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</table>
January 3, 2017

To all prospective, incoming, and current residents:

Welcome to the University of Alberta Family Medicine Residency Program.

We proudly provide a world-class residency program following the Triple C curriculum. We offer many distributed residency training sites in diverse communities, with academic support based within the University of Alberta.

The diversity in communities we work with allows us to offer residents choice in their education: common academic standards are complemented by great latitude in the educational experience so learners can shape their education based on both community and future practice needs, thus meeting our social mandate. The Family Medicine training program, accredited by the College of Family Physicians of Canada, provides clinical, research, teaching, and leadership experience in a variety of settings that prepares residents to serve the needs of Albertans, Canadians and the world throughout their careers.

This handbook is designed as a resource for our residents and faculty. Most of the information is also available in multiple other locations, but hopefully this resource makes your access to important information easier. Many folks have spent a lot of time preparing this information; however, we are just in the first version of this document. Please feel free to use it and provide feedback to us with inaccuracies, updates, or additions you may feel are useful.

The University of Alberta Family Medicine community and I look forward to sharing your journey and your passion in pursuit of being comprehensive family doctors.

Sincerely,

John J.T. Chmelicek, MD, CCFP, FAAFP, FAWM
Director, Residency
Assistant Professor
January 3, 2017

Hello!

My name is Chris (aka CBeavs) and I am one of the current Co-Chief Residents in the Department of Family Medicine at the University of Alberta. My fellow Co-Chief Resident, Rieza Zara (aka RZ), and I work together to make your residency an unforgettable experience as you transition from student to family physician.

The Co-Chief Residents serve as Chair of the Family Medicine Residents Association (FMRA): a dynamic resident driven organization dedicated to resident well-being, continuous program development, career planning, exam preparation, and resident representation on provincial and national levels. The Co-Chief Residents work cohesively with the Family Medicine Residency Program Director and Committee to continuously evaluate and improve the residency experience.

The position of Co-Chief Resident involves communicating and serving as a liaison between the faculty, external interest groups, PARA, the FMRA and the family medicine residents we represent. We work to schedule department events for our residents and faculty and we serve as a resource for residents regarding academics, employment opportunities, resident wellness and social events. We attend and participate in monthly Residency Program Committee meetings, participate in peer review, and we also discuss curriculum development for our program. We also provide resources to our residents on the FMRA website (http://www.fmra.ualberta.ca/) and our Facebook group (https://www.facebook.com/groups/243291202370475/).

On behalf of the FMRA, we hope that you enjoy your time in Family Medicine residency and are happy to be a part of your experience.

Sincerely,

Chris Beavington and Rieza Zara
Co-Chiefs FMRA 2016-2017, University of Alberta
fmrachief@gmail.com
# Residency Program Contacts

## Administration

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Lee Green</td>
<td>780-492-6611</td>
<td><a href="mailto:lee.green@ualberta.ca">lee.green@ualberta.ca</a></td>
</tr>
<tr>
<td>Chair, Department of Family Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. John Chmelicek</td>
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</tr>
<tr>
<td>Residency Program Director</td>
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</tr>
<tr>
<td>Dr. Michelle Morros</td>
<td>780-492-6575</td>
<td><a href="mailto:morros@ualberta.ca">morros@ualberta.ca</a></td>
</tr>
<tr>
<td>Assistant Program Director and Resident Support</td>
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<tr>
<td>Dr. Fred Janke</td>
<td>780-492-0678</td>
<td><a href="mailto:fjanke@ualberta.ca">fjanke@ualberta.ca</a></td>
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<tr>
<td>Assistant Program Director (Distributed)</td>
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<tr>
<td>Dr. Paul Humphries</td>
<td>780-492-8106</td>
<td><a href="mailto:paul.humphries@ualberta.ca">paul.humphries@ualberta.ca</a></td>
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<tr>
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<tr>
<td>Dr. David Ross</td>
<td>780-492-6575</td>
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<tr>
<td>Assistant Program Director (Urban)</td>
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<tr>
<td>Dr. Samantha Horvey</td>
<td>780-492-2401</td>
<td><a href="mailto:skwok@ualberta.ca">skwok@ualberta.ca</a></td>
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<tr>
<td>Academic Day Coordinator</td>
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<tr>
<td>Dr. Keith Huber</td>
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<td><a href="mailto:kdhuber@ualberta.ca">kdhuber@ualberta.ca</a></td>
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<tr>
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<tr>
<td>Cindy Heisler</td>
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<td><a href="mailto:cindy@ualberta.ca">cindy@ualberta.ca</a></td>
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<tr>
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<tr>
<td>Joanne Lafrance</td>
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<td><a href="mailto:joanne.lafrance@ualberta.ca">joanne.lafrance@ualberta.ca</a></td>
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<tr>
<td>Sandy Boychuk</td>
<td>780-492-6628</td>
<td><a href="mailto:sandy.boychuk@ualberta.ca">sandy.boychuk@ualberta.ca</a></td>
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<tr>
<td>Emily Friedrich</td>
<td>780-492-6575</td>
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<tr>
<td>Integrated Curriculum Administrator</td>
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<td>Lisa Felicitas</td>
<td>780-492-8615</td>
<td><a href="mailto:lisa.felicitas@ualberta.ca">lisa.felicitas@ualberta.ca</a></td>
</tr>
<tr>
<td>Administrative Assistant</td>
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</table>
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**Dr. Peter Bell**
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[780-735-4211](tel:780-735-4211)
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[larue.jordan@gmail.com](mailto:larue.jordan@gmail.com)
<table>
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<td><strong>Site Administrators</strong></td>
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<tr>
<td><strong>Karen Adam</strong></td>
<td>780-735-4211</td>
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<td><strong>Briana Gomes</strong></td>
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<td><strong>Bernadette Harvey</strong></td>
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<td><strong>Kari Rockall</strong></td>
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<tr>
<td><strong>Charlene Carver</strong></td>
<td>403-314-6085</td>
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<td><strong>Leslie Lefebvre</strong></td>
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<td><strong>Jane Schotz</strong></td>
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</table>
CBAS Contacts

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CBAS Director  
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**Lisa Felicitas**  
Administrative Assistant  
780-492-8615  
lisa.felicitas@ualberta.ca
## Mandatory Activities 2016-2017 – URBAN

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<td>AM</td>
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<td>CaRMS, 2nd Floor College Plaza</td>
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<tr>
<td>Wednesday</td>
<td>March 8</td>
<td>ALL R1s and R2s</td>
<td>AM and PM</td>
<td>Academic Day</td>
</tr>
<tr>
<td>Thursday</td>
<td>March 9</td>
<td>R1s on FM blocktime</td>
<td>AM and PM</td>
<td>#3 Behavioural Medicine</td>
</tr>
<tr>
<td>Thursday</td>
<td>March 16</td>
<td>ALL R1s and R2s</td>
<td>8:00-9:30AM</td>
<td>FM Grand Rounds</td>
</tr>
<tr>
<td>* Friday</td>
<td>March 24</td>
<td>ALL R1s and R2s</td>
<td></td>
<td>FREzER: Faculty Residents Extravaganza</td>
</tr>
<tr>
<td>* Saturday</td>
<td>March 25</td>
<td>ALL R1s and R2s</td>
<td></td>
<td>Educational Retreat</td>
</tr>
</tbody>
</table>
### Mandatory Activities 2016-2017 – URBAN (continued)

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>For</th>
<th>Time of day</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>Thursday, April 6</td>
<td>ALL R1s and R2s</td>
<td>AM</td>
<td>#4 Behavioural Medicine</td>
</tr>
<tr>
<td></td>
<td>Wednesday, April 12</td>
<td>ALL R1s and R2s</td>
<td>AM and PM</td>
<td>Academic Day</td>
</tr>
<tr>
<td></td>
<td>April 20 - 23</td>
<td>R2s</td>
<td></td>
<td>Certification Examination in Family Medicine (CFPC)</td>
</tr>
<tr>
<td></td>
<td>Thursday, April 27</td>
<td>R1s on FM blocktime</td>
<td>8:00AM-12:00PM</td>
<td>#5 Behavioural Medicine</td>
</tr>
<tr>
<td>May</td>
<td>Thursday, May 4</td>
<td>R1s on FM blocktime</td>
<td>AM</td>
<td>#6 Behavioural Medicine</td>
</tr>
<tr>
<td></td>
<td>Saturday, May 6</td>
<td>R2s</td>
<td></td>
<td>MCCQE Part II</td>
</tr>
<tr>
<td></td>
<td>Sunday, May 7</td>
<td>R2s</td>
<td></td>
<td>MCCQE Part II</td>
</tr>
<tr>
<td></td>
<td>Wednesday, May 10</td>
<td>ALL R1s and R2s</td>
<td>AM and PM</td>
<td>Academic Day</td>
</tr>
<tr>
<td>June</td>
<td>Friday June 9</td>
<td>ALL R1s and R2s</td>
<td>AM and PM</td>
<td>Resident Research Day Academic Day</td>
</tr>
<tr>
<td></td>
<td>Thursday, June 15</td>
<td>ALL R1s and R2s</td>
<td>8:00-9:30AM</td>
<td>FM Grand Rounds</td>
</tr>
</tbody>
</table>

* Not mandatory but attendance encouraged
## Mandatory Activities 2017-2018 – DISTRIBUTED

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>For</th>
<th>Time of day</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>Friday June 30</td>
<td>Incoming R1s GP/RD</td>
<td>All day</td>
<td>Orientation – home site</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>Tuesday July 4</td>
<td>Incoming R1s Ft McM</td>
<td>All day</td>
<td>Orientation – home site</td>
</tr>
<tr>
<td></td>
<td>Friday July 21</td>
<td>All R1s and R2s</td>
<td>All day</td>
<td>Academic Day – home site</td>
</tr>
<tr>
<td>August</td>
<td>Monday August 21-</td>
<td>All rural R1s and R2s</td>
<td>All Day – full week</td>
<td><strong>HINTON</strong> workshop</td>
</tr>
<tr>
<td></td>
<td>Friday August 25</td>
<td></td>
<td></td>
<td>• Academic Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• EMB workshop (R1s)</td>
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<td></td>
<td>• Casted Course</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• U/S course (R2s)</td>
</tr>
<tr>
<td>September</td>
<td>Friday September 8</td>
<td>All Ft. McM R1s &amp; R2s</td>
<td>All day</td>
<td>Academic Day-home site</td>
</tr>
<tr>
<td></td>
<td>Thursday September 21</td>
<td>All rural R1s &amp; R2s</td>
<td>AM</td>
<td>U of A Faculty Grande Rounds by v/c</td>
</tr>
<tr>
<td></td>
<td>Thursday September 21</td>
<td>All GP &amp; RD R1s &amp; R2s</td>
<td>All day</td>
<td>Academic Day-home site</td>
</tr>
<tr>
<td></td>
<td>Friday September 22</td>
<td>All GP &amp; RD R1s &amp; R2s</td>
<td>All day</td>
<td>Academic Day-home site</td>
</tr>
<tr>
<td>October</td>
<td>Friday October 13</td>
<td>All Ft. McM R1s &amp; R2s</td>
<td>All day</td>
<td>Academic Day-home site</td>
</tr>
<tr>
<td></td>
<td>Monday October 23-</td>
<td>All R1s and R2s</td>
<td>AM or PM</td>
<td>Benchmark exam- one day of the week only.</td>
</tr>
<tr>
<td></td>
<td>Friday October 27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Thursday October 26 –</td>
<td>R2s if applicable</td>
<td></td>
<td>Certification Examination in Family Medicine (CFCP) – Fall exam – site TBAssigned</td>
</tr>
<tr>
<td></td>
<td>Sunday October 29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Saturday October 28-</td>
<td>R2s if applicable</td>
<td></td>
<td>MCCQE Part 11 – Fall exam – site TBAssigned</td>
</tr>
<tr>
<td></td>
<td>Sunday October 29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>TBD –Nov 27 – Dec 1</td>
<td>All R1s and R2s</td>
<td>TBD</td>
<td>Accreditation meetings</td>
</tr>
<tr>
<td>December</td>
<td>Sunday December 2 –</td>
<td>All rural R1s and R2s</td>
<td></td>
<td>CaRMS file reviews</td>
</tr>
<tr>
<td></td>
<td>Tuesday December 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday December 7</td>
<td>All rural R1s and R2s</td>
<td>All day</td>
<td>Academic Day – <strong>RED DEER</strong></td>
</tr>
<tr>
<td></td>
<td>Friday December 8</td>
<td>All rural R1s and R2s</td>
<td>All day</td>
<td>Academic Day – <strong>RED DEER</strong></td>
</tr>
<tr>
<td>January</td>
<td>Friday January 19</td>
<td>All Ft. McM R1s &amp; R2s</td>
<td>All day</td>
<td>Academic Day/SOOs – home site</td>
</tr>
</tbody>
</table>
Mandatory Activities 2017-2018 – DISTRIBUTED

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>For</th>
<th>Time of day</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday January 26</td>
<td>All GP &amp; RD R1s &amp; R2s</td>
<td>All day</td>
<td></td>
<td>Academic Day/SOOs - home site</td>
</tr>
<tr>
<td>* Saturday January 27-Tuesday January 30</td>
<td>If applicable</td>
<td>All day</td>
<td></td>
<td>CaRMS interviews – RED DEER</td>
</tr>
</tbody>
</table>

* Not mandatory but attendance encouraged

Home site Academic Days may be videoconference to off-site residents. Workshops are mandatory on site attendance.

