

FREQUENTLY ASKED QUESTIONS – 2016

Program: General Pediatrics

Specialty/Field Questions:

1. **a) What are some strengths about your specialty? What draws and keeps people in your specialty?**

Working in a collaborative environment where everyone works together to help the children and families. Incredibly diverse and challenging medical problems. Great flexibility in career paths.

- b) What are some common complaints your specialty?**

You have to be prepared to work with a variety of age groups, including working with adults as the child's guardians. This requires skilled communication abilities and a patient and flexible personality. Complaints can come from families if the MD does not have a good child friendly bedside manner

2. **Why did you choose your specialty?**

I enjoyed working with children and families. Most childhood illnesses are manageable with current therapy, and there is an immense sense of gratification in caring for a child that often presents very ill, but then recovers and returns to being an active happy child (and family).

3. **What types of clinical cases do you commonly see?**

Pediatrics runs the gamut from the primary care patient ('well-baby check') to helping resuscitate the critically ill newborn in the case-room setting. Consultant pediatrics is the targeted end point for Pediatric residency training programs in Canada. A large part of what a lot of general pediatricians do is provide primary care for children with chronic illnesses, e.g. NICU grads, PICU grads, asthmatics, diabetics, kids with CP. Also, behavioral medicine is a huge part of our referral base now.

4. **Briefly describe a typical day.**

Very much dependent upon whether or not you are a general pediatrician or a pediatric subspecialist (Eg. Pediatric Intensive Care, Pediatric Gastroenterology, Developmental Pediatrics, etc). Office or clinic based practice exists for most subspecialties, with acute care consults on the in-patient wards. Acute care subspecialties (eg. Intensive care, Emergency pediatrics) are based out of their respective areas. Many of the acute care positions are 'shift-based', other subspecialties are daytime with night-time on-call responsibilities.

In the rural areas, the day will start with rounds in the morning followed by a day of clinics with a variety of different issues that the GPs feel is better handled by a pediatrician. The day, and possibly night, may be interrupted by consults from emergency or from the case room to attend a difficult delivery. Whether in the city or in a regional centre a portion of your day will be spent on administrative duties

5. **a) What are the varieties of lifestyles within your field?**

Vary from 'cerebral' (eg. Daytime work of the developmental pediatrician) to shift work or night call work of a pediatric Emergency room physician.

- b) Specifically, how able is your specialty to accommodate family life?**

Traditionally, people tailor family life needs based upon what their specialty training was. The general pediatrician that is part of a group practice or shift based Pediatric ER physician often fared better than the neonatologist or pediatric intensive care physician. Now, there is an increased awareness of the importance of this in all of the pediatric subspecialties. Some areas are still a challenge for anyone, but 'job-sharing' is slowly evolving, and most pediatricians make allowances for the importance of their own personal and family needs.

6. Range of incomes?

Gross income, working full-time could range anywhere from \$200,000 to \$500,000 (dependent on the type and style of practice/ subspecialty). Overhead expenses for office support may whittle away at up to 50% of this amount however.

7. How do you see your discipline changing over the next decade?

On-going evolution of specific subspecialty training areas (eg. Child abuse physicians, Pediatric physiatry) that in the past have been less clearly defined. There are more long-term late effects issues of children with chronic illness who are now surviving out of childhood. Increasingly there is a role for pediatricians as advocates for child/ family related issues at a governmental level.

Residency Program Questions:

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

An interest in working with children and families, along with demonstrated abilities/ skills in such. Much of pediatrics involves being able to work as a member of (and often the leader of) a multidisciplinary team. Good communications skills are consequently an asset.

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

Seek out pediatric elective opportunities. Display an interest during the medical school years in more than just the academics, but as well community-related or school-related activities (non-academic, ie. medical school curriculum design/ committee participation). Being a 'whole physician' is equally as important as demonstrating a 'straight-A average'. Dabble in research early – get a sense of what it entails.

