Specialty/Field Questions:

1. a) What are some strengths about your specialty? What draws and keeps people in your specialty?
   - Full spectrum of care from cradle to grave
   - Family docs can be comprehensive but also have a special interest
   - Relationships are built with patients and families over time
   - We can do Obstetrics, Emergency Medicine, Palliative Care, child and newborn care, Care of the Elderly, hospital based care, long term care, care of underserved populations, GP-anesthesia, and minor surgical procedures.
   - Flexibility in what and where you practice – we can work in urban, rural and international sites.
   - Job security - We are needed everywhere

   b) What are some common complaints in your specialty?
   - Family Medicine is under serviced everywhere.
     - This can result in pressure to work longer and take more patients
   - Our rural and remote patients need more family docs.

2. Why did you choose your specialty?
   Family Medicine satisfies my need to be challenged by an impressive array of problems in my patient population and gives me the opportunity to contribute to society in a very wide variety of ways. It is the most flexible of specialties and allows me to do what I want, where I want.

3. What types of clinical cases do you commonly see?
   A typical practice sees a wide variety of disease and illness, and preventative management problems. My typical clinic list includes patients with hypertension, diabetes, mental illness, pregnancy, pulmonary disease, MSK complaints and those presenting for preventative care. Working in an afterhours clinic presents its own spectrum of illness from infections to trauma.

4. Briefly describe a typical day.
   There are many choices for the typical day of the family physician. In a full service practice, a comprehensive family physician will often begin his or her day with hospital or institutional rounds lasting anywhere from a half hour to two hours, move on to a few hours of office patients, perhaps have a luncheon meeting, do a house call or long term care visit after lunch, followed by a few more office hours, perhaps with some teaching and student debriefing by the end of the day. The ideal day ends at about 5:00 PM, though on call requirements, such as obstetrics or hospital patients may extend that day or bring the doctor back to the hospital. Other family physicians work in more focused practice doing institutional care, work on Family Medicine hospital teams, or do palliative care as an exclusive or major part of practice. There are opportunities in Family Medicine for a wide variety of options which can vary based on where you are in your career.

5. a) What are the varieties of lifestyles within your field?
   Family physicians choose to work in every setting in Canada from the most remote rural site to the largest city centers. The commitment to practice varies from part-time (a few half-days a week) to full practice coverage in solo, group and academic settings. With sensible on-call arrangements and networks we are able to provide 24/7 care year round.

   b) Specifically, how able is your specialty to accommodate family life?
   The accommodation of family life in Family Medicine is limited only by the resolve of the family physician to structure his or her practice to the needs of the professional and family balance. Flexibility mixes well with family.
6. Range of incomes?
Family physicians work anywhere from a very low level part-time income to full-time practices which range in net income yields from approximately $150,000 (part time, shared practice) to over $450,000 per year. Opportunities for higher range incomes are available for those doing hospital work or providing care in remote under serviced areas for brief periods as locums up to lifetime careers.

7. How do you see your discipline changing over the next decade?
In Canada, Family Medicine is enjoying a position of high respect and support within the primary care segment of health care. Recent recommendations of provincial and national task forces establish the family doctor as the essential component of primary health care teams and networks, which elevates the status, satisfaction and income of the family physician in Canada. The major changes over the next decade will be sustaining expansion of training programs nationally, and training our residents to reflect the environments that they will work in – such as within Primary Care Networks, maintaining Access Improvement Measures for patients, and establishing the Medical Home.

Residency Program Questions:

8. a) What are you looking for specifically in an impressive candidate?
We are looking for candidates who show enthusiasm for dealing with undifferentiated and challenging problems. Having good interpersonal skills and excellent problem solving abilities are also high on the list of desired attributes

b) What can a potential candidate do now in order to be an appealing applicant to your program?
An appealing candidate has had experience in Family Medicine and understands the scope and importance of the discipline

9. How is your residency program organized? (i.e. year by year breakdown and schedule of rotations)
Family Medicine is a two-year program in which rotations and integrated activities enhance a core of up to 56 weeks of integrated Family Medicine blocks in Academic clinics, community clinics, and rural and urban sites. We have several community based clinics in St. Albert, Leduc and Spruce Grove that provide a “rural experience within an urban” program. We also have three Rural and distributed programs in Red Deer, Grande Prairie and Ft. McMurray. Our Ft. McMurray program is a fully integrated program.

