Table of Contents

Message from the Department Head ................................................................. 5

Department Overview ....................................................................................... 6
  Streams ........................................................................................................ 6
  Enhanced Skills Programs ........................................................................ 6
  Undergraduate Studies ............................................................................... 6
  Integrative Medicine in Residency (IMR) .................................................. 6
  Research .................................................................................................. 6
  Residency Program Goals ......................................................................... 6
  Competency Framework ............................................................................ 7

Educational Support ............................................................................................. 7
  Orientation ................................................................................................ 7
  Primary Preceptor ...................................................................................... 7
  Education Plan ......................................................................................... 8
  Clinical Supervision ................................................................................ 8
  Preparation ................................................................................................ 8
  Reflection in Practice ............................................................................... 8
  Focused Clinical Experiences (FCEs) ....................................................... 8
  Assessment ............................................................................................... 9
  Evaluations ............................................................................................. 9

Academics ............................................................................................................ 9
  Program Requirements ............................................................................ 9
  Curriculum ............................................................................................... 9
  Rotations .................................................................................................. 9
  Required Courses ................................................................................... 9
  Postgraduate Medical Education (PGME) Core Curriculum ................ 10
  Indigenous Cultures Awareness Workshop (ICAW) ............................ 10

Academic Activities During Family Medicine Block Time (FMBT) .................... 11
  Behavioural Medicine Seminar Series ..................................................... 11
  Guideline Review .................................................................................... 11
  In-unit Seminars ...................................................................................... 12
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journal Club</td>
<td>12</td>
</tr>
<tr>
<td>Pearls for Residents</td>
<td>12</td>
</tr>
<tr>
<td>Quality Improvement (QI) and Research Projects</td>
<td>12</td>
</tr>
<tr>
<td>Self-Directed Learning (SDL) Time</td>
<td>13</td>
</tr>
<tr>
<td>Electives</td>
<td>13</td>
</tr>
<tr>
<td>Assessments</td>
<td>14</td>
</tr>
<tr>
<td>Frequency of Assessment</td>
<td>14</td>
</tr>
<tr>
<td>Linkages to the Competency Framework</td>
<td>14</td>
</tr>
<tr>
<td>Progression in the Program</td>
<td>15</td>
</tr>
<tr>
<td>Examinations</td>
<td>15</td>
</tr>
<tr>
<td>Medical Council of Canada Qualifying Examination Part 1 (MCCQE1)</td>
<td>15</td>
</tr>
<tr>
<td>Certification Examination in Family Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Medical Council of Canada Qualifying Examination Part 2 (MCCQE2)</td>
<td>16</td>
</tr>
<tr>
<td>Annual Events</td>
<td>16</td>
</tr>
<tr>
<td>Resident Retreat</td>
<td>16</td>
</tr>
<tr>
<td>Canadian Resident Matching Service (CaRMS)</td>
<td>16</td>
</tr>
<tr>
<td>Family Medicine Forum (FMF)</td>
<td>16</td>
</tr>
<tr>
<td>Residents' Grad Farewell</td>
<td>17</td>
</tr>
<tr>
<td>Safe, Respectful &amp; Supportive Learning Environment</td>
<td>17</td>
</tr>
<tr>
<td>Policies &amp; Guidelines</td>
<td>17</td>
</tr>
<tr>
<td>Policies</td>
<td>17</td>
</tr>
<tr>
<td>Professionalism</td>
<td>18</td>
</tr>
<tr>
<td>Communication Guidelines for Residents</td>
<td>18</td>
</tr>
<tr>
<td>Travel Expectations for Residents</td>
<td>19</td>
</tr>
<tr>
<td>Moonlighting</td>
<td>19</td>
</tr>
<tr>
<td>Presentation Guidelines</td>
<td>19</td>
</tr>
<tr>
<td>Expectations for Chart Notes</td>
<td>19</td>
</tr>
<tr>
<td>Conference / Workshop Leave</td>
<td>20</td>
</tr>
<tr>
<td>Leave of Absence from the Residency</td>
<td>20</td>
</tr>
<tr>
<td>Vacation Time</td>
<td>20</td>
</tr>
<tr>
<td>Off-Service Rotations</td>
<td>20</td>
</tr>
<tr>
<td>Resources</td>
<td>Page</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Documents and Forms</td>
<td>20</td>
</tr>
<tr>
<td>Online Resources</td>
<td>20</td>
</tr>
<tr>
<td>Manitoba Telehealth</td>
<td>21</td>
</tr>
<tr>
<td>Colleges, Offices and Authorities</td>
<td>21</td>
</tr>
<tr>
<td>Frequent Contacts</td>
<td>23</td>
</tr>
<tr>
<td>University of Manitoba Online Directory</td>
<td>23</td>
</tr>
<tr>
<td>Max Rady College of Medicine</td>
<td>23</td>
</tr>
<tr>
<td>Postgraduate Medical Education</td>
<td>23</td>
</tr>
<tr>
<td>Department of Family Medicine Faculty &amp; Staff</td>
<td>23</td>
</tr>
<tr>
<td>Residency Program Contact List</td>
<td>23</td>
</tr>
<tr>
<td>Regional Health Authorities</td>
<td>23</td>
</tr>
<tr>
<td>Employment Contacts</td>
<td>23</td>
</tr>
</tbody>
</table>
Message from the Department Head

