CCFP - DEPARTMENT OF EMERGENCY MEDICINE

ORIENTATION

2018–2019 Academic Year

http://umanitoba.ca/faculties/health_sciences/medicine/units/emergency_medicine/
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INTRODUCTION
Welcome to the University of Manitoba's CCFP-Emergency Medicine program. Most of your rotations will take place at the Health Sciences Centre or at St. Boniface General Hospital.

There are 13 periods, each of four weeks duration during this academic year, except for periods 1 and 13, which are slightly longer in duration. These are divided as follows:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia (Adult)</td>
<td>4 weeks</td>
<td>Community hospital</td>
</tr>
<tr>
<td>Emergency Medicine (Community)</td>
<td>8 weeks</td>
<td>Grace Hospital</td>
</tr>
<tr>
<td>Emergency Medicine (Tertiary)</td>
<td>12 weeks</td>
<td>Health Sciences Centre and St. Boniface General Hospital</td>
</tr>
<tr>
<td>Pediatric Emergency Medicine</td>
<td>4 weeks</td>
<td>Children's Hospital</td>
</tr>
<tr>
<td>Medical ICU</td>
<td>4 weeks</td>
<td>Health Sciences Centre or St. Boniface General Hospital</td>
</tr>
<tr>
<td>Surgical ICU or M/SICU</td>
<td>4 weeks</td>
<td>Health Sciences Centre or St. Boniface General Hospital</td>
</tr>
<tr>
<td>Gold Surgery or Health Sciences Centre Emergency Department (trauma)</td>
<td>4 weeks</td>
<td>Health Sciences Centre. Out-of-province trauma rotations organized in discussion with program director. Month of gold surgery is an option in lieu of Health Sciences Centre emergency department.</td>
</tr>
<tr>
<td>Selectives/cardiology</td>
<td>8 weeks</td>
<td>Four weeks of cardiology at St. Boniface General Hospital required. If you have already done a cardiology block during family medicine, you could apply to do a month of CCU during the EM year. Discuss with program director well in advance.</td>
</tr>
<tr>
<td>Vacation</td>
<td>4 weeks</td>
<td>All four weeks together, or two separate two-week splits</td>
</tr>
<tr>
<td>Family medicine clinics (optional)</td>
<td></td>
<td>Longitudinal</td>
</tr>
<tr>
<td>Musculoskeletal (optional)</td>
<td></td>
<td>Longitudinal</td>
</tr>
</tbody>
</table>
COMMUNICATION
You are expected to check, read and respond to your email. This is the primary method of communicating with the program assistant and with the program director.

If you are communicating with other faculty members (both within the Department of Emergency Medicine or from other departments) remain formal and professional in your communications.

Please copy the program director if you are emailing others regarding program issues (e.g., switching rotations, funding requests, additional training opportunities e.g., ultrasound). The program director is your advocate; it is helpful to keep them in the loop.

Texting the program director is an option in case of last minute enquires (e.g., Lecturer did not arrive at appointed time, last minute change in academic day schedule, or for emergencies the program director is always available). Administrative communications can be done by email. The program director will keep Tuesdays available as an administrative day and will be available to meet.

Mailboxes (JJ123D)
At Health Sciences Centre, emergency medicine residents have individual mailboxes in the Health Sciences Centre Adult Emergency Physician Office. Please check these mailboxes on a regular basis.

Emergency Residents' Office (GB207)
As well, every resident will be provided with a key to the Emergency Residents' Office where access is available to a telephone (204-787-5133), computer and reference textbooks provided by the department. The administrative assistant will provide you with access.

Contact
Anita Bourgeois, administrative assistant
Health Sciences Centre Department of Emergency
Room GF201 | 204-787-2934

Emergency Physicians' Office and Computer/Library Room (Room A1050)
You will have access to the Emergency Physicians' Office and Computer/Library Room at St. Boniface General Hospital Emergency Department. The administrative assistant will provide you with access.

