew. Season with salt and pepper to taste. Let the stew simmer for 1 hr, or until squash is tender. Stir occasionally throughout the cooking hour, and add water as needed if the stew is becoming too thick. Serve the stew with the heated pita bread.

Ingredients:
- 1/4 cup unsalted butter, cubed
- 2 cloves garlic, minced
- 1 onion, diced
- 1/4 tsp dried thyme
- 1 tbsp vegetable oil
- 1 onion, thinly sliced
- 1 (6 oz) can tomato paste
- 1 (14.5 oz) can low fat, low sodium beef broth
- 1/2 tsp dried thyme
- 1 bay leaf
- 3 cloves garlic, minced
- 1/2 cup heavy cream
- 2 cups milk
- 3 heads broccoli, cut into florets and finely chopped
- 1 cup shredded sharp cheddar
- 1/4 cup grated Parmesan

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Instructions:
1. Preheat oven to 375 degrees F (190 degrees C). Line a rimmed baking sheet with parchment paper.

Ingredients:
- 1/2 cup half-and-half
- 1 tsp salt
- 1/4 cup grated Parmesan
- Kosher salt and freshly ground black pepper, to taste

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Instructions:
1. Melt butter in a pot over medium heat. Place onions in the pot and cook until tender. Stir in celery and carrots, and cook until tender. Stir in the potatoes and flour. Pour in the chicken stock, and season stew with marjoram.

Ingredients:
- 2 tbsp butter
- 2 onions, chopped
- 1 stalk celery, chopped
- 2 carrots, peeled and chopped
- 1/4 cup all-purpose flour
- 1/2 tsp dried marjoram

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Instructions:
1. Pour chicken broth into the pot, and bring to a boil. Stir in the pears and squash pulp, and simmer until the pears are very soft, about 30 min.
2. Pour the soup into a blender, filling the pitcher no more than halfway full. Ensure lid is secure. Puree soup in batches until smooth. Return the soup to the pot, stir in half-and-half, and reheat.

Ingredients:
- 1/2 cup heavy cream
- 2 Bartlett pears, peeled, cored, and chopped
- 4 cloves crushed garlic

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Instructions:
1. Add the carrots, potatoes, rosemary, thyme, bay leaf and crushed red pepper flakes and simmer, covered, for another 45 min. (Note: It may be necessary to add some water if stew seems too thick.)
4. Finally, add the mushrooms and peas, and allow stew to heat through, about 10-15 min. Remove bay leaf and rosemary sprig before serving.

Ingredients:
- 2 tbsp butter
- 2 onions, chopped
- 3 stalks celery, diced
- 3 carrots, peeled and diced
- 2 stalks celery, diced
- 1/2 tsp dried thyme
- 2 tbsp chopped fresh parsley

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Instructions:
1. Stir the squash, pinto beans and water into the stew. Season with salt and pepper to taste. Let the stew simmer for 1 hr, or until squash is tender. Stir occasionally throughout the cooking hour, and add water as needed if the stew is becoming too thick. Serve the stew with the heated pita bread.

Ingredients:
- 1/4 cup unsalted butter, cubed
- 2 cloves garlic, minced
- 1 onion, diced
- 1/4 tsp dried thyme
- 1 tbsp vegetable oil
- 1 onion, thinly sliced
- 1 (6 oz) can tomato paste
- 1 (14.5 oz) can low fat, low sodium beef broth
- 1/2 tsp dried thyme
- 1 bay leaf

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Instructions:
1. Melt butter in a large stockpot or Dutch oven over medium heat. Add garlic, onion, and thyme; cook, stirring occasionally, until translucent, about 3-4 min.
2. Whisk in flour until lightly browned, about 1 min. Gradually whisk in milk, vegetable broth, and heavy cream; cook, whisking constantly, until mixed, about 1-2 min. Stir in broccoli.
3. Bring to a boil, then reduce heat and simmer until broccoli is tender, about 6-8 min.
4. Stir in cheeses gradually until smooth, about 1-2 min; season with salt and pepper, to taste. Serve immediately.

Ingredients:
- 3 tbsp unsalted butter
- 1 onion, diced
- 3 carrots, peeled and diced
- 2 stalks celery, diced
- 1/2 tsp dried thyme
- 5 cups chicken stock
- 2 bay leaves
- 3/4 cup uncooked orzo pasta
- 1 tsp salt
- 1 tsp dried marjoram
- 1/4 tsp dried thyme
- 1/4 cup grated Parmesan

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Instructions:
1. Melt butter in a large stockpot or Dutch oven over medium heat. Add garlic, onion, and thyme; cook, stirring occasionally, until tender, about 3-4 min. Stir in thyme until fragrant, about 1 min.

