



**RESIDENT
DOCTORS**
OF BC

PULSE **BALANCING BEING DOCTOR & PARENT**

march 2016 | issue 30

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ISSUE**

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RESIDENT DOCTORS OF BC

The purpose of Resident Doctors of BC is to support residents in fulfilling their education to become well-informed, prepared and professional physicians to enhance patient care.

MISSION STATEMENT

- To advocate for contractual matters
- To support members’ education and encourage excellence in the teaching environment
- To promote its members’ professional, personal and financial well-being
- To foster collegiality among its members throughout British Columbia
- To facilitate collaboration with the community and other professional groups

CONTACT US

Phone 604-876-7636 | 1-888-877-2722
Email info@residentdoctorsbc.ca

2399 - 650 West Georgia Street
Vancouver, BC V6B 4N8

www.residentdoctorsbc.ca

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A WORD FROM OUR BOARD

“LOVE YOUR CHILD AND THE REST WILL SORT ITSELF OUT AS YOU GET TO KNOW EACH OTHER.”

I won’t pretend to be an expert on parenting during residency given that my baby girl is only 4 months old and I haven’t returned to work yet. But I can say I am thankful for the multitude of resources that are available as I navigate this new adventure.

The annual Parenting Workshop is a great place to learn about the nuts and bolts of filing all the paperwork, and is a great networking opportunity for resident parents. Join us this year on April 27 if you have children or are thinking of having children. If you can’t make it, check out the parenting guidebook on our website; it was invaluable to me this year.

I highly recommend joining a parent-baby group or class where you can meet other parents and chat about your experiences. For me it was an exercise class. Our training teaches us to seek the one best answer for whatever clinical situation we are presented with, but that just doesn’t work in parenting; there is no single answer for how to get them to sleep soundly, despite 800 different strategies that all profess to be the “only way”! Love your child and the rest will sort itself out as you get to know each other.

There is no perfect time to start a family, but if you choose to start during residency you will have a great support system. It has been fun so far and I can’t believe how much I love the little munchkin!

Sincerely,

Dr. Katie Beadon
Immediate Past President 2015-2016





UPCOMING EVENTS

March 29

Resident Library at the MSAC. See pg 36.

March 30 & 31st

Income tax clinic & workshop. See pg 26.

April 6

Board of Directors meeting at the association office. To RSVP, please email info@residentdoctorsbc.ca

April 27

Annual Parenting Workshop. See pg 4.

May 4

Board of Directors meeting at the association office. To RSVP, please email info@residentdoctorsbc.ca

May TBA

Resident Wellness month. Event TBA.

May 25

MD Inc. workshop. Learn about incorporation. Details TBA.

June 28

New Member Orientation. Volunteers are needed for the Resident Panel. If you are interested in helping out, please email info@residentdoctorsbc.ca



RESIDENT DOCTORS OF BC

Fatherhood and Residency

When is the best time to have a baby?

Finance and Family Planning

What benefits are available to me as a parent?

A SEMINAR DESIGNED TO HELP YOU BALANCE
PARENTING AND RESIDENCY

Parenting Workshop

Date: Wednesday, April 27th, 2016

Time: 6:00pm - 8:30pm

Location: Sandman Hotel
180 W Georgia St.
Vancouver BC

Activities for
kids,
give aways
and more!

The evening will include presentations from: Keynote speakers Mr. Alphil Guilaran and Mr. Bobby Ning of Financial Literacy Counsel, Dr. Tanya Fairweather Family Physician and brainchild of Parenting Workshop, Dr. Lawrence Lee R4, Pathology Resident and father, Employee & Family Assistance Program (EFAP), and Doctors of BC.

Limited spaces, please **RSVP by April 15th, 2016.**

Dinner and beverages will be served.

Spouses and little ones are welcome!

Article by: Lawrence Lee, R4 in Anatomical Pathology

My wife and I were third-year residents when our daughter was born. We both wanted to take parental leave, but also wanted to avoid postponing our Royal College exams. So we decided that my wife would take six months of maternity leave following the birth of our daughter and I would take three months of parental leave once she went back to work.

Parental leave was one of the most rewarding times in my life but also one of the most challenging. I was anticipating having to take more time off but we were incredibly fortunate to have a daycare spot open up when our daughter was nine months old. We had a two week overlap in our parental leaves which allowed me to get the hang of our daughter's routine and learn all the baby duties that my wife handled during the day. We also had to get our daughter to drink from a bottle because she had been exclusively breastfed, which was not straightforward; we ended up trying five different bottle nipples until we found one that our daughter would take. My wife pumped during the first six months, so we had a store of frozen breastmilk, and she continued to pump at work since she wasn't able to return home to breastfeed.

Another challenge that I had was figuring out what to do with our daughter everyday while my wife was working. I wanted to have activities that both my daughter and I would enjoy. Luckily it was the spring/summer when I was off so we spent many mornings and afternoons just lying on a mat at the park. My daughter would stare at the dogs, people, and other kids that walked by. Another favorite activity was infant/baby storytime at our local Vancouver Public Library branch (www.vpl.ca/programs). Each branch has at least one 30 minute session during the week. They are free, with a casual atmosphere where you get an opportunity to meet other parents with infants.

A great activity is the Parent-Infant Drop In sessions run by VCH (www.vch.ca/locations-and-services/find-health-services/?program_id=59). They happen at a variety of community health centres around Vancouver, are an hour long, and a good place to meet and talk to other parents with infants; it's mostly moms but a number of dads show up as well. Each session covers a specific high-yield topic regarding infant well-being, such as sleeping, breastfeeding, teething and introducing solids. Each session is run by extremely supportive community health nurses who are a great resource. They arrive 30 minutes before each session to answer any random or embarrassing questions that you might have. They also have a scale for you to weight your baby in case you're curious/anxious to know if he/she is gaining weight.

We signed up our daughter for swimming classes at our local community centre. She absolutely loved going swimming (she started at six months) and always had a long nap afterwards.

After completing all the classes I felt comfortable taking her to the pool on my own, which was another activity we could do together.

Despite all the outings, the biggest and most unexpected challenge was the isolation and the low mood that sometimes accompanies being on leave. I found it difficult to be included by other mothers when I was at the park or other activities. It was also difficult to be away from residency for such an extended period of time; I enjoy my residency training and gain a great deal of satisfaction from my work. My wife was very understanding because she went through six months of the same scenario. One of the things that helped was working on a research project from home while my daughter napped. It made me feel productive and connected with my professional life.

In the end, I am so happy I took parental leave. Many male staff physicians who had children during residency wish that they had taken leave and regret not doing so. Because I spent so much one-on-one time with my daughter at a young age, I feel like I developed a strong bond with her and gained countless priceless memories. I loved seeing her reach milestones during my time with her; and to my wife's displeasure, her first word was "dada." I would highly recommend any prospective father take parental leave.



Article by: of Anamaria Richardson, R3 in Pediatrics

Around ten years ago I finally decided to follow my lifelong dream to go into medicine. At that point I was married and had two small children, aged three and one. My daughter had just been discharged from the hospital where she had been treated for sepsis and although this was an emotional ordeal, once she recovered I was reminded of my love for medicine. My life changed drastically; I hit the books, dusted off cobwebs, redid my first year credits, wrote the MCAT and was eventually accepted into medicine at UBC. That fall, I also became a single parent.

Looking back, I recall (well meaning) people warning me that medicine is hard, residency harder, and doing it with two small children even more challenging. As with most of us there would be no dissuading me. For the first year, I was so sure that a mistake had been made in my admission that all I did was study. With the effort of getting the kids to school, keeping them fed, clothed, and happy, this meant studying as soon as they were put to bed, usually until two or three in the morning. The result of which was a passing grade and the creation of multiple code words for my own sleep, such as "dinner" and "pizza and movie night." One afternoon, I woke up to find out the nice documentary about sharks I had borrowed from the library was actually a gory and gruesome movie about shark finning with two kids sitting wide-eyed in front of it.

In these past ten years, I have grown in many ways, and learned a lot. I have been asked to share some of these experiences, and I do so humbly.

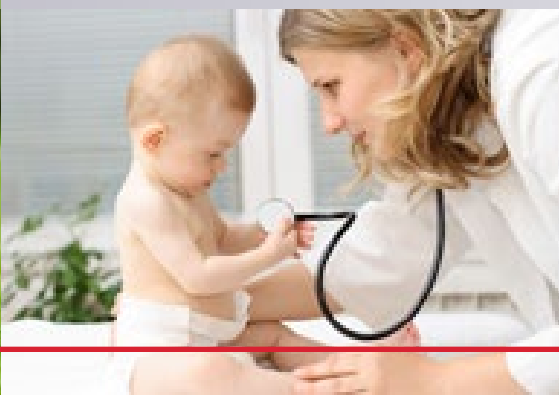
1. **The kids will be OK.** I remember "learning" that early childhood experience is the most important part of a child's life, and that the foundation laid will be fundamental to becoming well functioning adults. I have struggled with this one, because my kids have been raised by an assortment of au pairs and myself at tail ends of shifts. But looking at them now, I see that they are amazing young people. Make a little time to listen to stories, go to parent-teacher meetings post-call, and above all laugh; cereal is sometimes an acceptable dinner and laundry can always wait.

1. **Language matters.** I believe that language shapes how we see the world. I am repeatedly asked what my husband does, and through this have realized how social assumptions (such as a legally binding partnership) are fundamental to our culture, including the culture of medicine. This created an awareness of my own word choice and a conscious decision to use inclusive language.

2. **Friends matter.** The elusive work-life balance is necessary to function, and friends are what enforce balance and moderation. Make plans to go out without the kids (see number 1), to talk or hike or drink a beer. Sharing your situation brings perspective, which can be lost in the hectic pace of residency.

3. **Kindness matters.** What single parenting in residency has most changed is my expectations of myself. Three days a week I had to leave my 5-year-old son unattended at the bus stop with his 7-year-old sister as I ran to make the eight o'clock start for PBL, while at the same time had to accept a P- for unprofessional conduct in occasionally arriving late. Residency is hard. Parenting is hard. Residency as a parent is harder. So be nice when others are not meeting your expectations, try to assume the best. It is impossible to compare hardships and just because someone looks well put together, they may be dealing with difficult issues as well. And be kind to yourself when you fail.

4. **Speaking up matters.** If you are struggling, you need to let others know. I missed my son's birthday in my first year of residency because I did not speak up. Residents without kids will not understand what the juggle is like, and it is my job to speak up for the important dates. This year, it is squished between two 24 hour call shifts; I should have spoken up before the roster went out!



While the past years have been challenging in many ways there is always the joy and fulfillment that comes from being a parent. My kids provide a balance to my life that there is no way I could have achieved on my own.

NANNY VS DAYCARE

Article by: *Kateryna Vostretsova, R2 in Internal Medicine*

Nothing is more concerning about going back to work than ensuring there is a reliable and trustworthy childcare arrangement for your baby. Fortunately, there are several options available to meet each family's unique childcare needs.