Contact
Lesley Roy, administrative assistant
St. Boniface General Hospital Emergency Medicine Office
Room L1019 | 204-235-3006
IMPORTANT POINTS TO KNOW

Scheduling
Please be aware that, once your rotation schedule for the year has been confirmed, it is extremely difficult to make changes.

Conferences
Major emergency medicine conferences for consideration:

- ACEP/American College of Emergency Physicians’ Scientific Assembly (Autumn)
- Canadian Association of Emergency Physicians/Canadian Association of Emergency Physicians’ Annual Conference (May/June)

These are popular conferences and require ample notice to arrange time off.

It is extremely difficult to secure conference leave unless you are in an adult emergency rotation during this time. It is up to the rotation as to whether or not to grant conference leave, which is five days.

Academic day
Academic day is compulsory. You have a full academic day every Tuesday as scheduled by the FRCP chief(s), with supplemental sessions arranged by the CCFP-EM program director.

You are required to do two academic day presentations during the year. Times and topics to be determined in consultation with the Royal College residents. The first academic day presentation you are considered a junior presenter, the second one you are the senior.

Ultrasound course content and CORE independent practitioner certification will take place during academic day. A supplementary on line vascular ultrasound course is provided free of cost during your ICU rotation. It is mandatory to complete this course prior to graduation.

Journal club
You are required to make one presentation at city-wide emergency rounds and one presentation at journal club during your year in the program. Journal club for the junior residents occurs during academic day. These can be a topic of your own choosing or selected with the assistance of faculty. Journal club is compulsory.

Scholarly project/QI project
You are required to complete a scholarly project/QI project during the program. It would be wise to begin thinking of ideas for a project.

High Performance Physician (HPP) program
Every second year, residents will have the opportunity to take part in the High Performance Physician (HPP) program. This is an extra course held during academic days and is funded by the DEM. Please make every effort to attend. The next HPP program will run in 2020.

Reading
The core textbook used in the program is Emergency Medicine: A Comprehensive Study Guide, 8th Edition by Tintinalli. The 9th edition is expected to be released in the fall of 2019. You will be provided with a reading schedule, followed by a monthly quiz as a guideline for studying.

Resident research day
Resident research day for the current academic year is being held in June. CCFP-EM residents currently in the program will have the opportunity to present their research/QI projects.
Program evaluation
As part of quality assurance we will be requesting that you be diligent in filling out all your end of rotation evaluations. Completion of end of year program evaluation is mandatory.

TINTINALLI ROUNDS
Monthly Tintinalli rounds will be held with the CCFP-EM resident group.

During Tintinalli rounds we will review the Tintinalli quiz which is designed to help you get through reading the Tintinalli textbook and to help prepare you for your exam. Dates and times will be either negotiated or set early on in the year. Once a date is set, please include this evening as CME time when you make your call requests for your upcoming rotations.

Tintinalli rounds often falls in the evenings, it is voluntary and considered a supplemental activity to assist with preparation for the CCFP-EM exam.

Tintinalli schedule 2018-19

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>shock/resuscitation/cardiovascular</td>
<td>3, 4, 7</td>
</tr>
<tr>
<td>October</td>
<td>trauma/pulmonary emergencies</td>
<td>8, 21</td>
</tr>
<tr>
<td>November</td>
<td>endocrinologic, heme, oncology</td>
<td>17, 18</td>
</tr>
<tr>
<td>December</td>
<td>MSK/orthopedic emergencies</td>
<td>22, 23</td>
</tr>
<tr>
<td>January</td>
<td>toxicologic emergencies</td>
<td>15</td>
</tr>
<tr>
<td>February</td>
<td>neurological/psych emergencies</td>
<td>14, 24, 25,</td>
</tr>
<tr>
<td>March</td>
<td>pediatrics</td>
<td>12</td>
</tr>
<tr>
<td>April</td>
<td>obs/gyne / urological /renal ent/derm (after Dr. Bellan's talk)</td>
<td>10, 11, 19, 20</td>
</tr>
<tr>
<td>May</td>
<td>GI/ infectious emergencies</td>
<td>9, 13</td>
</tr>
<tr>
<td>June</td>
<td>analgesia / wound care environmental / special situations</td>
<td>5, 6, 16, 26</td>
</tr>
</tbody>
</table>