Ingredients:
- 1/2 cup heavy cream
- 3 heads broccoli, cut into florets and finely chopped
- 1 cup shredded sharp cheddar
- 1/4 cup grated Parmesan
- Kosher salt and freshly ground black pepper, to taste

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Instructions:
1. Melt butter in a pot over medium heat. Place onions in the pot and cook until tender. Stir in celery and carrots, and cook until tender. Stir in the potatoes and flour. Pour in the chicken stock, and season stew with marjoram.
2. Add turkey, and bring to a boil. Reduce heat to low, cover, and simmer 30 min.
3. Mix in green bell pepper, and continue cooking another 10 min, until pepper is tender.

Ingredients:
- 1 tbsp ground cinnamon
- 1 tbsp curry powder
- 1/2 cup heavy cream
- 3 heads broccoli, cut into florets and finely chopped
- 1 cup shredded sharp cheddar

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Instructions:
1. Melt butter in a large stockpot or Dutch oven over medium heat. Add garlic, onion, and thyme; cook, stirring occasionally, until translucent, about 3-4 min.
2. Whisk in flour until lightly browned, about 1 min. Gradually whisk in milk, vegetable broth, and heavy cream; cook, whisking constantly, until mixed, about 1-2 min. Stir in broccoli.
3. Bring to a boil, then reduce heat and simmer until broccoli is tender, about 6-8 min.
4. Stir in cheeses gradually until smooth, about 1-2 min; season with salt and pepper, to taste. Serve immediately.

Ingredients:
- 3 tbsp unsalted butter
- 1 onion, diced
- 2 cloves garlic, minced
- 1/2 cup heavy cream
- 1/4 cup grated Parmesan
- Kosher salt and freshly ground black pepper, to taste

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Instructions:
1. Melt butter in a pot over medium heat. Place onions in the pot and cook until tender. Stir in celery and carrots, and cook until tender. Stir in the potatoes and flour. Pour in the chicken stock, and season stew with marjoram.
2. Add turkey, and bring to a boil. Reduce heat to low, cover, and simmer 30 min.
3. Mix in green bell pepper, and continue cooking another 10 min, until pepper is tender.

Ingredients:
- 1 onion, thinly sliced
- 2 cloves garlic, minced
- 1 tsp salt
- 1/2 tsp dried thyme
- 1/2 cup heavy cream
- 3 heads broccoli, cut into florets and finely chopped
- 1 cup shredded sharp cheddar

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Instructions:
1. In a large stockpot heat olive oil and saute the onion for 3 min. Add the cinnamon and chili powder and continue to saute for another 2 min. Mix in the garlic and cumin seeds, saute for 2 min more before adding lemon juice and tomatoes. Mix thoroughly so the stew doesn't get too chunky.
2. Stir the squash, pinto beans and water into the stew. Season with salt and pepper to taste. Let the stew simmer for 1 hr, or until squash is tender. Stir occasionally throughout the cooking hour, and add water as needed if the stew is becoming too thick. Serve the stew with the heated pita bread.

Ingredients:
- 1/2 cup heavy cream
- 3 heads broccoli, cut into florets and finely chopped
- 1 cup shredded sharp cheddar
- 1/4 cup grated Parmesan
- Kosher salt and freshly ground black pepper, to taste

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Instructions:
1. Melt butter in a pot over medium heat. Place onions in the pot and cook until tender. Stir in celery and carrots, and cook until tender. Stir in the potatoes and flour. Pour in the chicken stock, and season stew with marjoram.
2. Add turkey, and bring to a boil. Reduce heat to low, cover, and simmer 30 min.
3. Mix in green bell pepper, and continue cooking another 10 min, until pepper is tender.

Ingredients:
- 3 tbsp unsalted butter
- 1 onion, diced
- 2 cloves garlic, minced
- 1/2 cup heavy cream
- 1/4 cup grated Parmesan
- Kosher salt and freshly ground black pepper, to taste
ROLLED SUGAR COOKIES
Ingredients:
- 1 1/2 cups butter, softened
- 2 cups white sugar
- 4 eggs
- 1 tsp vanilla extract
- 5 cups all-purpose flour
- 2 tsp baking powder
- 1 tsp salt

Instructions:
1. In a large bowl, cream together butter and sugar until smooth. Beat in eggs and vanilla. Stir in the flour, baking powder, and salt. Cover, and chill dough for at least one hour (or overnight).
2. Preheat oven to 400 degrees F (200 degrees C). Roll out dough on floured surface 1/4 to 1/2 inch thick; cut into shapes with any cookie cutter. Place cookies 1 inch apart on ungreased cookie sheets.

MULLED WINE
Ingredients:
- 1 (750 ml) bottle red wine
- 1 orange, sliced
- 1/4 cup brandy (optional)
- 1/4 cup honey or sugar
- 8 whole cloves
- 2 cinnamon sticks
- 2 star anise

Instructions:
1. Combine all ingredients in a non-aluminum saucepan, and bring to a simmer over medium-high heat. Reduce heat to medium-low, and let simmer for at least 15 minutes. Strain, and serve warm.

