**INTRODUCTION**

The consultant in Physical Medicine and Rehabilitation (or physiatrist) is a medical specialist expert in the comprehensive diagnosis, management and rehabilitation of people of all ages with neuromusculoskeletal disorders and associated disabilities.

**Specialty Training Requirements**

Five years of residency training in an accredited residency program. The **five years must include**:

1) **Twelve months** of **basic clinical training** to be completed **within the first 18 months** of residency consisting of:
   - **Six months** residency in **internal medicine**, which **must include** at least three months of general medical training;
   - **Two months** residency in **surgery** consisting of one month in two of the following: general surgery, neurosurgery, orthopedic surgery, plastic surgery, urology or vascular surgery;
   - **Four months** residency consisting of **one month in four of the following**: anesthesia, elective, family medicine, geriatrics, pediatrics, psychiatry and radiology.

Clinical rotations completed during the 12 months of basic clinical training may not be counted as credit toward subsequent required rotations.

2) **Three months** (minimum) residency in **rheumatology**.
3) **Three months** (minimum) residency in **neurology**.
4) **Three months** (minimum) residency in **orthopedic surgery**.
5) **Thirty six months** residency in **physical medicine and rehabilitation** including:
   - **One month** (minimum) residency in **cardiac and/or respiratory rehabilitation**;
   - **Three months** (or equivalent) residency in:
     - Prosthetics and orthotics;
     - Rehabilitation of cerebrovascular disease;
     - Diseases of nerve and muscle;
     - Rehabilitation of disorders of the spinal cord;
     - Rehabilitation of brain injuries;
     - Pediatric rehabilitation;
     - Research.
   - **Six months** (or equivalent) residency in **disorders of the musculoskeletal system**.
   - **Eight months** elective residency to pursue **special clinical or research interests** in the specialty.
6) The **resident will** in the final two years of residency be provided opportunities to function as a **senior resident with enhanced clinical, administrative and academic responsibilities** equivalent to those of a consultant in the specialty.

**Note:** Those who have successfully completed four years of residency in an ACGME-accredited Physical Medicine and Rehabilitation program, and a fifth year of residency registered in and under the direction of an ACGME or Royal College accredited program in Physical Medicine and Rehabilitation, will be deemed to have fulfilled these residency training requirements.

**Additional Notes:**

1) The order of training may vary.
2) The requirements in section 5 may be satisfied by “horizontal rotations” over the course of the 36 months residency in Physical Medicine and Rehabilitation.
3) Training must include an appropriate mix of inpatient and ambulatory care.
4) Residents must receive training in radiology and administration as part of their ongoing residency.
5) Residents should be provided opportunities for community based learning in non-academic settings.

1 Satisfactory completion of one year residency in a Royal College accredited Program in Internal Medicine or two years residency in a College of Family Physicians of Canada accredited program may, on the recommendation of the Program Director, also satisfy this requirement. All applicants are considered on an individual basis.

2 Three months residency in electro diagnosis with broad experience in diseases of nerve and muscle may, with the prior approval of the Program Director, satisfy this requirement.

(2) PHYSICAL MEDICINE & REHABILITATION PROGRAMS ACROSS CANADA

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<td>Dalhousie University</td>
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<td>Université Laval</td>
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<td>Université de Montréal</td>
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<td>University of British Columbia</td>
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1 All eligible candidates compete for the same positions as graduates of Canadian and United States medical schools
2 International Medical Graduates are not eligible to compete for positions

(Revised on March 08, 2007)

(3) THE UNIVERSITY OF MANITOBA PROGRAM

Why Consider Us?

This program offers a high degree of individual attention, with plenty of one-on-one teaching and experience. This allows a fair degree of latitude to encourage you to do what you want to do. The program is large enough to provide you with all the necessary experience to excel in the future, yet not so large as to lose a resident in the process. There are currently six dedicated full-time academic members and several part-time members, allowing exposure to inpatient and outpatient, academic and private, practice. Currently, there are seven residents in the program. Areas of excellence include a strong program-focused team approach, with each resident dedicated to each specialized team during her or his rotation blocks. There are many ties to the local basic science community, especially with the Spinal Cord Injury Research Centre. Our
program has done well in the past especially with its musculoskeletal teaching developing strong residents in this area as well as the other core areas of rehabilitation. Clinical work provision is not the primary goal; teaching is.

In summary, the primary focus is to develop and expand continuously our roles and goals, to provide the best educational experience for an excellent "real world" preparation. We encourage electives at other centres, allowing sharing of ideas and techniques, including internationally.

### PROGRAM CONTACT

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### PROGRAM INFORMATION

**APPROXIMATE QUOTA: 1**

Number of applicants 2005/2006: 8  
Number of interviews 2005/2006: 8  
Average out-of-town applicants matched 2003-2005: 100%

**Resources**

- Rehabilitation Hospital, Health Sciences Centre  
- General Hospital, Health Sciences Centre  
- Rehabilitation Center for Children  
- Refit Center (for cardiac rehabilitation)  
- Associated Sport and Spine Physicians  
- St. Boniface Hospital  
- Riverview Health Centre

**Quick Facts**

- Interprovincial and international electives are possible if the resident arranges the whole experience.  
- Ratio of residents to faculty is 6 residents to 6 full-time and 4 part-time faculty.  
- Average patient load is 10  
- Computer access is readily available with internet access  
- There are no mandatory rural rotations.  
- Rotations are individualized as per resident preference.