Below is my account of the last two years. Of course, the same childcare arrangements may not apply to your family. No matter what you end up choosing in the end, the key is to recognize your family's needs ahead of time and start planning early... very early.

Given our extended hours in residency and frequent night shifts, I quickly realized that relying solely on daycare was not going to be a feasible option for me. I also wanted someone at home who I could rely on and who would get to know my daughter really well. For this reason, I chose to do both, hire a live-in nanny and apply for daycare.

Through word of mouth, I heard about a nanny working in Hong Kong who wanted to come to Canada. I had multiple interviews with her over Skype and ended up filling out all of her immigration paperwork, saving myself about \$2000-3000 in agency fees. I don't think the process was difficult but it certainly required some time and planning on my part. I officially decided to hire my nanny in May and by the time she came to Vancouver, it was mid-December.

QUICK COMPARISON CHART

	Disadvantage	Advantage
NANNY	<ul style="list-style-type: none"> - Nannies are expensive and there is a lot of paperwork involved in paying someone's salary (ie: EI, CPP, income tax) - Lack of privacy as she works out of your home - No formal registration process and no guarantee that she is doing her job properly - Alternative childcare is needed if the nanny is sick or on vacation 	<ul style="list-style-type: none"> - Individualized care - No need to get your child ready in the mornings as nanny will dress and feed them - Child is in a familiar and comfortable environment - Nannies can be live-in or live-out, and can provide a range of services from basic childcare up to full-time housekeeping
DAYCARE	<ul style="list-style-type: none"> - Lots of germs, which means more chances of your child getting sick and the need to find back-up childcare - Getting kids packed up and ready in the mornings can be stressful - If your schedule doesn't fit the daycare's hours you will need to spend extra money for additional childcare - You may be told when your child has to be off the bottle, take naps, etc. - Turnover can be high, which means less consistency 	<ul style="list-style-type: none"> - Variety of toys and activity, and lots of other children to play with, which creates a highly stimulating environment, and an opportunity to develop social skills - Educated and experienced teachers who can give advice and help potty-train your child - Daycares are registered and regulated by the government - Some daycares have extensive education programs to teach maths and language

To start your childcare search, you can check out the following online resources. Please note that Resident Doctors of BC has not performed a background check on any of the companies listed below.

Live-in Nannies | www.canadaelitecare.com

Nannies, babysitters, housekeeping and pet care | www.canadiannanny.ca

On-call and Permanent Nannies | www.nanniesoncall.com

BC Childcare Programs Map | http://www.mcf.gov.bc.ca/childcare/programs_map.htm?WT.svl=Body

Childcare (Daycare) Resource & Referral Services | www.ccr.bc.ca

So I recommend starting the process very early if you plan to go this route.

My nanny has been an invaluable help to me and my family. In addition to taking care of my daughter, she also helps with cleaning and cooking. She keeps a log of her own hours and I pay her at the end of the month via cheque. In addition, I make monthly mandatory remittance payments to CRA and I am responsible for filling out her T4 annually. This may sound like a lot of work, but in total I spend less than 30 minutes per month on all of this, so it is not that onerous.

Throughout all of this, my daughter has also attended daycare as I felt the exposure to other children and care providers would be beneficial for her development. Initially, she went to daycare part-time twice a week and since this past September, she has been attending full-time daycare from Monday to Friday, 8:30 to 16:30. We were fortunate to get into the daycare of our choice in Richmond, however, I would suggest applying as soon as the pregnancy test is positive, and apply at multiple daycare centers as well, as the waitlists can be long.

Since the daycare hours are not very flexible and I'm often already at work by 7:30, my nanny helps get my daughter ready for daycare in the morning and takes care of her in the evenings while I'm still at work.

Last but not least, I have been very lucky to have my family near by and they have been a huge help from day one. Life would certainly be much harder without them around.

There is a reason they say that it takes a village to raise a child. With some planning though, it is entirely possible and certainly 100% worth it!



FAMILY PRACTICE AWARDS FOR RESIDENTS

The BC College of Family Physicians (BCCFP) has financial awards for residents in the UBC Family Practice Residency Program. To be eligible for this year's awards, **apply by April 8, 2016.**

Any resident in the program may apply for a Dr. Manoo and Jean Gurjar BCCFP Family Medicine Resident Scholarship awards. Two of these \$1,500 awards are given out each year. R2 residents are also eligible to apply for the \$5,000 BCCFP Resident Leadership Award.



**BC COLLEGE OF
FAMILY PHYSICIANS**

The home of family medicine

To find out more or apply, visit the BCCFP website: bccfp.bc.ca/bccfp-awards/awards-for-residents-or-medical-students/. Please note that it's easy to apply online or by mail/fax, however, you will need to provide a nomination letter from a family physician, fellow resident or student.





Considering parenthood? With a career in medicine, there never really seems to be a good time to become a parent. No matter how much planning you do or time off you take, having a child can bring uncertainty and can interfere with your practice or your training. Doctors of BC is here to help.

Residents weighing the pros and cons of whether to have a baby after residency can find support with Doctors of BC's Parental Leave Program for member and non-member physicians. Under the program, qualified physicians can take up to 17 weeks of paid parental leave during the first year following a child's birth. Compensation is scaled to a physician's eligible income earned in BC, up to a maximum of \$1,000 per week. And the time off doesn't have to be taken through consecutive weeks.

The Parental Leave Program is also available for couples who wish to adopt and for couples expecting a child through surrogacy. Though the Doctors of BC program doesn't apply while you're in training, you are covered for maternity/parental/adoption leave by EI, a topic discussed elsewhere in this issue.

For more information, including eligibility requirements, and application forms, visit <https://www.doctorsofbc.ca/member-area/negotiated-benefits/parental-leave-program> or contact Lorie Lynch, Parental Leave Administrator, at llynch@doctorsofbc.ca or 1 800 665-2262 ext. 2882.



Get moving with BC's doctors May 7 - 14!

Support your physician colleagues around the province by joining a walk

- It's a great networking opportunity
- You'll get to discuss the benefits of exercise with patients

@DoctorsofBC

For more information visit walkwithyourdoc.ca

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Better. Together

Planning to have a family? Suddenly you're responsible for caring and financing another human being. That's a large responsibility. If you have children or a spouse who is financially dependent on you, you should ensure that your life insurance covers more than just your student debts and mortgage.

There are two areas to review in a life needs analysis, the first being immediate capital needs and the second being ongoing income replacement to fund the family's everyday living costs. Capital needs are relatively simple to calculate. Mortgages and other liabilities like lines of credit are the largest contributors to capital needs. Other expenses to consider at death are burial expenses, education funding for children, and emergency funds, usually three months' salary.

The second component in calculating a suitable coverage level is income replacement, which can be far greater than capital needs. Many people underestimate the value of their ability to earn income. For example, \$1 million of life coverage for a physician earning \$200,000 net would only provide five years of replacement income – not long enough if the children are young. Calculating income replacement needs can be tricky. We usually pose this question to members: "If you died and the mortgage and liabilities were eliminated, how much income would your family require to live comfortably?" Most members have difficulty answering this question. The proper amount of coverage would vary depending on the lifestyle and situation of each physician and his/her family. Does the spouse earn income or stay at home? How many children do you have and how old are they? Are there other sources of income that would continue with your passing? Do you have a high standard of living or does your family have basic lifestyle needs? Based on your answers, we can help guide you to a reasonable amount of insurance to protect your family's lifestyle. On average, most resident physicians with families require \$1-\$2 million of insurance to cover capital and income replacement needs. Practicing physicians with a large mortgage and a larger family may require \$2-\$4 million of coverage.



Life with children can be unbelievable busy. It takes as little as 20 minutes to review your insurance needs with a professional to ensure your family is protected for many years to come.

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.

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YOUR RESIDENT
INSURANCE
ADVISOR TEAM



Channelle Sawyer
Vancouver Island
Kelowna



Erin Higgins
Metro Vancouver
Prince George
Northern Interior



Paula Rooney
Metro Vancouver



Renee Brickner
Fraser Valley
Kamloops/Interior
Metro Vancouver



Julie Kwan
All regions

The earlier you start teaching your children about money the better off they will be financially in the future. Even toddlers can learn as long as the concepts are taught in a way they will understand. Below are a few different methods - adjust each one to suit your child's age and personality, and your own situation.

Use a Reward System

Many parents have some sort of reward system for when their child does well or helps out with chores. Consider giving coupons for each accomplishment, which could act as pseudo-money. For example, one coupon might get an extra half hour of TV time, or four coupons might get a toy they have been wanting. This teaches them the concept of saving without complicating things with dollars and cents.

Set Specific Goals

If your child wants something specific, have them label a jar or piggy bank with what they are saving for. Then, help them figure out how long it will take to save up for that: Use a calendar or a similar visual to help them see how each addition to the savings jar gets them closer and closer to their goal.

Set a Good Example

Show your child that saving is normal! In today's electronic world, it's easy for children to come to the conclusion that credit cards and ATMs give out free money. Start your own savings jar, or take them to the bank with you and explain to them what you are doing - that you worked all week and got your paycheck, that now you are going to use that money to pay bills, put towards savings, etc.

Match Their Contributions

Establish a minimum savings amount, and if your child saves more, match their contribution. This will encourage them to save extra, but also teach them the concept of matching programs (ie: RRSPs) for the future.

Price Compare and Shop the Sales

Take your child shopping with you and point out the deals and sales that will help them spend less. If they want something, help them look for better deals online and compare prices.

Play Games

Whether it's playing house or shopkeeper, or Monopoly and Life, using money in a game teaches important concepts about how money works and about making financial decisions.

Practice Investing

Open a savings account at the bank and encourage your child to make regular deposits. Show them how interest accrues the longer the money is in there. When they are a little older, you can pretend to invest in the stock market and follow the trends to see how your investment is doing. If they want to open a lemonade stand, make them pay for the supplies, and then compare at the end how much they spent and how much they made.

Mistakes Teach Lessons

It's easier to learn the hard financial lessons at an early age when the financial loss is minimal, and you are still supporting them. If spending birthday money on a whim without thinking the purchase through results in consumer regret later on (especially if they then don't have money for something they really want), they will quickly learn the value of considering their purchases carefully.

Be Open About Your Finances

While you don't have to share the details of



your annual salary, talk about your financial plan and expenses in front of your children. This will help teach them that while adults might have more money, that doesn't mean savings is any easier. It will also help them appreciate the costs and planning involved in living on their own when that time comes.

Critique Advertisements

When you see or hear ads, discuss them with your child. Ask what they are trying to sell and how they are trying to sell it; discuss whether it is a product you or your child needs.

Teach Them About Credit and Borrowing

Inevitably, your child will want to buy something or do something that costs more money than they have. Use this opportunity to teach them about credit by lending them the money and working out a repayment plan. Having less money at their disposal in the

weeks or months following the purchase will show them the consequences of borrowing. Make sure they understand that credit cards work the same way - that unlike a debit card, they do not provide access to funds that they already have.