EMS
You will be required to participate in one EMS ride-along with either the WRHA ground ambulance service or with the provincial Lifeflight Air Ambulance service. Arrangements for this will be initiated by the resident in order to facilitate scheduling.

WRHA Ground Ambulance
Lisette Manalang
lmanalang@winnipeg.ca

Lifeflight Air Ambulance
Dr. Caroline Kowal
caroline.kowal@umanitoba.ca

ORTHOPEGEDICS
Residents will have ample opportunity to increase their exposure to orthopedic medicine throughout the year:

- Opportunity to attend community hospital follow-up orthopedic clinics, with direct teaching from orthopedic surgeons
- Opportunity to do an orthopedic selective
- Participation in a musculoskeletal seminar developed for academic day

Any resident interested in increasing their orthopedic exposure should contact Dr. C. Kowal and every effort will be made to assist them in this request.
EDUCATION

Academic days in emergency medicine occur each Tuesday from 0900 to 1700 hours (locations TBA). These sessions are mandatory. Attendance is recorded by Ventis evaluations and sign in.

You will select two to three topics to present during the academic year. You will be presenting the topic with one other resident and a faculty supervisor in a “flipped classroom” format.

You will be expected to present at one city-wide emergency medicine grand rounds (25 min. talk, 5 min. questions) during the academic year. Various attending physicians are available for presentation suggestions and mentorship. The program director is a good initial source.

There are core curriculum sessions run by PGME and occur over the course of the academic year. You may have already attended a number of these sessions during your previous two years in family medicine. If so, you must provide us with a certificate, letter or receipt of completion to excuse you from the sessions. TDP teaching, professional boundaries, and practice management courses are mandatory. You will be provided with a schedule of mandatory sessions from the PGME office, core curriculum administrator.

By the end of the academic year, you must be certified in ACLS, ATLS, PALS, AIME and CPoCUS IP U/S certified. If you have not yet taken these courses, you are obligated to do so over the course of the upcoming year. Start arranging these early; dates can be limited. The AIME course is organized for you through the Department of Emergency Medicine. You will be CORE CPoCUS IP trained during academic days. A good source to find course information is at www.ManitobaCPD.com.

As these courses are mandatory, you will be reimbursed the cost of the course. As per your PARIM contract, please submit receipts to WRHA for reimbursement; and copies of certifications of completion to Ann Marie Aldighieri for your academic file. You may have the opportunity to take ACLS instructor training during the year, this course is optional.

The Department of Emergency Medicine journal club occurs on a weekday evening, quarterly from September to May. A few recent articles are presented for discussion with a view of improving current clinical practice. Journal club is an important forum for learning and discussion of recent controversies in emergency medicine. You must attend all of the sessions for completion of program requirements.

SELF-DIRECTED LEARNING

The recommended textbook is the current edition of Tintinalli’s Emergency Medicine. The academic days are based on Rosen's Emergency Medicine. Journals that may be useful are Annals of Emergency Medicine and Canadian Journal of Emergency Medicine.

The residents’ office has a library with recent textbooks and current journals. As well, there is a University of Manitoba medical library in the John Buhler Research Centre next to the Health Sciences Centre complex and in the St. Boniface Research Centre.

Five days are allowed for conference leave for emergency-related conferences or courses; make your request in Ventis. Conferences such as Canadian Association of Emergency Physicians, ACEP, and Emergency Medicine Update occur yearly.