EGGNOG FUDGE
Ingredients:
- 1/2 cup butter
- 2 tbsp heavy whipping cream
- 3/4 cup eggnog less 2 tbsp
- 2 cups sugar
- 1/2 cup powdered sugar
- 1/2 tsp nutmeg
- 2 tsp vanilla extract

Instructions:
1. Line a 9x9 or 8x8 inch pan with foil, and grease foil well with butter. Set aside.
2. Preheat oven to 350 degrees F (176 degrees C). Line baking sheets with silicone baking mat or parchment paper; set aside. In a medium bowl, whisk together flour, salt, baking powder, and baking soda; set aside.
3. In a large bowl, cream together butter, eggnog, cream and sugar in a saucepan. Bring to a boil over medium heat, stirring occasionally. Once boiling, reduce heat and, using a candy thermometer, continue cooking until temperature reaches 234 degrees F (“soft ball” stage, when it is similar to cookie dough); then remove from heat, and stir in white chocolate. Continue stirring until chocolate is completely melted and blended. Add in Marshmallow, nutmeg, vanilla, and stir until smooth. Spread into prepared pan.

CANDY CANE CRINKLE COOKIES
Ingredients:
- 3 whole peppermint candy canes
- 1/2 cup unsalted butter, softened
- 1 cup granulated sugar
- 1/2 tsp vanilla extract
- 1 egg
- 1/4 tsp salt
- 1/4 tsp baking powder
- 1/2 cup powdered sugar

Instructions:
1. Preheat oven to 350 degrees F (176 degrees C). Line baking sheets with silicone baking mat or parchment paper; set aside. In a medium bowl, whisk together sugar, flour, baking powder, and salt.
2. In a large bowl, cream together butter and sugar until light and fluffy. Add in the vanilla and egg and mix well. Slowly mix in the dry ingredients (except powdered sugar) until dough forms. Crush candy canes, and gently mix in until combined.
3. Pour powdered sugar on a large plate. Roll a tablespoon-sized amount of dough into a ball and roll it in the powdered sugar, shaking off the excess. Place on prepared baking sheet and repeat with remaining dough.
4. Bake for 9-10 min or until bottoms begin to barely brown and the cookies have a mild sheen to them. Remove from oven and let sit for 3 min before transferring to a cooling rack.

APPLE PIE CIDER
Ingredients:
- 1 1/4 quarts apple cider
- 3 tbsp packed light-brown sugar
- 7 whole cinnamon sticks
- 1/2 tsp ground nutmeg
- 1/2 cup all purpose flour
- 4 oz (1 stick) room-temperature unsalted butter
- 1/2 cup packed dark-brown sugar
- 1 tsp finely grated orange zest
- 1 tsp ground ginger
- 2 cups sugar
- 1/2 cup brown sugar
- 1 (750 ml) bottle red wine
- 1/4 tsp sea salt
- Squeeze of Fresh orange juice
- 1/2 cup brandy (optional)

Instructions:
1. In a medium saucepan, whisk together cider, sugar, spices (1 cinnamon stick only, save others for garnish), and salt. Bring to a simmer over medium-low heat. Remove from heat; pour in brandy, if desired. Strain into a pitcher; discard solids. Serve in mugs, garnished with cinnamon sticks.

HOT BUTTERED RUM
Ingredients:
- 4 oz (1 stick) room-temperature unsalted butter
- 1/2 cup packed dark-brown sugar
- 1 tsp finely grated orange zest
- 1/2 tsp ground cinnamon
- 3/4 tsp ground ginger
- 1/2 tsp ground nutmeg
- 3/4 tsp ground allspice
- 1/4 cup brandy (optional)
- 3/4 cups boiling water
- 1/2 teaspoon ground allspice
- 1/2 cup brandy (optional)
- Freshly grated nutmeg
- 1/2 cup all purpose flour
- 1/2 cup brown sugar
- 1/2 tsp baking powder
- 1/2 tsp baking soda

Instructions:
1. Beat butter, sugar, orange zest, cinnamon, ginger, and nutmeg with a mixer on medium speed until combined, about 1 min.
2. Combine 2 tablespoons spiced butter with 1/2 ounces (3 tablespoons) dark rum in each of 4 heatproof glasses. Pour 3/4 cup boiling water over each, and stir. Top each with a squeeze of fresh orange juice.

GINGERBREAD HOT CHOCOLATE
Ingredients:
- 4 cups milk
- 1/2 cup cocoa powder
- 1/4 cup brown sugar
- 1/4 cup white sugar
- 1/2 tsp ground cinnamon
- 1/2 tsp allspice
- 1/2 tsp ground ginger
- 1/2 tsp vanilla extract
- 1/4 tsp sea salt
- Whipped cream for topping

Instructions:
1. Heat milk In a medium saucepan over low heat. While warming the milk, combine the cocoa power, brown sugar, white sugar, cinnamon, allspice and ginger in a small bowl. Whisk into the milk until hot. Serve with whipped cream and a sprinkle with cinnamon.