Don't Give Free Money

If you plan to give your child an allowance, make sure they are earning it by helping out with chores. Give them raises by increasing the difficulty or quantity of tasks they are required to do.

Teach Them Charity

Encourage your child to help out their community by donating some of their money to a cause they are passionate about. You can also extend this to volunteering and donating non-cash items such as food, clothing and toys.

TAX TIPS FOR PARENTS



This article is courtesy of Richard Wong, CPA, CA of Wolrige Mahon LLP. Richard has extensive experience in providing accounting and tax services to physicians and other health professionals. For more information, Richard can be reached at rwong@wm.ca or at 604-691-6886.

Parenthood is an exciting time full of many adventures, memories, and milestones. However, with the increasing costs of education, childcare, and children's activities, parenthood also brings significant financial responsibilities. Fortunately, there are numerous tax benefits and savings that can take a sizeable bite out of the cost of raising children.

RESPs

What is an RESP?

An RESP (Registered Education Savings Plan) is an investment plan that is set up through a provider (e.g. financial institution, financial planner, etc.) and allows parents to make contributions towards their children's post-secondary education. A range of investments are possible including savings accounts, term deposits, and mutual funds.

What is the benefit for setting up an RESP?

While the contributions are not tax-deductible for the parents, the investment earnings grow on a tax-sheltered basis and are only taxed in the child's hands when withdrawn for post-secondary education. As a student, the child would owe little to no tax. Furthermore, the government provides additional grants on top of contributions by parents as outlined here:

- **Canada Education Savings Grant (CESG):** The government provides a grant of 20 cents for every dollar of contribution annually up to a maximum grant of \$500 (for a contribution of \$2,500). The grant is paid annually up to the year in which the child turns 17 and there is a lifetime limit of \$7,200. Unused grant amounts in a year are carried forward to future years. Parents can therefore **catch up on missed years or when an RESP is started late**; however, since the maximum amount of grant that will be paid in any one year is \$1,000 (equivalent to \$5,000 of contributions) it may take more than one year to fully catch up on unused grant amounts. Depending on family income, the government may provide an additional grant of 10 or 20 cents for every dollar for the first \$500 contributed annually.
- **Canada Learning Bond (CLB):** Eligible to children born after 2003 whose family qualifies for the National Child Benefit Supplement (based on family income), this program provides an initial grant of \$500 as well as an annual \$100 grant until the year the child turns 15.

How much can I contribute to an RESP?

There is a lifetime contribution limit of \$50,000 per child with no limits on the contributions in each year. However, one should note that the **CESG is only paid on the first \$2,500 of annual contributions** (up to \$5,000 if there are unused grant limits). **Thus parents seeking to catch up on missed contributions should only contribute a maximum of \$5,000 per year to maximize the CESG.** Furthermore, the CESG lifetime limit of \$7,200 would be reached after \$36,000 in total contributions.

When can withdrawals be made from an RESP?

Withdrawals can be made from an RESP when the child enrolls in post-secondary education. The investment earnings as well as the government grants (collectively called the Educational Assistance Payments or EAPs) are taxable to the child while amounts contributed by the parents are not taxable.

If a child does not enroll in post-secondary education, various options are available:

- The parent can wait awhile in the event the child decides to pursue post-secondary education at a later date; an RESP can stay open for 36 years.
- The amounts can be transferred to a sibling.
- The RESP can be closed with the government grants returned to the government. The parent can then withdraw the investment earnings (taxed at the regular rate + 20%) and the original contributions (tax-free). The withdrawal can also be transferred to the parents' RRSPs.

Government Child Benefits

These are applied for through the provincial Automated Benefits Application (ABA) in participating provinces or by completing and submitting the Canada Revenue Agency's (CRA) RC66 form. Currently, the benefits consist of:

- **Universal Child Care Benefit (UCCB):** This is a taxable benefit paid to parents regardless of family income. Starting in January 2015, the benefits were enhanced at \$160 per month for each child under the age of six and \$60 per month for each child between ages 6 and 17.
- **Canadian Child Tax Benefit (CCTB):** This is a non-taxable benefit paid monthly to families whose eligibility is determined by family income and province of residence. The CCTB consists of the National Child Benefit Supplement, Child Disability Benefit, and provincial programs. In BC, eligible families may also qualify for the BC Family Bonus Program and the BC Early Childhood Tax Benefit.
- **BC Training and Education Savings Grant (BCTESG):** This is a one-time \$1,200 grant from the BC Government for children born on or after January 1, 2006 and the beneficiary of an RESP. Both the parent and child must be residents of BC to qualify. Application can be made at a financial institution and must be done before the child's ninth birthday.

These programs will be replaced with the new Canada Child Benefit that will come into effect on July 1, 2016. The details are expected to be announced in the coming months.

Tax Deductions and Credits Related to Children

Parents should make sure that they claim these on their tax returns.

Children's Fitness Tax Credit: Parents can claim the cost of eligible fitness programs for their children (weekly programs must last at least eight consecutive weeks while children's camps must last for five consecutive days). Starting in 2015, parents can claim up to \$1,000 per child under the age of 16 (\$150 in tax savings) and the tax credit is now refundable (it will be refunded even if there is no tax liability).

Children's Medical Expenses: Parents can claim as a tax credit eligible medical expenses for children on their tax returns. These should generally be claimed on the lower-income spouse's return to get the maximum tax benefit.

Child Care Expenses: Parents can deduct the cost of child care expenses. As this is a tax deduction there is a greater benefit to taxpayers in the upper tax brackets; however, in most cases it must be claimed by the lower-income spouse. In 2015, parents can claim a maximum of \$8,000 for each child under the age of 7 and \$5,000 for each child between the age of 7 and 16.

ENTITLEMENT BUSTING 101



To the modern parent, entitled behaviour causes endless worries, not to mention the dreaded parental guilt: “Did I spoil my child?” “Where did I go wrong?” “It is all my fault...” An entitled child is a child crying out for help—but that might not be obvious to them or to their parents. The help they are crying out for is linked to their own inability to regulate feelings such as sadness, stress, fear, anger, boredom, inadequacy, loneliness and rejection. A child who acts entitled is seeking stuff or special privileges as a means of distracting or deflecting from these uncomfortable feelings. Giving them the things they are demanding is not truly what they are looking for from their parents. On the surface that is what it may seem like however, beneath the surface are feelings that need understanding rather than indulgence.

If you are reading this because your child’s behaviour has become more entitled in nature than grateful, not to worry. If you are just at the start of your journey and are pregnant or have an infant - you’re reading this at the perfect time. We want to help parents recognize the pitfalls so they are equipped with the know-how to avoid entitlement or face it head on if entitlement has already hit their household. We know that as Western culture spreads globally, it supports children and youth in their desire for wanting more, this can reinforce an expectation from our kids expect more ‘stuff’, special privileges and rewards without any effort on their part.

If we don’t reprogram or buffer these cultural pressures in our families specifically, we are likely to end up with children who are not satisfied with themselves or their lives, are less capable and who are self-centred. Generation Y has a reputation as being narcissistic, ungrateful and entitled, expecting jobs, university placements, high salaries, and families and friends that give, give, give. We’re just understanding now how the efforts of this past generation of parents, in efforts to build kids

with high self-esteem, to provide comfortable and enriched environments, and to have happy children have unwittingly encouraged entitlement in their families.

The shift from being entitled to grateful for a child is dependant on the speed in which the parents change. We have found that it is a necessity for parents to live and model gratitude and kindness first. Verbal teaching or discussions about how the child should be is not effective in bringing about change in their children, the parent must lead the way.

What Is Entitlement?

Let’s take a look at how we define entitlement:

- The belief that one is inherently deserving of privileges or special treatment
- A belief a person is owed certain rights and benefits without further justification.
- The right to receive something or to do something.

People describe entitlement as an ugly characteristic. Children we have spoken to say that even they do not like the feeling that comes with taking things for granted. It is frustrating for parents and unflattering when noticed by others in the community. The good thing is that feeling like you have a “right” to something is a learned behaviour—which means it can be unlearned.

If you are looking out for whether your child might have already caught the Entitlement Bug, these will likely be their reactions to you saying “NO!”

1. Disbelief: “You’re joking right?”
2. Anger: “I hate you.”
3. Pleading: “Pleeeeeease...I’ll do recycling for a week. Aww come on. Why not?!”
4. Rejection of parent: “I wish Jeffrey’s parents were my parents.”

The Truth about Entitlement

Children are not born entitled. They are made. We have found that in almost all cases, entitled kids have parents who have unwittingly encouraged entitlement through trying to make their child’s lives better. We call these actions misguided efforts. This is when well-intentioned actions or statements are given to our children and they end up backfiring and result in poor outcomes. For example, when parents intervene too soon in the interpersonal problems when the child has not had an opportunity to solve the friend issues themselves, or when a parent gives a flashy item to their child in order for their child to receive positive regard or admiration from their peers, these are examples of these misguided efforts.

These parents tend to want to attempt to help their child avoid discomfort by meeting all their needs without teaching their child to meet their own needs or to communicate that they need more skills to solve their own problems.

Entitlement Busting How To’s: Avoid doing the following!

Making your child YOUR LIFE:

It is good to make your child a top priority, but you should never devote the majority of your time to meeting their every need and desire. The world does not revolve around them, and it is important that they understand this. It will benefit our kids if they realize that we are more than child-satisfaction delivery agents.

Not allowing your child to FEEL FRUSTRATED:

When your child feels frustration, it builds character and strength and shows them that they can be okay even when they do not have everything that they want, and when they are not as comfortable as they desire to be. Allow your child to feel bored, irritated, or dissatisfied sometimes —it will give them the opportunity to practice the developmentally appropriate coping and resilience strategies that you have (hopefully) taught them teach them how to cope with these emotional states, to meet their own needs, or to make do with less.

OVERIDENTIFYING with your Child’s Discomfort:

Parents that are overly involved with their child’s feelings find it tough to tolerate the sound and

words of their distressed or disappointed child. This discomfort with coping with a child’s discomfort ignites a type of parenting that features ‘helicopter parenting’ behaviours such as constantly tending-to, fussing over, and fixing the problems of their children.

REWARDING Unwanted Behaviours:

Do not reinforce negative behaviours such as disrespectful voice tone, demandingness, whining, complaining, or staged temper tantrums by attending to their discomforts or giving your child what he/she wants.

OVERCOMPENSATING for Parental Shortcomings:

Ensuring that you don’t make decisions about whether to allow special activities, treats or opportunities as a parental guilt-reducer to compensate for working late, missing school functions due to work commitments, or being emotionally unavailable to your children.

As you can see, we are more concerned about this and future generations of children being happy and satisfied, emotionally strong and capable than we are just with avoiding children who act spoiled or ungrateful in public. The entitled behaviour that we might see a child displaying outwardly is simply a symptom of the internal turmoil of an unsatisfied, unhappy child who is lacking in resilience. We’re seeking to appeal to parents that gratitude is not just about teaching your children to appreciate how lucky they are and reminding them to robotically recite Thank You. Crushing entitlement is about more than actions; it’s more about encouraging a particular way of being in the world that features appreciation of giving as well as receiving, a focus acknowledging the good on a day-to-day basis, and gratitude for things that might have been previously taken for granted.



