PHYSICAL MEDICINE & REHABILITATION
2017 FAQ’s

Specialty/Field Questions

1. A) What are the best things about your specialty?
   - Broad knowledge base and variety of subspecialties allows one to tailor practice to interests. I.e., You can have a very diverse or focused practice depending on interests
   - You can be academic or community, inpatient or outpatient.
   - There is a focus on helping patients improve their quality of life.
   - You can have a very good home life.
   - Opportunity to augment income with 3rd party assessments (i.e. independent medical examinations).

   B) What are the worst things about your specialty?
   - Limited knowledge and recognition of the specialty within medicine.
   - Broad knowledge base requires considerable academic diligence.
   - Sometimes patients have expectations we cannot meet.
   - We don’t offer “cures”; rather our specialty focuses on managing complications from chronic/degenerating conditions and maximizing function based on ability.

2. Why did you choose your specialty?
   I chose this specialty for many reasons, including those stated in 1A. As well, there are many inspiring mentors within physiatry and a highly sociable resident group at the U of A.

3. What types of clinical cases do you commonly see?
   Neuro rehab cases: spinal cord injury, stroke, brain injury, spasticity, cerebral palsy, spina bifida, post-polio, neuromuscular disorders, multiple sclerosis
   MSK cases: sports injuries, chronic pain, work related injuries, degenerative joint disease, joint injections, and complicated orthopedic cases
   Electrodiagnostic cases involving nerve conduction studies and electromyography.

4. Briefly describe a typical day.
   Depends on the nature of practice. It can be purely outpatient, purely inpatient or a mixture. In a mixed scenario, it may involve scheduled ward rounds two to three times a week; attending team conferences and family conferences one half day a week; outpatient clinics usually two to three days a week; inpatient consults in other hospitals about one day a week; and administration and paperwork one half-day a week. There can be academic teaching and research responsibilities as well. Subspecializations offer opportunities for various interventional procedures such as fluoroscopic- or ultrasound-guided injections.

5. A) What are the varieties of lifestyles within your field?
   It can have 9am-4pm outpatient practice if so desired.; but it can also work a 12 hours a day and weekends if so desired, including being on-call.

   B) Specifically, how able is your specialty to accommodate family life?
   It can be very accommodating for family life. In an inpatient practice, there are very few acute medical emergencies that would require coming into the hospital immediately while one is on call. In addition, there is no need for us to provide a consult service for emergency departments, and so inpatient consults are done during normal work hours. In an outpatient practice, the hours depend on how many patients you book in a day.

6. Range of incomes?
   Very variable. Usually 6 figures and may be as high as $400,000.00 or more. Independent Medical Examinations can be very lucrative.
7. How do you see your discipline changing over the next decade?

There is a movement toward more of an outpatient based practice. With regards to an inpatient practice, many rehab hospitals have physiatrists in a consultant role with family physicians or nurse practitioner managing the day-to-day inpatient issues. This is in contrast to the past, where physiatrists were the most responsible physician. There is also the emergence of other rehabilitation subspecialties such as cancer rehab.

Residency Program Questions

8. A) What are you looking for specifically in an impressive candidate?

An impressive candidate is a well-rounded, independent learner with patience and compassion. They need a firm grasp of anatomy, musculoskeletal and neurology concepts. In addition, they need to have leadership qualities while being able to work in a multidisciplinary team setting. We are also looking for individuals who are willing to become involved in a progressive residency program by applying the CanMEDs roles to all aspects of residency training.

B) What can a potential candidate do now in order to be an appealing applicant to your program?

They should do electives and be sure to know what the specialty is about and involve themselves in activities with a leadership role. Research involvement is also beneficial, no matter how minor a role. The Canadian Association of PM&R offers a medical student essay contest every year at its annual conference. You are encouraged to apply and attend.

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

- PGY-1: basic clinical training year (including 1 month of PM&R elective)
- PGY2-5: completion of 3-month off-service rotations in each of orthopedics, neurology and rheumatology as well as core rehab rotations of 3-6 months in stroke rehab, brain injury rehab, spinal cord injury rehab, MSK, neuromuscular, pediatric rehab and prosthetics and orthotics (amputee rehab)
- The exact schedule is variable and based on coordinating rotations among all residents in the program

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

It has a strong academic focus with an emphasis on resident directed learning. We also provide well rounded exposure to in-patient and out-patient PM&R as well as neuro and MSK rehab

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

See above, this is the strength of our program. There is also access and exposure to emerging subspecialty areas not available in all centers – multidisciplinary spasticity management, fluoroscopic guided injections for back pain.

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

Yes, there are 6 months of elective time in your fourth and fifth years.

13. What is the on-call schedule during each year of residency?

During first year, your call can either be in-house or home call depending on the rotation you are on. Starting second year, you do home call for staff who have admitting privileges at the Glenrose Rehabilitation Hospital. This is dependent on the number of residents as residents must provide coverage for all weeks of the year. With a full complement of ~15 residents, we do an average of 6 week-long home calls per year (call is taken a week at a time). Call is usually quite quiet, and infrequently requires return to the hospital.

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

Compared to other physiatry programs, the U of A offers one of the most comprehensive residency training programs in the country, encompassing all of the major fields of physiatry. We are well known for our MSK specialists as well as academics and we have a national reputation for being one of the best programs in the country. We also have the advantage of hosting the PM&R Review Course every 4 years. The course is a gathering of all the physiatry residents and many physiatry staff members across the country. We also provide access and exposure to emerging subspecialty areas not yet available elsewhere. At our latest external review, no areas of improvement were identified, reflecting the strength of our training program.
15. A) Who can we contact for more information or to set up electives?
   Liz Almeida (program assistant) - liz.almeida@albertahealthservices.ca

   B) Specifically, is there a list of residents whom we can call or email?
   Trevor Lashyn (Chief Resident) – lashyn@ualberta.ca
   Larry Yang (Chief Resident) – lhyang@ualberta.ca

16. How competitive is it to get in, and then to succeed in your field?
   If you have reasonably good academics and have shown a strong and true interest in the specialty then you should be able to get a position within one of the programs in the country. It can be competitive to get into one of the more popular programs because most only take one or two residents per year. Currently the University of Alberta program has funding for 2 – 3 positions per year.

17. A) Is there active and/or required research in your residency program?
   For entry into the program, research experience is definitely helpful, but not required. During the residency training, a research project is mandatory during residency. Residents are given 3 months of research time throughout their residency. There are many active research projects, as we have several individuals in our program who spend most of their time during research.

   B) What role does research play in your career?
   Research is helpful in critically reviewing the literature and practicing evidence based medicine.

18. What local, national or international conferences would be of benefit to candidates interested in your residency program?
   • CAPMR – Canadian Association of Physical Medicine and Rehabilitation
   • AAPMR – American Association of Physical Medicine and Rehabilitation
   • AAP – American Association of Academic Physiatrists