**Schedule following is an example only.**

Note: At the University of Manitoba, a period = 28 days, 13 periods/year

**PGY-1**

- 1 period - Elective  
- 3 periods - Physical Medicine & Rehabilitation inpatients  
- 3 periods - Internal medicine assigned to a clinical teaching unit (CTU)
• 3 periods - Medical selectives
• 2 periods - Surgical selectives

PGY-2

• 3 periods - 1 month each of choice of Psychiatry, Family Medicine, Pediatrics, Emergency, Radiology, Geriatrics
• 3 periods - Spinal cord injury rehabilitation
• 3 periods - Cerebrovascular disease rehabilitation
• 3 periods - Amputee/prosthetics and orthotics
• 1 period - Elective

PGY-3

• 3 periods - Musculoskeletal Rehabilitation
• 3 periods - Rheumatology
• 3 periods - Orthopedic surgery
• 3 periods - Pediatric rehabilitation
• 1 period - Elective

PGY-4

• 3 periods - Neurology
• 1 period - Respiratory Rehabilitation
• 1 period - Cardiovascular Rehabilitation
• 3 periods - Brain Injury Rehabilitation
• 3 periods - Research
• 2 periods - Elective

PGY-5

• 3 periods - Musculoskeletal Rehabilitation
• 3 periods - Electrodiagnostics
• 7 periods - Electives

Research
Research is a required component of the program. The resident can choose a mentor from any related area, not just physiatry, and together with the mentor will pick a research project. There is a clinical nurse research coordinator in the Section of Physical Medicine & Rehabilitation to help staff and residents with research. The research block can be done longitudinally over several years, if required. Evidence of interest in research is an asset.

Seminars

✓ There are weekly half-day academic rounds on a variety of basic sciences and general rehabilitation topics, as well as examination skills.
✓ Journal Club is held monthly.
✓ Bi-weekly Rehabilitation Grand Rounds are presented.
✓ Rotation-specific teaching sessions are arranged within the framework of each rotation.
✓ There is access to other disciplines' rounds on a weekly basis.

(Revised on January 25, 2007)
There are 13 Physical Medicine and Rehabilitation specialists in Manitoba. All 13 were sent surveys, of which 6 replied.

BACKGROUND

How many years have you been in practice for?

![Bar chart showing years in practice distribution]

Population Setting

- Winnipeg: 5
- Brandon: 1
- Rural South: 1
- North of 53:

Where are they predominantly practicing?

- Private practice with hospital
- Private practice without
- Community clinic
- Hospital
  - Academic hospital: 4
  - Community hospital: 1
- Teaching: 2
- Other

Gender

- Male: 4
- Female: 2

Marital Status

- Single: 1
- Married: 5
- Divorced
- Separated

Do you have children/ how many?

- Yes: 5
- No: 1
  - 1 child: 3
  - 2 children: 1
3 children  1
4 children  0
5 children  0

How much do you interact professionally with other physicians?
(1-on my own most of the time, 10- as a part of a group)

Are you in a solo practice or group practice?
Solo    2              Group    4

If in a group, how many doctors do you share a practice with?
1 to 3
4 to 6
7 to 10    3
Above 10    1

Average Day

How many patients do you see on an average per day?

How many hours per week do you work - not including call time?
(i.e. including CME, clinical work, administration, teaching)
**What sort of schedule do you have in your work?**
(1- irregular/unpredictable, 10- regular/predictable)

![Schedule Bar Chart]

**Are you ever on remunerated call?**

Yes 4  No 2

**How many days are you on call?**

#Days/month

![Days on Call Bar Chart]

**How many hours per shift?**

#Hours/shift

24 hours 4

**How much routine (similar work or diversity (different tasks, activities) do you have in your work?**
(1-great deal of routine, 10- great deal of diversity)

![Routine Diversity Bar Chart]

**What type of intellectual approach to problem solving do you need to have to perform your work duties?**
(1-specific problem approach 10-theoretical)

![Intellectual Approach Bar Chart]
Do you have a sharply defined area of expertise or general expertise?
(1-General expertise, 10 - Sharply defined expertise)

How much do you need to use manual/mechanical activities for highly skilled tasks?
I.e. doing procedures, performing operations
(1-never, 10- most of the time)

Job Satisfaction

Overall, how satisfied are you with your career?
(1- dissatisfied, 10- very satisfied)

What is the most appealing aspect of your job?
- Diversity/ variety
- Teaching
- Research
- Helping patients
- Very good hours, generally 9-5 Monday-Friday; very little call
- Chance to use mechanical as well as theoretical skills. Always challenging. Deal with holistic approach for patients and families

What is the least appealing aspect of your job?
- Paperwork
- Bureaucracy
- Long hours - long days
- Stress
• Lack of remuneration for work
• Poor remuneration for complicated patients
• Writing letters
• Little recognition and understanding by other specialties
• Looking after the chronically ill
• Call hours when on the ward

Patient Characteristics

Presenting complaints most often seen?