Welcome to the “family” of family medicine! The department is doing important and innovative work and we are glad to have you with us.

We hope your time here brings valuable experiences and allows you to form lasting relationships. We look forward to working with you and benefitting from the talents you bring.

I encourage you to use this manual to familiarize yourself with the department, but also to consider the preceptors, staff and each other as important resources throughout your time in family medicine. I also invite you to reach out to the university’s administration, either to myself or to the Dean of the Max Rady College of Medicine, with your comments and your concerns. Your input is always welcome.

- Dr. José François, MD, CCFP, M Med Ed

Dr. François is the Medical Director, Family Medicine - Primary Care Programs, WRHA and Head, Department of Family Medicine, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba

LINKS

Orientation Hub
HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/10818.HTML
Department Overview

As part of the Rady Faculty of Health Sciences at the University of Manitoba, the Department of Family Medicine provides a comprehensive training program accredited by the College of Family Physicians of Canada. We strive to teach whole-person medicine using a collaborative, interprofessional model.

A broad knowledge base and clinical skill sets enable family physicians to work in diverse settings such as patients’ homes, outpatient clinics, emergency departments, labour and delivery suites, hospital wards, and nursing homes.

Streams

Residents can complete their two-year family medicine residency in one of five learning streams. This model helps develop well-rounded family physicians who can practice with confidence in a variety of settings.

Enhanced Skills Programs

Family physicians can continually shape and reshape their careers through enhanced skills training in a number of specialties, tailored to their unique needs.

Undergraduate Studies

In addition to postgraduate studies, the department is also engaged in several components of the Max Rady College of Medicine’s four-year undergraduate degree, providing pre-clerkship teaching and clinical placements, as well as ensuring all students complete family medicine rotations in rural or northern Manitoba.

Integrative Medicine in Residency (IMR)

Integrative Medicine in Residency (IMR) is an option that residents can choose to pursue alongside their family medicine studies. It is comprised of 200 hours of study exploring the integration of complementary and alternative therapies with conventional family practice.

Research

The Department of Family Medicine conducts leading-edge research to improve the health outcomes of Canadians.

Residency Program Goals

The goal of the Department of Family Medicine Residency Program is to train family physicians who are able to provide comprehensive, high quality, continuous care in urban, rural, or remote settings.

On completion of their program, family physicians trained by our residency program will demonstrate the abilities to:
• Respond to the needs of their communities by providing comprehensive, high quality, continuous health care to their patients and families across the life cycle (including prevention, acute and chronic illness management), in a variety of care settings, and to a broad base of patients, including those from underserved and marginalized populations
• Recognize that the patient-physician relationship is central to their practice and strive to communicate effectively with patients
• Collaborate with other physicians, health professionals, patients, and their families to optimize patient care
• Mobilize the resources of the community to improve the health care delivery system
• Take an active role in improving the safety and quality of health care
• Engage in lifelong learning
• Demonstrate professional behaviours in all aspects of practice

Competency Framework
In response to changes in accreditation standards in family medicine, the program has engaged in a process to review and modify its curriculum to ensure it meets the goals of the College of Family Physicians of Canada’s Triple-C Curriculum – a competency-based curriculum that is:

1. **Comprehensive**
2. Focused on **Continuity** of education and patient care
3. **Centred** in Family Medicine

Educational Support
In the Department of Family Medicine, we strive to provide comprehensive educational support. This both optimizes the learning environment for our residents and helps identify those who may need additional supports early on.

