

**RCPSC EMERGENCY MEDICINE RESIDENCY PROGRAM – UNIVERSITY OF ALBERTA**

**FREQUENTLY ASKED QUESTIONS  
2018**

**These responses were collated from residents and faculty members from the Department of Emergency Medicine**

**Specialty/Field Questions**

What are the best things about your specialty?

- Diversity of problems and patients.
- Our specialty defines acute care medicine.
- Front line work that allows us to see sick undifferentiated patients.
- Flexible work hours and diverse areas of subspecialty interest.
- Shift work as opposed to being “on call.”
- Great mix of procedural skills and problem solving.
- We are true patient advocates, and work hard to get the best care for our patients.
- Because of the flexible hours, there is a lot of time geared towards family, other professional interests, and outside life.

What are the worst things about your specialty?

- We are a cross sectional specialty, so many of our consultants have deeper understanding of the cases that we see.
- We are the gateway to the hospital, and much patient frustration with the health system is manifested here.
- Overcrowding in the health care system is more apparent here than in other places in the hospital.
- Lack of follow up; even if patient is admitted, there are too many patients you have seen for you to track down.
- Shift work can be a struggle to adjust to, especially if you are trying to share a life with people who work 9 to 5.

Why did you choose your specialty?

- I like to multitask and I fit in well with the mentors I have met.
- High acuity and variety.
- I liked every rotation in medical school and could not imagine only working in one very narrow field.
- Shift work is great and I never have to carry a pager. I can go skiing in the middle of the week when there are no crowds.

What types of clinical cases do you commonly see?

- All kinds of cases, from peds to geriatrics, trauma to orthopedics, ID to critical care. Most of the cases are of higher acuity.

Briefly describe a typical day.

- Arrive at a shift, take handover from the doctor going home, noting all the things that need to be completed. Start seeing patients, see the sickest first and frequently reassess them as you are taking care of the less acute patients. See the trauma patient,

do a shoulder reduction, assess the short of breath 85-year old, suture a laceration, arrange for a patient with MI to go to the cath lab, decide if someone is suicidal, eat when you can. Breathe. Shift is over in 8 hours, stay an extra hour or two to clean up.

What are the varieties of lifestyles within your field?

- Full-time clinical (12-14 shifts/month).
- Part-time clinical, and part-time research, pediatrics, public health, toxicology, sports medicine, ICU, EMS, or any other area of special interest.
- STARS, Trauma Team Leader involvement (TTL).
- Teaching ACLS, ATLS, and PALS; medical education of students and residents at Grand Rounds, Core Content Rounds, and oral exams

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

- Shifts work has its bonuses and drawbacks. While you may have to work 2 out of 4 weekends and some holidays, you have days off during the week. During these times you may pick-up your child from school, do your banking business or just about anything nobody else has time for. With shift work, it is common for staff to "stack" 4 or 5 together in order to take an extended number of days off. Further, staff are usually able to trade shifts easily to accommodate various circumstances. One of the best things about shift work is that when you leave the hospital no one calls or pages you and your free time is pretty much yours.

Range of incomes?

- \$250,000 to \$600,000+

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

- The next 10 years will be both exciting and trying times for the field of emergency medicine. Access block is the defining issue that is preventing emergency physicians from providing the best care possible to our patients. Emergency physicians through organizations such as the Canadian Association of Emergency Physicians (CAEP) have taken an active role in combating this problem. Further, patients are presenting to EDs with greater acuity and complexity and emergency physicians are challenged with an aging population. If you are looking for a challenge, this is the right specialty! We are being called upon to "up-the-ante" and become the true foundation of our medical system.

### **Residency Program Questions**

What are you looking for specifically in an impressive candidate?

- Must work well in a team, mostly as a leader.
- Well rounded.
- Able to adapt to all situations. Think outside the box.
- Compassionate and caring with patients.
- Must be willing to work hard and contribute to making the program better.
- Must be able to apply knowledge and skills in a variety of high stress situations.
- The ER is not a place for the meek, or for those who are not willing to stand up for patients.

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

- Show you are interested in contributing to our program.
- Do a few electives in emergency medicine. Get letters of reference from emergency physicians that teach students and residents.
- Be yourself.
- Attend a local or national emergency medicine conference to gain further exposure to our discipline.

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

- Emergency Medicine at the University of Alberta transitioned to a competency based medical education (CBME) program in July 2018. Anticipated training time is still 5 years for most residents.
- **Clinical Experiences:**

<b>STAGE</b>	<b>APPROXIMATE DURATION</b>	<b>POSSIBLE CLINICAL ROTATIONS</b>
<b>Transition to Discipline</b>	<b>3 blocks</b>	Emergency Medicine
<b>Foundations</b>	<b>6-9 blocks</b>	Emergency Medicine Pediatric Emergency Medicine Internal Medicine Coronary Care Unit Obstetrics & Gynecology General Surgery Anesthesiology
<b>Core</b>	<b>36-40 blocks</b>	Emergency Medicine Pediatric Emergency Medicine Critical Care Pediatric Critical Care Point of Care Ultrasound Plastic Surgery Anesthesiology Pediatric Anesthesiology Psychiatry Internal Medicine Obstetrics & Gynecology General Surgery Orthopedics Neurosurgery Research Administration Emergency Medical Services Toxicology Elective
<b>Transition to Practice</b>	<b>12-15 blocks</b>	Emergency Medicine Pediatric Emergency Medicine Area of Concentrated Expertise

\*1 block = 4 weeks

- Note: Clinical rotations in Core and TTP can be tailored to the needs of the resident based on their preference and advice from their Academic Advisor and Competence Committee.

