Specialty/Field Questions for Public Health/Preventive Medicine

1. a) What are some strengths about your specialty? What draws and keeps people in your specialty?
    The focus on population health, prevention or early intervention in disease processes. There are extensive opportunities to collaborate with other professionals and provide physician leadership in program and/or policy development and evaluation and research – every day is different!

   b) What are some common complaints about your specialty?
    Clinical work can be limited, depending on the type of work chosen within the specialty.

2. Why did you choose your specialty?
   ● Opportunity to be proactive and deal with preventing problems/disease.

3. What types of clinical cases do you commonly see?
   ● Although there are opportunities for clinical work (e.g. in community clinics or specialized clinics i.e. STI, TB, Inner City medicine, Travel), the specialty is focused on dealing with the needs and problems in populations or groups of people

   ● The most common clinical problems are infectious diseases (TB, STIs, travel medicine, foodborne/waterborne illnesses), and environmental exposures, however, chronic diseases such as diabetes, cardiac disease, cancer and smoking-related illnesses are also dealt with through a population-based approach (disease prevention, health promotion, and surveillance)

4. Briefly describe a typical day.
   ● Consultation between physicians, nurses and other professionals on public health issues
   ● Meeting to plan for health promotion program
   ● Writing a report on epidemiology of an infectious disease outbreak
   ● Chair a meeting on emergency management
   ● Clinical work
   ● Research / literature search / policy review

5. a) What are the varieties of lifestyles within your field?
   ● Very flexible and accommodates varying needs

   b) Specifically, how able is your specialty to accommodate family life?
   ● Most of the work is done during office hours on weekdays
   ● After hours call is taken from home, and most emergency issues can be dealt with from home by phone
   ● Opportunities for part-time work, including clinical duties

6. Range of incomes?
   ● Most positions are salaried and include health benefit plans, vacation, pensions, etc.
   ● Salary range $200,000 to $300,000 plus benefits which are considered to be about 20% of salary
   ● Clinic work would be added onto this base salary

7. How do you see your discipline changing over the next decade?
   ● Over the next ten years, there will be more demand for public health and preventive medicine specialists to work in areas outside of traditional public health roles, for example in Primary Care Networks / Family Care Clinics, community clinics, or as medical administrators

   ● Emergency areas (infection control, emergency preparedness) will offer new career choices
Residency Program Questions

8. a) What are you looking for specifically in an impressive candidate?
● Self starter who is able to use or adapt current resources and shape them in order to meet a different needs
● Can consider issues form a broader perspective – system or population level
● Knows how to ask and answer question.

b) What can a potential candidate do now in order to be an appealing applicant to your program?
● Do an elective in public health and preventive medicine
● Do an elective in related disciplines, e.g. inner city health, travel medicine, TB clinic, Indigenous health, etc.
● Demonstrate an ability to work within a complicated organization
● Demonstrate leadership/managerial talent
● Volunteer with a community agency

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

Workload
First third of program: Residents have the option to either pursue certification in Family Medicine or focus on specific areas of interest within the first two years of the program; call is rotation-dependent. Second third of program: The third year is an academic year spent at the School of Public Health, with a research component, leading to a MPH. Final third of program: Senior rotations fulfill the Public Health and Preventive Medicine training objectives. In order to enhance the training experience, residents will take first call with preceptors during rotations.

Research Expectations
The academic year leading to an MPH has a summer research practicum and capstone project. Depending on resident interest, many other research opportunities are available throughout the program.

10. What is your residency program’s orientation and focus?
The focus of the rotations will be to give the residents as much ”hands on” experience as possible while still maintaining an academic focus. For most rotations, the residents are expected to write a brief paper or complete a project. This will assist the program director, not only to evaluate resident performance, but also to evaluate rotations with respect to how well they are maintaining the required academic focus.

11. What is the availability of experiences in subspecialty areas during training?
Subspecialties do not exist in public health and preventive medicine. However, areas of interest in a specific area are characteristic of public health and preventive medicine practice in urban areas.

12. Are there sufficient elective opportunities during training to explore your special interests?
As service requirements do not exist in the public health and preventive medicine residency beyond the basic training year(s), electives and opportunities to explore specific interests in public health and preventive medicine can be fully explored.

13. What is the on-call schedule during each year of residency?
During clinical rotations, call will be in-house, following the practices of the specific rotation. Public Health and Preventive Medicine call will normally commence in the PGY-3 year. Call is typically home call, and conforms to PARA requirements.

14. What distinguishes the U of A program from other programs?
The program has a focus on practical application of public health and preventive medicine skills.
Residents are directly involved at an early stage in their career planning. This program is housed in the Division of Preventive Medicine, alongside Occupational Medicine. PHPM residents participate in Occupational Medicine rotations (one of only two programs in Canada).

15. a) Who can we contact for more information or to set up electives?
Melissa Rice, Public Health and Preventive Medicine Program Coordinator
Tel: (780) 492-1366
Email: mepphpml@ualberta.ca @ualberta.ca

b) Specifically, is there a list of residents whom we can call or email?
Mila Luchak, Chief Resident mluchak@ualberta.ca

16. How competitive is it to get in, and then to succeed in your field?
Recently, there have been approximately 25 – 30 applicants for the two Public Health and Preventive Medicine positions through CaRMS/AIMG. All graduates of the UofA PHPM program have been successful in finding jobs utilizing their training.

17. What local, national or international conferences would be of benefit to candidates interested in your residency program?
- Canadian Public Health Association annual meeting
- American Public Health meetings
- Canadian Immunization Conference
- Practice Management Institute courses through the CMA