This section outlines some of the ways in which we support our residents.

Orientation
As a new resident, you will receive an orientation to the program and to the associated teaching sites. As part of this process, you will complete a self-assessment questionnaire, which provides the basis for an initial education plan.

Primary Preceptor
Residents are each assigned a primary preceptor at the start of their residency to serve as a faculty advisor. Throughout your two-year program, you will meet regularly to discuss your progress. Your primary preceptor will be responsible for the following:

Integrated Care of the Elderly
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/postgrad/9021.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/postgrad/9021.html)

**ENHANCED SKILLS**

FM Anesthesia
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/8301.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/8301.html)

Cancer Care
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/8501.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/8501.html)

Care of the Elderly
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/postgrad/8677.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/postgrad/8677.html)

Emergency Medicine
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/8304.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/8304.html)

Obstetrics/Women’s Health
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/obstetrics.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/obstetrics.html)

Palliative Medicine
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/postgrad/8679.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/postgrad/8679.html)

Sports and Exercise Medicine
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/8303.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/8303.html)

Orientation Hub
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/10818.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/10818.html)
• Orientation to the discipline of family medicine
• Setting objectives
• Establishing education plans
• Clarifying assessment feedback
• Helping you to define your career plans

Note: you will have the opportunity to request a primary preceptor who is not directly responsible for your assessment.

Education Plan

All residents will have a documented education plan, which will be reviewed at least twice yearly. This will help ensure that you stay on track to achieving both short- and long-term learning goals.

Clinical Supervision

You will receive supervision by preceptors at each teaching site. Throughout the year, this will involve three to four different preceptors. This ensures that you have the opportunity to experience a variety of different practice approaches and also ensures the reliability of assessments.

Preceptors are there to:

• Supervise residents each time the resident does clinical work
• Discuss and review patients
• Provide feedback. This happens verbally on a daily basis and at least twice weekly through documentation in Field Notes or End-of-Shift Reports.

Preparation

Preparation is key to success. You are expected to prepare for each rotation by reviewing rotation objectives and in-training assessment reports (ITARs). These are available in VENTIS and online.

Reflection in Practice

You are encouraged to reflect on your clinical activities and to document your reflections on a twice-weekly basis using Resident Field Notes. Note: these are for your use only and are not used in your assessment.

Focused Clinical Experiences (FCEs)

A Focused Clinical Experience (FCE) is a clinical experience that has been chosen specifically to provide supplementary learning opportunities on top of what is already provided in Family Medicine Block Time (FMBT) or during specialty rotations. FCEs have been chosen to address and support resident learning around the competencies listed under Domains of Clinical Care.

These activities are structured and generally include pre-reading. For most FCEs, there is a physician preceptor but for some, your experience
will be led by a non-physician health care professional. FCEs can be of variable duration and frequency, but are always less than one week in total.

**Assessment**

On each half-day FCE, obtain at least one field note that summarizes any feedback you have been given by your supervisor. This may not always be possible, but having multiple field notes from different observers in different settings such as FCEs will help your family medicine lead preceptor better judge your progress towards independent practice at the time of each progress review meeting.

**Evaluations**

You will be asked to evaluate each FCE by completing the VENTIS evaluation form that is sent to you at the end of the block. Please take time to complete and submit this form as your feedback is essential to the ongoing program evaluation and Quality Improvement (QI) process.

**Academics**

**Program Requirements**

As a resident, you must be on the educational register with the College of Physicians and Surgeons of Manitoba (CPSM) at all times while in active training in the residency.