The department’s residents’ expense policy provides each resident with a $2,000 allowance to be used between July 1 and June 30 of your academic year for expenses such as conference travel, other courses, books and associated memberships. Original receipts are required, including boarding passes both going to and coming from location if claiming flight costs. If you are looking to use these funds for something other than a conference, please discuss with the program director and the requests will be reviewed on a case-by-case basis.

It is highly recommended that you join the Canadian Association of Emergency Physicians (CAEP). As a member in this association, you will receive the Canadian Association of Emergency Physicians (CJEM) journal and notification of any CJEM-sponsored conferences at a reduced rate. Please see www.CAEP.ca for more details.

In the past, outside of academic day and director meetings, residents have found that resident-directed study sessions are beneficial. This is something you may wish to try in preparing for the exam in September of next year.
SIMULATION

We are very fortunate to have Dr. Cheryl ffrench offer additional CCFP-EM specific simulation curriculum.

These additional SIM sessions occur on Monday evenings the night before junior SIM academic day mornings. They are designed to complement the academic day curriculum.

The sessions are voluntary (both for you and for Dr. ffrench). If you cannot attend please notify Dr. Kowal or Dr. ffrench in advance.

Brandon offers a simulation program as well; the cases are the same as the ones offered in Winnipeg.

Please note that the simulation sessions are organized for the Brandon residents when they are in Brandon; they are not expected to drive back and forth for the additional voluntary SIM sessions.

If a Brandon resident is in Winnipeg on a Monday evening when Dr. ffrench’s SIM sessions are run, they are welcome to sit in on the session, however, they cannot lead one of the sessions (as they will lead in Brandon and there is only enough time for four people to run a code).

EDUCATION AND TRAVEL LEAVE

Rotation schedulers have been advised that emergency medicine residents are to be exempt from being scheduled during our academic day Tuesdays.

Once you receive your rotation schedule, you may need to provide the scheduler with a gentle reminder, as they often have multiple training individuals on site at any given time with varying requests. Often they can make adjustments if given advance notice.

It is important that you attend academic day.

Should you need to attend a course or make a conference attendance request you request in VENTIS at least eight weeks prior to the event.

The Department of Family Medicine provides CCFP-EM residents with a $250 travel allowance which may be used to attend conferences or courses.

Additional travel expenses, extra course fees, and books, are reimbursed through your $2,000 annual resident allowance provided by the Department of Emergency Medicine. Please see the attached travel expense policy and a reimbursement how-to for details on how to proceed.

If you are paying fees to a provider for required program courses (i.e., ATLS, etc. as per your PARIM contract http://www.PARIM.org/education/whra-courses), those receipts will be handled separately and are to be submitted to and reimbursed by the WRHA.

VACATION AND STATUTORY HOLIDAYS

You will have four weeks of official vacation time which may either be split into two two-week periods or taken all at once. Vacation has to be taken at the beginning half or end half of a rotation if splitting into two two-week allotments, or in its entirety within one rotation if taking all four weeks at once. You may not overlap dates between two periods, or take vacation in the middle of a rotation.

You will also have three statutory holidays and two travel days off during the Christmas/New Year holiday period. Stat days off are to be requested through the contact at the rotation in which you are scheduled at that time. You may request either Christmas, or New Year’s off, but not both. There is no guarantee you will get the five stat days off you requested, but each rotation will do its best. If you have vacation time booked during the stat holidays, you still get three stat days off to use throughout the rest of the year, but these must be requested and approved by that rotation.

