

## **FREQUENTLY ASKED QUESTIONS – 2017 – Family Medicine**

### **Specialty/Field Questions:**

1. a) What are some strengths about your specialty? What draws and keeps people in your specialty?
  - Full spectrum of care from conception to cremation
  - Family docs are comprehensive but also often have special interest areas
  - Relationships are built with patients and families over time
  - We do Obstetrics, Emergency Medicine, Palliative Care, child and newborn care, Care of the Elderly, hospital based care, long term care, care of underserved populations, GP-anesthesia, and minor surgical procedures.
  - Flexibility in what and where you practice – we can work in urban, rural and international sites.
  - Job security - We are needed everywhere
  - Team practice is well supported
  - Opportunity to serve a social need or mandate
- b) What are some common complaints in your specialty?
  - Leadership in practices is different with the extensive teams of today than it was in doctor centred practice.
  - Our rural and remote patients need more family docs.
2. Why did you choose your specialty?

Family Medicine satisfies my need to be challenged by an impressive array of undifferentiated patients and gives me the opportunity to contribute to society in a very wide variety of ways. It is the most flexible of specialties and allows me to do what I want, where I want and what your community needs.
3. What types of clinical cases do you commonly see?

A typical practice sees a wide variety of disease and illness, and preventative management problems. My typical clinic list includes patients with hypertension, diabetes, mental health, pregnancy, pulmonary disease, MSK complaints and those presenting for preventative care. Working in an after hours clinic presents its own spectrum of illness from infections to trauma. As my community demands have changed I have been able to respond with special focus in anesthesia, obstetrics, teaching, palliative care as needed and cover ER.
4. Briefly describe a typical day.

There are many choices for the typical day of the family physician. In a full service practice, a comprehensive family physician will often begin his or her day with hospital or institutional rounds lasting anywhere from a half hour to two hours, move on to a few hours of office patients, perhaps have a luncheon meeting, do a house call or long term care visit after lunch, followed by a few more office hours, perhaps with some teaching and student debriefing by the end of the day. The ideal day ends at about 5:00 PM, though on call requirements, such as obstetrics or hospital patients may extend that day or bring the doctor back to the hospital. Other family physicians work in more focused practice doing institutional care, work on Family Medicine hospital teams, or do palliative care as an exclusive or major part of practice. There are opportunities in Family Medicine for a wide variety of options which can vary based on where you are in your career and the needs of your community.
5. a) What are the varieties of lifestyles within your field?

Family physicians choose to work in every setting in Canada from the most remote rural site to the largest city centers. The commitment to practice varies from part-time (a few half-days a week) to full practice coverage in solo, group and academic settings. With sensible on-call arrangements and networks we are able to provide 24/7 care year round.
- b) Specifically, how able is your specialty to accommodate family life?

The accommodation of family life in Family Medicine is limited only by the resolve of the family physician to structure his or her practice to the needs of the professional and family balance. Flexibility mixes well with family. The team nature of comprehensive practice facilitates a variety of lifestyle choices.

6. **Range of incomes?**  
Family physicians work anywhere from a very low level part-time income to full-time practices which range in net income yields from approximately \$150,000 (part time, shared practice) to over \$450,000 per year. Opportunities for higher range incomes are available for those doing hospital work or providing care in remote under serviced areas for brief periods as locums up to lifetime careers.
7. **How do you see your discipline changing over the next decade?**  
In Canada, Family Medicine is enjoying a position of high respect and support within the primary care segment of health care. Recent recommendations of provincial and national task forces establish the family doctor as the essential component of primary health care teams and networks, which elevates the status, satisfaction and income of the family physician in Canada. The major changes over the next decade will be sustaining expansion of training programs nationally, and training our residents to reflect the environments that they will work in – such as within Primary Care Networks, maintaining Access Improvement Measures for patients, and establishing the Medical Home.