GINNIBREAD HOT CHOCOLATE
Ingredients:
- 4 cups milk
- 1/2 cup cocoa powder
- 1/4 cup brown sugar
- 1/4 cup white sugar
- 1/2 tsp ground cinnamon
- 1/2 tsp allspice
- 1/2 tsp ground ginger
- 1/2 tsp vanilla extract
- 1/4 tsp sea salt
- Whipped cream for topping
Here are just a few of the winter, holiday and New Year’s events happening around BC. Check your city’s event calendar for more!

**PRINCE GEORGE**
- Festival of Trees
  - November 20 to 29
  - spiritofthenorth.ca/special-events/festival-of-trees/
- Singles Christmas Party
  - December 5

**VICTORIA**
- Festival of Trees
  - November 18 to January 5
  - bcchf.ca/events/event-calendar/festival-of-trees/victoria/
- Gingerbread Showcase
  - November 23 to January 5
  - laurelpoint.com/christmas-1/gingerbread-showcase.htm
- Breakfast with Santa
  - December 19
  - oakbaybeachhotel.com/event/breakfast-with-santa/
- Santa Light Parade
  - November 28
  - gvfs.ca/#!island-farms-santa-light-parade/cdaf
- The 5 Seasons of Christmas
  - December 1 to January 6
  - butchartgardens.com/activities/5-seasons/?gotoSection=ChristmasSection
- Christmas is for Everyone
  - December 13
  - tourismpg.com/events/christmas-everyone
- Downtown Winter Fair
  - December 17
  - www.facebook.com/DowntownMarketFair

**NANAIMO**
- Magical Nights of Lights
  - November 6 to December 19
  - www.niwr.ca/index.php?option=1_99_Events-Fundraisers
- WinterFest & Craft Fair
  - November 21 to November 23
  - winterfestcraftfair.wix.com/winterfestcraftfair
- Santa Claus Parade
  - November 28
  - dnbia.ca/whats-happening/nanaimo-lions-club-santa-claus-parade/
- Santa's Workshop
  - November 29 to December 20
  - dnbia.ca/events/santas-workshop/
- Milner Christmas Magic
  - December 4 to December 20
  - viu.ca/milnergardens/events.asp#mcm
- Victoria New Years Club Crawl
  - December 31
  - clubzone.com/events/victoria-nye-club-crawl-2016/

**KELOWNA**
- Winter Wineland
  - November 28
  - kelownafabfive.ca/archives/category/event
- The Happy Elf Musical
  - December 4
  - rotarycentreforthearts.com/event/studio9-happy-elf/
- Big White Village Light Up
  - December 4
  - bigwhite.com/events/big-white-village-light-up/
- Santa Shuffle Run & Elf Walk
  - December 5
  - santashuffle.ca/
- Sip Into the Season
  - December 6
  - thewestsidewinetrail.com/annual-events/
- Rudolph Reindeer Musical
  - December 9 to 17
  - rotarycentreforthearts.com/event/rudolph-the-red-nosed-reindeer/2015-12-17/
- Big White Breakfast with Santa
  - December 22
  - bigwhite.com/events/breakfast-with-santa/
- Christmas at Canada Place
  - December 12 to 30
  - christmas.canadaplace.ca/
- Carol Ships Parade of Lights
  - December 4 to 19
  - carolships.org

**VANCOUVER**
- VanDusen Festival of Lights
  - December 1 to 31
  - vandusengarden.org/explore/events/
- Vancouver Christmas Market
  - November 21 to December 24
  - vancouverchristmasmarket.com/
- Bright Nights Christmas Train
  - November 26 to January 2
  - vancouver.ca/parks-recreation-culture/bright-nights-train.aspx
- Capilano Canyon Lights
  - November 27 to January 3
  - capbridge.com/explore/canyon-lights
- The Peak of Christmas at Grouse
  - November 27 to January 4
  - grousemountain.com/peak-of-christmas
- Santa Claus Parade
  - December 6
  - rogerssantaclausparade.com
- VanDusen Festival of Lights
  - December 1 to 31
  - vandusengarden.org/explore/events/
- Vancouver Winter Wonderland
  - December 11 to 20
  - vancouverwinterwonderland.com/home
- Christmas at Canada Place
  - December 12 to 30
  - christmas.canadaplace.ca/
- New Years' Eve Vancouver
  - December 31
  - newyearsevevancouver2015.com/
Doctors of BC and the Canadian Medical Association are partnering to host CaRMS Mock Interviews for 4th year students in preparation for their true interviews in the new year.

