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! Opportunities for broad health impacts through programs and policies (eg. vaccination program that have prevented and eliminated diseases).

2. **b) What are some common complaints about your specialty?**
   - Direct patient care work can be limited, depending on the type of work chosen within the specialty.

3. **Why did you choose your specialty?**
   - Opportunity to be proactive and deal with preventing problems/disease.
   - Opportunity for large-scale health impacts across the population.

4. **What types of clinical cases do you commonly see?**
   - Although there are opportunities for direct patient 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. So instead of a stethoscope and lab tests we are using population diagnostic tools such as epidemiology, to study trends and risk factors in diseases and instead of individual treatments, we provide programs and policies to improve population health outcomes.
   - Because a set of infectious diseases are reportable to Public health, we deal routinely with these diseases that are reportable (eg. TB, STIs, travel medicine, foodborne/waterborne illnesses), and environmental exposures; however, injuries and non-communicable diseases such as diabetes, cardiac disease, cancers and smoking-, nutrition- and sedentary-related illnesses are also dealt with through a population-based approach (surveillance, disease prevention, health promotion)

5. **Briefly describe a typical day.**
   - Consulting with physicians, nurses and other professionals on public health issues
   - Responding to infectious disease outbreaks by working with a team of professionals investigating and working to control the outbreak
   - Chairing meetings, such as on emergency planning and management
   - Meeting with staff to plan for chronic disease prevention program
   - Clinical work
   - Research / literature search / policy review
   - Help lead the response to emerging public health threats

6. **a) What are the varieties of lifestyles within your field?**
   - Very flexible and accommodates varying needs
   - Primarily office hours in addition to on call taken from home

   **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 patient-care duties
7. **Range of incomes?**
   - Most positions are salaried and include health benefit plans, vacation, pensions, etc.
   - Salary range: $200,000 to $400,000, depending on years of practice and position, plus benefits which are considered to be about 20% of salary
   - Patient-care work would be added onto this base salary

8. **How do you see your discipline changing over the next decade?**
   - Continued demand for Medical Officers of Health
   - 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
   - Increasing work in Chronic Disease Prevention and Healthy Built Environments to address high and growing burdens of non-communicable diseases
   - Academic positions may also be available

### Residency Program Questions

9. **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 from a broader perspective – system or population level
   - Knows how to ask and answer question
   - Demonstrates interest in specialty through his/her electives
   - Thrives in multi-disciplinary environment

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

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 dedicated project while also participating actively in the day-to-day work at the rotation site.

11. **What is the availability of experiences in subspecialty areas during training?**
    Subspecialties do not specifically exist in public health and preventive medicine. However, some rotations and electives can be shaped to help to increase focus on a resident's areas of interest. Additional training in Field Epidemiology may be available through Public Health Agency of Canada.

    Note: Occupational Medicine is now a subspecialty residency program that can be applied to by those completing internal medicine or PHPM.
12. **Are there sufficient elective opportunities during training to explore your special interests?**
   For residents with interest in additional electives the MPH Practicum Project can be streamlined to meet some rotation requirements to allow some additional elective time.

13. **What is the on-call schedule during each year of residency?**
   During family medicine and 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. There are opportunities for working with U of A program faculty with strong expertise in both communicable diseases and non-communicable disease prevention and control.
   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?**
   Leah Sanders, Public Health and Preventive Medicine Program Coordinator
   Tel: (780) 492-1366    Email: mepphpm@ualberta.ca

   b) **Specifically, is there a list of residents whom we can call or email?**
   Ellina Lytvyak, Chief Resident lytvyak@ualberta.ca

16. **How competitive is it to get in, and then to succeed in your field?**
   Recently, there have been approximately 25 – 40 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 Association Conferences
   - Canadian Immunization Conference
   - Practice Management Institute courses through the CMA