Article courtesy of:
Drs. Carla Fry and Lisa Ferrari, Registered Psychologists
Directors- Vancouver Psychology Centre (Vancouver & West Vancouver locations)
Founders- Real Parenting Lab
Authors of *Gratitude and Kindness: A Modern Parent’s Guide to Raising Children in an Era of Entitlement*.
www.vancouverpsychologycentre.com
www.realparentinglab.com



Labour is over; now it's just mother and baby. The baby is healthy, but how about you? It is important for the mother to get back to her usual self after pregnancy to both feel healthy and well, and to have the strength to take care of the newborn. Many new mothers forget to take care of themselves while they focus on their new bundle of joy.

Studies show that on many first-time mothers find the initial 11 months the most emotionally and physically draining, and that the happier elements of motherhood happen after this period of time, at which point new mothers feel more confident in their role. It is easy to get lost in the daily hustle and bustle of being a mother, so it is important to create a support system and do things that help you feel more balanced. Here are some reminders and ways to help you feel balanced:

- **Get regular exercise** - This is important for before, during and post pregnancy. Even a quick walk around the neighbourhood helps to get you out of the house and gets the blood flowing. Also try looking for post-partum yoga or aerobics, most big yoga studios offer these. Buy a DVD for convenient workouts at home. There are many fun ways to incorporate your baby into the routine (i.e. do lunges while holding the baby to your chest or behind the stroller as you walk).
- **Planning for another baby** - Space pregnancies out to allow enough time for your body to recover. At least 36 months between pregnancies is ideal.
- **Eat well** - As you would during pregnancy, eat a well balanced diet with plenty of fruits, vegetables, legumes and lean proteins, and healthy fats (i.e. salmon, pumpkin seeds, walnuts, avocado, olive oil), and eat organic when feasible. This will help with your energy levels as well as your general wellbeing.
- **Cooking vs Take-out** - Don't feel that you have to do it all - get your partner to help out with meals. Pre-cook and freeze meals for the week (soups, stews, chilli, etc.). If all else fails, find healthy take-out options for those days when cooking just isn't going to happen.
- **Sleep!** - Try to take naps when the baby is napping and set a routine. You will probably never be as tired again as you will be during the first few months of motherhood, so forget about "getting things done" while the baby sleeps. Play some soft music as background noise to comfort the baby. Gradually, as you regain your strength, you'll be able to stay awake longer and therefore you will have more alone time to finish other tasks.
- **Chores** - Babies love to watch you. You can place the baby in a infant seat or bassinet or strap the baby on your back and carry them around the house while you get things done. Add some lunges and a walk up/down the stairs for exercise - talk about killing two birds with one stone!
- **Lower your standards** - Having said the above, the chores don't all need to be done, the house doesn't have to be spotless. Hire a weekly/bi-weekly cleaning service, if you can afford it. If not, just focus on clutter control. Simple things like making the bed and putting dishes into the dishwasher can go along way to making your place look and feel cleaner.
- **"Me-Time"** - Having some time off "mommy-duty" each day, or at least once a week, to do something for yourself is a great way to feel that you are still connected to the world and your pre-baby self. It may be time to meditate, do something relaxing like paint or watch a movie, take a class, or it can be as simple as having a full night's sleep to reenergize. Make a routine of having alone time by arranging for someone to babysit when the baby is old enough that you can leave for 2-3 hours at a time to go on a date night or do something fun with a friend.

Article by: Magda Szumilas, R2 in
Psychiatry - Research

You are tired and sore, days and nights are blurring together but you can't sleep. One moment you feel like the luckiest woman alive, and the next like the worst mother on the planet. You've heard about the baby blues and postpartum depression, but aren't sure if this is now applies to you (or your patient).

BABY BLUES

The "baby blues" are a common experience of the early postpartum period, occurring in 40%-80% of women. Symptoms begin within the first few days of delivery and can include sadness, tearfulness, irritability, anxiety, insomnia, and decreased concentration. Baby blues should resolve within two weeks of delivery.

Risk factors for development of baby blues include: a history of depressive symptoms before or during pregnancy; history of premenstrual or oral contraceptive-related mood changes; family history of depression; and psychosocial issues.

WHERE TO GET HELP

Baby blues typically resolves on its own within 2 weeks. Women and their families can be helped with reassurance and emotional support, as well as practical help so that the new mother can sleep and rest.

Resources for women and families coping with baby blues:

- Health Link BC resource page: www.healthlinkbc.ca/healthtopics/content.asp?hwid=tn7417
- BC Reproductive Mental Health program - Baby Blues & Postpartum Depression: www.postpartum.org/assets/pdfs/Att%201%20RMH%20Baby%20Blues%20&%20PPD%20Fact%20Sheet.pdf

Depending on the severity, postpartum depression may require inpatient admission or referral to a Reproductive Mental Health Team. **Resources for women and families coping with postpartum depression:**

- CMHA BC resource page: www.cmha.bc.ca/get-informed/mental-health-information/postpartum-depression
- Healthy Families BC - Coping with Postpartum Depression and Anxiety: www.healthyfamiliesbc.ca/home/articles/coping-postpartum-depression-and-anxiety
- Pacific Postpartum Support Society: 1-855-255-7999 Monday to Friday 10am-3pm, or by text at 604-256-8088 Wednesday to Friday 10am-3pm. www.postpartum.org
- BC Women's Hospital and Health Centre - Self-care Program for Women with Postpartum Depression and Anxiety: www.cw.bc.ca/library/pdf/BCRH_selfcare_BW_05_v4.pdf

POSTPARTUM DEPRESSION

A small portion of women will experience symptoms that are more intense or last longer than the baby blues. Postpartum depression occurs in 8%-15% percent of women; this range reflects a variety of definitions for the term postpartum (i.e. 4 weeks to 12 months after delivery). Both DSM-5 and ICD-10 define "mood episodes with peripartum onset" on the more proximate end. The term peripartum is preferred because symptoms can begin during pregnancy.

Although "SIGECAPS" still applies in the diagnosis of postpartum depression, it can be difficult to tease out the somatic features of depression from the reality of having a new baby. For example, it is common for women to have reduced sleep, energy, weight, and libido in the postpartum period. Some helpful diagnostic features in women with postpartum depression include severe anxiety and panic attacks; feeling inadequate, overwhelmed and unable to care for the baby; or feelings of guilt and shame for struggling with adjusting to motherhood.

Thoughts of harming oneself or the baby are relatively uncommon. Similarly, postpartum psychosis is very uncommon, with the highest risk for women with bipolar I disorder. Despite their infrequent presentations, due to the serious nature of these symptoms, doctors should still screen for them in cases of postpartum depression.

Risk factors for development of postpartum depression include: a history of depression; family history of postpartum depression; history of abuse; socio-economic factors such as age, immigration, single motherhood, employment, and lack of support; pregnancy-related factors such as unplanned pregnancy, complications, and infant health, among others.

**BECOMING DR.
MOM DURING
RESIDENCY**



Article by: Nicole Smith, R2 in Internal Medicine

I was never one of those women who dreamed about having children all her life. In fact, I remember when I was sixteen I remarked to my mother that I was never going to have children because the world was too crazy and I didn't want to bring any kids into it.

But time and life experiences change you. They shape your perspectives on life, and as the years passed by with an undergrad degree, a Masters, and then medical school all under my belt, my biological clock began ticking. As I grew older and as my life moved along, both my husband and I came to the conclusion that we would regret missing out on parenthood. So we decided to go for it. Like everything else in my life I had my pregnancy meticulously planned out: We would start trying halfway through my first year of residency so that I would be going on maternity leave at the beginning of my second year. My first lesson when it came to having kids is that pregnancy can never be planned. It took us nine months of trying and when we finally found out I was pregnant we knew our lives were about to drastically change.

Despite Internal Medicine being a less intense specialty in comparison to others, I was still concerned about telling my Program Director that I was pregnant. I think most female residents feel some caution and unease with how their program is going to react to them taking maternity leave, and I was definitely not an exception. I was planning to wait the standard twelve weeks before the word got out, but first trimester had other plans for me. Two months into my pregnancy and I could barely get out of bed to go for my call shift. Although I did make it through the night, the exhaustion was nothing like I had felt before. The fatigue was crippling and there was no way I was going to be able to handle overnight call shifts if this continued.

So, my wishes to keep this whole thing secret for three months vanished and I found myself in my Program Directors office notifying him of the news and providing a doctor's note to exempt me from call shifts during first trimester. I was prepared for an ugly outcome, but to my surprise and happiness I was offered nothing but support. It certainly made any reservations I had about becoming pregnant during residency subside.

I was happy to find the fatigue became significantly better during second trimester. The nausea was gone, I wasn't so tired all of the time, and I also wasn't yet the size of a semi-truck so my belly wasn't too much in the way. By third trimester however I was ready to be done. Ten-hour days of clinical work combined with forty pounds of extra weight resulted in my feeling like I was close to collapse by the end of the day. The closer I got to my due date the more I realized that the plan to hack it out until a few weeks before baby arrived was a bad idea, so I made the decision to leave residency early. In retrospect, I found taking this extra time pre-baby to be extremely beneficial. Not only did it give me time to rest, nest, and get my home in order, but it also provided my husband and I some much needed time together before we were three instead of two.

When my son arrived, I was in a bit of a shock. He was this tiny, perfect little human and I could hardly believe that he came out of me. Life quickly became consumed with everything baby: Nurse, burp, change diaper, pump, and repeat, over and over. I heard the parental warnings of how bad the lack of sleep was and I remember thinking, "how bad can it be? I pull thirty hours in a row all the time. I got this." Wow, was I ever wrong. Nothing will prepare you for the exhaustion that parenthood will bring. The first couple months of having your newborn is like the longest call shift of your life, except with no post-call days. Add in post-partum hormones, the pain and recovery from delivery,

difficulties with breastfeeding, demanding family and friends who want to visit, and a colicky infant (like we were blessed with), and it's no wonder they call it the post-partum blues. It's a tough transition. But, then you start getting the hang of things. The pain gets better, breastfeeding becomes easier and the colic starts to subside. After a month or two your baby starts smiling at you and becoming more interactive. Seeing my son smile, laugh, experience new things and interact with his world was a blessing and my heart swelled with love for him in a way I had never felt before.

Once my son's colic subsided my husband and I decided that we were ready to really start venturing out. My husband is a pilot, so travel has been a huge part of our life. Together, we have had many adventures exploring the world and we promised each other that having a child wouldn't change that. Prior to my son's birth, we had planned to take a month long trip to Europe once he was two and half months old. We almost didn't go because of his colic, but he started to improve, and I'm so glad we didn't cancel. The trip went amazingly well and our son was fabulous. Following the success of that first trip we ended up continuing the momentum and travelling to many more places over the course of leave. Our son became a seasoned traveller and we were so happy we had taken advantage of the time I had off prior to returning to residency.