10. What is your residency program’s orientation and focus?
Our program is focused on providing residents with the support, direction and leadership they need to grow into successful and comprehensive family physicians equipped to meet the broad medical needs of communities. One feature that residents really like is the flexibility and the ability to tailor your program to your needs. Our program follows the Triple C Competency Based Curriculum which is Comprehensive, focused on Continuity and Centered in Family Medicine.

11. What is the availability of experiences in subspecialty areas during training?
Horizontal activities and elective time encourage residents to develop those special interests that all family doctors should have to take to their communities. Advanced skills such as Anaesthesia, Palliative Care consultation, Operative Obstetrics & General surgery, Sports Medicine, Care of the Elderly consultation and Emergency certification are offered in optional PGY3 years.

12. Are there sufficient elective opportunities during training to explore your special interests?
There are a minimum of ten weeks of block elective/selectives which can be expanded with integrated programming. There are abundant opportunities for horizontal elective experiences throughout most blocks of the program in both years.

13. What is the on-call schedule during each year of residency?
On-call in Family Medicine follows the PARA guidelines with a 1 in 4 as the ideal in-house call frequency. Our range of approved call is 1 in 3 (home call) to 1 in 5. Virtually all of Family Medicine call is home call. The call on each specialty rotation varies according to the specialty program.
14. What distinguishes the U of A program from other programs?
   • The program is flexible and tailored to a resident’s learning needs.
   • Integrated Maternity and Newborn Care throughout 6-9 months of Family Medicine block
   • Additional integrated options for Palliative care, Psychiatry and Care of the Elderly
   • Multitude of sites including urban, academic, community based, semi-rural, rural and remote.
   • Training sites for specific interests including Maternity and Inner city medicine
   • Respected and strong residents’ voice and contribution to the program
   • Competency Based Achievement System (CBAS) which results in timely and effective feedback
   • Faculty are on an alternative funding plan (not fee for service) which allows for increased teaching and more resources
   • 2-day Evidence-based medicine workshop, regular literature reviews, and quality improvement projects
   • 2-day Practice Management workshop in second year
   • Procedural skills workshops – usually three per year in PGY1
   • A well organized 2 year rotating Academic Curriculum with monthly academic days (full days)
   • Annual Resident Research Day and Monthly Resident Research interest group
   • Conference support, Up-to-date subscriptions, funds for ATLS, ACLS, ALARM and more.
   • In-training Benchmarking exams, CCFP exam preparation seminars and workshops
   • Wellbeing events such as a welcome BBQ, Resident Educational Forum in Jasper, Wilderness retreat and Graduation
   • Scheduled and protected vacation

15. a) Who can we contact for more information or to set up electives?
    Please contact Elylea at 780-492-8104 or email at eramos@med.ualberta.ca.

   b) Specifically, is there a list of residents whom we can call or email?
    Please email the Family Medicine Residents Co-Chiefs at fmrachief@gmail.com and a resident will respond to your enquiry.

16. How competitive is it to get in, and then to succeed in your field?
    Because of the rapid expansion of the Medical Schools, Family Medicine programs and other residencies in Canada, ample positions in Family Medicine across Canada are available for qualified candidates. Success in Family Medicine depends on the interest of the physician to deliver quality care and keep current in the field.

17. a) Is there active and/or required research in your residency program?
    There are requirements for structured scholarly activities in both years of the residency program. Time and support are provided for these activities.

   b) What role does research play in your career?
    Research in education and primary care plays an important part in my career. Many family physicians not otherwise associated with academic centres are involved in clinical projects.

18. What local, national or international conferences would be of benefit to candidates interested in your residency program?
    Continuing medical education events occur in every centre in which there are family physicians. In the province of Alberta the scientific meetings of the Alberta College of Family Physicians usually occur February in Banff. The Family Medicine Forum is held in a major Canadian city in October or November of each year. In 2011 it will be held in Montreal in November.