Weekly home site resident run Grand rounds are mandatory attendance and video/teleconferenced to offsite residents.
Family Medicine Residency Roles

Faculty Advisors

Each resident must have a Faculty Advisor. In many cases the role of preceptor is merged with that of advisor, but all residents have the option of having an advisor who is not directly responsible for assessing that resident.

The role of the faculty advisor is to:
1. Orient the resident to the discipline of family medicine
2. Discuss with the resident the program objectives and the resident’s own learning objectives, and design an appropriate educational plan
3. Review this plan regularly and assist the resident in finding the resources within the program necessary to meet his or her unique learning needs
4. Help the resident:
   a) Reflect on program choices to be made
   b) Understand assessment feedback
   c) Set and revise learning objectives
   d) Define career plans


Site Administrators

Each site has a designated Site Administrator. The Administrator acts as a liaison between the department and the site, and is the first point of contact for residents. Administrators communicate and coordinate regularly with departmental Program Assistants. Their responsibilities vary slightly per site, but generally include ensuring the daily operations are carried out smoothly, implementing and managing resident training schedules and evaluations, arranging academic training, tracking resident rotations, and processing necessary departmental paperwork on behalf of residents, such as vacation and leave requests.

Site Directors

The primary function of a Site Director is to manage the clinical, educational and administrative activities occurring on site and with any affiliated community based clinics. Working with the Site Administrators, Faculty Advisors, and preceptors, a Site Director oversees the implementation of required educational activities, training opportunities, and necessary support. Liaising with the Assistant Program Directors and the Program Director, Site Directors play a comprehensive role in ensuring there is continuity in programming and objectives are achieved.
**Program Assistants**

As residents progress through their program, a Program Assistant is responsible for monitoring the overall advancement of each resident through their individual program. Liaising primarily with Site Administrators and maintaining occasional communication with individual residents, Program Assistants track and provide assistance in ensuring residents complete their program requirements.

**Integrated Curriculum Administrator**

The Integrated Curriculum Administrator coordinates, maintains, and supports the integrated blocktime and related activities in the family medicine curriculum, including women's health. For women's health, this includes being the main scheduling contact for horizontals, Obs, PCObs, the women's health workshop, and PCObs clinics. The Integrated Curriculum Administrator also coordinates a variety of workshops and R2 activities: questions regarding ATLS, general horizontals, the Procedural Skills workshop, Continuing Care R2 electives, and women's health-related activities can be directed to them.

**Residency Coordinator**

The Residency Coordinator is responsible for the management of the day-to-day administration of the Residency Program. Emphasis is placed on being a resource person to the Director, as well as to program staff and family medicine residents. The Coordinator also interacts externally with a variety of agencies such as the Canadian Resident Matching Service, College of Family Physicians of Canada, Alberta International Medical Graduate Program, and individuals interested in applying to the Family Medicine residency program. Along with the assistance of the residency team, the Coordinator plans activities such as seminars, evaluation processes, recruitment, references, and committees. The Coordinator also completes scheduling for the first year residents.

**Assistant Program Director, Residency Support**

This role involves identifying residents who may be struggling followed by coordinating the appropriate resources and implementing actionable plans. Residency is a demanding and comprehensive program and a resident’s success can be affected by academic, medical or personal challenges. By recognizing these challenges early on and working closely with faculty advisors, the Office of Learner Advocacy and Wellness (LAW) and the Assistant Dean’s office, the program strives to provide added support and guidance when needed in order to train safe and competent family physicians.

**Assistant Program Directors, Urban and Distributed**

The role of an Assistant Program Director involves working primarily with the Program Director, other Assistant Program Directors, and the Site Directors in managing various
aspects of the residency program such as: site assessments and teaching; monitoring and assisting residents and preceptors with the full range of activities, including difficulties; and addressing and managing issues arising from specific academic and clinical experiences. Assistant Program Directors are also deeply involved with the residency operations and execution of successful programming.

**Program Director**

The Program Director is responsible for overseeing all educational activities and programs within the family medicine residency program. Working directly with the Assistant Program Directors, the academic staff, the administrative staff, and the site directors of all distributed sites, the Director is involved with several aspects of the department’s planning and operations such as resident admissions, assessments, and competencies; advisor and preceptor instruction and feedback; developing and reviewing new and existing programming and policies; academic research and development; and other activities.
Policies and Procedures

Residency Policies and Guidelines

The following policies originate within the Department of Family Medicine:

- Awards
- Code of Student Behaviour
- Continuity Policy
- Completion of Program Policy
- Education Leave for Preparation and Attending Specific Exams
- Moonlighting Policy
- PARA Letter of Understanding
- Patient Confidentiality
- Professionalism Policy *(included in this handbook)*
- Safety Policy *(included in this handbook)*
- Special Leave Policies and Procedures

The following policies originate in the Office of Postgraduate Medical Education (PGME):

- Academic Appeals Policy
- Assessment Guidelines
- Harassment and Intimidation Policy *(included in this handbook)*
- Policy Concerning Supervision of Post Graduate
- Policy on Waiver of Training After an Approved Leave of Absence
- Remediation Guidelines
- Resident (Internal) Transfer Policy

Special Leave Request Forms – please complete the form specific to your clinic site

*Note: Residents requesting a day(s) off of their assigned rotation for any given reason (stat, teaching, personal day, conference leave, etc.), MUST ensure this form is completed, signed by the appropriate individuals, and returned to their SITE ADMINISTRATOR at least one month prior to their leave and at least 30 days prior to the start of the rotation.*

- Grey Nuns Family Medicine Centre
- Fort McMurray Northern Lights
- Kaye Edmonton Clinic & Justik Medical Clinic
- Misericordia Family Medicine Centre
- Northeast Community Health Centre
- Royal Alexandra Family Medicine Clinic
- Westview Physician Collaborative Teaching Site

Family Medicine Residency Administration Documents

- Residency Program Committee (RPC) Terms of Reference
- Residency Operations Committee (ROC) Terms of Reference
- Academic Planning Group (APG) Terms of Reference
Professionalism Policy

Residency Professionalism Policy

Purpose
To identify the common themes on professionalism

Scope
The policy applies to all residents in the Family Medicine residency program at the U of Alberta

Twelve Themes That Define Professionalism in Family Medicine

1. Behaviour would demonstrate that the physician is responsible, reliable, and trustworthy.
2. The physician knows his or her limits of clinical competence and seeks help appropriately.
3. The physician demonstrates a flexible, open-minded approach that is resourceful and deals with uncertainty.
4. The physician evokes confidence without arrogance, and does so even when needing to obtain further information or assistance.
5. The physician demonstrates a caring and compassionate manner.
6. The physician demonstrates respect for patients in all ways, maintains appropriate boundaries, and is committed to patient well-being. This includes time management, availability, and a willingness to assess performance.
7. The physician demonstrates respect for colleagues and team members.
8. Behaviour and discussion demonstrate that the physician is ethical and honest.
9. The physician practices evidence-based medicine skillfully in the reality of the practice situation. This implies not only critical appraisal and information-management capabilities, but incorporates appropriate lifelong learning from colleagues and patients.
10. The physician displays a commitment to societal and community well-being.
11. The physician displays a commitment to personal health and seeks balance between personal life and professional responsibilities.
12. The physician demonstrates a mindful approach to practice by maintaining composure/equanimity, even in difficult situations, and by engaging in thoughtful dialogue about values and motives.

Further information on the observable behaviours under the 12 themes is available on the [College of Family Physicians of Canada website](http://www.cfpc.ca).

Failure to demonstrate the positive behaviours of the above themes will result in a Professionalism Contract with the Faculty Advisor or Site Director which will include documentation of examples of professional observable behaviours.
Safety Policy

Residency Safety Policy

The University of Alberta residency program recognizes the need for residents to feel safe and practice in safe learning environments. In general, the following policies should apply when attending to patient care.

1. During block-time Family Medicine, in academic clinics and in community based practices residents may be required to see patients during office hours, after hours and while on call. Settings in patient care can include the office, long term care facilities and in private homes. Family Medicine residents will not be required to see patients alone in any of these settings without a supervisor or colleague.

2. A supervisor must be present on site:
   a. while the resident is seeing patients after hours in the clinic
   b. when the resident does home visits
   c. at the end of office hours if the resident is still with patients
   d. if the supervisor is unable to be in the clinic after hours another clinic staff member must be present to assist when necessary

3. Residents should not assess violent, angry or psychotic patients without the backup of security and accessible exits.

4. Any resident issues or concerns about safety should be brought to your faculty advisor, directly to the Post Graduate Director or the Director of Urban or Rural Programs. For an urgent situation while on call, the staff physician on call should be able to assist you with any concerns. Issues of safety not directly related to patient care activities should be directed to the Post Graduate Director or assistant Directors for further discussion.

5. If in the resident’s estimation it would not be safe to travel because of weather the resident may elect not to attend an academic day or clinical half day but must inform the appropriate directors or coordinators in a timely manner.

6. Residents are not required to attend academic half day if they are greater than 50 km away from the academic day location nor are they required to attend on post call days. It is recognized that academic sessions are organized and produced for the benefit of resident education so it is anticipated that most residents will not schedule call days the day prior to academic day activities. Should residents feel well rested despite being post call, they are encouraged and welcome to attend academic sessions. If not attending due to post call residents must inform the Family Medicine Residency Program office of this reason for absence.

7. On post call days, as negotiated through the PARA contract, a resident may hire a taxi for transportation if they are feeling unable to drive to their residence. The cost of the taxi will be reimbursed through PARA. Further information on this reimbursement is available through the PARA website.
8. Residents should not give out personal information to patients (i.e. home telephone numbers and addresses). To protect personal telephone numbers from patients with call display (Telus) dial *67 prior to the call.
Policy Statement on Harassment and Intimidation
in the Working Environment of

the Professional Association of Residents of Alberta
and
the Council of Academic Health Centres of Alberta

1.0 Introduction

The Professional Association of Residents of Alberta (PARA) represents physicians in Alberta engaged in a residency training program, primarily for the purpose of negotiating the non-academic terms and conditions of these residency positions. The Council of Academic Health Centres of Alberta (the Council) is a working committee comprised of the Capital Health Authority and Calgary Health Region, the Alberta Cancer Board and the Faculties of Medicine of the University of Alberta and the University of Calgary.