We will remunerate each resident at $500 for a half-day (two sessions – morning or afternoon).

We need residents to conduct mock interviews in Vancouver on Saturday, January 9, from 8:00 am – 5:30 pm.

**Session 1**
8:00 – 10:00

**Session 2**
10:30 – 12:30

**Session 3**
1:00 – 3:00

**Session 4**
3:30 – 5:30

Each session is broken out into three groups of students (of 8 maximum). Each group requires two residents.

1. Family Medicine
2. Surgical Specialties
3. Other Specialties

At the beginning of each session, the students are gathered together for a word of welcome from the CMA and Doctors of BC reps and given notebooks. Housekeeping details are reviewed and then they are divided into their smaller groups.

Once in their small groups, the residents do an introduction, word of welcome, and perhaps discuss how their own interviews went and any tricks they might have. They then go through the mock interviews. The resident reads a question to the student. After the answer is provided, the student is given feedback from the other students and from both residents. There should be enough time for every student to receive two mock questions by the residents. The benefit of this training is that the students receive feedback from residents on the spot but also learn from their peers. They can pick up tips from other answers and feedback given.

We are looking for 12 residents:

- 4 - Family Medicine
- 4 - Surgical Specialties
- 4 - Other Specialties

If you are interested in participating or that have any questions please contact: Liliana Dormer at ldormer@doctorsofbc.ca

Space is limited and will be filled on a first-come, first-served basis.

### HAVE YOU HAD YOUR INSURANCE CHECK-UP?

Doctors of BC provides medical residents with access to complimentary non-commissioned, licensed insurance advisors who travel across the province to assist with members’ insurance needs. We are the only insurance planning team that works exclusively with physicians and their family members, making us the experts in the industry. Unlike insurance advisors who earn income from each product they sell, Doctors of BC advisors are salaried employees who provide service-oriented advice. What you get from us is unbiased, non-pushy, real advice.

We have five mobile insurance advisors dedicated to working in all areas of BC, including Vancouver Island, Prince George, Kamloops, and the Greater Vancouver Region. We’re pleased to review and explain plans that you currently have in place and provide a second opinion. Doctors of BC works closely with MD Financial Management, a CMA company exclusive to physicians, to ensure that your insurance plans complement your financial planning objectives.

When’s the last time you had your Insurance Check-Up? Contact Doctors of BC for complimentary advice if you’re:

- taking on more debt
- buying your first condo
- cohabitating or marrying
- starting a family
- preparing for practice
- participating in adventurous activities or trips

At Doctors of BC, we have access to proprietary physician-only, discounted programs, as well as individual private insurance plans generally available in the marketplace. We’ve been providing insurance to physicians since 1950 and manage over 25,000 policies. Some of the plans we consult on include:

- Disability
- BC Government paid Physicians’ Disability Insurance (PDI) when practicing
- Life, including term and whole life
- Critical Illness
- Professional Overhead Expense
- Extended Health & Dental
- Travel
- Commercial office, home, and auto

Whether you’re starting residency or transitioning to practice, we welcome you to book a complimentary insurance check-up. We understand your schedule is busy - we offer daytime and evening in-person, phone, and Skype appointments. Contact us at insurance@doctorsofbc.ca or 1-800-665-2262 ext. 2807 or 604-638-2807 to get unbiased, non-pushy, real advice.

Your Resident Insurance Advisor Team

- Channele Sawyer
  - Vancouver Island
  - Kelowna

- Erin Higgins
  - Metro Vancouver
  - Prince George
  - Northern Interior

- Paula Rooney
  - Metro Vancouver

- Renee Brickner
  - Fraser Valley
  - Kamloops/Interior

- Julie Kwan
  - All regions
FINANCIAL LITERACY FOR RESIDENTS PROGRAM

THE 3 HABITS OF FINANCIALLY LITERATE RESIDENTS

Being a financially literate physician means having the ability, skills and confidence to make responsible decisions about your financial resources based on understanding how you earn money, how you manage it, and how you deploy it to help others.

Over the past 12 years of practice as a financial planner, I’ve been helping members of BC’s medical community get their financial houses in order and make informed choices about their personal finances, taxes, incorporation and debt repayment options.

My team and I began working with Residents Doctors of BC in 2012 by establishing the Financial Literacy Program for Residents; I am encouraged to see that residents are taking more of an active role in becoming financially literate as they transition into practice. I’ve noticed a common thread of three effective habits that financially literate residents practice to ensure that they have their financial houses in order. Put them into practice and you will be well on your way to being a financially literate physician.

ONE: They apply the basic principles of evidence based medicine to financial decisions

When financially literate residents are faced with making an important financial decision, they often apply some of the basic principles they learned in evidence-based medicine to the decision making process. They’ve realized that making wise and responsible financial decisions is not something that is easy to do, but rather it requires careful planning and a willingness to seek out trusted sources of information.