In the early days of motherhood, I read that colic could last up to three months. Three months felt like a lifetime when I imagined listening to my child wail uninterrupted for six to eight hours every day for the next twelve weeks. I didn't know how I would survive. But maternity leave flew by in a blur. My tiny little newborn turned into a happy, active little man who was babbling, laughing, crawling, and exploring everything in his path. The thought of leaving him to return to work broke my heart. Before he was born, I considered only taking six months of maternity leave, but I ended up taking the full twelve and I'm so glad I did. The first year of your child's life is so special and their development explodes within that time. I can't imagine missing his milestones and all those tiny every day moments with him that meant so much.

Only a fellow physician can fully understand the kind of commitment and sacrifice it takes to become a doctor. When making the decision to become a mother I fully expected I would have no reservations about returning to work because I was committed to medicine and had made numerous sacrifices to get where I was. One month out from the end of my leave the thought of leaving my son to return to work full-time was almost unbearable. I personally feel like motherhood is one huge, long lesson in letting go. We nurture this amazing being inside of us, and then when they enter our world we spend every waking minute of our day meeting their every need. Then, just as you seem settled in your role, they start to develop their independence – sleeping through the night, eating solids, taking their first steps. Each successful milestone is a proud moment for a parent, but I can honestly say letting go has been one of the hardest things I have had to do so far. Thankfully, being a resident means my workday is very busy so I rarely have time to dwell on the sadness.

I am now a month into my return from maternity leave and it's been a bit of an emotional roller coaster. In addition to dealing with the difficulty of leaving my son, my medical skills are, unsurprisingly, feeling rather rusty. In the first few weeks it's tough not to beat yourself up as you feel like a horrible mother for leaving your child, and a lousy resident for not being at the top of your game. It's yet another challenging transition in this massive adventure called parenthood, and like all transitions, it will get better as you become more skilled at organizing, scheduling and prioritizing. It's impossible to do it all. There may be some opportunities that you will have to decline, and events that you won't be able to attend. I think the biggest personal lesson for me in the whole dual identity of being a parent and a resident is letting myself be okay with that. Because, at the end of the day when I arrive home exhausted, seeing that huge smile on my son's face as I walk through the door makes all of the challenges and sacrifices of being a Dr. Mom absolutely worth it.

BECOMING DR. MOM DURING RESIDENCY cont'd

TOP TEN TIPS FOR FUTURE RESIDENT PARENTS

1. Aim to get your first year of residency under your belt, before taking off for maternity leave. This gives you the opportunity to develop relationships with your fellow colleagues and staff, as well as familiarize yourself with the day-to-day duties of your specialty. Upon your return, you will know what to expect and this will help you plan your return schedule.
2. Plan your schedule so that you have easier rotations in the second and third month of pregnancy, as well as third trimester, as these months are often the hardest physically. Don't hesitate to get a doctor's note and speak to your Program Director early if you are experiencing difficulty.
3. Make sure your program is abiding by the "no call after 24 weeks of pregnancy" and "no more than 12 hour days" regulations that can be found in our Collective Agreement. Your priority is taking care of yourself and your unborn child. Don't be a hero. You are creating a human. It's incredibly hard work.
4. Seriously consider taking the full year of maternity leave that you are entitled to. This is the only time during your career that we will get paid for maternity/parental leave. In addition, your child goes through so many milestones during that entire year that you might miss out on if you return to work earlier.
5. Having a family member stay with you during the first month or two after your baby is born is highly recommended. It is a blessing to have someone around to clean the house, make meals, do laundry and all of the other domestically needed things that you will never have time to do. In addition, they provide free babysitting when you need a small break for possibly a nap, shower, or a long hot bath.
6. If you can afford it, get out and travel!!! Two to four months of age is the best time to do it, as they sleep less and are more active as they get older, but any time during your leave works well.
7. Become involved in parent groups in your community. Community Centres offer many lessons for children under twelve months such as swimming, music class, sign language, etc... The Vancouver Public Library puts on free story times. Many yoga places offer parent & baby yoga. There are several options for parent/baby exercise classes. You can even go and watch a movie in the afternoons at the cinema with specific parent & baby viewing times.
8. Look into childcare options EARLY! If you are lucky enough to have family nearby, they are always the cheapest and usually best option. Other considerations include daycare, an au pair or a nanny, with nanny share as a possibility, if applicable for you. Childcare for a parent who is a physician is often difficult, especially if your partner also works shift work. Speak to other parents and nannies; often you can find out about childcare resources/options by word of mouth.
9. When thinking of coming back to residency, plan your schedule strategically. Make sure to schedule easier rotations in at least your first two months back. It will take you a bit of time for your medical knowledge, as well as your clinical skills, to return. Try and choose rotations with no call, if possible, in order to decrease the amount of time away from home in those first few months. Be easy on yourself. The first month will be incredibly difficult for both you and your child.
10. During the week, plan to devote at least two to three hours of uninterrupted quality time every evening solely focused on just you and your child (and partner, if applicable). In addition, save one full day of the weekend devoted to quality time with the family.

And lastly, prioritize, prioritize, prioritize!!

KELOWNA

- March 25 - Easter Breakfast & Egg Hunt victorylife.ca/easter-pancake-breakfast/
- Parrot Island Sanctuary www.parrotisland.net
- Color Me Mine Ceramic Studio www.kelowna.colormemine.com
- Hoof Prints Barnyard hoofprintsbarnyard.com
- EnergyPlex Family Fun Centre www.energyplex.ca/

VANCOUVER

- March 10-17 - CelticFest celticfestvancouver.com
- March 24-April 17 - Vancouver Cherry Blossom Festival www.vcbf.ca
- March 26 - Great A-Mazing Egg Hunt at VanDusen Garden vandusengarden.org/events/great-a-mazing-egg-hunt/
- Saturday, April 9 - The Vancouver Sun Run & Kids Run www.vancouver.sun.com/sunrun/shaw/Shaw+Mini/5617561/story.html
- Fly Over Canada www.flyovercanada.com
- Lonsdale Quay Market Ball Pit www.lonsdalequay.com
- Kids Market www.kidsmarket.ca

FRASER VALLEY

- April 23 - Earth Day Celebration rmrecycling.org/community/celebrate-earth-day-maple-ridge
- April 23 - Timberline Ranch Family Festival www.timberlineranch.com/seasonal-camps-and-events/family-festival/
- WildPlay Elements Parks www.wildplay.com
- Reifel Bird Sanctuary www.reifelbirdsanctuary.com
- May 20-23 - Cloverdale Rodeo & Country Fair www.cloverdalerodeo.com

VICTORIA

- March 21-24 - Mad Science March Break Camp www.victoriawest.ca/index.php/community-centre/programs/child-and-youth/camps
- March 27 - Signs of Hope in Africa Easter Egg Hunt www.signsofhopeinafrica.org/events.html
- Bug Zoo www.victoriabugzoo.ca
- Royal BC Museum www.royalbcmuseum.bc.ca
- Ocean Discovery Centre www.oceandiscovery.ca
- All Fun Recreation Park www.allfun.bc.ca

**RESIDENT
DOCTORS
OF BC**

SPRINGTIME ACTIVITIES FOR THE FAMILY

NANAIMO

- March 14-24 - Nanaimo Museum Spring Break Activities www.nanaimomuseum.ca/
- March 26 - Downtown Easter Spring Fling www.dnbia.ca/?events=downtown-easter-spring-fling
- April 2 - PirateFEST Family FUNday www.festivalnanaimo.com/piratefest2016.html
- Dinghy Dock Pub & Restaurant dinghydockpub.com/

PRINCE GEORGE

- April 2 - Greek Spring Dinner & Dance greekorthodoxcommunitypg.com/
- Disc Golf - Rainbow Park princegeorge.ca/cityliving/recreation/frisbeegolf-rainbowpark/Pages/Default.aspx
- Park Drive In-Movies www.parkdrivein.com/
- Black Diamond Lanes blackdiamondlanes.ca

FINANCIAL LITERACY FOR RESIDENTS PROGRAM



THE 9 POINTS OF FINANCIAL READINESS CHECKLIST FOR PARENTS

In a collaborative effort to help physicians who start families during residency, Vancouver Coastal Health's Employee and Family Assistance Program (EFAP) and the Financial Literacy Counsel (FLC) are working with Resident Doctors of BC (RDBC) to provide innovative resources to assist residents as they transition into parenthood.

By integrating financial literacy, family counseling and a new parent coaching service we are strengthening the continuum of care for the financial wellbeing of residents throughout BC. Residents now have access to a multi-disciplinary care team to get the answers they need to make informed decisions whether they are currently parents or soon to be parents. Our team understands that becoming a parent is a blend of not only being emotionally ready to raise a child but also financial ready as well.

Before we unpack the financial readiness checklist which is the focus of this article, we would like to highlight the financial literacy services available during residency. These services support residents by integrating financial, tax and legal advice and planning in order to better prepare residents in adapting to their "new normal" as parents.

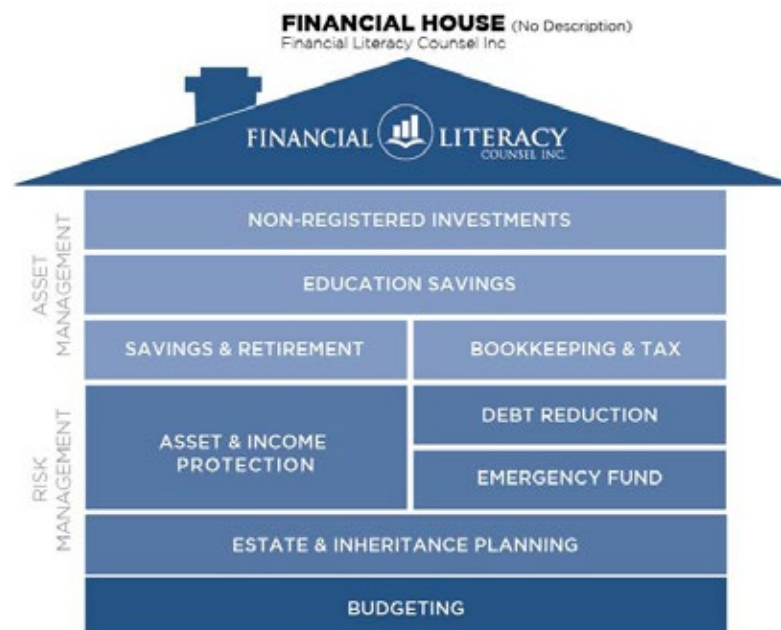
Residents have access to:

- 3 hours of financial coaching per year
- 1 hour of legal consultation per year
- Yearly tax clinic for residents and their spouses (March 30 & 31, 2016)

In addition to these services, which you can access by contacting Bobby Ning at 604.620.6630 or bobby.ning@flci.ca, residents are welcome to attend the upcoming parenting workshop which will be held on April 27th. The focus will be on financial literacy for parents. Moreover, you can request customized workshops for non-clinic retreats or academic half days.