On September 29, 1997, both parties concluded an agreement that led to the development of a joint statement regarding the elimination of harassment and intimidation in the working environment of the respective parties. The practical definition of working environment included anywhere a person was in a work-related context, and that was understood broadly to include training situations and regional, hospital or university social functions.

Both parties agreed to review this statement after three years and make any changes that might be required. After three years experience, it was recognized that changes were in order. Member organizations of Council had developed procedures and processes for handling harassment complaints of various sorts and it was judged appropriate to use these routes for resolving any potential issues and problems of harassment.

2.0 Statement of Values Underlying Policy

Both parties are committed to creating a working environment free of harassment and intimidation, where mutual respect and the ability of staff to work together productively are supported. All parties remain committed to cultivating an atmosphere of trust, respect and dignity in all our relationships.

Both parties believe in the prevention of harassment and intimidation, including any violation of human rights, and the development of processes that support a safe and supportive environment that protects all people from physical and emotional harm.
3.0 What do we mean by the terms Harassment and Intimidation?

Harassment is considered to be unsolicited, gratuitous, unwanted or unwelcome verbal or physical conduct that is known, or reasonably ought to be known, to have the purpose or effect of:

- violating an individual’s dignity, respect and self worth; and/or,
- instilling fear or discomfort.

Harassment may include, but is not limited to the following:

- inappropriate physical contact such as striking, pinching, kicking, bumping
- any threatened or attempted acts such as those noted above
- verbal or mental abuse such as inappropriate comments and the use of obscene language, gestures or threats
- sexual harassment which is unwelcome, unsolicited and inappropriate
- behavior or speech that is sexual or gender related in nature, and demeans a person by sex, gender or sexual orientation.

Intimidation, either implied or explicit, includes, but is not limited to:

- behaviors or threats which imply loss of future opportunity, worsening abuse, or compromise of education
- abuses of power through threats or coercion.

For the purposes of this letter, harassment and intimidation does not include the legitimate exercise of an individual’s supervisory authority in an appropriate manner. This recognition of the appropriate use of supervisory authority is not meant to deflect attention from the intent of this policy.

Harassment and intimidation in the workplace of residents may reflect a power imbalance in relationships within the workplace. All parties recognize the sensitivity of this situation, and while it may not always appear to be in the best interests of the complaining party to address the issue directly, mature, sensitive and confidential discussions regarding these issues are encouraged.
4.0 What to do if You Feel Harassed or Intimidated

If a resident feels harassed or intimidated, at least two options are available:

1. As a member of PARA, you are encouraged to contact the PARA office (phone: 780-432-1749 or 403-236-4841) in order to obtain advice about how best to approach the particular situation.

2. Alternatively, for advice on how to proceed, you may contact:

   • Associate Dean, Post-Graduate Medical Education
     University of Alberta (780) 492-9722

   • Associate Dean, Post-Graduate Medical Education
     University of Calgary (403) 220-7448

All concerns will be addressed with appropriate confidentiality under the relevant policies of the member institutions.

Policy Statement ratified by CAHCA – 25/06/2002
Policy Statement ratified by PARA – 25/06/2002
Review planned: June 2004
Approved PGME Council September 2004

If you have any concerns, feel harassed, or intimidated, please do not hesitate to contact me.

John J.T. Chmelicek, MD, CCFP, FAAFP, FAWM
Director, Residency
Assistant Professor
john.chmelicek@ualberta.ca
Urban Sites Overview

Kaye Edmonton Clinic

The Family Medicine Clinic is a mixed academic/community-based practice located within the Kaye Edmonton Clinic, a large facility which opened in 2012. A multi-disciplinary team including physicians, nurses, a dietician, physiotherapists and a social worker are involved in caring for more than 30,000 patients each year.

Teaching activities are regularly scheduled for residents and several of the clinic's preceptors are involved in caring for inpatients in family medicine hospital wards. There are many opportunities for minor procedures including skin biopsies, IUD insertions and vasectomies. Some physicians are also actively involved in research and would welcome resident participation. The clinic is equipped with an electronic medical record system and helpful support staff.

Justik Medical Clinic

Justik Clinic is a busy family practice serving the Strathcona community as part of the Edmonton Southside Primary Care Network. It provides walk-in evening clinics, Saturday clinics, and on-call coverage to its patients. The Justik is well-regarded and was voted “Best Medical Clinic” in Edmonton by Vue Weekly in 2013, 2014 and 2015.

Most of the learning is based on hands-on experience. Didactic teaching activities and group learning for Justik and Kaye Clinic residents are scheduled at monthly Academic Days. The Justik is equipped with a user-friendly electronic medical record system and residents are supported by helpful and knowledgeable office staff. Consultants are also readily accessible in Internal Medicine and in Psychiatry. There are opportunities for minor procedures including skin biopsies and IUD insertions.

Misericordia Family Medicine Centre

Affiliated with Misericordia Community Hospital, the Misericordia Family Medicine Clinic (MISFMC) is located in the west end of Edmonton. The clinic averages 11,773 patient visits per year, and is an active member of the Oliver Primary Care Network. The MISFMC team includes four academic family physicians, two clinical preceptors, two full time RN's, two receptionists, two clinical assistants, two PT Transcriptionists, one Quality Coordinator, one Accounting clerk, one Program Assistant and one Chronic Disease Management Nurse. The Misericordia is also home to the Cafeteria, ample parking, resident lounge, auditorium, AV services, library, OT, PT, SLP, RT, nutrition and dietary services. MISFMC uses EMR and NetCare/PIN Integration.
Lynnwood Family Physicians

Located in West Edmonton and close to the Misericordia Community Hospital, the clinic has a wide variety of patients in all age ranges, from largely urban and suburban areas. Previously the Meadowlark Family Practice clinic, it was recently relocated into brand new space in Lynnwood. The clinical patient population is approximately 7,000. Areas of service outside of the clinic include nursing home, homecare, house calls as well as palliative care. Physicians offer inpatient hospital care to our patients at the Misericordia Hospital, which provide a unique avenue to offer true continuity of care throughout patient illness experiences.

The Clinic has an enterprise electronic medical records system (eClinician) and offers residents an opportunity to learn the business of medical practice first hand. The clinic frequently serves as a pilot site for new initiatives. Lynnwood remains on the cutting edge of EMR development and implementation within the medical home model as it evolves and matures.

Each resident gets their own workspace. There are three examination rooms per teaching physician to allow for better patient flow and give the resident the opportunity to take appropriate time with patients. This allows for development of clinical acumen while exposing residents to varied patient volumes as experience dictates.

Royal Alexandra Family Medicine Centre

The Royal Alexandra Family Medicine Centre (RAFMC) is located on the campus of the Royal Alexandra Hospital (RAH) in central Edmonton. The RAFMC serves a diverse population, and offers many learning opportunities with a great team of preceptors combining practices that encompass all ages and common family medicine core topics.

Residents will experience the primary care improvements implemented by the clinic’s early adoption of the Access Improvement Measures, and benefit from a fully implemented EMR system which is one of the most advanced in the province. The RAFMC has a laboratory collection site.

Grey Nuns Family Medicine Centre

The Grey Nuns Family Medicine Centre (GNFMC) is located in Millwoods across the street from the Grey Nuns Community Hospital. GNFMC offers a full spectrum of family practice including men and women’s health, child and adolescent health, care of the elderly, prenatal and well-baby care, palliative care and various procedures.

Residents at the GNFMC learn from a wide range of clinical experiences and horizontal electives, including practice quality improvement projects and PGYII resident-run clinics.
LA Medical

LA Medical is located in Leduc, just fifteen minutes south of Edmonton. The clinic serves a wide variety of patients and provides a wide range of care including cradle to grave care (pediatrics through to geriatrics), prenatal, WCB (work related injuries and medical issues), aviation medicine, pre-employment physicals, as well as a number of simple office/surgical procedures. Several physicians provide ER service at the Leduc Community Hospital, and provide in-patient, palliative, long-term and sub-acute care, as well as providing OR assist. There is an after-hours walk-in clinic that is staffed by the local physicians Monday-Friday that could also be part of the resident’s rotation. LA Medical is close to the Edmonton International Airport and physicians see a lot of travel related illness.

The clinic is fully computerized and uses an electronic medical record for charting. The hospital is well run, and well-staffed. Several recent physicians to join the practice were University of Alberta family medicine residents who did their family medicine rotation at this clinic.

Heritage Medical Clinic

The Heritage Medical Clinic is a privately-owned medical clinic located in south Edmonton with additional sites in the city. The clinic is part of the Southside Edmonton Primary Care Network working as a collaborative team with nurses, dieticians and a psychiatrist.

Heritage Medical Clinic has a young practice that deals with a lot of obstetrics and serves young families with children. As a busy practice with a wide spectrum of settings, patient types and environments in a collaborative-care setting, residents have unique opportunities to learn from a wide variety of activities. This includes clinics with marginalized prenatal programs at East Edmonton Health Centre and Woodcroft, providing exposure to healthcare delivery in an inner-city setting.

All physicians have privileges at the Grey Nuns Community Hospital.

Dominion Medical Centres
(Clinic Locations: Dominion Heritage, Dominion Mactaggart)

Dominion Medical Centres has three locations, two of which accept family medicine residents. Located in an urban setting, Dominion Medical Centres are privately-owned clinics offering diverse patient populations including all age ranges and income brackets.

The physicians have special interests in addition to regular family practice, which include in-hospital care of patients as a member of the Primary Care Hospital Team at Grey Nuns Community Hospital, orthopedic subacute care of patients at Grandview Extended Care Centre, or primary care obstetrics.
Dominion Medical Clinics are a member of the Edmonton Southside Primary Care Network and as such have access to additional resources such as nursing, dieticians, behavioural health, and other allied health professionals.

**Northeast Community Health Centre**

Staff consists of full-time and part-time faculty physicians, a nurse practitioner, registered nurses and full-time assistants who provide primary health care to patients within the Northeast area of Edmonton. In addition to common patient presentations, the family health clinic aims to support population groups who have specific barriers to accessing and/or utilizing health services such as: low income families, especially those with young children; youth who may be uncomfortable seeking health from mainstream health professionals; people with high risk lifestyles, including addictions; people with significant mental health concerns and social barriers; socially and medically complex patient; geriatrics with multiple issues (frail elderly).

**Westview Physicians Collaborative-Community Teaching Sites**

The Westview Physician Collaborative (WPC) Community Teaching Site (CTS) is one of the programs established by the WPC. WPC membership includes fifty-three family physicians from eleven family practices and fifteen emergency physicians working at the WestView Health Centre, Stony Plain. WPC physicians are members of the WestView Primary Care Network; together, they serve a population of 82,000 in Spruce Grove, Stony Plain and Parkland County. The physician collaborative envisions and seeks resources to support the transformation of member family practices into the Patient’s Medical Home.

Headquartered in Spruce Grove, the WPC-CTS consists of six clinical teaching units (CTUs), each an independent family practice operated by family physicians on Alberta Health’s “fee-for-service” payment model. Five CTUs pursued “primary care accreditation” by Accreditation Canada and received “accredited” awards in “exemplary and commendation” standings.

**Boyle McCauley**

*(optional site, based on availability and interest)*

The Boyle McCauley Health Centre is Edmonton’s only inner-city Community Health Centre. It provides person-centred care in a truly multidisciplinary team. The Centre’s exclusive focus is the inner-city population, and provides the full range of care from prenatal through palliative care, with the exception of intrapartum care. Residents work closely with community and healthcare partners and agencies to address the broad range of health-related issues, with a priority of social determinants of health.
Distributed Sites Overview

Red Deer Regional Hospital

Red Deer is a city of approximately 100,000 people with a considerably larger drawing area. This is a very busy community from the standpoint of agriculture, oil and other industries, with ready access to the much larger cities of Edmonton and Calgary to the north and south, the foothills and Rocky Mountains to the west and the Badlands to the east.