**Residency Program Questions:**

8. a) **What are you looking for specifically in an impressive candidate?**  
We are looking for candidates who show enthusiasm for dealing with undifferentiated and challenging problems. Having good interpersonal skills and excellent problem solving abilities are also high on the list of desired attributes. A commitment to comprehensive, team-based responsibility to community needs is expected. Individuals who have a passion for generalized patient care and meeting societal needs.
- b) **What can a potential candidate do now in order to be an appealing applicant to your program?**  
An appealing candidate has had enough experience in Family Medicine to understand the scope and importance of the discipline. Be passionate.
9. **How is your residency program organized? (i.e. year by year breakdown and schedule of rotations)**  
Family Medicine is a two-year program in which rotations and integrated activities enhance a core of up to 56 weeks of integrated Family Medicine blocks in Academic clinics, community clinics, and rural and urban sites. We have several community based clinics in St. Albert, Leduc and Spruce Grove that provide a comprehensive experience within an urban program. We also have three Rural and distributed sites in Red Deer, Grande Prairie and Ft. McMurray. Our Ft. McMurray program is a fully integrated program.
10. **What is your residency program's orientation and focus?**  
Our program is focused on providing residents with the support, direction and leadership they need to grow into successful and comprehensive family physicians equipped to meet the broad medical needs of communities. One feature that residents really like is the flexibility and the ability to tailor your program to your needs. Our program follows the Triple C Competency Based Curriculum which is Comprehensive, focused on Continuity and Centered in Family Medicine.
11. **What is the availability of experiences in subspecialty areas during training?**  
Horizontal activities and elective time encourage residents to develop those special interests that all family doctors should have to take to their communities. Enhanced skills such as Anaesthesia, Palliative Care consultation, Operative Obstetrics & General surgery, Sports Medicine, Care of the Elderly consultation and Emergency certification are offered in optional PGY3 years.
12. **Are there sufficient elective opportunities during training to explore your special interests?**  
There are a minimum of ten weeks of block elective/selectives which can be expanded with integrated programming. There are abundant opportunities for horizontal elective experiences throughout most blocks of the program in both years.
13. **What is the on-call schedule during each year of residency?**  
On-call in Family Medicine follows the PARA guidelines with a 1 in 4 as the ideal in-house call frequency. Our range of approved call is 1 in 3 (home call) to 1 in 5. Virtually all of Family Medicine call is home call. The call on each off-service rotation varies according to the specialty program.

14. What distinguishes the U of A program from other programs?
- The program is flexible and tailored to a resident's learning needs.
  - Integrated Maternity and Newborn Care throughout 6-9 months of Family Medicine block
  - Additional integrated options for Palliative care, Psychiatry, Care of the Elderly, Hospital Care, etc.
  - Multitude of sites including urban, academic, community based, semi-rural, rural and remote.
  - Training sites for specific interests including Maternity and Inner city medicine
  - Respected and strong residents' voice and contribution to the program
  - Competency Based Achievement System (CBAS) which results in timely and effective feedback and personal progress assistance.
  - Faculty are on an alternative funding plan (not fee for service) which allows for increased teaching and more resources
  - 2-day Evidence-based medicine workshop, regular literature reviews, and quality improvement projects
  - 2-day Practice Management workshop in second year
  - Quality and Safety program
  - Procedural skills workshops – usually three per year in PGY1
  - A well organized 2 year rotating Academic Curriculum with monthly academic days (full days)
  - Annual Resident Research Day and Monthly Resident Research interest group
  - Conference support, funds for ATLS, ACLS, ALARM and more.
  - CCFP/MCC exam preparation seminars and workshops
  - Wellbeing events such as a Welcome BBQ, Resident Educational Forum in Jasper, Wilderness retreat and Graduation celebration.
  - Scheduled and protected vacation.
15. a) Who can we contact for more information or to set up electives?  
Please contact Eylea at 780-492-8104 or email at [eramos@med.ualberta.ca](mailto:eramos@med.ualberta.ca).
- b) Specifically, is there a list of residents whom we can call or email?  
Please email the Family Medicine Residents Co-Chiefs at [fmrchief@gmail.com](mailto:fmrchief@gmail.com) and a resident will respond to your enquiry.
16. How competitive is it to get in, and then to succeed in your field?  
Because of the rapid expansion of the Medical Schools, Family Medicine programs and other residencies in Canada, increased positions in Family Medicine across Canada are available for qualified candidates. Success in Family Medicine depends on the interest of the physician to deliver quality care and keep current in the field. U of A Family Medicine offers 77 CaRMS entry positions in multiple sites.
17. a) Is there active and/or required research in your residency program?  
There are requirements for structured scholarly activities in both years of the residency program. Time and support are provided for these activities. Integrated and PGY3 focused research experiences can be supported.
- b) What role does research play in your career?  
Research in education and primary care plays an important part in my career. Many family physicians not otherwise associated with academic centres are involved in clinical projects. Dr Lee Green, our Family Medicine Department Chair is the first AIHS (Alberta Innovates-Health Solutions) Translational Health Chair.
18. What local, national or international conferences would be of benefit to candidates interested in your residency program?  
Continuing medical education events occur in every centre in which there are family physicians. In the province of Alberta the scientific meetings of the Alberta College of Family Physicians will be held March 4-6 in Banff. The Family Medicine Forum is held in a major Canadian city in October or November of each year. This year it will be held in Toronto in November.