Specialty/Field Questions:

1. a) What are the best things about your specialty?
   - Diversity of problems and patients with lots of pathology
   - Acute care medicine
   - Front line work that allows us to see undifferentiated patients not yet assessed by any physician
   - “After most ED shifts I feel good about myself at the end of the day”
   - Flexible work hours and areas of interest
   - Shift work as opposed to being “on call”
   - Great mix of procedural skills and problem solving
   - We are true patient advocates, and work hard to get the best care for the people we see, many of whom have little to no access to primary care
   - Lifestyle! Because of the flexible hours, there is a lot of time to gear towards family, interests and outside life.

b) What are the worst things about your specialty?
   - We are a cross sectional specialty, so many of our consultants have deeper understanding of cases that we see. At times, we diagnose the problem but don't get to fix it.
   - We are the gateway to the hospital, and much patient frustration at the health system is evident here. System overcrowding manifests in the ED.
   - Lack of follow up.
   - Shift work can be a struggle to adjust to, especially if you are trying to share a life with people who work 9 to 5

2. Why did you choose your specialty?
   - Most Emergency Physicians choose their career because they enjoy problem solving in acute care medicine, and they enjoy the lifestyle. They are comfortable with uncertainty, can live without follow up of their patients, and are able to effectively collaborate with other members of the medical team.
   - If you are someone who needs regular hours, wants to know what will happen during the day, needs to find the specific answer to a problem and then wants to then fix it, Emergency Medicine may not be the place for you.

3. What types of clinical cases do you commonly see?
   All kinds of cases, from peds to geriatrics, trauma to orthopedics, ID to critical care. However, most of the cases are of an urgent, need to be seen basis. The average patient age is over 50, and many present with undifferentiated problems: shortness of breath, chest pain, abdominal pain.

4. Briefly describe a typical day.
   Arrive at a shift, take handover from the doctor going home, noting things that need to be completed on their patients. Start seeing patients, see the sickest first and frequently reassess them as you are taking care of the less acute patients. See the trauma patient, do a shoulder reduction, assess the short of breath 95-year old lady, suture a laceration, diagnose a cellulitis, treat an MI, decide if someone is suicidal, eat when you can. Shift is over in 8 hours, stay an extra hour or two to clean up. A medical student or resident is with you during most shifts in an urban ED.
5. **a) What are the varieties of lifestyles within your field?**  
   - Full-time clinical ER (12-16 shifts/month)  
   - Part-time clinical ER, and part-time office-based family practice, research, peds, public health, toxicology, sports med, ICU, teaching, administration or any other area of special interest  
   - STARS, Trauma Team Leader involvement  

   **b) Specifically, how able is your specialty to accommodate family life?**  
   - 14 shifts a month leaves a lot of time to spend with family. However, shift-work and a varied schedule means committing to specific activities (eg, coaching your child's team) can be difficult. If your spouse is working days, you won't see them much if you are working a stretch of evenings and weekends. You will work some holidays but time off is very flexible.

6. **Range of incomes?**  
   Average range is $250 000 - $400 000 per year

7. **How do you see your discipline changing over the next decade?**  
   - We will treat progressively older patients with chronic conditions  
   - Overcrowding will continue to be a challenge to patient care  
   - Residency-trained emergency physicians will staff smaller regional hospital EDs  
   - There will be an ever-stronger emphasis on clinical research  
   - Fee-for-service may be replaced by salaried positions

Residency Program Questions:

8. **a) What are you looking for specifically in an impressive candidate?**  
   - A diverse background with clinical AND non-clinical interests  
   - Superior interpersonal skills with the ability to adapt to a variety of situations  
   - Demonstrated compassion and empathy  
   - Must be willing to work hard, assist colleagues, and care about the well-being of others  
   - Be comfortable with decision-making in the face of uncertainty, unpredictable circumstances, ambiguity, and high stress situations  
   - Must have a thorough awareness of medical ethics and remain a strong patient advocate despite resource limitations and difficult personalities  
   - Applicants MUST be either 1) a final year family medicine resident or 2) a practicing family physician with CCFP certification

**b) What can a potential candidate do now in order to be an appealing applicant to your program?**  
   - Do not allow emergency medicine to monopolize your learning priorities – begin by becoming an outstanding family physician, while also ensuring sufficient exposure to emergency medicine/critical care to gain familiarity with sick patients  
   - Your choices for elective rotations should focus on areas that the FM-EM Program does not have specific rotations in, or in self-identified areas of need that will help you become a well-rounded generalist (e.g. sports medicine, dermatology, ophthalmology, infectious diseases, radiology, environmental medicine, geriatrics, etc.)  
   - Try to complete advanced life support courses as a family medicine resident if possible (ACLS, ATLS, PALS, AIME)
• Develop an expertise in a clinical or non-clinical area – we are looking for residents who can contribute to the program
• Most family medicine residency programs have mandatory emergency medicine rotation(s) – make the most of these rotations