The Red Deer Regional Hospital is an excellent 365-bed facility for a Family Medicine Residency Program. It still has a large component of Family Medicine involvement with approximately fifty family physicians on staff who continue to manage about one-half of all admissions as well as most of the low risk deliveries. There is also a full complement of specialists on staff covering surgery (general, bariatric, vascular, orthopedic, plastic, ENT, urology, and ophthalmology), obstetrics and gynecology, internal medicine (general, cardiology, pulmonology, neurology, GI, nephrology and ID), anesthesia, pediatrics, psychiatry and radiology. We also have an Emergency Room staffed with full-time emergency doctors and a new Cancer Clinic that opened its doors just four years ago and has recently expanded to include radiation oncology.

Grande Prairie Queen Elizabeth II Hospital

Grande Prairie is a growing city with close to 70,000 people. The residency training program in Grande Prairie is quite unique: with just six residents in each year of the program, trainees develop extremely close and supportive relationships with their fellow residents and their families.

Grande Prairie has a catchment area of 350,000 people. QEII hospital is a 160 bed facility and endures to be a primary-care-focused hospital, with approximately 60 family physicians providing the majority of inpatient and ER care, with back-up support from a full complement of specialist colleagues. The QEII also hosts a regional cancer center as well as visiting specialty clinics. Grande Prairie enjoys an extremely collegial medical community, with efficient and effective consultation occurring daily in the Doctor’s Lounge, between friends and colleagues.

With very few other house-staff in the hospital, family medicine residents in Grande Prairie are first-in-line for procedures and hands-on clinical practice, under the guidance of family medicine and specialist preceptors. After gaining experience at the QEII, residents will receive excellent exposure to medical practice in truly rural centres, at our teaching sites in central and northern Alberta, the Yukon, and beyond.

Fort McMurray Northern Lights Regional Health Centre

The Northern Lights Regional Health Centre is a large multidisciplinary team that is patient centered in patient care. Visiting specialists and videoconferencing complement
the team. The facility has a floor dedicated as “home” for long-term care residents and family medicine residents follow a panel of LTC residents for their full first year of residency. The young population of Fort McMurray makes it a busy place in the obstetrics department with an average of 122 births per month and the Emergency department visits average over 70,000 per year.

Residents conduct their own monthly academic days and join with their Grande Prairie and Red Deer colleagues for various workshops that cover topics such as evidence based medicine, practice management, behavioural medicine and critical care. Residents present weekly rounds on the monthly academic topic to their peers and faculty. Each resident works one-on-one with their preceptor in the Family Medicine clinics and in the specialty areas. Residents are followed by one Family Medicine Faculty Advisor over their two years and return to the clinic of their advisor for at least two days a week throughout their first year. During their second year, when completing rotations in town, they will be with their advisor at least once a week, and when away on rotations, they will be in contact with their local advisor regarding progress.
Urban Curriculum

Objective

It is the responsibility of all residents to review the curriculum objectives before and throughout a rotation. Residents should reflect on these as they relate to personal learning needs, in this way, maximizing learning opportunities. We also ask that preceptors be aware of the curriculum objective, and be able to discuss with their residents how best everyone benefits from any particular rotation or experience. The curriculum objectives are below and with the extensive list available on our website.

Family Medicine Clinical Curriculum Guide

1st Year Curriculum

- Family Medicine Blocktime - 24 weeks (Women's Health Integrated)*
- Internal Medicine - 8 weeks
- CCU - 4 weeks
- Pediatrics - 8 weeks
- Emergency - 4 weeks
- Vacation - 4 weeks

*Westview Clinic: Blocktime is 32 weeks, Pediatrics and Women’s Health Integrated

One clinical half-day per week return to Family Medicine and one academic day per month throughout PGY1. Family Medicine clinical patient encounters range from 5 to 10 per half-day by graded responsibility in practices.

2nd Year Curriculum

In the second year, 20 weeks of Family Medicine block time may be spent with either urban or rural based community family physician(s). A minimum of 8 weeks of rural family medicine is required.

- Family Medicine -16-20 weeks (minimum 8 weeks rural)
- Geriatrics - 4 weeks
- Emergency - 4 weeks
- General Surgery - 4 weeks
- Musculoskeletal (MSK) - 4 weeks
- Palliative Care - 2 weeks
- Psychiatry - 4 weeks
- Electives/Selectives - 6-12 weeks
- Vacation - 4 weeks

One clinical half-day per week return to Family Medicine and one academic day per month throughout PGY2. Family Medicine clinical patient encounters range from 10 to
20 per half-day (numbers vary and are site specific) by graded responsibility in practices. Electives are chosen individually by each resident with the guidance of the resident's faculty advisor.

Selectives can include:
- Obstetrics
- Intensive Care
- Primary Care Hospital Team
- Palliative Care
- Anesthesia
- Long Term Care
- Approved International/Global Health
- Palliative Care and Psychiatry may be integrated through two years

**Optional Third Year Opportunities**

For trainees who have completed the two-year program in family medicine, there are a number of positions available which provide up to twelve months of extra training for those wishing additional preparation for practice. This would most frequently involve additional skills training in anesthesia, obstetrics, emergency medicine, psychiatry, etc., but may involve any discipline relevant to Family practice. A research fellowship at the Masters level is available.

The following five programs nationally are accredited by the CFPC:
- CFPC Program Family Medicine/Emergency Medicine
- CFPC Program Care of the Elderly
- CFPC Program Palliative Care
- CFPC Program Anesthesia
- CFPC Program Sport and Exercise Medicine

More information is available in the Enhanced Skills section of this manual (page 51) and on our website.
Distributed Curriculum

Fort McMurray Curriculum

Year 1
- 2-month Family Medicine block at start of year 1
- 2 days Family Medicine per week (except for when offsite) defined by the resident and their preceptor such that the resident will experience follow-up and continuity of patient care. Residents are expected to follow patients from their clinic who may be admitted to hospital through arrangements with the hospitalist on duty for the length of their patient stay.
- Orthopedics will be covered by the CASTED course provided to all residents once over the 2-year cycle. In addition, there are 3 shifts of orthopedics which include pre- and post-operative care and assessment. A 2-week off-site selective of MSK will be arranged by the resident in their choice of sports medicine, rheumatology, and physiatry. Alternatively, the two weeks can be with a local physiotherapist.
- A workshop airway management
- 6 sets of 5 shifts with Family Medicine Hospitalists including weekends
- General Surgery and Pediatrics are 3 days per week, for 6 weeks with a target of 18 days per rotation
- Obstetrics is 3 days per week, for 9 weeks with a target of 27 days per rotation
- Care of the Elderly: residents are assigned a panel of patients on Long Term Care to follow throughout the year with attendance at regular interdisciplinary rounds for their patients. ‘Geri e-m’ will compliment this rotation in 2017-18.
- 4 weeks of vacation
- 6 weeks of electives

Year 2
- 16 weeks of rural Family Medicine in an off-site rural site
- Family medicine on-site as in year one
- A workshop airway management
- Psychiatry – 4-week block of 3 days per week (Family Medicine for the other 2 days). Target of 12 days of specialty rotation.
- IM/CCU/ICU – 6-week block of 3 days per week including call nights (Family Medicine for the other 2 days). Target of 18 days of specialty rotation.
- Emergency – integrated with Family Medicine to include 30 x 8-hour shifts or 20 x 12-hour shifts
- Palliative care – 2-week selective to be arranged off-site
- Elective time – 6 weeks if ER hours are 8-hour shifts, 9 weeks if ER shifts are 12-hour
- 4 weeks of vacation
- 2-month Family Medicine block at end of year 2
Covered over the 2 years

- Academic rounds aligned with the 2-year rotating Academic schedule are mandatory, weekly, and presented on a rotating schedule by all residents
- Monthly Academic days based on the 2-year rotating Academic schedule which include Ethics, Practice guidelines and Therapeutics along with monthly SAMPS and quarterly practice SOOS and OSCEs
- Workshops and courses in EBM, Behavioural Medicine, CBT, Critical Care, CASTED, U/S, Quality and Safety, Social Media, and Resident as Teacher
- Required Life Support Courses: valid BLS and ACLS, completion of NRP, ATLS, ALARM, PALS
## Grande Prairie and Red Deer Curriculum

### Core Rotations and Lengths

| PGY1          | Anesthesia                     | 3 Weeks (GP)  
|               |                               | 2 Weeks (RD)  |
|               | Electives                      | 1 Week (GP)   
|               |                               | 6 Weeks (RD)  |
|               | Family Medicine— Regional      | 4 Weeks (GP)  |
|               | General Surgery                | 8 Weeks       |
|               | Obstetrics & Gynecology        | 8 Weeks       |
|               | Orthopedics                    | 4 Weeks       |
|               | Pediatrics                     | 8 Weeks       
|               | Integrated Dermatology (1 wk RD)| 7 Weeks (RD) |
|               | Rural Family Medicine          | 16 Weeks      |
|               | Continuity Clinics             | 1 day/2wks or 0.5 day/1wk (GP) |

| PGY2          | Electives                      | 8 Weeks (GP)  
|               | Palliative Care Selective (2 wks RD)| 6 Weeks (RD) |
|               | Emergency                      | 8 Weeks       
|               | Integrated Palliative Care (1 wk GP)| 8 Weeks |
|               | Psychiatry                     | 4 Weeks       |
|               | Internal Medicine              | 8 Weeks       |
|               | Rural Family Medicine          | 8 Weeks       |
|               | Rural Family Medicine          | 16 Weeks      |
Triple C Curriculum

Triple C is a competency-based curriculum for family medicine residency training based on the CanMEDS-FM framework and the Evaluation Objectives in Family Medicine.

There are three components of Triple C:

- Comprehensive education and patient care
- Continuity of education and patient care
- Centred in family medicine

Triple C ensures all graduates are:

- Competent to provide comprehensive care in any Canadian community
- Prepared for the evolving needs of society
- Educated based upon the best available evidence on patient care and medical education

The College of Family Physicians of Canada (CFPC), Triple C Competency Based Curriculum. Retrieved from http://www.cfpc.ca/Triple_C/

The move toward Competency-based Education is in keeping with the need for medical education to meet societal expectations of accountability. It depends upon well-defined program outcomes, resident assessment methodologies, and an integrated curriculum design. This outcomes-oriented approach will take the place of the traditional time-based educational. It requires residents to be active learners, shifting the role of a resident supervisor toward that of a resident's "coach."

The competency material developed by the CFPC (CanMEDS-FM, priority topics and key features, six skill dimensions, and Scope of Training) guides programs in the provision of appropriate educational opportunities for their residents and in working with individual residents to track and document the achievement of these competencies.
Three Components of Triple C

Comprehensive Education and Patient Care
Comprehensive programs are essential to family medicine training. Family medicine residents need to learn and demonstrate skills across a spectrum of clinical domains, such as psychiatric care and care of the elderly, and in health promotion and disease prevention. The goal of residency education is to allow residents to provide a prescribed level of comprehensive care upon graduation, while understanding that learning will continue throughout their career.

Continuity of Education and Patient Care
Continuity is essential in the development of physicians whose practice is truly comprehensive. Continuity of patient care solidifies strong relationships between physicians and patients, which is fundamental to our discipline. Teaching and assessment facilitated by assigning a small core of primary preceptors contributes to authentic assessment of learners over time. This helps to nurture the trust and honesty necessary to develop learning experiences shaped through ongoing feedback and assessment. A shift to programs being centred in family medicine will increase the continuity of learning environment.

Centred in Family Medicine
Family medicine should be at the core of family medicine programs. The context of learning should be:
- primarily within family medicine settings;
- relevant to the needs of future family physicians; and
- controlled and managed by family medicine program coordinators.
Augmentation with teachers and contexts outside Family Medicine may well be necessary for residents to achieve the full range of competencies. However, the learning content must be relevant, such that in every educational experience residents must develop their identity as family physicians.

