

FREQUENTLY ASKED QUESTIONS (2017)

Obstetrics and Gynecology

Specialty/Field Questions:

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

The specialty is exciting because it includes complex medical and surgical conditions. The obstetrics tends to draw people in, as participating in the delivery of babies is exciting. However the ability to help women of all ages and the interesting surgery is a pleasant surprise for many.

2. What are some common complaints about your specialty?

There are night shifts in obstetrics. However, most obstetricians now work as part of a call group. When on call, you cover everyone's patients in the group. And then when you are post-call, you are free. The residency is demanding yet very rewarding.

3. Why did you choose your specialty?

I was drawn to the patient population and the diversity of the specialty. No two days of work are the same. I also like that I get to divide my time between office, OR and labour and delivery.

4. What types of clinical cases do you commonly see?

In the tertiary care centers you will see a large number of women with medically complicated pregnancies. The complications may affect the mother or her fetus. The gynecology cases often involve menstrual cycle problems, ovarian masses, endometriosis, contraception concerns and issues related to menopause.

5. Briefly describe a typical day.

A typical ob/gyn would have clinics where they see prenatal patients, postpartum patients and gynecologic patients. They will operate and do cesarean sections usually once a week. When covering labour & delivery they will deliver babies, do cesarean sections, and manage obstetrical and gynecologic emergencies.

6. What are the varieties of lifestyles within your field?

In the past ob/gyn's delivered all of their own patients, resulting in a lifestyle incompatible with

much of an outside life. Today this is quite rare, although there are always some that choose this path. Most ob/gyn's work as part of a call group and have a good lifestyle. In a subspecialty, the lifestyle is even better as there is typically less in-house call.

7. Specifically, how able is your specialty to accommodate family life?

Obstetrics and gynecology attracts a high number of female physicians, many of whom have families. With call groups, a family life is easily managed. Also, some ob/gyn's will share a practice with other physicians. Many residents in our program have families and the program is supportive of maintaining a work-life balance.

8. What are the ranges of incomes?

There is quite a difference between individuals and provinces. Most ob/gyn's work fee for service – so the more patients you see, the higher your income will be. The average general ob/gyn in Alberta likely bills \$400,000 - \$600,000 a year. Rarely, ob/gyn's who work far more than average and cover their own patients even at night may bill upwards of \$1,000,000. The subspecialty physicians are often paid differently than their generalist counterparts and their income depends on many things, including academic postings, research requirements and their specific subspecialty, etc.

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

There will be an increasing emphasis on skills in minimally invasive surgery (MIS) and a greater division between obstetrical and surgical subspecialties.

Residency Program Questions:

10. What are you specifically looking for in an impressive candidate?

A keen, interested individual that likes to work hard and works well in a team. Our residents have a very strong work ethic and we all look out for our colleagues providing help wherever and whenever it is needed. We have a supportive environment as opposed to a competitive one. An individual who works well with nurses and other health care professionals is essential.

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

If you are able to impress our ob/gyn residents, that means a lot. That means working hard and being available and interested during your ob/gyn rotation. Electives in ob/gyn, NICU, surgery and emergency are also helpful to show interest in the specialty.

12. How is your residency program organized?

Our first and second year residents are part of the surgical foundations program.

First year consists of rotations in Ob/Gyn, ER, Internal Medicine, Surgery, Ultrasound and NICU. Second year is dedicated to core ob/gyn with a focus on inpatient care of labour and delivery and gynecology wards in tertiary and community hospitals. There is a block devoted to family planning and two blocks in ICU. Third and fourth year are focused on rotating through the subspecialties (MFM, REI, UroGyne, GyneOnc) and also include elective time and rural rotations. Fifth year includes time as chief resident as well as elective and ambulatory clinic time.

13. What is your residency program's orientation and focus?

Our program is centered at the Royal Alexandra Hospital which is a major tertiary hospital serving northern Alberta and the northern Territories. We see a high volume of patients and therefore develop strong skills in triage and managing acute illness. We are known to have a strong surgical program and residents are very comfortable with laparoscopic, vaginal and abdominal surgeries at the end of their training.

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

Our residency program offers training in all of the subspecialties listed above. Residents can also do electives in MIS, colposcopy or any area that may interest them. Residents frequently travel for out of province or international electives. It is also possible to do electives in disciplines other than gynecology to broaden our training (for example urology, obstetrical medicine and research).

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

Yes – there are currently 6 months of electives.

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

There is a graduated call system in our program, ranging from 6-7 call shifts a block as a PGY 1 and 2 to 3-5 call shifts per month as a PGY 3 and 4. Chief year has a combination of home and in-house call.

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

Our junior residents participate in Surgical Foundations and the Core Surgery curriculum. We develop residents with strong surgical skills. We have a very close group of residents and we develop strong relationships with our staff.

18. Who can we contact for more information or to set up electives?

Please email obgynume@ualberta.ca

19. How competitive is it to get in to residency and then to succeed in your field?

We have 6 PGY 1 residency spots per year. There are approximately 70-90 applicants per year.

20. Is there active and/or required research in your residency program?

Research is a requirement in our program and all residents must present their research at some point during their training at our annual department research day.

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

The SOGC annual meeting is held each June. There is funding available through the society for medical students to attend and there is a special program designed just for residents and medical students. Information to apply is usually available in the spring.

ACOG also provides funding for 1-3 students to attend its Annual District Meeting and Medical Student Day.

Ensure you are part of the Obstetrics and Gynecology Interest Group for more information!