HOW TO MAXIMIZE YOUR EDUCATIONAL EXPERIENCE

Each rotation has a list of objectives that mesh with the final objectives in your Orientation Handbook. Each rotation plays a different part in your overall training to becoming a CCFP-EM MD. Some rotations are more focused on hands-on experience, with the education embedded in the chance to perform (with guidance) complex procedures/codes on patients (trauma surgery is an example of this).
The person that will have the most influence on your learning experience is you. The way you interact with other healthcare professionals and obtain information from them can greatly add to any textbook/journal reading you do in your time away from the hospital. Here are some suggestions on how to recognize and enhance your educational experience:

**Pre-rotation:**
- Introduce yourself to the attendings ahead of time, stating your name, your year of training, your program and program director. Tell them of your previous experience and what you would like to improve or focus on during the rotation.
- Review your rotation objectives.
- Get your call schedule ahead of time.
- Orient yourself to the daily Five W’s:
  - Who is the house staff?
  - Where is the OR?
  - Where are the scrubs/lockers?
  - Where do rounds take place?
  - When do rounds take place?
- Find out presentation expectations ahead of time and keep your eye out for a likely topic from the beginning.

**On rotation:**
- Get to know the team of fellow residents, medical students, attendings, RNs, ward clerks, unit assistants, etc. They will be valuable help during the rotation.
- Professionalism is expected and highly important. If you are working in a new emergency department make sure you introduce yourself to the charge nurse as well. Take a moment to review the resuscitation room so you know where everything is.
- If someone knows something that you don’t, ask where they read it. If possible, ask for the reference article or a copy of it.
- Read around your cases. Even 5–10 minutes on the subject will go a long way.
- Ask your attending for “5-minute talks”. E.g., “can we talk about pancreatitis for a few minutes?”
- Ask questions about treatment/prognosis.
- Ask, “Can I do that?”; “Can you show me how to...”
- Get your hands dirty. Show your strong work ethic.
- Ask for feedback/halfway review. Review what you’ve already seen/accomplished, and make a game plan for the rest of the rotation.
- Talk about “that interesting case” with your fellow emergency residents/attendings.

**End of rotation:**
- Ensure that your ITARs are completed.
- Request articles that the attendings think will round out your experience.
- Think about your experience. Is there anything that could be improved? Is there any attending/fellow/resident that was particularly helpful?
- Fill out the end of rotation evaluations in Ventis.
- Review your rotation objectives to see if anything was not encountered on rotation. This ensures that you’ll read about it to cover any deficiencies.
RESEARCH
You are expected to complete a scholarly activity. There will be an opportunity to present at resident research day, which generally occurs in mid-June of each year. Your project may start because of a question or change in current practice or because of an interesting case report.

Other options include a quality improvement project or review of a health policy. Discuss your ideas with the program director early in the year. There are many resources for ideas and mentorship.

EVALUATIONS
Both practice written examinations and practice oral examinations will be included in the academic day schedule three times per year. As well, you will receive a list of the preceptors in the city who are currently involved in helping residents prepare for the oral portion of the national exam. You should start scheduling sessions with these preceptors in June in order to practice over the summer leading up to your exam.

Each rotation completed will require an in-training assessment report (ITAR) in Ventis. As well, an end of rotation evaluation, as this feedback will be used to improve resident experience on each rotation.

You will have two formal progress reviews with the program director, which will occur at the halfway point and near the end of your program year, respectively. During these reviews, it is expected that you will have your ITARs up to date.

In the emergency rotations, daily clinical supervision will be completed in Ventis at the end of each shift.

ADMINISTRATION
One Winnipeg resident will be requested to be chief resident. This position can be split between two residents (six-month term for each).

Duties include participation on the Department of Emergency Medicine academic council and the CCFP-EM advisory committee. These committees meet every quarter to discuss issues pertinent either directly to the program or to emergency academia in general.

Furthermore, one resident will be requested to sit on the CCFP-EM resident selection committee for each upcoming year (mid-November). The remaining residents are encouraged to assist with the social event for the candidates to our program, and to assist with tours on the day of the interviews.

PROBLEM SOLVING
In this program, we have zero tolerance for any kind of harassment of any resident or staff member. We expect the staff, residents and medical students to treat patients, families and each other with professional, courteous behaviour at all times. If you observe or are subject to any sort of harassment at all, please immediately bring the episode to the attention of the program director and attending physician of the rotation you are in.