Oandasan, I. Advancing Canada's family medicine curriculum: Triple C. Can Fam Physician June 2011 57: 739-740
Academic Curriculum

The University of Alberta Family Medicine Academic Program consists of a two-year longitudinal curriculum designed to complement the learning residents receive through their clinical rotations to ensure resident competency in family medicine upon graduation. The academic program is overseen by the Academic Planning Group, whose members include a diverse mix of residents and faculty members and is chaired by the Academic Coordinators and Program Director.

The core of our academic program has three components:

1. Foundations Course (urban sites only)
2. Monthly Academic Day
3. Behavioural Medicine

Additionally, residents will have opportunity to obtain knowledge in different workshops throughout the year, including the Evidence Based Medicine workshop, Wilderness Medicine Retreat, Women’s Health workshop, Simulation Club and FREzER (our annual retreat in Jasper). They will also receive teaching at the quarterly Grand Rounds and locally at their Family Medicine sites.

Foundations Course

July 2017 will be the inaugural year for our two-day Foundations Course (urban sites only). The overall goals of the Foundations Course are as follows:

- Start building collegial relationships with their colleagues and the Department of Family Medicine
- Start to build their own identity as Family Medicine physicians and build a connection to Family Medicine
- Develop skills needed to operate as a Family Medicine Resident in Urban and Rural Settings Alberta (R1s and R2s)
- Participate in workshops to learn procedural skills (R1s) and advanced Family Medicine skills (R2s)

The curriculum for the Foundations Course was built based on resident and faculty feedback and will cover the following:

- Orientation for R1s
- Emerging topics
  - MAID
  - Patient’s Medical Home
  - Opioid Prescribing
- Key Family Medicine Skills for R1s
  - Periodic Health Exam
  - Forms
  - Advanced Care Planning
• Documentation/Consultation Letters
• Procedural skills workshops
• Key skills for treating the acute patient
  • Approach to emergent scenarios
  • ECGs
  • Radiology
• Cognitive Behavioural Therapy workshop for R2s
• Team building and social time

**Monthly Academic Day**

The monthly academic day is broken down into 24 different topics over the two-year residency program. Each day is composed of a small group interactive portion and a large group didactic learning portion. Small group activities include Problem Based Small Group learning modules (McMaster modules), journal article reviews, ethics case reviews and practice exam questions. The didactic lectures are intended to be family medicine focused presentations given by family physicians, specialists and other allied health professionals.

<table>
<thead>
<tr>
<th>YEAR A</th>
<th>YEAR B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Month</strong></td>
<td><strong>Topic</strong></td>
</tr>
<tr>
<td>July</td>
<td>Foundations/Emerging topics</td>
</tr>
<tr>
<td>(E) August</td>
<td>Psychiatry/Behavioural Medicine</td>
</tr>
<tr>
<td>September</td>
<td>Internal Medicine A1</td>
</tr>
<tr>
<td>*October</td>
<td>Child Health A</td>
</tr>
<tr>
<td><strong>(E) November</strong></td>
<td>Care of the Elderly</td>
</tr>
<tr>
<td>*December</td>
<td>Addictions</td>
</tr>
<tr>
<td><strong>January</strong></td>
<td>Internal Medicine A2</td>
</tr>
<tr>
<td><em>(E) February</em>*</td>
<td>Surgery A</td>
</tr>
<tr>
<td>*March</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td><strong>April</strong></td>
<td>Marginalized populations</td>
</tr>
<tr>
<td>May</td>
<td>Emergency Medicine A</td>
</tr>
<tr>
<td>June</td>
<td>Research A</td>
</tr>
</tbody>
</table>

*Includes 60 minutes literature review from the Evidence Based Medicine Team
**(E) Includes 30 minute presentation from the Research Department
*(E) Ethics Case
**Behavioural Medicine**

The Behavioural Medicine is an umbrella that covers three facets of residency training:
- Communication Skills
- Mental Health Teaching
- Resilience Training and Physician Wellness

Behavioural Medicine teaching spans the two-year residency program, and is covered in various ways as described in the table below. Six Behavioural Medicine workshops are scheduled into the first year block-time rotation, which focus on teaching advanced communication skills.

<table>
<thead>
<tr>
<th>Facets</th>
<th>Communication Skills</th>
<th>Mental Health Teaching</th>
<th>Resilience Training / Physician Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Component</strong></td>
<td>• Patient Centred Clinical Method</td>
<td>• Be involved in the delivery of collaborative mental health care</td>
<td>• Team building – to form peer to peer relationships amongst residents</td>
</tr>
<tr>
<td></td>
<td>• Motivational Interviewing</td>
<td>• Provide experiences in crisis management for acute psychiatric illness</td>
<td>• Methods to cope with stress of Family Medicine</td>
</tr>
<tr>
<td></td>
<td>• Difficult Encounters</td>
<td>• Management of patients with behavioural and emotional difficulties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dealing with Adverse Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cognitive Behavioural Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How it is covered</strong></td>
<td>• Behavioural Medicine workshops</td>
<td>• Psychiatry Rotation</td>
<td>• Foundations Course</td>
</tr>
<tr>
<td></td>
<td>• Foundations Course</td>
<td>• Emergency medicine Rotation</td>
<td>• FREzER (resident retreat)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family medicine Rotation</td>
<td>• Narrative Reflection</td>
</tr>
</tbody>
</table>
Clinical Curriculum Guide

Horizontal Programming
In order to emphasize the self-directed lifelong learning aspects of the specialty of Family Medicine, U of A has structured the PGY1 Family Medicine Blocktime of 24 weeks to include opportunities – both mandatory and elective – for the resident to integrate educational sessions throughout the clinical learning experience. Such horizontal integration is encouraged and supported in the rest of the Residency too, but it is anticipated that this semi-structured requirement of PGY1 Blocktime will inspire the individual continuation of similar Resident initiatives.

Elective Guidelines
Elective time, both block and horizontal, is prioritized for use to:
- Satisfy unmet program objectives due to time lost to leaves, etc.
- Complete remedial specifications.
- Accomplish Integrated program objectives.
- Add to personal skills.
- Explore practice and personal geographic options.

Elective time can increase if you successfully complete integrated options.

Common Elective Choices for PGY2

<table>
<thead>
<tr>
<th>Anesthesiology</th>
<th>Emergency Medicine*</th>
<th>Obstetrics &amp; Gynecology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Hypnotherapy</td>
<td>Ophthalmology*</td>
</tr>
<tr>
<td>Child Psychiatry</td>
<td>ICU</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Inner City Health</td>
<td>Radiology</td>
</tr>
<tr>
<td>Diabetic Metabolic Clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Indicates most commonly requested

Selectives
A four-week Selective can be done instead of four weeks of Family Medicine in PGY2. A Selective is an experience which is not a core four-week rotation, but can be useful to expand on skills for a comprehensive scope of practice.

Selective Choices:
- Advanced Obstetrics
- ICU
- Long Term Care
- Primary Care Hospital Team (PCHT) or Hospital Care Team (HCT)
- Palliative Care
- Anesthesia

International and Other Global Health Electives must follow PGME and University of Alberta policies, must be arranged with guidance with of the DoFM and Global health initiative. They are all subject to review and approval of the Program Director.
EBM Curriculum

Evidence Based Medicine
The focus of the Evidence Based Medicine (EBM) Program is on providing residents with the understanding and skills to:

- formulate a clinical question
- determine the best resources to answer the question,
- access those resources,
- appraise rapidly the available evidence, and
- put the evidence into practice.

Primary Goals
- To help residents become competent self-directed life-long learners with the skills to effectively and efficiently keep up-to-date.
- To learn how to use Evidence Based Medicine to rapidly solve problems encountered in daily practice.

Learning Objectives

Knowledge Component
To understand the rationale and benefits of EBM, to provide and identify online resources, educational tools and web links, and to provide a strong foundation in the basic principles of EBM, including:

- Recognizing and formulating clinical questions
- Finding and accessing information
- Interpreting information
- Applying information

Skills Component
Learn to identify problems/questions encountered in practice and seek solutions based upon the best evidence. (Via EBM “assignment” to promote rapidly answering clinical questions), and build skills and comfort in knowledge transfer (primarily through oral presentation skills).

Attitude Component
To facilitate appreciation and enthusiasm for the judicious use of current evidence to optimize patient care; maintenance of skills and knowledge through life long self-directed learning.

EBM Program Components
1. Family Medicine Evidence Based Medicine Workshop (mid August) (two-day mixed lecture & small group work with two-hour computer lab)
2. Electronic Information Resource for Primary Care Practitioners (Internet resource of links, EBM information, updates, etc)
3. Brief Evidence-based Assessment of Research (BEARs). BEARS is a one-page template assignment done about every 4 weeks and presented during the Family Medicine block rotation and Behavioural Medicine course.
4. Resident Journal Club (in association with the Wednesday Academic Half-Days)
Integrated Options

Please see the integrated options information sheets and application form [here](#).

The Residency Program provides an opportunity for some residents to plan and meet learning objectives of certain rotations at their own pace and in their own way. The objectives of these integrated options are met by recording and evaluating clinical and academic experiences longitudinally throughout the residency program.

**Purpose**

By choosing to integrate throughout PGY1 and PGY2, residents may:
- Schedule an alternative four-week elective during Year 2 of the FM Program, or
- Continue to enhance learning by completing the usual four-week rotation during the second year of FM Residency Program

**Responsibility**

It is imperative that residents choosing integrated activities be independent, self-directed learners willing and able to seek and utilize their own selection of experiences within a general framework. This experience adds to the volume of work and responsibility, so plan accordingly.

**Integrated Options**

1. Care of the Elderly
2. Palliative Care
3. Primary Care Hospital Team / Hospital Care Team (PCHT/HCT)
4. Psychiatry

Please note that all options are not guaranteed to be approved – applications are reviewed on an individual basis. Interest in other areas will be considered on an individual basis. Contact the Integrated Curriculum Administrator for further information.

**Application Process**

- Resident must discuss and have their interest approved by their Faculty Advisor
- Complete the integrated learning option application
- Application must be signed by the Faculty Advisor
- Application deadline is July 31 (late applications are not accepted)
- The number of participants in any one of the Integrated Programs may be limited by resources
- Each application will require approval by the Residency Program Committee

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1 Inner City Health is no longer offered in integrated learning format as of the 2016/2017 academic year. Please express your interest to the Integrated Curriculum Administrator, as we are able to offer several opportunities to enhance your learning in this area.
Completion Process and Assessment

- Residents will need to meet defined Family Medicine objectives
- Requirements will be documented on program tracking sheets and completed field notes as they are fulfilled
  - Residents will be responsible for filling out tracking sheets for all clinical and academic requirements.
  - Residents will be required to complete field notes to confirm competencies are being worked on/met
- Requirements must NOT contravene the PARA contract
- Residents will be required to submit progress to date summaries to the Integrated Curriculum Administrator, at three-month intervals
- A mandatory scholarly reflection on what integration means to you and your future career (maximum one-page, typed) is required for all integrated options
- All final documents must be received by the Department by May 1 of PGY-2
- Completed tracking sheets and scholarly reflection will be reviewed by the Director, FM Residency Program
- Residents will be notified by email when all requirements have been met

It is strongly recommended that residents take no more than 2 integrated options.

Application must be submitted by July 31st of year one of the residency program.
Resident Research

One of the objectives of the Research Program is to enhance the research and scholarly skills of learners. In the Family Medicine Residency Program, all first year residents are required to conduct four Brief Evidence-Based Assessments of Research (BEARs).

During each year of the two-year residency program, each resident, in collaboration with their community preceptor and faculty advisor, is required to undertake a project on “Practice Quality Improvement” (PQI).

Support is also provided through "Resident Research Evenings" which are held monthly. This is a time for residents to network with each other, as well as faculty members, and collaborate or get assistance with research and scholarly projects.

The opportunity also exists for residents to do a Research Elective in both Year 1 and Year 2 of the residency program.

Research and scholarly workshops and presentations include:
- a two-day evidence based medicine workshop at the beginning of the first year of residency,
- journal reviews, research presentations and evidence based medicine presentations during each monthly Academic Half Day session, and
- resident research day held each June

Residents have the opportunity to develop research and scholarly skills necessary for quality assessment and improvement of clinical practices as well as critical thinking and evidence based medicine to keep up to date and solve problems at the point of care.