According to Trahair, a cash pig is the opposite of a cash cow. It’s something that consistently drains cash from your pocket, and reduces your cash flow. Mortgage, line of credit, student loan interest, credit card debt and poor performing investment and insurance products are examples of cash pigs. However, for the bank and credit card companies, your cash pig (loans/ debts) is a cash cow for them. It’s no wonder banks consider your debt an asset on their balance sheets. He suggests that there may be a conflict of interest when you rely solely on a bank to help you pay off your debts as there may be a misalignment of overall goals between you and them.

TWO: They focus on nurturing “CASHCOWS” and can manage their “CASHPIGS”

In my practice, I encourage physicians to read a book by David Trahair CA CPA, who is the author of “Cashcows, Cashpigs and Jackpots” which helps simplify and demystify the area of personal financial management for Canadians.

Traditionally, a cash cow is “a business, product or asset, once acquired and paid off, will produce consistent cash flow over its lifespan.” For example, dividend stocks held for the long term that pay consistent quarterly dividends, is an example of a cash cow.

However, Trahair debunks the notion of the traditional definition and opts for a contrarian viewpoint because in the midst of global economic turmoil and uncertainty “today’s real cash cow isn’t found on Bay Street or Wall Street; it’s found in front of the mirror of your bathroom. As he sees it, “the most reliable cash cow in your life is you and your ability to keep the cash flowing as a result of all your hard work. Make sure, that this cash cow is protected.” In a nutshell he is saying, you are your own most valuable income accretive asset, so you need to strongly consider prioritizing self-care by resting, eating healthy, exercising regularly and choosing activities that build up and serve loved ones.

One amazing emergency resident my team and I have had a chance to cross paths with and serve over the years practices a unique rhythm of taking a 24 hour Sabbath break every week in order to re-centre in the midst of the chaos and pressure of emergency residency training. She has embraced the reality that becoming financially literate is not only about learning about how to be confident around numbers but also it encompasses the relationship each of us have with money based on family or origin and/or experiences and that by being self-aware of who we truly are, we can train ourselves to be responsible stewards of money rather than being controlled by money.

According to Trahair, a cash pig is the opposite of a cash cow. It’s something that consistently drains cash from your pocket, and reduces your cash flow. Mortgage, line of credit, student loan interest, credit card debt and poor performing investment and insurance products are examples of cash pigs. However, for the bank and credit card companies, your cash pig (loans/ debts) is a cash cow for them. It’s no wonder banks consider your debt an asset on their balance sheets. He suggests that there may be a conflict of interest when you rely solely on a bank to help you pay off your debts as there may be a misalignment of overall goals between you and them. Common monthly cashpigs I encounter residents fall prey to include; eating out too much, meaning exceeding 8% of their after tax monthly income, committing to car expenses (lease/ purchase/ insurance/ gas) that exceed 12% of their after tax monthly income, and retail therapy which often exceeds 3% of their after tax monthly income. I am glad to see that through financial coaching sessions with residents, I am seeing these cashpigs being managed and brought under control.
What I have truly enjoyed by meeting hundreds of residents over the years, is their gut instinct in identifying potential cashpigs through their distaste for financial salespeople who are pushy and aggressive. These sales focused financial professionals are cashpigs because they end up costing doctors money in needless fees, lost capital as well as investment and insurance programs that may not pay out when you need them to.

Moreover, they are more keenly aware of the long-term pitfalls of going to 3-4 separate finance, accounting and legal professionals to help them navigate their options. They would rather work with one team who integrates financial, tax and legal advice.

This is reassuring news for me because when I work with retiring physicians who are not in the best financial shape, they often cite that hindsight is 20/20 and that it was because they put their trust in financial professionals who did not work together and therefore gave conflicting advice which ended up costing the physician thousands in dollars in fines or lost capital. Recently, a 70 year old physician who was born in the US approached us for advice because the accountant he has been working with for the past 10 years failed to ask where he was born and he was hit with a sizeable fine for not filing US tax returns. His financial advisor and lawyer knew but the information was never shared with the accountant.

THREE: They use the resources that are at their disposal

Last but not least, financially literate residents equate the journey of becoming a practicing physician as a marathon rather than as a sprint to the finish line. I’ve noticed they have embraced the process and just like an experienced marathon runner they are resourceful and take advantage of the resources available to them to better their results.

If you need a guide to help you become financially literate, my team is available to serve you as part of Resident Doctors of BC’s (RDBC) mission to promote the professional, personal and financial well-being of residents.

The Financial Literacy for Residents Program is a part of your member benefits plan. The process of creating the program included consultations with Pria Sandhu and a cross-section of residents across several specialties. Moreover, we received invaluable input from Dr. Stacy Sprague’s 25 years of front line clinical experience serving Physicians as Executive Director of VCH EFAP.