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

<p>Year 1</p> <ul style="list-style-type: none"> • 10 weeks Clinical Teaching Unit (CTU - junior) • 4 weeks NICU • 4 weeks Emergency • 4 weeks Developmental Pediatrics (Junior) • 4 weeks Pediatric Surgery • 4 weeks Elective (call free block) • 8 weeks Selective (opportunity to do subspecialty) • 2-3 weeks Research • 2 weeks Ambulatory • 2 weeks Community Urban • 4 weeks Night Float • 4 weeks Vacation <p>Year 2</p> <ul style="list-style-type: none"> • 8 weeks Pediatric Intensive Care • 4 weeks NICU • 2 weeks Research • 14 weeks Selective (opportunity to do subspecialty) • 4 weeks Elective (call free) • 4 weeks Rural (rural or urban) • 4 weeks Clinical Teaching Unit (team 3 or 4) • 4 weeks Social Pediatrics • 4 weeks Night Float • 4 weeks Vacation 	<p>Year 3</p> <ul style="list-style-type: none"> • 4 weeks Developmental Pediatrics (Senior) • 14 weeks Clinical Teaching Unit (CTU - senior) • 4 weeks Elective (call free) • 4 weeks Community Rural (away rural, i.e. Yellowknife/Red Deer) • 4 weeks Emergency • 4 weeks NICU • 10 weeks Selective (opportunity to do subspecialty) • 3 weeks Night Float • 1-4 weeks Research (1 week allotted for research, however flexible with selective time) • 4 weeks Vacation <p>Year 4 of General Pediatrics or First year of Subspecialty Training Program.</p> <ul style="list-style-type: none"> • 4 weeks NICU • 4 weeks Emergency • 3 weeks Night Float • 1 week Research (if needed) • 28 weeks Selective (designed to complement the resident's career objectives) • 8 weeks Elective (call free) • 4 weeks Vacation
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10. **What is your residency program's orientation and focus?**

The curriculum of the entire program is determined primarily by the educational needs of residents training to become consultant general pediatricians. The University of Alberta program provides the full four years of training leading to certification by the Royal College. These four years consist of three core years of general pediatric training followed by a further year, which is tailored to the resident's needs as determined by their career goals. Fourth year training may be the entry point for subspecialty training, research based, or tailored to general consultant pediatrics training.

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

All of the pediatric subspecialties are represented within the department. Some of them have subspecialty residents, but the majority of the rotations are structured in such a way that subspecialty trainee training does not interfere with general pediatric resident experiences.

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

As noted in the curriculum 'map' above, there are multiple opportunities for rotating through the various subspecialty areas, designed as per the resident's personal needs ('selectives'). There are as well 4 months of 'protected time' for rotations that are 'call-free' (outside of the U of A setting if appropriate), scattered over the course of the four year curriculum.

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

Residents in Pediatrics do a Hybrid Night float system. Although the majority of the call is night float, there is still a substantial portion of on-call responsibilities that remain 'traditional', in that they are done outside the context of the night float week(s). These traditional shifts include Tuesday nights, Friday nights, Saturday days and nights and Sunday daytimes.

A night float system involves a resident whose sole clinical responsibility for a specific period of time (e.g., 1 week) is to provide evening and overnight inpatient coverage of the CTU teams. During a night float (NF) week, a resident does not have any daytime clinical duties. The week has the following schedule:

- Sunday 5 PM to Monday 8 AM (15 hours)
- Monday 5 PM to Tuesday 8 AM (15 hours)
- Wednesday 5 PM to Wednesday 8 AM (15 hours)
- Thursday 5 PM to Friday 7:30 AM (14 ½ hours)

In the **R1** and **R2** years, each resident will do **4 NF weeks**. In the **R3** and **R4** years, each resident will do **3 NF weeks**.

Senior and **junior** residents on the CTU daytime rotation will be responsible for covering **Saturday or Sunday 8 AM to 5 PM**. Each resident will do **two** such '**Weekend day shifts**' during each **CTU** block.

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

A track record of outstanding residents, supportive and enthusiastic staff, and a rapidly expanding Children's Hospital with continued growth of clinical and research programs within the region. Residents also get exposure to patients transported here for procedures that are not elsewhere such as cardiac surgery and liver transplants.

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

Contact Ms Eisha Krochak, Administrative Assistant, Pediatric Undergraduate Medical Education, 780-248-5541 or ugped@ualberta.ca.

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

Drs Nicole Anderson and Erin Boschee are our Chief Residents and be reached at uofapedschiefs@gmail.com

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

Entry into Pediatrics is competitive across the country. There does end up being applicants that apply but do not succeed in entering pediatrics programs. Once in a training program, the vast majority of programs turn out competent well rounded consultant pediatricians.

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

Residents are required to do a 2 week block of Research in the final part of the first year of their program and then they may have up to 8 weeks in years 2, 3, and 4 depending on the time required by the project.

b) What role does research play in your career?

This is very much dependent upon the area of pediatrics that one practices in. General pediatrics traditionally was not research-related, but increasingly both community-based pediatricians and 'academic general pediatricians' are carrying out clinical research. The subspecialty areas are significantly research based, with emphasis on this in the subspecialty training years.

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

Canadian Pediatrics Society Meeting (annual)

American Academy of Pediatrics Meeting (annual)