**BEARS**

The ability to critically appraise the literature is an essential skill for all family physicians. In the Family Medicine Residency Program, all first year residents are required to conduct four Brief Evidence-Based Assessments of Research (BEARs), which were first implemented during the 2005/2006 academic year.

The faculty advisor will provide guidance and consultation throughout the duration of the project.

[BEARs Guidelines](#)
[BEARS Worksheet](#)
[Examples of BEARs](#)
PQI

In the PGY2 year, all residents, in collaboration with their faculty advisor and community preceptor, must complete a community based PQI during a major Family Medicine rotation. The PQI project must be done individually and must be presented to the clinic before the completion of the rotation. A copy of the project must be submitted to the Program.

*All urban residents must complete and present a “Practice” PQI during PGY1 Family Medicine Blocktime.

The PQI goals are:

- To provide family medicine residents the opportunity to develop the skills required to implement the process of quality assessment and improvement in their clinical practices, and
- To meet the “audit” requirements outlined in the educational requirements of the College of Family Physicians of Canada.

The PQI project will conclude with a presentation (poster, seminar, publication) in an appropriate venue.

PQI Guidelines

Research Evenings

Resident Research Evenings are held on the second Wednesday of the month after Academic Half Day. Information is forwarded to residents prior to each Academic Half Day to confirm whether or not the Research Evening is being held. Resident Research Evenings are held:

5:00 - 8:00 PM
6-10 University Terrace

This is a time for residents and faculty to network together on scholarly and research projects, get assistance with Brief Evidence-Based Assessments, practice audits, literature searches, other research, or focus on any other learning objectives they have.
Research Electives

Year 1 Option

Two-week elective credit (horizontal elective)

Year 2 Option

Six-week elective credit (horizontal elective, plus dedicated elective time)
Total eight weeks of elective time (392 hours) over two years
Research project-focused
Supervised by a full-time Department of Family Medicine academic faculty member

Family Medicine Research Elective 1 (Year 1)

Two-week horizontal elective in Year 1 during Family Medicine block time
(16 days x 7 hrs/day=112 hours)

Objectives

• Define research question
• Conduct literature review
• Develop research design and methodology
• Write research proposal

Family Medicine Research Elective 2 (Year 2)

Eight-week elective in Year 2 (i.e. combination of 2 weeks horizontal elective during Family Medicine block time, plus 4-6 weeks of dedicated elective time. Minimum total of 280 hours, i.e. 20 days during Family Medicine block time x 7 hrs/day=140 hours, plus 20 days dedicated elective time x 7 hrs/day=140 hours)

Prerequisite FMR Elective 1 (unless a research protocol is already developed)

Objectives

• Apply for funding (if applicable)
• Write ethics application
• Collect research data
• Compile and analyze research data
• Write research manuscript or present research findings at an appropriate forum

For more information on resident research, please contact:
Dr. Donna Manca, Research Director
donna.manca@ualberta.ca
Competency-Based Achievement System (CBAS)

At the start of your academic year you will receive an email containing the web address for your clinic / learning community, along with your username, password and basic instructions for logging on and using the workbook.

If you do not receive this information by July 15th contact cbas@ualberta.ca

Please review the How-To Modules for CBAS.

There are multiple components to assessment in our residency programs.

Competency-based Achievement System (CBAS)

CBAS is the overall framework for assessment in our program. Formative feedback provided throughout training, as well as information contained in any tool for formative or summative assessment, all serve as the evidence base for summative decisions. The underlying assumptions of CBAS are based in best practices for good assessment.

A fundamental assumption of CBAS is the importance of continuity in education and assessment. For this reason, residents are matched to an advisor upon entry to our program. The advisor-resident relationship lasts for the whole residency program. While formative feedback will be shared regularly throughout training, a scheduled face-to-face discussion and decision about progress towards competence takes place every 4 months (the Periodic Progress review).

CBAS aligns with the College of Family Physicians of Canada CRAFT (Continuous Reflective Assessment for Training) recommendations.

FieldNotes: Capturing Formative Feedback

FieldNotes are a tool to help residents, preceptors and advisors capture a sampling of the formative feedback that is shared in the workplace.

There is an expectation of 1 field note minimum per week entered by a preceptor or faculty advisor. Residents are also encouraged to enter their own FieldNotes of feedback received for later reflection.

- [Sample Paper Field Note](#)
- [Sample Electronic Field Note](#)
- [By Residents for Residents, Guide to Feedback (GIFT document)](#)

Periodic Progress Report: Bringing all of the Evidence Together

The Periodic Progress Report is how we assess the competence of residents as they progress through their training. Residents are given the opportunity to reflect and
demonstrate informed/guided self-assessment. The Advisor Report is then completed and submitted electronically after a face-to-face meeting between the faculty advisor and the resident. The intent is to discuss progress and develop a learning plan supporting the resident's progress towards competence. The expectation is that the resident is intimately involved with their learning plan.

- Sample Progress Report

**In-Training Evaluation Reports (ITERs): Assessment of Progress in Clinical Experiences**

ITERs are the traditional tools for assessing progress in a clinical experience and have been revised for integration with competency-based assessment.

- Sample ITERS
Resident as Teacher

The Resident as Teacher (RAT) program is a joint collaborative between undergraduate and postgraduate Family Medicine whose vision is to celebrate and encourage the highest form of learning: learning how to teach. The RAT program has an introductory seminar on how to teach and provide feedback. Second-year family medicine residents then provide six small group structured teaching sessions to medical students in year 1 through 4 that centre around communication and physical examination skills. More importantly, it is an innovative experiential teaching opportunity and faculty coaches are available to provide advice and feedback on how to improve on resident teaching skills. The Dr. Paul Humphries Resident as Teacher Award for Teaching Excellence will recognize the teaching contributions of family medicine residents.

For more information, please contact:
Erika Siroski, Undergraduate Program and Contracts Coordinator
erika.siroski@ualbert.ca

Dr. Lillian Au, Assistant Undergraduate Program Director
lillian.au@ualberta.ca
Enhanced Skills

Postgraduate training accredited by the College of Family Physicians of Canada is available under the auspices of the Department of Family Medicine supported by the office of the associate dean post-graduate medical education. In addition to the standard two-year program required for certification in family medicine, additional one-year training programs (PGY3s) in Emergency Medicine, Palliative Care, Family Practice Anesthesia, Care of the Elderly, and Sport and Exercise Medicine are available through the Department of Family Medicine. These programs are accredited by the College of Family Physicians of Canada. Successful completion of these programs leads to a Certificate of Added Competence awarded by the College of Family Physicians of Canada. Admission to these certificate programs is competitive and requires an application process available through the department.

Features:
- Provides training opportunities for Family Medicine Physicians who wish to supplement their comprehensive training skills in a specialized area.
- Offers a variety of six-month to one-year training programs, including the opportunity for a customized program lasting three months to one year.

Programs Currently Available

Category 1 Programs with nationally standardized curricula. At the University of Alberta these currently include:

- Emergency Medicine (twelve-month program)
- Care of the Elderly (six- or twelve-month programs)
- Family Practice-Anesthesiology (twelve-month program)
- Palliative Care (twelve-month conjoint program with the Royal College)
- Sport and Exercise Medicine (twelve-month program)

Category 2 Programs have established regional curricula. At the University of Alberta these currently include:

- Rural Surgical and Obstetrics Skills (six- to twelve-month program)
- Occupational Medicine (six-month program; online course work option available)

Category 2 Customized Skills Programs. These are from three- to twelve-month programs and are specifically designed to meet the needs of communities or individual practitioners.
Certificate of Added Competency

Family physicians completing additional training in an enhanced skills PGY-3 residency training program will be eligible to receive a Certificate of Added Competency (CAC). Currently, CACs are available for the following domains of care:

- Care of the Elderly
- Emergency Medicine
- Family Practice Anesthesia
- Palliative Care
- Sport and Exercise Medicine

Application Process

The Enhanced Skills Training Program accepts applications from physicians holding certification from the College of Family Physicians of Canada (CFPC). Candidates who have not yet completed their requirements for certification are expected to have obtained CCFP prior to commencing their enhanced skills training program.

Applicants may be:
- second-year Family Medicine residents of Alberta and other Canadian universities,
- practicing physicians from throughout Canada, or
- international medical graduates who are eligible for registration with the College of Physicians and Surgeons of Alberta.

Some positions are tied to a Return in Service Agreement (RiSA). It is possible for those coming from areas outside of Alberta may arrange a RiSA within their province. Practicing physicians already working in rural Alberta should apply for funding from the Enrichment Program of the Alberta Rural Physician Action Plan (RPAP). The exact details of the return-in-service commitment are negotiated between the applicant and RPAP.

**Deadline for submitting applications is specific to each program.** Please refer to our website for the most updated information.
OVERVIEW

This one-year program trains family physicians to deliver anesthesia services outside of major urban centres. The educational objectives of the program are outlined in a national document that is in accordance with those developed by the Collaborative Committee for Anesthesia training for Family Practitioners (FP).

The program is comprised of 12 months of clinical training divided into 13 four-week blocks. The trainee will spend six months giving anesthetics at a community hospital level, most often the Grey Nuns or Misericordia Hospital. These facilities provide a high volume of the types of patients and operative procedures that a family physician could expect to deal with upon completing the program.

REQUIREMENTS

There is a requirement for the equivalent of two days of family practice work per month. This is outside of the Family Practice-Anesthesia (FP-A) program and is meant to allow residents to maintain their connection to family practice and to maintain their skills in that area.

For approximately five blocks (20 weeks), training will be split between community based anesthesia and the Royal Alexandra Hospital giving anesthetics for more complicated patients and operative procedures. During this time, the trainee will receive significant exposure to trauma patients. Of the remaining time, the trainee will spend two months seeing a high volume of outpatient pediatric patients at the Stollery Children's Hospital. During July and August, trainees will attend the "summer introductory lecture series"; and beginning in the fall, weekly seminars, monthly morbidity and mortality rounds, weekly departmental rounds, and monthly journal clubs will be held.

ADDITIONAL INFORMATION

The program incorporates two months of community based anesthesia experience that exposes the residents to FP-A practice. The Academic Year may include clinical experience at Sturgeon Hospital in St. Albert and the Fort Saskatchewan Community Hospital. This will give trainees a better understanding of the scope of FP-A practice and will allow them to have some mentorship from like colleagues.

ASSESSMENT

The assessment of trainees is comprehensive and has several components, including evaluation of daily work based on a log book, a summary form completed at the end of each four-week block, and an evaluation at the end of each hospital rotation (two to twelve weeks) by staff who have worked with the trainee.

The summer introductory lecture series will finish with a written examination. Written examinations will again be given in December and May based on the weekly seminar series. In addition, an essay-type examination specifically focused to the FP-A program is given in December and June. Both examinations are followed by an oral assessment based on common scenarios that a FP-A anesthesiologist might have to handle in rural practice. This is done in the presence of two examiners. Summaries of each trainee's progress are done twice yearly and include a formal interview and a written review of the training and examinations to date.

APPLICATION

The deadline for application is November 30. Late applications may be considered depending on circumstances.

Applications should be made using the Enhanced Skills Application form, from our website, and sent to Dr. Connie LeBrun c/o Lisa Felicitas at the address on the form.

For further information, please contact:

Dr. Will Flexer
Program Director
Family Practice-Anesthesia
780-407-1877
flexer@ualberta.ca

For more information about Enhanced Skills: Anesthesia, please visit our website.
OVERVIEW

Care of the Elderly academic programs were officially established in Canada in 1989. The programs represent elective, supplementary training in care of the elderly for a six or 12 month duration, available after the two-year core Family Medicine residency.