• Spinal cord injury 2
• Musculo-skeletal 2
• Neuro-muscular disorder
• Spasticity 2
• Low back pain 2
• Neck pain
• Shoulder pain
• Knee pain
• Ankle pain
• Neurological problems (weak, numb)
• Musculoskeletal pain
• Stroke

Age group most often treated?

Infants 0
Children 0
Adults 5
Elderly 0
All groups 1

General Health Status of Patient Population?

Gen. Healthy 3
Chronically ill 4
Terminally ill 0
Acutely ill 0
All groups 0

Do you have short-term or long-term relationships with patients?
(1- short term, 10-long-term)
How much time do you spend in direct contact with patients?
(No time at all – 0, most of my time - 10)

How much opportunity to see end results do you have in your work?
(1- little opportunity, 10- great deal of opportunity)

Financial

What is your income bracket after taxes and overhead, etc?

What income level do you feel you have in comparison to other specialties?
(1-lower, 10- higher)
Are you satisfied with your income?

Very satisfied 0
Satisfied 2
Somewhat satisfied 2
Dissatisfied 2
Extremely dissatisfied 0

Do you feel your current income compensates your workload?

Yes 1  No 5

What is the Basis of your current income?

Fee-for-service 5  Salary 2

Family Life/ Free Time

How much time does work allow for family/leisure activities?
(1- little free time, 10- ample free time)

Are you satisfied with the amount of free time you have?

Very satisfied 0  Satisfied 0  Somewhat satisfied 4  Dissatisfied 1  Extremely dissatisfied 1

Do you have the ability to limit your workload should you need more free time?

Yes 1  No 5

Do you take vacations?

Yes 5  No 1

How much time for vacations annually?
How much time away from work for CME related conferences?

![Bar Chart]

What is the maximum amount of consecutive days away from work annually?

![Bar Chart]

Personal

What were your main reasons for choosing your specialty?

- Diversity
- Holistic approach to rehabilitation patients
- Musculoskeletal disorders are interesting
- No call, no weekends
- Family responsibilities
- Chance to deal with all elements of problems - acute through maintenance of care

Are your reasons for being in this specialty now different?

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<td>0</td>
<td>6</td>
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What were the major factors that guided your decision to choose this specialty?

- Friend/family
- Clerkship Experience
- Medical school experience
- Doctor's example
- Type of patients
- Lifestyle
- Residency
- Others
  - Pregnancy during residency

What was the single most important factor?

- Type of patient

Would you choose the same specialty again?

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<tr>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
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<td>3</td>
<td>2</td>
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If no, please indicate your reason(s).

- Lifestyle
- I would prefer to look after acutely ill patients rather than chronically ill

**What specialty would you now choose and why?**

- Neurology

**What professional status (in comparison to others) do you feel you have?**
(1- lower  10- higher)

![Professional Status Chart]

**Do you feel colleagues in other specialties respect your specialty?**

Yes 1  No 5

**Do you feel the community at large respects your specialty?**

Yes 2  No 4

**Comments:**

- No one knows what we do
- People don't realize the stress level and the hours worked
- The community hasn't heard of PM&R

**Pressure**

**How much pressure do you have in your work?**

![Pressure Chart]

**What aspect of your job do you find the most stressful?**

- Administration
- Fitting everything in - there isn't enough hours
- Writing letters
- Access to medical resources for example scheduling investigations, getting procedure time
- Scheduling conflicts
- Dealing with Worker's Compensation Board, Manitoba Public Insurance
Have you ever considered taking a leave of absence due to stress?
Yes 1 No 5

Have you ever taken a leave of absence due to stress?
Yes 0 No 6 (“who would cover?”)

Gender Issues

Do you feel discrimination in your job based on your gender?
Yes 1 No 5

Comments:
- The system is not set up to cover those needing to work part time due to family. The UNIVERSITY will not allow part time Geographic full time work. I have been trying to work part time but can’t.

What qualities do you think a student needs for this specialty or area of practice?
- Intelligence
- Motivation
- Appropriate idea of what it is all about
- Compassion
- Need exposure to rehabilitation/ people with disabilities in medical school - there is none to speak of right now
- Love of general medical knowledge
- Good patient skills and physical exam skills
- Ability to have a macroscopic view of medical problems
- Patience to look after chronically ill patients
- A great deal of empathy
- Patience, interest in people. Desire to solve problems. Desire to improve individual situations. Of note, I have been in private practice as well as group practice with the university. The private practice offers more opportunity for control of hours and work, but has the draw back of high overhead, less free time and having to manage staff. The university practice with our patients is very much less predictable and demands more hours of work.

What advice would you have for a student considering this specialty or area of practice?
- Self awareness of desires for your future
- Do electives with us
- Learn as much as you can about everything
- Don't expect excitement at every form. This is a specialty for those who want to practice many aspects of medicine (neurology, orthopedics, pain management) only AFTER the excitement. Patience is the key. Also group dynamics are plentiful and you need to be team oriented.

Planning your future as a doctor in Manitoba