The program is provided by the Financial Literacy Counsel and is built on best practices and services that were developed for both UBC Medicine in 2003 and Vancouver Coastal Health’s Employee & Family Assistance Program (EFAP) in 2011.

We have provided over 275 financial literacy workshops to date in hospitals and distributed health sites throughout BC. Moreover, we have provided over 1,700 private financial consultations for employees of VCH, FHA, PHSA and Providence Health Care. These workshops and consultations do not promote any financial institutions or their products.

They are designed to provide residents a safe and holistic approach to receiving unbiased and integrated financial, tax and legal advice or a second opinion on the various products you are currently financially committed to.

The program includes:

1) Integrated financial literacy, tax and legal advice
   • You receive 3 hours of financial and tax counselling every year which includes an integrated financial prescription to help residents become financially literate.
   • One hour of legal counselling for incorporation, family law, wills & estates

2) Annual tax preparation clinic in March
   • Get your taxes prepared for free by qualified CPA CAs at The Resident Doctors of BC TAX CLINIC

3) Financial Education
   • Residents can request a catered group workshop for an event, academic half day and/or non-clinical retreats.
   • Attend financial education workshops throughout the year via RDBC sponsored events.

I look forward to serving you through the services of The Financial Literacy for Residents Program. My team and I invite you to learn more about how RDBC, VCH EFAP and the Financial Literacy Counsel can help you become a “financially literate” resident.

Please do not hesitate to contact me at bobby.ning@flci.ca or 604.620.6630 to book your private financial consultation at our Fairmont Medical Building Office, pre-register for the annual tax clinic or customize a catered financial workshop for a lunch and learn, academic half day or retreat in the lower mainland or Victoria. By special request, our team can also serve residents in Prince George or Kelowna.
Dear Colleagues,

Earlier this year, as part of the province’s “Innovation Change Agenda”, the BC Ministry of Health released a number of health policy papers that set out the broad strategy and future direction of our healthcare system. These papers cover a number of areas including primary care, surgical services, rural health services, health human resources, and information technology.

The Ministry of Health recognizes that resident doctors are the future of health care in BC, and is therefore keen on gathering resident feedback around these new policies.

In order to ensure that the resident voice is incorporated into the future direction of health policy in this province, Resident Doctors of BC will be sending out a survey to all residents. When the survey is released we ask for your support in encouraging residents to provide their varied perspectives.

The second method is through focus groups. The first of which has already occurred in Prince George, we have two more scheduled and we need your participation. The next focus group will be in Vancouver:

December 3, 2015 6:30 pm – 8:30 pm at Resident Doctors of BC (650 West Georgia Street)

We will be spending some time discussing the proposed health policies and asking for your feedback on the following policy papers:

- Primary and Community Care
- Rural Health Services
- Health Human Resources

All the policy papers and executive summaries are available on the Ministry of Health website: www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/health-priorities/setting-priorities-for-bc-health. You are also welcome to read the Doctors of BC response to these position papers: www.doctorsofbc.ca/health-system-design-renewal/doctors-bc-response-ministry-health-policy-papers.

We look forward to discussing these very important issues with you and your colleagues; if you are able to attend please RSVP to info@residentdoctorsbc.ca.

Sincerely,

Advocacy Committee
Did You Know?
Through the PLAN YOUR OWN SOCIAL initiative, Resident Doctors of BC offers funding to help your program put on their own social event. With the holidays just around the corner, make sure you get your social proposals in early so there is enough time for them to be reviewed and approved. Visit residentdoctorsbc.ca/events/plan-your-own-social for the proposal form and guidelines.

October & November Events Update
Residents had some great costumes for Halloween this year. The winner of the Dark Table gift card, by random draw, was Dr. R. Majere, dressed up as Sonic the Hedgehog. Congratulations!

Resident Doctors of BC visited Prince George on November 9-10th. A social event was held at Earls and questions about call, benefits and the Collective Agreement were answered during Academic Half Day. Residents also got a chance to participate in a focus group about the MOH policy papers released earlier this year.

During ICRE in October, Resident Doctors of BC hosted residents and association staff from across the country for a cocktail reception at our office. It was a lot of fun, and everyone enjoyed the opportunity to get together in a casual setting.

2016 Rural Locum Forum: Choices and Transformations
Vancouver Island Convention Centre, Nanaimo, BC

The 2016 Rural Locum Forum will bring together rural BC locums, recent medical graduates, experienced physicians, and rural leaders to share experiences, case-based expertise, and ideas for innovation. Discover the advantages of rural locuming, enhance rural practice skills, and be part of an unique group of rural health professionals!

Join us Feb 25-27, 2016!
- Network with other rural locums
- Discuss rural health services
- Engage in CME learning opportunities
- Enroll in accredited pre-conference courses (ACLS, BLS, CASTED, and The CARE Course)

For more information about the Rural Locum Forum, email Kathryn Young at kyoung@rccbc.ca.