As a resident of the CCFP-EM program, you are a PARIM member. Your representation currently is through the FRCP emergency program chief resident (ER.chief.uofm@gmail.com) or the family medicine chief resident.

Please see the University of Manitoba’s professionalism and diversity document in this manual for specific links to the WRHA’s respectful workplace policy, the respectful learning/working environment policy and CAIR mantras on intimidation, etc.

If you have a concern with academics or otherwise several routes of action are available for you. The concern may be brought up either with the chief Resident of either CCFP-EM or FRCP-EM programs, the director of the program, the CCFP-EM advisory committee or PARIM.

The faculty’s wellness website (http://umanitoba.ca/faculties/health_sciences/medicine/wellness/index.html) offers a variety of resources and contact information for counselling and crisis response.
MENTORSHIP
You have the opportunity to choose a mentor – any faculty member at Health Sciences Centre, St. Boniface or Grace Hospital – and approach them to be your mentor. The program director will assist you.

If you are not sure who would be a good mentor for you, you can also choose to be assigned a mentor. The goal is to connect with someone you feel comfortable with.

The mentor is available to help support you through your residency program, provide career advice, idea generation and support for your grand rounds topic, scholarly activity, and for challenges during the program (academic, professional or personal).

Your mentor does not report back to the program director, you are encouraged to feel free to use them as a resource.

SUBPOENAS AND REQUESTS FOR REPORTS
When working in health care, residents will sometimes have to deal with the police; please remember to identify yourself as a resident and reference the attending physician you are working with.

On occasion, residents will be issued either a subpoena or a letter requesting a medical report from Manitoba Justice / prosecution. If / when you receive such requests, please bring them to the attention of the emergency administrative assistant for the site at which the patient was seen.

Residents are not required to produce medical reports or testify in court unless there are extenuating circumstances. In most cases, the crown attorneys will be contacted redirecting them to the attending physician involved in the case.

If, following review of the case it is found that you are still required to either testify in court or produce a medical report, you, your residency director and the medical director for the site will be notified, and assistance will be provided to you by same.

CORE PROGRAM
CFPC-EM minimum requirements for completion of program

- The resident must pass all clinical rotations.
- The resident must have attended a minimum of 70% of emergency medicine weekly rounds and must have successfully completed two academic presentations at these rounds including one grand rounds presentation.
- The resident must have attended a minimum of 100% of emergency medicine journal club sessions.
- Brandon residents are expected to notify both Winnipeg and Brandon program directors regarding their absence from academic day, Tintinalli rounds and journal club.
- The resident must successfully complete one scholarly activity project, which must be pre-approved by the Residency program director, and the emergency medicine Research Director as required.
- The resident must ensure that both resident evaluations of the rotations and preceptor evaluations of the resident have been submitted in a timely fashion for all rotations.
- The resident must ensure that all resident evaluations of the rotations and preceptor evaluations of the resident for all completed rotations are up to the date when the recommendation form is completed.
- Residents are expected to complete their mid-point evaluations with the program director in Brandon and/or in Winnipeg.

NOTE: Tintinalli rounds are voluntary. We understand time constraints during the year and therefore work to schedule them when the entire group can attend. We no longer use the exams for each block as an evaluative tool. They are now used as a study tool and guideline. We expect a 75% attendance rate. Note in past years attendance has been 90-100% as it is a key tool for passing the exam.

N.B.: Please note that the issuing of a recommendation form to the College of Family Physicians of Canada (CFPC) in no way implies successful completion of the residency program. The College will withhold certification from those candidates who do not pass all the minimum requirements of the residency program.

Minimum attendance requirements are firm. Residents will be considered to NOT have completed the program if these requirements are not met.
CCFP-EM SUPPLEMENTARY COURSE OBLIGATIONS

- ACLS
- ATLS
- PALS
- AIME (Canadian Association of Emergency Physicians course)
- Procedural sedation
- Vascular access course (offered during your ICU rotation)

Your required courses are listed in Ventis, under courses.