FINANCIAL READINESS CHECKLIST:

This checklist is based on the 9 rooms of a physician's financial house and how your priorities adapt as you enter parenthood. We firmly believe that every resident should develop a financial house framework for managing their finances so they can feel in control of money in every life stage of their medical career and create inter-generational wealth for themselves and their children.



1) BUDGETING CASH FLOW

A question we are often asked is, "Can we afford to have a child while in residency?" The honest answer is there is never really a perfect time when a couple feels 100% financially ready to start a family. Also, considering currency fluctuations there isn't even an ideal baseline for a bank account balance to start a family.

So it comes back to the foundation of the financial house and the heart of cash flow planning which are based on the 3 P's of budgeting which are **PLATE**, **PRIORITIES** and **PRUNING**. When physicians who are anticipating a child in the near future sit down with us for a financial coaching session, we correlate their spending habits with what is on their plate meaning their current roles and responsibilities, their priorities meaning their life goals and we encourage them to prune spending on items that derail them from reaching their goals.

2) ESTATE & INHERITANCE

Quite frankly, there is no excuse to not have an updated will, power of attorney and an advance care plan as a physician starting a family as they are the necessary documents to ensure you have a voice to manage your affairs and control over your financial, legal, property and health care decisions should you become incapacitated or pass away unexpectedly. We encourage you to take advantage of the legal consultation service available to you via EFAP to sort out any estate and inheritance concerns you may have throughout residency.

3) ASSET & INCOME PROTECTION

As you enter parenthood, it is encouraged that you review any extended health, life insurance, critical illness insurance and disability insurance policies that you may have personally, through Doctors of BC and/or associations across Canada or even your country of origin as an IMG. It is also an ideal time to figure out if there are any gaps in coverage. You are welcome to reach out to us and use the financial coaching service if you would like to review your current policies and receive recommendations customized to you and your family's unique needs.

4) EMERGENCY FUND

One of the biggest obstacles we have found over the past 15 years of serving physicians is the challenge for doctors to set aside an emergency fund consisting of 6-9 months of living expenses. A challenge that is overcome as we journey alongside them in getting to know their unique stories not only during residency but also in practice and as they gave us permission to keep them accountable on an ongoing basis whether it is monthly, quarterly or two times a year.

5) DEBT REDUCTION

According to Statistics Canada in 2015, for every \$1 earned, there is \$1.64 owed in debt in our country. An alarming statistic for sure and doctors are not immune from the use of credit and debt. However, there are wise and prudent ways to utilize lines of credit and loans as you finance your education and start a family during residency. One strategy we effectively use during our financial coaching sessions with physicians is the development of a game plan to chart out their next 5 years regardless of where they are in their residency training. Through clear communication and accountability, we are able to effectively help them plan their way out of debt and navigate the expenses that come along with starting a family.

6) SAVINGS & RETIREMENT

With estimates of raising a child in Canada to age 18 hovering in the neighbourhood of \$200,000, residents entering parenthood need to be at peace with the opportunity costs of having a child vis a vis their ability to save for the future. If you are planning to start a family or you are currently a parent, this is an ideal time to review your short term as well as long term savings strategies. We found that we get an increased number of inquiries when residents enter R4 around the topic of RRSPs (Registered Retirement Savings Plan), TFSAs (Tax Free Savings Account), RESPs (Registered Education Savings Plan) for children and what can doctors do to build their own pension.

FINANCIAL LITERACY FOR RESIDENTS PROGRAM cont'd

7) TAX PLANNING

Tax planning while in residency and becoming a parent is best done on a case by case basis because each person's situation and family circumstances is unique. We encourage you to contact us if you have questions about your taxes, or credits that are available when you become a parent. If you would like to register for the RDBC Tax Clinics which take place at the end of March, please contact Esther Lee at 604.620.6630 or esther.lee@flci.ca

8) EDUCATION SAVINGS

Saving for a child's education in the midst of rising education costs is a top priority for many parents. Make sure you understand that the federal government of Canada created the Registered Education Savings Program (RESP) to assist Canadians in saving for a child's post-secondary education. Additionally, the BC Government recently introduced a new BC Training and Education Savings Grant wherein the BC government will contribute \$1,200 to eligible children born after 2007 so long as they are a beneficiary of an RESP. For more information about these programs, simply contact Bobby Ning.

9) NON REGISTERED SAVINGS

This area of saving is best explored when residents cross over to becoming practicing physicians as they may want to explore investments that go beyond the scope of traditional RRSPs and TFSAs. If you are starting a family and are being approached by investment salespeople, we encourage you to be well informed of your options in this area before you commit to any investments as it is not uncommon for doctors to lose significant amounts of money on shady real estate, stock market or business deals which put the financial stability of their families in jeopardy. In closing, we hope this checklist, based on an overview of the 9 rooms of your financial house, has been helpful in getting you thinking about how to prepare for parenthood.

EFAP and FLC are committed to assisting the members of RDBC to get their financial houses in order. To learn more about FLC, visit www.flci.ca and to learn more about EFAP, visit www.efap.ca. If you have any further questions, please do not hesitate to contact Bobby Ning at 604.620.6630 or bobby.ning@flci.ca.

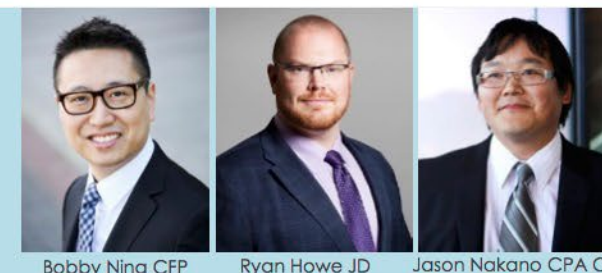
Article by:
Bobby Ning CFP, Managing Director
Ivy Woo John MBA, Financial Counselor
Financial Literacy Counsel Inc.



MARCH 30 & 31st, 2016

Clinic #1: March 30th, 2016
Time: 4:30 – 9:00pm
Location: UBC Medical Student & Alumni Centre
2750 Heather St., Vancouver
Hardwick & Latham Hall

Clinic #2: March 31st, 2016
Time: 4:30 – 9:00pm
Location: Vancouver General Hospital
Jim Pattison Pavilion, 1st Floor
899 W 12th Ave, Vancouver
Paetzold Health Education Centre



6:00 – 7:00pm WORKSHOP

- How do I manage money, debt and starting a family in residency?
- The TRUDEAU Effect: Tax update for Physicians
- The true benefits of incorporating.

The 2nd Annual RESIDENT DOCTORS OF BC & VCH EFAP Financial Literacy & Tax Clinics

FREE TAX PREP CLINIC:

4:30PM TO 9:00PM

*Registration required



Step 1: REGISTER with Esther Lee by **March 16th** to book a 30 minute appointment to get your taxes prepared for free:
Esther.Lee@flci.ca



Step 2: Find and bring your tax slips. A comprehensive list and resources will be provided upon registration.



Step 3: Attend your appointment and walk out with your tax filing completed.

**Enjoy dinner, refreshments and connecting with colleagues during both events.*



RESIDENT
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assistance program

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FINANCIAL LITERACY
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PREPARING FOR MATERNITY LEAVE

When Dr. Anderson graduated from medical school, the young physician from British Columbia faced many of the same issues as her colleagues: Should she pay off medical school debt or start investing? Rent or buy? Have a baby while a resident or later?

Dr. Anderson struggled over that last decision. Ultimately, she decided she didn't want to wait until practice to start a family. Her spouse, a research scientist, believes they can manage the extra expenses involved in having a child—including the lower income during maternity and parental leave.

BENEFITS DURING MATERNITY AND PARENTAL LEAVE

For medical residents in British Columbia, the table below shows how the two categories of maternity and parental leave work.

Maternity Leave		Parental Leave
First two weeks	Next 15 weeks	35 weeks
Mother only	Mother only	Either parent
Paid by the employer (through a Resident Doctors of BC benefits plan)	Paid by the employer and the EI program	Paid by the EI program
Pays 85% of normal weekly earnings	Pays 85% of normal weekly earnings	Pays 55% of average insured earnings, up to \$537 per week (2016 figure)

As a PGY2, Dr. Anderson currently earns \$56,515.48 before tax. During her maternity leave, she will get 17 weeks paid at 85% of her normal weekly earnings (i.e., \$923.81 per week). Dr. Anderson's employer will pay for the first two weeks as part of a Resident Doctors of BC benefits plan (called the Supplement Employment Benefits Plan). The remaining 15 weeks are paid by a combination of her employer and the federal government's employment insurance (EI) benefits. In Dr. Anderson's case, she will have worked enough in the previous months to meet the government's requirements to collect EI benefits. But even if a medical resident has not worked enough hours, the employer tops up the benefits to the full 85%.

The initial 17 weeks are considered maternity leave, which only Dr. Anderson can apply for. After that, leave is considered parental leave, and either Dr. Anderson or her spouse can apply. During parental leave, the basic EI rate is 55% of her average insured earnings, up to a maximum insurable amount of \$50,800 (in 2016), which works out to \$537 per week. Note that parental leave is available for 37 weeks but benefits are paid for only 35 weeks.

For Dr. Anderson, here is what a year's maternity/parental leave income would look like:

Maternity leave	Weeks 1-17	$\$923.81 \times 17 \text{ weeks} =$	\$15,704.78
Parental leave	Weeks 18-52	$\$537.31 \times 35 \text{ weeks} =$	\$18,805.77
Total			\$34,510.55

All figures are before federal and provincial income taxes.

GET HELP WITH PLANNING CASH FLOW

While employer benefits and EI benefits will certainly help during Dr. Anderson's time away from work, her pre-tax income for the year will be almost 40% lower.

To help her figure out how the reduced income will affect her family, Dr. Anderson can check in with her financial advisor, who can analyze her cash flow and determine how far her benefits will go.

After the baby is born, Dr. Anderson's financial advisor can also help the couple save for their child's education. There are many strategies available, including registered education savings plans (RESPs). With an RESP, government grants complement the contributions that parents (or others) make to the account.

There is a lot to consider when starting a family. Getting their finances organized will be an important item on Dr. Anderson and her spouse's growing to-do list. But it's one that will help them be better prepared for this exciting time in their lives.

BEFORE THE BIRTH: WHAT TO THINK ABOUT

Household budget:

- Determine the length of your leave and whether you will share parental leave with your partner.
- Think about your goals during leave. If you have the cash flow and energy, you may want to use this time to travel, buy a house, or pursue a graduate degree.
- Your goals during leave will determine how much money you will need. Work with your financial advisor to set a realistic budget and start reining in your expenses now.

Baby expenses:

- Make a list of the "needs" vs. "wants," and stick to a budget for those items.
- Remember that you can always buy used and friends and families are often eager to give away their baby things.

Estate planning and life insurance:

- If something should happen to you, you want to make sure that your child is taken care of financially.
- If you don't already have a life insurance policy, this is the time to get one.
- Preparing an estate plan will help you determine who would care for your child in the event of your untimely death.