The Care of the Elderly Program was established at the University of Alberta in 1993 under the leadership of Dr. Jean Triscott and was formally established in the Department of Family Medicine as the Division of Care of the Elderly in 2003. It is one of 15 Care of the Elderly programs in Canada and is sanctioned by the College of Family Physicians of Canada (CFPC).

Since its inception, the University of Alberta program has trained over 50 physicians, making it one of the most successful Care of the Elderly training programs in Canada. Care of the Elderly physicians make a significant contribution to geriatric services in Alberta, with our physicians located in both rural and urban regions in Alberta and at all the major health care institutions in Edmonton.

Mission

To promote excellence in care of the elderly through:
- teaching at the undergraduate, graduate, and post-graduate level;
- research and innovation;
- practice and promotion of best-practice clinical care;
- serving as a resource to the community;
- advocacy for the needs of seniors; and
- raising awareness of the public on age-related issues including the care of frail seniors.

Core Areas of Activity of Division members

Teaching
Providing clinical education in geriatrics and academic half days at the undergraduate and post-graduate levels, including training in the enhanced skills diploma (Care of the Elderly Program).

Clinical Care
Coordinating and delivering geriatric services in acute care and community based and continuing care facilities in Edmonton and area as needed.

- Developing new initiatives for health care services to seniors and their care providers in the community.

Research
- Conducting research on issues specific to the care of the elderly
- Facilitating interdisciplinary research
  Engaging in research dissemination and knowledge transition

DIPLOMA PROGRAM

Objective
To enhance the skills of family physicians in caring for older, often frail, patients. The program is directed by the Can-MEDS Family Medicine roles which are health advocate, scholar, professional, Family Medicine expert, manager, communicator, and collaborator.

Program Overview
The program runs for one year and is an Enhanced Skills Program that is accredited by the College of Family Physicians of Canada. A six-month program is offered to rural physicians and physicians currently in practice and who are returning to their area of practice. Entry into the COE program is contingent on successful completion of the Certification in the College of Family Physicians (CCFP).

The Core Program includes experience in:
- Inpatient Assessment (on an Inpatient Assessment Unit)
- Rehabilitation (on a Rehabilitation Unit)
- Consultative Geriatrics
- Outpatient Clinics
- Geriatric Psychiatry
- Ambulatory Care
- Continuing Care including Supportive Living
- Home living and community care
- Palliative Care
- Research (through completion of a formalized research project)

The program is flexible and offers both urban and rural experiences. Opportunities for teaching and administration/program development are available and encouraged. Entry into the COE program is contingent on successful completion of the Certification in the College of Family Physicians (CCFP).
Funding of Diploma Program Residents

Three one-year and two six-month positions per year are funded at the level of a PGY3 resident.

Funding/contracts are arranged with help of the Postgraduate Medical Education.

PROGRAM OF RESEARCH

The research agenda for the Division consists of a primary theme and a number of secondary themes. Cognitive impairment is the primary theme. Within this theme, we have identified two core areas of research: CIND (Cognitive Impairment No Dementia) and dementia. Within each of these two core areas, we have targeted research concentration such as screening, barriers to care, evaluation of new models of service delivery, dementia care in an acute care setting, culture and dementia, capacity assessment, and driving. Secondary themes reflect additional research interests of Division members including falls, geriatric assessment, and health literacy.

Research Activities of Division Members

A listing of research activities of Division Members is provided under Division Member page biographies on our site.

CONTACT INFORMATION

Director
Jean A. C. Triscott, MD, CCFP, FAAFP, FCFP-Geriatrics
c/o Glenrose Rehabilitation Hospital
10230-111 Avenue NW, Room 1244
Edmonton, AB T5G 0B7
Tel: 780.735.8826 || Fax: 780.735.8846
Jean.Triscott@albertahealthservices.ca

CoE Diploma Program Director
Lesley Charles, MbChB, CCFP, Dip COE
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10230-111 Avenue NW, Room 1259
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lcharles@ualberta.ca

CoE Administrative Assistant
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Administrative Support to CoE Division
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10230-111 Avenue NW
Edmonton, AB T5G 0B7
Tel: 780.735.8882 || Fax: 780.735.8846
pamela.weber@albertahealthservices.ca

CARE OF THE ELDERLY RESEARCH

Research Director
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6-40 University Terrace
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Edmonton, AB T6G 2T4
Tel: 780.492.0374 || Fax: 780.492.8191
bonnie.dobbs@ualberta.ca

Research Coordinator
Peter George Tian, MD, MPH, FPSO-HNS, FPCS
6-40 University Terrace, University of Alberta
Edmonton, AB T6G 2T4
Tel: 780.492.6306 || Fax: 780.492.8191
peter.tian@ualberta.ca

APPLICATION

Application deadline varies.

Applications should be made using the Enhanced Skills Application form, from our website, and sent to Dr. Connie LeBrun c/o Lisa Felicitas at the address on the form.

For more information, please contact:

Dr. Lesley Charles
Program Director
Division of the Care of the Elderly
780-735-8882
lesley.charles@albertahealthservices.ca
Enhanced Skills: Emergency Medicine

OVERVIEW

This one-year program is open to applicants who are enrolled in or have successfully completed a CFPC-accredited two-year Family Medicine Residency Program or is a practicing family physician with CCFP certification.

The program involves a multi-site experience that allows the resident to be exposed to different kinds of Emergency Departments and a wide range of disease entities among various age, ethnic, and socioeconomic groups. The aim of this program is to empower the family physician trainee to become a skilled and knowledgeable practitioner of Emergency Medicine in a wide variety of settings.

Successful completion of the program and exam leads to a CFPC Certificate of Added Competency in Emergency Medicine: CCFP (EM). The program is affiliated with the Department of Family Medicine and the Department of Emergency Medicine in the Faculty of Medicine & Dentistry at the University of Alberta. The University of Alberta CFPC-EM Residency Program currently maintains full accreditation status with the CFPC.

Requirements

Applicants must be Canadian Citizens or Permanent Residents and must be CCFP certified within one year of graduation.

Candidates must have an acceptable academic record and a commitment to the principles of Family Medicine within Emergency Medicine. Excellent communication and interpersonal skills are essential.

Candidates should have a proven interest in Emergency Medicine -- please note that a well-rounded candidate is usually preferable to one who has done only Emergency Medicine electives.

Additional Information

The University of Alberta CFPC-Emergency Medicine Program began in July 1993 and has graduated over 100 residents. Since its inception, the program has been designed to produce physicians who are able to work in any emergency department, from rural to tertiary care.

One of the keys to success in Edmonton is the large number of learners. In conjunction with the RCPS Emergency Medicine and Pediatric Emergency Medicine programs, the U of A boasts one of the largest resident groups in the country. This tight knit group shares in the many dedicated faculty members with expertise in Evidence Based Medicine, EMS Systems, Disaster Medicine, Medical Education, Pediatric and Adult Trauma, Clinical Research and Health Administration. In 2004, the University established its dedicated Department of Emergency Medicine in Family Medicine.

The year is intense, but residents are provided great academic support and the flexibility to meet their learning needs. The program is centered in Edmonton, and most rotations occur at the two tertiary care hospitals, the Royal Alexandra, and the University. Additionally, all residents spend one month in a community hospital – either Lethbridge or Red Deer – and one month in Lethbridge specifically for their orthopedic rotation. Accommodation and travel expenses are covered for these rotations.

ACCREDITATION

The program was fully accredited in 2011. Highlighted in the accreditation were the devotion of teaching staff, the integration with the RCPS EM program, and the rigorous academic program.

To apply to the CFPC-Emergency Medicine Program visit www.carms.ca

For more information, please contact:
Dr. Angela Naismith, CCFP (EM), Program Director
Dr. Navdeep Dhaliwal, Assistant Program Director
Ms. Cindy Heisler
Residency Program Coordinator
Department of Family Medicine
780.492.9961
cindy@ualberta.ca
The CFPC-EM program is a very structured and full year. Despite this, the program retains flexibility and self-directed learners flourish in Edmonton. In response to resident requests, more exposure to trauma and toxicology has recently been added and the program remains committed to meeting resident needs. Every resident will spend two months outside of Edmonton.

### Seminars and Rounds
The year starts with a two month boot-camp-style summer strong in simulation and exam preparation to get the residents ready for year. This is followed by the more structured weekly EM Grand rounds, core curriculum review (Tintinalli) rounds, monthly Journal Club sessions, exam preparation sessions, and other special academic workshops/seminars. Presentation skills and use of medical informatics are emphasized.

### Academic Requirements
In addition to monthly quizzes and an oral/written midterm and final exam, there are several requirements to complete the year. Teaching experience in the form of rounds and small group sessions to both Emergency Medicine and Family Medicine residents is compulsory. A scholarly project is also a component of the residency program. Many residents prepare a written case report, update EM curriculum modules, do a small research project, or critical literature appraisal.

### Rotation Description

<table>
<thead>
<tr>
<th>Rotation Description</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>16 weeks</td>
<td>Royal Alexandra (RAH) and U of A Hospitals (UAH)</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
<td>Edmonton community hospitals</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
<td>Lethbridge or Red Deer Regional Hospital</td>
</tr>
<tr>
<td>Pediatric Emergency Medicine</td>
<td>4 weeks</td>
<td>Stollery Children's Hospital (UAH)</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>4 weeks</td>
<td>Lethbridge Regional Hospital</td>
</tr>
<tr>
<td>Adult ICU</td>
<td>8 weeks</td>
<td>UAH or RAH</td>
</tr>
<tr>
<td>Pediatric ICU</td>
<td>4 weeks</td>
<td>Stollery Children's Hospital</td>
</tr>
<tr>
<td>Trauma / Ultrasound</td>
<td>2 weeks</td>
<td>RAH/UAH</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>2 weeks</td>
<td>Edmonton Hospital</td>
</tr>
<tr>
<td>EMS</td>
<td>Throughout the year</td>
<td>EMS and STARS (Shock Trauma Air Rescue Society)</td>
</tr>
<tr>
<td>Disaster Medicine</td>
<td>Throughout the year</td>
<td>Modules completed electronically &amp; full day simulation end of year</td>
</tr>
<tr>
<td>CCU (mandatory only if not done in FM)</td>
<td>4 weeks</td>
<td>RAH</td>
</tr>
<tr>
<td>Holiday</td>
<td>4 weeks</td>
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OVERVIEW

The Division of Palliative Care Medicine at the University of Alberta will be offering a program accredited by the College of Family Physicians of Canada in 2017. It is hoped that a Subspeciality program accredited by the Royal College of Physicians and Surgeons of Canada will be offered in the future. These replace the current conjoint program which had been accredited by both Colleges, but which will end in 2017.

Physicians who will have completed the educational requirements for certification by the College of Family Physicians of Canada are eligible to apply. Family Physicians who have completed Residency more than one year prior may apply through the re-entry route via the Postgraduate Medical Education office at the University of Alberta.

The clinical experience consists of six months on the Tertiary Palliative Care Unit, one month each in the hospices, community, and acute care hospital, and three months of elective time. The resident also participates in seminars and rounds, and completes a scholarly project.

APPLICATION

Application deadline will be aligned with all other Enhanced Skills Programs in Palliative Medicine Nationally. Although the date has not yet been set for 2017, it is estimated to be around October 6th for the following academic year. Interested individuals are asked to forward a cover letter, updated curriculum vitae, and three letters of reference to Dr. Sarah Burton-Macleod or Kathy Robberstad.

For more information, please contact:

Dr. Sarah Burton-Macleod
Program Director
Postgraduate Palliative Care Family Medicine Residency Program
Division of Palliative Care Medicine
smb5@ualberta.ca

Kathy Robberstad
Administrative Assistant to Dr. Sarah Burton-Macleod
kathy.robergerstad@albertahealthservices.ca
University of Alberta Sports Medicine Fellowship*

Why Choose Glen Sather Sports Medicine Clinic (GSSMC) for Fellowship?
GSSMC is a state-of-the-art facility in the expansive, newly opened Edmonton Clinic on the University of Alberta campus.