What is your residency program's orientation and focus?

- Our program is very focused on preparing you to be a competent consultant emergency physician. Academic full-day, journal club, various rounds, clinical learning, direct observation in the emergency department, and specific exam preparation in our final year of training allow us every opportunity for success on our Royal College certification exam.
- The CanMEDS competencies are an essential part of our evaluation scheme, ensuring that we become complete physicians. Our goal is to produce leaders in the field of emergency medicine at all levels including our own city, the country and also internationally.

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

- As one can imagine, EM residents spend a great deal of their clinical time gaining skills and knowledge in various "off-service" rotations. Currently we do rotations in surgical subspecialties including orthopedics, plastic surgery and neurosurgery. Medical subspecialties rotations include critical care and cardiology. Emergency subspecialty rotations include EMS (emergency medical services), Trauma, and Toxicology.
- With our extensive elective time residents have spent time in other subspecialties including: research, medical education, air medical transport, infectious diseases, neurology, pulmonology, the STI Clinic, rural emergency medicine, wilderness medicine, and ophthalmology to name a few. Of course we also spend significant time in other off service rotations not traditionally considered subspecialties including general surgery, medicine and obstetrics.

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

- Residents will complete an Area of Specialist Leadership during their residency.
- In recent years, areas of focus have included (but are not limited to):
  - EMS
  - ICU
  - Master's degrees in Business, Public Health & Epidemiology, Education
  - Ethics
  - Sports Medicine
  - Simulation
  - Medical Education
  - Informatics
  - Air Transport
  - Disaster Medicine
  - ED Ultrasound
  - Toxicology
  - Pediatric Emergency Medicine
  - Refugee Health
  - Inner City Health
  - Trauma
  - Infectious Diseases

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

- Residents generally do call during the first 3 years of residency when we do the majority of our off service rotations. Call requirements are outlined in the PARA contract. More information may be obtained on the PARA website [www.para-ab.ca](http://www.para-ab.ca).

What distinguishes the U of A program from other programs?

- Our program has a strong, supportive group of residents and staff physicians. The two emergency programs (CFPC-EM & RCPSC) work closely with each other, in contrast to many other centres. Our program contains great flexibility and support for those who choose to pursue specific areas of interest in emergency medicine whether it be research, critical care, EMS, medical direction, population health, or just about anything relevant you can think of.

Advantages of the RCPSC Emergency Medicine Program over the CFPC(EM) Program

- RCPS Emergency Medicine is the route to specialist certification.
- Training to become an academic physician and leader in Emergency Medicine.
- Academic centres and larger urban centres tend to favor RCPS trained EPs.

Disadvantages of RCPSC Emergency Medicine Program vs. CFPC(EM) Program

- No family medicine license (loss of flexibility).
- Longer time spent in residency.
- Loss of income with extra 2 years of study.

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

- Please see the web page <https://www.ualberta.ca/medicine/departments/emergency-medicine>.
- To set up an elective or pre-clerkship observation, please contact the Undergraduate Program Administrator, Mary-Lynn Ferguson, at [mmfergus@ualberta.ca](mailto:mmfergus@ualberta.ca)

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

Please contact our Program Administrator Maria Borges at [mariab@ualberta.ca](mailto:mariab@ualberta.ca), or the chief residents at [uaerres@gmail.com](mailto:uaerres@gmail.com).

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

- The Department of Emergency Medicine is actively involved in EM research at local, national, and international levels. Current areas of research include ED Overcrowding, Health outcomes, Acute Asthma/COPD care, Pediatric CT Head Rules, prehospital care, air medical transport, and medical education (pretty much every area of EM you can think of!). We are very proud to be home to the University of Alberta Emergency Medicine Research Group, led by Dr. Chris McCabe, Endowed Chair in Emergency Medicine.
- It is expected that each resident will complete a scholarly project. This project is defined as the production and dissemination of a scholarly project suitable for dissemination at a national or international level. Examples of projects include systematic reviews, prospective surveys, chart reviews, case control studies, educational modules, and quality assurance projects.

What role does research play in your career?

- Research is a part of daily life in an academic centre. It can range from identifying patients for enrolment in studies to conducting primary research to advance the field of knowledge in the specialty.

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

- CAEP (Canadian Association of Emergency Physicians) holds an annual conference which has a dedicated Medical Student Symposium for students to learn about the career opportunities in Emergency Medicine. The resident and medical student section offers a resident mentoring program. Visit [www.caep.ca](http://www.caep.ca) for details.

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

- The consistently high caliber of applicants makes entry into the field challenging, but shows that the future of Emergency Medicine is bright,
- In the 2018 CaRMS Match there were ~216 applicants for 65 English language positions.
- Applicants are usually very well rounded and dedicated, but being a gold medalist is not required.
- Success depends on you! The residency (and career) will give back whatever you put in.
- If you want to make a difference, this is the career for you. You will be challenged, stimulated, and inspired by a career in Emergency Medicine.