9. How is your residency program organized? (i.e. year by year breakdown and schedule of rotations)

• The FM-EM Program is a 1-year residency that consists of 13 4-week blocks:
  • 4 blocks of emergency medicine in a tertiary care hospital
  • 1 block of emergency medicine in a community hospital
  • 1 block of emergency medicine in a regional hospital
  • 1 block of pediatric emergency medicine
  • 1 block of pediatric critical care
  • 2 blocks of adult critical care
  • 1 block of orthopedic surgery
  • 0.5 block of anaesthesia
  • 0.5 block trauma
  • 1 block of vacation
  • Toxicology, Disaster Medicine and of EMS / pre-hospital care are done horizontally (ie. throughout the year)

• Residents have the opportunity to do horizontal electives in family medicine. They also do extra shifts with their Emergency Medicine faculty advisor.

• The academic program includes: weekly EM academic half-day rounds, monthly Journal Club sessions, monthly core curriculum review rounds, monthly FM-EM Topics rounds, monthly ECG rounds, monthly oral exam practice sessions, and other special sessions (e.g. guest speakers)
• The residency has teaching and scholarly project requirements

10. What is your residency program’s orientation and focus?

• The purpose of the program is to provide family physicians with advanced knowledge and skills in emergency medicine
• The program aims to produce graduates who are able to practice emergency medicine in a variety of settings from a remote rural medical outpost to a tertiary care trauma referral centre
• The program also trains its residents to become independent appraisers of medical evidence who incorporate continuous learning into their professional lives

11. What is the availability of experiences in subspecialty areas during training?

Due to the compressed nature of this 12-month residency program, there are unfortunately no substantial opportunities to pursue other subspecialty training

12. Are there sufficient elective opportunities during training to explore your special interests?

See answer #11 above. Some residents have used vacation time to explore special interests, although a majority explore these interests following completion of their residency training. The flexible nature of emergency work makes this easier than in some other areas of medicine.
13. **What is the on-call schedule during each year of residency?**

   - On emergency medicine rotations, residents do 13-16 8-hour shifts per 4-week rotation. The shift mix will be a combination of day, evening, and night shifts.
   - On off-service specialty rotations, call frequency is typically 1 in 4

14. **What distinguishes the U of A program from other programs?**

   - The most important and distinguishing strength of the U of A FM-EM Program is its integration with the RCPSC Emergency Medicine residency program
   - The two programs work closely with each other, share resources, support each other, and make up one of the largest pool of emergency medicine residents in the country
   - An extremely comprehensive academic program, with a weekly academic full day, plus monthly Journal Club and Core Content (Tintinalli) Rounds
   - Exceptionally dedicated and enthusiastic teaching faculty
   - Human Patient Simulation training and ED Ultrasound training for our residents

15. a) **Who can we contact for more information or to set up electives?**

    Please contact Cindy Heisler (cindy@ualberta.ca) if you have any questions.
    To set up an elective in Emergency Medicine, please contact Maria Borges at mariab@ualberta.ca.

   b) **Specifically, is there a list of residents whom we can call or email?**

    To get in touch with the Program Director or chief residents, email our Program Administrator, Cindy Heisler at cindy@ualberta.ca

16. **How competitive is it to get in, and then to succeed in your field?**

   - Typically, the program receives between 100 to 120 applications (from second year family medicine residents and practicing family physicians) for 6 residency positions
   - Successful residents must be prepared to undergo a rigorous 12-month training program that has a demanding curriculum – a great amount of learning must be achieved within this limited time frame

17. a) **Is there active and/or required research in your residency program?**

    - There is a requirement for each FM-EM resident to complete a scholarly project during the training year
    - The project can be one of a variety of options including a case report, teaching module, chart review, etc.

   b) **What role does research play in your career?**

    - Emergency medicine research is a growing and vibrant field with a broad focus, including trauma, cardiorespiratory illness, mental health and addictions, infectious disease, etc.
    - The flexible nature of clinical emergency medicine allows those with an interest in research to carve out a niche in this area

18. **What local, national or international conferences would be of benefit to candidates interested in your residency program?**

    The annual conference of the Canadian Association of Emergency Physicians (CAEP) would be a good place to start. There are many other local, national, and international conferences in family medicine, emergency medicine, and critical care that also have relevance to our specialty.