IT IS HIGHLY RECOMMENDED THAT THE RESIDENT REGISTER EARLY FOR THESE SESSIONS!
Student is to register and pay for these following courses, and then submit receipts for reimbursement to: WRHA

<table>
<thead>
<tr>
<th>Course</th>
<th>Dates offering: TBA</th>
<th>Details</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATLS</td>
<td><a href="http://www.ManitobaCPD.com">www.ManitobaCPD.com</a></td>
<td>This is a two-day course for any physician involved in the care of the trauma patient. Registration is limited. To maintain a current status in ATLS, a refresher course is necessary every four years.</td>
<td>Department of Surgery Health Sciences Centre GC401 204-787-2394 <a href="mailto:atls@hsc.mb.ca">atls@hsc.mb.ca</a></td>
</tr>
<tr>
<td>ACLS</td>
<td>Several ACLS dates available: <a href="http://www.ManitobaCPD.com">www.ManitobaCPD.com</a></td>
<td>Prerequisite: BLS must be recent within one year. ACLS Provider is good for two years, and then a renewal must be done.</td>
<td>Department of Emergency Medicine Trisha Bedard 204-789-3626</td>
</tr>
<tr>
<td>PALS</td>
<td>Dates offering: TBA</td>
<td>Course offering is demand-based, contact provider.</td>
<td>Health Sciences Centre Dr. Gerald Brennan <a href="mailto:gbrennan@hsc.mb.ca">gbrennan@hsc.mb.ca</a></td>
</tr>
<tr>
<td>AIME</td>
<td>Dates offering: TBA</td>
<td><a href="http://aimeairway.ca/">AIME Airway</a></td>
<td><a href="http://www.caep.ca">CAEP</a></td>
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</tbody>
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CCFP-EM FAMILY MEDICINE CONNECTIVITY

The CCFP-EM is administered through the Department of Emergency Medicine, however all trainees are also considered members of the Department of Family Medicine, and can thus take advantage of any of the resources within the family medicine department.

We are striving to increase the connectivity of PGY-3 Enhanced Skills residents to our home department of family medicine. Please refer to the family medicine resident manual online (http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/Family_Med_Orientation_2018-19.pdf) for more information, including who’s who in the department, policies, evaluations forms and a list of stress and well-being supports available.

Third year CCFP-EM residents have the opportunity to participate in family medicine academic rounds including a role as lecturer to residents in R1 and R2. If interested, the program will facilitate this teaching opportunity.

HALF DAY BACK TO FAMILY MEDICINE

The Enhanced Skills program recognizes concerns regarding PGY-3 trainees significantly limiting their scope of practice compared with non-PGY-3 trainees. At this time, the CCFP-EM program ensures that there is the capacity for residents to undertake half-day back type activities, which will keep them in contact with the full scope of practice that embodies family medicine. We request that a resident inform the program director if they wish to take advantage of this opportunity.

The curriculum of the CCFP-EM training program at the University of Manitoba provides the opportunity for each resident to maintain his or her clinic-based family medicine experience during the training year.
The University of Manitoba family medicine teaching sites welcome CCFP-EM residents to participate in their teaching clinics upon request. This is an opportunity to maintain and develop family medicine skills in concert with a PGY3 training program in emergency medicine.

Clinic-based family medicine sessions MUST NOT interfere with or take precedence over CCFP-EM clinical rotation duties and academic events. You should ensure coordination with your rotation preceptor so that appropriate scheduling is performed in order to accommodate your clinic-based family medicine sessions.

If you are interested in this opportunity, please contact the Family Medicine Residency Program Administrative Assistant at least eight weeks prior to the family medicine time requested. Please note that requests are subject to resource limitations and approval by the family medicine Postgraduate Education Director.