AFTER THE BIRTH: TO-DO LIST

Use the B.C. [online birth registration](#) to:

- apply for a birth certificate
- enrol your baby in the Medical Services Plan for B.C. residents
- apply for the Canada Child Benefit
- apply for a social insurance number (SIN)

After receiving the SIN, start saving for your child's education with:

- a registered education savings plan (RESP). You can invest cash gifts and Universal child care benefit (UCCB) payments into an RESP.
- a Canada Learning Bond for modest-income families
- the Canada Education Savings Grant

Your financial advisor can keep you abreast of any news about education savings and grants. In August 2015, the B.C. government launched the B.C. Training and Education Savings Grant, which is a one-time grant of \$1,200. You can apply for this the day your child turns 6, or any day before he or she turns 9.



MD Financial Management
CMA Companies

This article is courtesy of the Canadian Medical Association ([cma.ca](#)) and MD Financial Management ([md.cma.ca](#)). As CMA members, medical residents have access to objective financial advice through MD Financial Management.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit [md.cma.ca](#).

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IS “RETURN OF PREMIUMS” WORTHWHILE?

A common question my clients ask is “what happens to my premiums if I don’t need the insurance?” Usually the answer for most disability and critical illness insurance is there is no value when you cancel a policy after making no claims. However, many companies offer ‘return of premium’ riders that offer policyholders the refund of some or all of the premiums that they have been paying over the years if they cancel the policy after not claiming on the policy. In this article I will cover two of the common return of premium options and what considerations should be made when deciding to add this feature.

DISABILITY INSURANCE

Not all companies offer a return of premium feature on disability insurance, but the ones that do typically offer a 50% refund of premium every 8 years.¹ The cost of adding the return of premium feature can often be up to 50% of the cost of the policy without the rider. Premiums are refunded every 8 years as long as there have been few or no claims on the policy during the premium refund cycle.²

Let’s look at an example: A 30 year old female physician purchases a policy for \$6000/month. With physician-appropriate riders, the annual cost of the policy would be \$2400. Should she add the return of premium rider it increases the overall premium of the coverage to \$3600³. What is the overall cost to the policyholder if she doesn’t make a claim on her disability policy?

	Option 1: No return of premium	Option 1A: No return of premium & investing the difference	Option 2: Return of premium (no claims)
Annual Premium/Cost	\$2400	\$2400 \$1200 invested	\$3600
Premiums Paid over first refund cycle	\$16,800	\$16,800	\$25,200
Premiums paid until age 65	\$84,000	\$84,000 + \$42,000 invested	\$126,000
Investment Values (at 3%) After 1 st refund cycle At age 65	N/A	\$9195 ¹ \$72,555	N/A
Claims Paid (If any)	\$0	\$0	\$0
Premium Refund	\$0	\$0	Each Cycle: \$12,600 Total: \$63,000
Net cost of policy	\$84,000	\$53,445 ²	\$63,000

1 NOTE: Premium refund riders are not the same as the premium refund/credit that many medical associations offer with their disability insurance plans. Associations run their insurance plans as non-profits, so if they collect more premium than needed to maintain plan reserves and pay claims they refund the excess to their members.
2 Typically if claims paid exceed 20% of the premiums paid over the premium refund cycle, there would be no premium refund.
3 Assuming a healthy non-smoking female with own occupation, residual disability, inflation protection, health care profession and the option to increase coverage in the future. Quotes with Canada Life as of January 2016.

Conclusions: When we compare option 1 and 2, having the return of premium significantly reduces the net premium cost of the policy, but you have far higher initial out-of-pocket costs. The value of the premium refund rider is diminished if you make a claim but the tax-free income at claim time far outweighs any downsides of losing the premium refund rider. One interesting option is to have the discipline to ‘save the difference’ – don’t choose the refund premium rider and instead invest the would-be premiums as your own ‘premium rebate account.’ In the long run it does work out more favourably than option 2, but it requires the discipline to continue saving, even as other expenses vie for your dollars.

If you have the cash flow to choose a premium refund rider you may appreciate the extra premium refund each cycle if you don’t make a claim. If you have a strong savings ethic though it may be wiser to keep your insurance costs lower and use the difference to fund your other financial goals.

CRITICAL ILLNESS INSURANCE

Critical Illness insurance, a type of insurance designed to help offset the costs of a serious illness occurring pays a one-time lump sum. This is paid tax-free to the claimant after a survival period, which is commonly 30 days. CII policies come in a wide range of structures, including policies where premiums are guaranteed level for 10 or 20 years, until age 75, or for life. In addition, most companies offer a return of premium rider. The most popular return of premium rider is one where it returns 100% of your premium when you cancel the policy as long as you have not made a claim on the policy. Typically we recommend return of premium on level-premium plans since term 10 or 20 plans can renew at high rates.

What are the benefits of adding the return of premium feature to a policy? Let’s consider options for a 30 year old female physician who is considering a \$200,000 critical illness insurance policy. The return of premium she is considering is one where the policy must be in effect for 15 years before she is eligible to claim the return of premium benefit.

	Option 1: No return of premium	Option 1A: No return of premium & investing the difference	Option 2: Return of premium (no claims)
Annual Cost	\$1775	\$1775 \$804 invested	\$2579.07
Premiums Paid over 15 years	\$26,625	\$26,625	\$38,686.05
Premiums paid until age 80	\$88,750	\$88,750	\$128,953.50
Investment Values (at 3%) After 15 years At age 80		\$14,953.53 \$90,688.68	
Investment Return req’d to match Return of Premium		15% after 15 years 4% at age 80	
Premium Refund After 15 years At age 80	\$0	\$0	\$38,686.05 \$128,953.50

RETURN OF PREMIUMS cont'd

Conclusion: This is a far more attractive premium refund than disability insurance. Even locking your funds with the insurer over a period of 15-50 years still remains a fairly good return on investment for the cost of the premium rider. The chart illustrates two alternatives of investing the premiums paid for rider and you need to obtain a 15% return after 15 years to get the same amount as what the premium refund would offer. While that rate of return diminishes over time, a consistent after-tax 4% return at age 80 is still a fairly good return in exchange for coverage protecting you until age 80.

Determining the appropriate coverage amounts is the most important step in any insurance review. Once you've determined your needs, you and your advisor can decide whether adding additional features such as return of premium suit your goals, lifestyle and budget.

Footnotes

1 Assuming invested at 3% return, taxes ignored

2 Calculated as total cost of premiums + principal invested - value of investment at age 65 (taxes excluded).



Erin is a non-commissioned insurance advisor at Doctors of BC. She provides comprehensive insurance reviews and recommendations to Doctors of BC members and their families. She has a special focus on disability and critical illness insurance and obtained the Certified Health Insurance Specialist designation in 2012 to reflect that interest. In 2015, Erin obtained her Certified Financial Planner designation. To contact Erin or another advisor at Doctors of BC, please email insurance@doctorsofbc.ca or call 604-638-7914 or 1-800-665-2262 ext. 7914.



Residents and Students: Win \$1,000 for your advocacy work

The Changemaker Award honours **one medical resident** and **one medical student** who demonstrate exemplary leadership through grassroots advocacy to advance the policies, views, and goals of Doctors of BC or their Resident or Student organization.

Please submit nomination forms by **April 15, 2016**. Winners will be recognized at the Doctors of BC's Annual Awards Ceremony taking place on June 4, 2016 in Vancouver. Visit www.doctorsofbc.ca/changemaker for more information.

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of BC
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Awards of Excellence 2015

Three awards are given each year to outstanding individuals in the field of medicine.

DEADLINE: March 23rd @ noon
FORM: residentdoctorsbc.ca/achievements/awards-of-excellence/

All nominations require a nominator, a letter of support, contact information for two references and the CV of the nominee. Visit the weblink above for more details.

RESIDENT
DOCTORS
OF BC

RESIDENT ADVOCATE AWARD

The purpose of this award is to recognize an individual who displays significant interest in issues of importance to Residents.

AWARD OF MERIT

The purpose of this award is to recognize a Resident whose outstanding achievements and/or leadership reflect the aims and objectives of Resident Doctors of BC.

DR. PATRICIA CLUGSTON MEMORIAL AWARD FOR EXCELLENCE IN TEACHING

The purpose of this award is to recognize a physician clinical educator for his or her contributions to Residents' medical education.



COMPETENCE BY DESIGN - EXPLAINED



Competence by Design, or CBD, is the Royal College's multi-year, transformational change initiative to implement a new system of competency-based medical education (CBME) across specialty training and practice in Canada. CBD focuses on outcomes, asking the question "What abilities do physicians need at each stage of their career?" It organizes physician training around desired outcomes and looks at the needed competencies.

The greater goal of CBD is to enhance patient care by improving learning and assessment across the continuum from residency to retirement. This will ensure that physicians continue to demonstrate the skills and behaviours needed to meet evolving patient needs.

Learning and working within a new educational model

We are currently working with Medical Oncology and Otolaryngology — Head and Neck Surgery programs to examine opportunities for field testing aspects of CBD, including the formation/role of a competence committee (royalcollege.ca/portal/page/portal/rc/common/documents/resources/meantime_guide_competence_committee_e.pdf), the flow of new assessment processes, and the use of faculty development resources. Specific locations (faculties and programs) for these field tests are currently being discussed.

We anticipate that all additional specialty and subspecialty programs in Canada will adopt CBD in gradual phases. All disciplines (divided into seven Cohorts) will begin their transition (a process which will take approximately two years per discipline) to CBD each year until 2022.

- Proposed CBD rollout schedule – for all specialties and subspecialties: royalcollege.ca/portal/page/portal/rc/resources/cbme/cohort_chart

Medical Oncology and Otolaryngology – Head and Neck Surgery programs will likely field test aspects of CBD in 2016. We anticipate that residents entering into these two programs in 2017 and beyond will experience CBD-based learning and assessment.

Residents who begin their training in the current model will finish their training in the current model. However, these residents will benefit from the introduction of new CanMEDS content (royalcollege.ca/portal/page/portal/rc/canmeds/framework), such as patient safety, handovers and physician health, into their programs as well as CBD tools, resources and support systems.

How the new model will be different

Twenty years ago, the Royal College introduced the CanMEDS Physician Competency Framework, which describes the knowledge, skills and abilities that specialists need for better patient outcomes. We've updated the Framework and incorporated the new content into CBD — in particular, we've created a concept called the CBD Competency Continuum: royalcollege.ca/portal/page/portal/rc/common/documents/resources/cbd_competence_continuum_diagram_legal_e.pdf. This concept divides specialty and subspecialty training into four discrete stages: a transition to the discipline, a foundation period, a longer core period of training and, finally, a transition to practice. These stages will be applied to every Royal College specialty and subspecialty in CBD to best suit each program.

Another key feature of CBD is the introduction of Royal College Entrustable Professional Activities, or EPAs: royalcollege.ca/portal/page/portal/rc/resources/cbme/faq_cbd#three-4. EPAs are the tasks or units of work performed by a professional in a given discipline. Their introduction creates a stronger link between a physician's day-to-day clinical work and the competencies the physician

requires to perform effectively. EPAs will play a major role in the teaching, learning and assessment that occurs in the clinical workplace.