This multidisciplinary environment will provide you with unparalleled opportunities for rich clinical, research, and educational experiences for your Fellowship.

As a Fellow* at Glen Sather Sports Medicine you will:
- Contribute to the design of your program to match the needs of your own practice.
- Work one-on-one with highly regarded, experienced sports medicine physicians and orthopedic surgeons, with the opportunity to assist in surgery, MSK ultrasound, and platelet-rich plasma injections.
- Work with a varied cross-section of professional, amateur, and varsity team athletes as well as acting as team physician for the Golden Bears hockey and football teams.
- Be part of a multidisciplinary in-house therapeutic team including physiotherapists, biomechanical specialists, orthotists, massage therapists, physiatrists, and X-ray specialists.
- Participate in ground-breaking Clinic research studies and initiate your own research project.
- Be a part of the Clinic’s teaching team for medical students and residents.

Additional Training
In addition to training in musculoskeletal assessment, and exercise medicine, Fellows will:
- Receive training in urgent/emergent conditions, coverage of sports events, mental health aspects of sport, anti-doping, and specialty care such as pediatrics, rheumatology, oncology, and physiatry.
- Upon completion of the program, have the opportunity to write the competency exam of the Canadian Academy of Sport Medicine (CASEM) and receive their Sports Medicine certification.
- Upon completion of the program, receive a Certificate of Added Competency (CAC)
- Have the opportunity to extend their Fellowship to two years to work towards a Master’s degree in Exercise Physiology.

Glen Sather Sports Medicine Clinic Team
Staff practitioners are involved in research and development of innovative technologies such as the Gait Analysis system used in GSSMC’s Running Injury Clinic.

GSSMC’s ACL Clinic is an example of the team approach to athlete care. It consists of a multidisciplinary team of healthcare providers including Physiatrists, Physical Therapists, Sports Medicine Physicians, Orthopedic Surgeons, and Nursing staff who work together to improve patient outcomes.

GSSMC’s medical staff are respected Sports Medicine physicians and orthopedic surgeons, some of whom are directly involved in medical care of Edmonton’s professional sports teams. All have served as members of Canada’s National Sport Medicine Team at international events including the Pan-Am, Universiade, and Olympic Games.

For more information about the Glen Sather Sports Medicine Clinic visit their website:
https://www.ualberta.ca/glen-sather-clinic

APPLICATION
Applications should be made using the Enhanced Skills Application form, from our website, and sent to Dr. Connie LeBrun c/o Lisa Felicitas at the address on the form.

<table>
<thead>
<tr>
<th>Sport Medicine Fellowship Application Dates (estimated)</th>
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<tbody>
<tr>
<td>Application Closing Date: October 1</td>
</tr>
<tr>
<td>Interview Period: October 3 to December 3</td>
</tr>
<tr>
<td>Offer Letters: December 5</td>
</tr>
<tr>
<td>Acceptance of Offers: December 17</td>
</tr>
</tbody>
</table>

For more information about the Sports Medicine Fellowship please contact:

Dr. Connie LeBrun
Program Director
Sport and Exercise Medicine
Lebrun@ualberta.ca
780-492-1033

*Enhanced Skills PGY3 in Sport and Exercise Medicine (SEM)
Resident Well-Being

Residency is a rigorous and comprehensive training period. Education and service are explicitly part of the training program; nevertheless, there are many contributing factors that can affect a resident’s overall health and success, including family and personal responsibilities that still require attention. The information below outlines resources available to assist those who may be experiencing difficulties.

Faculty Advisor
Any resident experiencing difficulties throughout their program should first contact their Faculty Advisor; however, residents can contact any available support they feel comfortable with, including the APD resident support and/or the Program Director.

Assistant Program Director, Resident Support
Dr. Michelle Morros is the assistant program director for resident wellness. She works closely with a resident’s faculty advisor, as well as the Program Director and his team to provide all necessary support and resources that encompass wellness. She works closely with the Office of Learner Advocacy and Wellness (LAW) and Dr. Erica Dance, Assistant Dean, Resident Fellow Affairs (erica.dance@ualberta.ca). The program is always available for support and guidance.

Office of Learner Advocacy and Wellness (LAW Office)
http://www.law.med.ualberta.ca/

The Office of Learner Advocacy & Wellness (LAW) in the Faculty of Medicine & Dentistry at the University of Alberta looks after issues pertaining to the health and well-being of learners. The office also advocates on their behalf.

Learner health and well-being include all areas related to both physical and mental health. We provide counselling on academic and personal matters. We also provide advice and help accommodate the needs of learners with special circumstances. Our aim is to ensure that undergraduate and postgraduate learners are not distracted by health matters and are able to perform to the best of their abilities.

As advocates for learners, we ensure their best interests are represented in all faculty and university considerations. This includes advocating for students and residents both, and making sure they are represented on all major policy committees.

Retrieved from: https://www.ualberta.ca/medicine/programs/support-wellness

Resident Well-Being Committee
The Resident Well-Being Committee was established to act on behalf of medical residents. The Committee is comprised of staff representatives from the Faculty and volunteer residents. Residents are invited to join and represent their specialty or subspecialty.
The Resident Well-Being Committee provides resources and support for residents that maximize their own and their family’s health and well-being. The services offered to residents include accommodation for students with special circumstances and counselling sessions on personal, professional, or academic issues.

The Resident Well-Being Committee acts broadly by helping to co-ordinate well-being events for residents. The Committee also advocates on behalf of residents in work, academic and personal areas. The co-chairs are available to assist on an individual level.

The co-chairs available to assist on an individual level are:

Dr. Erica Dance – erica.dance@ualberta.ca
Dr. Bina Nair – bnair@ualberta.ca
Dr. Jessica Foulds – jwylie@ualberta.ca

Retrieved from https://www.ualberta.ca/medicine/programs/residency/resources/residentwellbeing

**Physician and Family Support Program (PFSP)**
https://www.albertadoctors.org/services/pfsp

The Alberta Medical Association Physician and Family Support Program (1-877-767-4637) is a free, confidential service that provides assistance to residents and immediate family members. There is no link to the regulatory body, the College of Physicians and Surgeons of Alberta. This service is available 24 hours a day. Assistance is available for any personal problems that affect home or work life, including but not limited to marital or family problems, alcohol or drug use, depression, anxiety, stress, legal or financial issues, career or work-related concerns, etc.

**Finding a Physician in Edmonton**
We have a list of physicians willing to see residents and their immediate family members. Interested residents can contact the Postgraduate Medical Education office at 780-492-9722 or the PARA office 780-432-1749. This list includes Family Physicians, Internists, Neurologists, Pediatricians, Psychiatrists and Surgeons.

There is also Student Health Services (780-492-2612) in the Students’ Union Building on the University of Alberta campus, close to the University Hospital. This facility is staffed by family physicians. There are specialist services available including Psychiatry, Physical Medicine and Rehabilitation, and Obstetrics and Gynecology.

**Alberta Health Services Employee Assistance Program**
780-491-0027 or 1-800-268 5211, TDD 1-800-363-6270
This is a confidential and free service. Only broad demographic information is released to Alberta Health Services and no information goes back to your program. It’s for residents and immediate family members. Assistance is available for any personal
problems that affect home or work life, including but not limited to marital or family problems, alcohol or drug use, depression, anxiety, stress, legal or financial issues, career or work-related concerns, etc.

Counseling and Clinical Services offered at the U of A
780-492-5205, Room 2-600 Students’ Union Building
Counselling & Clinical Services aims to provide accessible and compassionate psychological and psychiatric services to U of A students. Using a short-term therapy model, we help students improve their personal, social, and academic well-being. We offer consultative services to the University of Alberta community, like opportunities for faculty and staff to consult with us regarding students of concern, as well as provide supervision and training to graduate students in psychology.

For more information, please consult the Counseling and Clinical Services website.

Retrieved from: www.mentalhealth.ualberta.ca
Family Medicine Residents’ Association

Life-work balance is an integral part of any job, and our program rises to the challenge with a very strong Family Medicine Residents’ Association (FMRA). In addition to a plethora of social events, the FMRA organizes welcome BBQs, a yearly Wilderness Retreat, a yearly Residents’ Retreat (FREzER), and a graduation gala. Because continuing medical education and networking are crucial parts of medicine, the residency program covers $350/year in conference fees.

The Family Medicine Residents' Association (FMRA) comprises all of the urban and rural residents enrolled in Family Medicine at the University of Alberta. It is a resident run initiative meeting every Academic Full day.

For more information, please visit the FMRA website: http://www.fmra.ualberta.ca/

Retrieved from http://www.fmra.ualberta.ca/
Reference and Resources

Residents may find these books and websites useful throughout their two years of Residency.

Books and Pocket books

- Therapeutic Choices
- Essentials of Family Medicine (Sloane et al)
- Swanson's family medicine review --The ICU book (Marino)
- Pocket Medicine (Sabatine)
- Bugs and Drugs
- ECGs by example (Jenkins)
- Human Physiology (Sherwood)
- Cecil Essentials of Medicine
- Netter's Anatomy
- Endocrine Pathophysiology (Niewoehner)

Mobile devices

- Lexi comp
- UpToDate

Websites

General

- [www.fmra.ca](http://www.fmra.ca) (Family Medicine Residents Association website)
- [www.uptodate.com](http://www.uptodate.com)
- [www.emedicine.com](http://www.emedicine.com)
- [http://www.kellogg.umich.edu/theeyeshaveit/index.html](http://www.kellogg.umich.edu/theeyeshaveit/index.html)

Physical exam

- [http://meded.ucsd.edu/clinicalmed/](http://meded.ucsd.edu/clinicalmed/)
99 Key Topics

For details, please review the 99 Priority Topics document.

Abdominal Pain 1
Advanced Cardiac Life Support 2
Allergy 3
Anemia 4
Antibiotics 5
Anxiety 6
Asthma 7
Atrial Fibrillation 8
Bad News 9
Behavioural Problems 10
Breast Lump 11
Cancer 12
Chest Pain 13
Chronic Disease 14
Chronic Obstructive Pulmonary Disease 15
Contraception 16
Cough 17
Counselling 18
Crisis 19
Croup 20
Deep Venous Thrombosis 21
Dehydration 22
Dementia 23
Depression 24
Diabetes 25
Diarrhea 26
Difficult Patient 27
Disability 28
Dizziness 29
Domestic Violence (Sexual, Physical, Psychological) 30
Dyspepsia 31
Dysuria 32
Earache 33
Eating Disorders 34
Elderly 35
Epistaxis 36
Family Issues 37
Fatigue 38
Fever 39
Fractures 40
Gastro-intestinal Bleed 41
Gender Specific Issues 42
Grief 43
Headache 44
Hepatitis 45
Hyperlipidemia 46
Hypertension 47
Immigrants 48
Immunization 49
In Children 50
Infections 51
Priority Topics and Key Features for Assessment in Family Medicine
Infertility 52
Insomnia 53
Ischemic Heart Disease 54
Joint Disorder 55
Lacerations 56
Learning 57
Lifestyle 58
Loss of Consciousness 59
Loss of Weight 60
Low-back Pain 61
Meningitis 62
Menopause 63
Mental Competency 64
Multiple Medical Problems 65
Neck Pain 66
Newborn 67
Obesity 68
Osteoporosis 69
Palliative Care 70
Parkinsonism 71
Periodic Health Assessment/Screening 72
Personality Disorder 73
Pneumonia 74
Poisoning 75
Pregnancy 76
Prostate 77
Rape/Sexual Assault 78
Red Eye 79
Schizophrenia 80
Seizures 81
Sex 82
Sexually Transmitted Infections 83
Skin Disorder 84
Smoking Cessation 85
Somatization 86
Stress 87
Stroke 88
Substance Abuse 89
Suicide 90
Thyroid 91
Trauma 92
Travel Medicine 93
Upper Respiratory Tract Infection 94
Urinary Tract Infection 95
Vaginal Bleeding 96
Vaginitis 97
Violent/Aggressive Patient 98
Well-baby Care 99