**MOONLIGHTING**

- Residents must participate in all academic activities. This includes academic day year round, practice oral exams; practice written exams, ER grand rounds, annual update etc.
- Attendance records for academic day and journal clubs are maintained by the chief resident
- Residents must do the required number of presentations for academic day (2 to 3 per year in addition to ER grand rounds and trauma rounds as assigned).
- All residents must fulfill the above criteria in #1 through #3 as determined by the program director and the program committee members in order to have moonlighting privileges.
- Should concerns arise regarding conflicts caused by moonlighting or if academic performance is suffering then the program director and the chief resident, or if it is the chief involved, the other resident on the program committee, shall discuss the situation with the resident.
- No moonlighting is to occur while scheduled on the following rotations: MICU, SICU, PICU, CCU and General Internal Medicine.
- No moonlighting shifts should conflict with the timing or scheduling of ER shifts. This includes moonlighting overnight and coming to work the next morning, even if sleep is anticipated. There needs to be a minimum of 12 hours hiatus between the moonlighting shift and the next workday.
- Moonlighting that falls under the residents’ educational license (e.g., ICU shifts), will have clearly defined objectives, supervision by a designated attending, and an evaluation process directed to the program director.
- During the academic year residents are limited to moonlighting three shifts per four-week rotation, unless by special permission by the program director. Given the short duration of the program, one or two shifts per rotation is preferred.
- If the above policy is contravened, the program committee may remove the resident’s moonlighting privileges for a time to be determined by the committee.
- Residents should apprise themselves of the royal college policy statement on moonlighting.
- Residents should try to remember to take a long view of their financial health, and attend to their general health, and both mental and physical well-being.

**PROFESSIONALISM AND WELLNESS**

Professionalism and Diversity website http://umanitoba.ca/faculties/medicine/professionalism/

You will find the following useful links:

Conflict of Interest Policy
http://umanitoba.ca/admin/governance/governing_documents/community/248.html

Reasonable Accommodation in Employment (Disabilities)
http://umanitoba.ca/admin/governance/governing_documents/staff/887.html

Respectful work & Learning environment RWLE policy
Sexual assault policy
http://umanitoba.ca/governance/media/Sexual_Assault_Policy_-_2016_09_01.pdf

Respectful Work and Learning Environment (RWLE) and Sexual Assault
http://umanitoba.ca/admin/governance/governing_documents/community/230.html

Office of Human Rights and Conflict Management
http://umanitoba.ca/admin/vp_admin/ofp/ohrcm/index.html

CMA Code of Ethics

CMPA Professionalism
https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/professionalism/professionalism-e.html

ABIM Physician Charter

CMPA online technology and medicine statement

Conscience-based exemption policy

Max Rady College of Medicine social networking guidelines
http://umanitoba.ca/faculties/health_sciences/medicine/media/socialnetworkingguidelines.pdf

Policy for prevention of learner mistreatment (Max Rady College of Medicine)

Professional attire guidelines

UofM Professionalism and Medical Students
http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/professionalism.html

WRHA privacy policy (PHIA)
http://www.wrha.mb.ca/privacy/phia/index.php

WRHA respectful workplace policy
http://www.wrha.mb.ca/professionals/respectfulworkplace/

EDUCATIONAL OBJECTIVES CCFP-EM PROGRAM

The University of Manitoba CCFP-EM program adheres to the standards and meets the objectives of the CCFP, as outlined in the Red Book (https://www.cfpc.ca/uploadedFiles/_Shared_Elements/Documents/20180701_RB_V1.2_ENG.pdf).

This forms the backbone of the CFPC-EM program and provides the focus for weekly core teaching as well as for your own studying.

We look forward to working with you in the coming academic year. Please feel free to contact us at any time should you have any questions or concerns.

Dr. Caroline Kowal
Program Director
CCFP-EM Family Medicine Residency Program

Ann Marie Aldighieri
Education Program Administrator
CCFP-EM Family Medicine Residency Program
**CONTACTS**

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