As they adopt CBD, each discipline will assign EPAs to the stages of training (royalcollege.ca/portal/page/portal/rc/common/documents/resources/cbd_competence_continuum_diagram_legal_e.pdf) within their program. As a resident moving through the stages of training you will be regularly assessed on the performance of the EPA. In order to move to the next stage of training, you will need to successfully demonstrate that you have achieved the various EPAs within the current stage. The EPAs will help ensure that from day one, that all residents know what they need to learn, when they need to learn it and when/how they will be evaluated. Residents will graduate confident in their knowledge and better prepared for independent practice. Furthermore, the EPAs and continuous cycle of assessment will help you focus on learning from your experiences and help your supervisors coach you on your performance.

Benefits of CBD

The systems, EPAs and resources created for CBD will provide learners with

- more frequent assessment and meaningful feedback from expert faculty (royalcollege.ca/portal/page/portal/rc/resources/publications/cbd_community_touchpoint/vol1_2/cbd_assessment),
- well-defined learning paths and clarity around the competencies needed to progress to next stages of training,
- a flexible environment that focuses on personal development,
- the chance to hone skills and work more independently during the final stage of residency (royalcollege.ca/portal/page/portal/rc/common/documents/resources/cbd_competence_continuum_diagram_legal_e.pdf) in preparation for independent practice, and
- the capacity to organize and track learning activities, patient encounters and achievements throughout an entire career.

No change to the length of residency within CBD

Under CBD, residents will be able to spend more or less time on specific learning needs before moving on to another stage. In some cases, the new model may shorten training time for some learning activities and allow you more time for other training goals, but the number of years to

complete a residency program will not change for most residents.

Shifting focus for the exam

Within CBD the exam will continue to be a major program milestone. As residents move closer to the exam date, a cycle of continuous feedback and input will be embedded into their program to ensure they are well prepared.

However, CBD will explore moving the timing of the exam to earlier in a resident's training – most likely at the end of the Core of Discipline stage: royalcollege.ca/portal/page/portal/rc/common/documents/resources/cbd_competence_continuum_diagram_legal_e.pdf. This will ensure trainees are not solely focused on textbooks in their final year. Instead, the program will place a greater emphasis on increasingly independent work and skills, enabling residents to use their final year to hone their skills in anticipation of independent practice.

Your input matters

The Royal College welcomes your support, collaboration and involvement as we implement CBD.

- Join the conversation on Facebook (fb.com/TheRoyalCollege), Twitter (@[@royal_college](https://twitter.com/royal_college)) or LinkedIn (linkedin.com/company/royal-college-of-physicians-and-surgeons-of-canada).
- Sign-up (goo.gl/Ylylld) to receive the CBD Community Touchpoint
 - June 2015: royalcollege.ca/portal/page/portal/rc/resources/publications/cbd_community_touchpoint/vol1_1/video
 - October 2015: royalcollege.ca/portal/page/portal/rc/resources/publications/cbd_community_touchpoint/vol1_2/cbd_assessment
 - Next edition will be released mid-March 2016
- Submit a question to cbd@royalcollege.ca be answered in our monthly publication Dialogue: royalcollege.ca/portal/page/portal/rc/news
- Review and share our CBD resources: royalcollege.ca/portal/page/portal/rc/resources/cbme/resources



1) What have you been up to since residency?

I finished residency in 1974, and joined the staff at VGH as an orthopedic surgeon, and became a member of the Faculty of Medicine at UBC. Because of my interest in orthopedic trauma, I became the first orthopedic surgeon in Canada to dedicate my practice to injuries. I started the Division of Orthopedic Trauma at VGH and UBC, and was head of it for a long time.

I got involved in the AO Foundation, first as a teacher for orthopedic surgeons around the world and then as a member of the Board of Trustees, which gave me the opportunity to travel for both teaching and board meetings.

I retired in 2008 from active practice, but I continue to be involved in research. I am working with engineers on a new invention; a device to put inside people to fix pelvic fractures. I enjoy golf.

2) What are some highlights from your presidency?

In 1970 or 1971 the government of BC was contemplating a policy of not paying doctors new to BC unless they practiced in a designated, usually rural, area. I thought this was an unjust policy for those of us in training; they shouldn't be able to dictate where we work when we paid for our education. I called a noon hour meeting for all residents and interns that were available and we formed a group, which would later become this association. We essentially began as a political action group to advocate against the government's plan. I was named president. We formed an active group that traveled around the province and had an influence on the government. We talked to other residents and interns in the province (there was no national organization yet), and we met with the BCMA (now Doctors of BC). Through our combined efforts we succeeded in getting the government to drop their odious plan.

In my mind, the group was only formed temporarily to fight a specific issue. But it gained a lot of support and continued to grow after I

stepped down as president; by the time I was done residency it was provincial organization.

3) What challenges did you face during residency?

I was in a very tough program. Our director, Dr. F. P. Paterson, didn't suffer fools gladly. He expected residents to do their work, pay attention, work hard, and if you didn't you were dismissed with no second opinions or remediation. Everyone was qualified for general practice, so it was easy to switch programs; the curriculums were more fluid, which was better.

The residency schedule was challenging; on my first rotation, I was on call 1-in-2, and would work a 32hr shift in the ICU, have the night off, and then the next day do an 8hr shift followed by overnight call. The attitude was that if you're only on call 1:2 you're missing half of the best cases.

4) What advice would you give to residents?

Find something you are interested in, work hard at it, and enjoy it. When you decide to pursue an avenue of medicine, take something you're interested in. Don't look at the market, because that changes. I never felt like I was working hard because I enjoyed the work; I never looked at the clock. If you pursue your interest, and you are good at what you do, someone will pay you for it. Don't follow the money because you will ultimately be unhappy.

5) Who inspires you in your medical career?

My major inspiration came from people ahead of me career-wise (my director and other members of the faculty), and international figures. I wanted UBC to be a good medical school and have a good reputation. Dr. Graham Apley, a famous orthopedic surgeon, asked me when the program in Vancouver would be prominent like the one in Toronto. I don't believe it was meant to be a mean comment, but it struck me, and inspired me to work at developing the program; ultimately, I created the subspecialty division of Orthopedic Trauma.

Residents' Library

March 29th, 2016

6:30-8:30 PM

The Medical Student and
Alumni Centre
2750 Heather St.
Vancouver
Right beside VGH

Register: <https://mus.med.ubc.ca/residents-library>

**MIX AND MINGLE; HELP MEDICAL STUDENTS FIND
THEIR IDEAL CAREER AND RESIDENCY!**



Food will be provided!



Nestled on a magnificent expanse of glacier-fed lakeshore, midway between Calgary, AB, and Vancouver, BC, lies the historical city of Nelson, BC and its three outlying communities of Kaslo, Balfour, and Ainsworth Hot Springs. Steep evergreen valleys, topped by snowcapped mountains define a breathtaking landscape that attracts travelers of every age and taste.

Renowned for its eclectic arts scene, diverse restaurants and boutique shopping Nelson Kootenay Lake also boasts year-round recreational activities. In winter, Whitewater Ski Resort and the Selkirk and Purcell mountain ranges feature some of Canada's best powder alpine skiing, snowboarding and cross country skiing, as well as numerous options for backcountry skiing and cat & heli-skiing. Come spring, summer and fall, the region becomes a mecca for cycling, mountain biking, kayaking, hiking, fishing, golf, rafting, and much more.

Whether you come to see it, tee it or ski it, this scenic corner of British Columbia offers a unique travel experience in every season – a rare mix of mountain lifestyle and big city buzz.

Nelson Kootenay Lake are is located in the southeastern corner of the province of British Columbia (B.C) in Canada, roughly half way between the cities of Vancouver, BC and Calgary, Alberta, and three hours' drive north of Spokane, Washington, USA. Stretching eastward from the B.C-Alberta border to the edge of the Okanagan, and north from Canada's border with the United States to the city of Revelstoke, the Kootenays are a beautifully mountainous region almost entirely encircled by two rivers — The Columbia and The Kootenay.

CULTURE

Our Nelson Kootenay Lake culture is a culmination of our natural surroundings, arts, and heritage combined with the added spice of the people who live here.

Everywhere you go you will feel the vibe that we value and embrace.

Heritage

With more heritage buildings per capita than anywhere in British Columbia, history defines the Nelson and Kootenay Lake region. From heritage sites like the SS Moyie in Kaslo to our Electric Tramway in Nelson, history here is alive, shared, and shaped by the people drawn to this region: we are Dreamers and Dissidents, as noted by local filmmaker Amy Bouhigan's award-winning film that captures the spirit of our heritage. It's all about the people, and the people are fascinating.

Museums & Galleries

To capture some of this heritage, our region invests in galleries and museums that stray far from

staid: vibrant, creative and cutting-edge, our local museums live and breathe Nelson Kootenay Lake culture. Touchstones in Nelson and the Langham in Kaslo infuse our region with an authentic vibe, complementing our many art galleries expressing that Nelson Kootenay Lake vibe perfectly.

Shopping, Dining & Artisans

From artisans whose studios populate the highway along Balfour, to vibrant downtown shopping districts in Nelson and Kaslo, we've got a heady local economy which makes shopping fun. And when you get hungry, stop in for a bite at one of our many local cafes and restaurants. We've got more restaurants per capita than San Francisco or New York, so there's plenty to choose from.

Theatres & Films

Don't tell locals here that they can't have something. When Nelson's Civic Theatre threatened to close, volunteers rallied together and reopened it as a community-funded theatre. It is now thriving alongside the popular Capitol Theatre. Our towns also boast venues offering live music, theatre and performances to rival much larger centres.

OUTDOOR RECREATION

With the beautiful Kootenay Lake and Selkirk, Purcell, and Valhalla mountain ranges all around us this is an area truly unlimited in adventure possibilities! From a leisurely afternoon of family fun to multiday epic adventures we really do have it all:

- Birding
- Biking
- Caving
- Climbing
- Fishing
- Golfing
- Hiking
- Lake Sports
- Motorcycling
- Paragliding
- Rafting
- Skateboarding
- Snow Sports
- Ziplining

For more information about Nelson and the Kootenay Region, visit www.nelsonkootenaylake.com

Article and photos courtesy of Nelson Kootenay Lake Tourism.

Photos credit to (from left to right): RPM Photography, Wing Creek Resort, Kaslo Market, David Glunns

Still settling in after moving for residency? In a new community for a rotation?

Check out Resident Doctors of BC's resident resource: "Living in BC"

To access the Living in BC guide, visit the Resident Doctors of BC website at www.residentdoctorsbc.ca/resources/living-in-bc/



PULSE

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

IMPORTANT PHONE NUMBERS

HSSBC Benefits &
Payroll
1-866-875-5306

Physician Health
Program
1-800-663-6729

Employee Family
Assistance Program
1-800-505-4929