Registration opens soon. For more details, visit: www.rccbc.ca/conferences
Archaeologists have determined that there was human habitation on the islands of Haida Gwaii as far back as 13,000 years ago. Distinct flora and fauna have evolved on the islands for thousands of years, giving the islands the nickname, “the Galapagos of the north.”

Haida Gwaii was home to the peoples of the Haida Nation, who occupied more than 100 villages throughout the islands. The history of the Haida goes back to the stories of the great floods, the first tree and back to the ice age with legends of ice woman swooping down from above.

In the late 1700s, Europeans arrived in the region and in the mid-1800s the archipelago was named the Colony of the Queen Charlotte Islands. The region was officially renamed Haida Gwaii (literally “Islands of the Haida people”) in recognition of its Haida history in 2010, and consists of nine communities: Masset, Old Masset, Port Clements, Rose Harbour, Skidegate, Tow Hill Road, Queen Charlotte, Sandspit, and Tlell.

**POPULAR ATTRACTIONS:**
- Queen Charlotte’s Seawalk and Spirit Square - free performances during the summer months
- The Haida Heritage Centre & Museum in Skidegate - tours of the carving shed, Haida canoes, totem poles and weaving demonstrations
- A traditional Haida Canoe Tour in Skidegate Inlet arranged through the Heritage Centre
- Spirit Lake Trail in Skidegate - a popular walking/hiking trial with cultural significance
- The Pesuta Shipwreck Hike in Tlell
- The Golden Spruce Trail (Port Clements)
- The Port Clements Pioneer Museum
- Masset’s Dixon Entrance Maritime Museum
- A Totem Pole Tour in Old Massett
- Delkatla Wildlife Sanctuary & Interpretive Centre
- Tow Hill, the Blow Hole and North Beach - a must see!
- UNESCO World Heritage Site of SGang Gwaay

**THINGS TO DO:**
The variety of outdoor recreation available in Haida Gwaii is almost endless: There is fishing, hiking, canoeing and kayaking, sailing, eco-tours, camping, nature sanctuaries, golfing, and more. For a cultural experience, visit the many Haida artisan shops and galleries.

**TOURS:**
- Land tours are available to many locations including cultural sites. Popular land tour operators include Haida Gwaii Discovery Tours of Masset (www.haidagwaiidiscovery.com), and Haida guide Dick Bellis of Skidegate (250-559-8067).
- Harbour tours of Skidegate Inlet are available from local operators such as Off the Beaten Path Tours in Tiell (www.explorethecharlottes.com), Haida-Style Expeditions (haidastyle.com/), and Captain Arch (www.pacificcharters.ca).
- Tours to Gwaii Haanas National Park are available from late May to September. There are a number of tour operators offering various types of transport (sailboats, zodiac, mother-ship/kayaking): www.pc.gc.ca/pn-np/bc/gwaiihaanas/visit/visit7.aspx.
- Fishing charters are also available from late May to September. A listing of charter operators of interest can be found here: www.gohaidagwaii.ca/directory/what-to-do/category/fishing-charters.
- Kayak rentals and tours are also popular activities and are offered by Moresby Explorers in Sandspit (moresbyexplorers.com/), Alan Lore of Port Clements (www.kayakhaidagwaii.com) and Kitgoro Kayaking of Queen Charlotte (www.facebook.com/kitgoro).

**RESOURCES:**
- Haida Gwaii Map - www.gohaidagwaii.ca/getting-here-around/maps
- Accommodations - www.gohaidagwaii.ca/directory/category/accommodations
- Vehicle Rentals - www.gohaidagwaii.ca/getting-here-around
- Restaurants - www.gohaidagwaii.ca/directory/category/restaurants
- Getting Here & Around - www.gohaidagwaii.ca/directory/category/accommodations

To find out more about Haida Gwaii, check out the Haida Gwaii Blog (www.gohaidagwaii.ca/blog) which is all about Haida Gwaii and updated weekly; this is a great source of information about Haida Gwaii attractions, hikes, events, etc. Also check out their facebook page (www.facebook.com/pages/Haida-Gwaii-Tourism/185862411468748) which has many interactive followers and some great photography. Finally, check out the Haida Gwaii Tourism website for more information about activities, events and accommodations: www.gohaidagwaii.ca.

Information and photos courtesy of Haida Gwaii Tourism. Photo credit, from left to right: Guy Kimola (haidagwaiiphotos.com), G. Kimola, Mary Lou Von Niessen, Flavian Mabit, G. Kimola.
The Pulse newsletter is always looking for submissions from residents like you! If you have article ideas, announcements, or other interesting insights about life as a resident doctor, please contact us at: pulse@residentdoctorsbc.ca