It is mandatory that you have Canadian Medical Protective Association (CMPA) coverage.

**Curriculum**

A curricular grid is posted online in the orientation hub, along with information about electives.

**Rotations**

You must successfully complete all rotations, attaining associated competencies to the satisfaction of the Resident Progress Committee (RPC). Information on clinical rotations by stream is posted online.

**Required Courses**

You must successfully complete required courses as follows:

**All** residents:

- Advanced Cardiovascular Life Support (ACLS)
- Advances in Labour and Risk Management (ALARM)
- Indigenous Cultures Awareness Workshop (ICAW)
- Neonatal Resuscitation Program (NRP)
Residents in Bilingual, Rural and Northern/Remote Streams:

- Advanced Trauma Life Support (ATLS)

Northern/Remote Stream residents only:

- Pediatric Advanced Life Support (PALS)
- Procedural Sedation

Documentation: proof of completion of required courses.

Postgraduate Medical Education (PGME) Core Curriculum

The following PGME Core Curriculum sessions are required for completion of training. These are completed during FM Orientation days.

Teaching Development Program 1 – online

Teaching Development Program 2 – online

Professional Boundaries – online

Resident & the Learning Environment – in person

Conflict Management in Medicine - online

Practice Management – in person (offered through Family Medicine Academic Days as well as PGME)

Documentation: documentation of attendance and satisfactory completion of any required assignments.

Indigenous Cultures Awareness Workshop (ICAW)

The Indigenous Cultures Awareness Workshop (ICAW) is a two-day workshop provided by the Winnipeg Regional Health Authority (WRHA) which introduces a basic knowledge of the world views, spiritual and cultural values of Indigenous peoples, highlights historical and contemporary issues that influence Indigenous peoples, and honours the rich diversities within Indigenous communities.

As a result of attending this workshop, participants will:

- Increase awareness and understanding of Indigenous cultures in a health care setting
- Increase ability to provide culturally competent and proficient care
- Gain knowledge to build a culturally respectful workplace
Academic Activities During Family Medicine Block Time (FMBT)

**Behavioural Medicine Seminar Series**
As an alternative to a traditional psychiatry rotation, residents participate in a horizontal program during family medicine time. Along with clinical exposures in mental health, an academic curriculum includes a series of lectures facilitated by family medicine, psychiatry, psychology and social work faculty members.

Series Topics:
- Anxiety disorders
- Bipolar disorder
- CBT basics and relaxation techniques
- Child psychiatry
- Depression 1
- Depression 2
- Emergency psychiatry
- Geriatric psychiatry
- Insomnia and other sleep disorders
- Intimate partner violence, crisis intervention and safety planning
- Legal issues in psychiatry
- Marital problems and family issues
- Motivational interviewing
- Patient resilience and managing stress
- Personality disorders
- Schizophrenia
- Somatization
- Substance abuse

**Evidence-Based Medicine (EBM) Series**
During Family Medicine Block Time (FMBT), all residents attend sessions focusing on the application of Evidence-Based Medicine (EBM) in practice. In addition to learning how to critically appraise literature and how to search for best evidence in real time using most efficient electronic resources, you will review and consider how best apply guidelines in the practice settings.

**Guideline Review**
Guideline Review takes place during Family Medicine Block Time (FMBT). Residents take turns presenting guideline review according to the schedule provided by the program assistant.

Residents take a structured approach to the review a “core” list of guidelines and self-selected guidelines relating to one of the CFPC’s 99 core topics.

**LINKS**
- Evidence-Based Medicine (EBM)
  [HTTP://LIBGUIDES.LIB.UMANITOBA.CA/EBM](HTTP://LIBGUIDES.LIB.UMANITOBA.CA/EBM)
- Field Notes
  [HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/11563.HTML](HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/11563.HTML)
- 99 core topics
  [HTTP://WWW.CFPC.CA/UPLOADEDFILES/EDUCATION/PRIORITY%20TOPICS%20AND%20KEY%20FEATURES.PDF](HTTP://WWW.CFPC.CA/UPLOADEDFILES/EDUCATION/PRIORITY%20TOPICS%20AND%20KEY%20FEATURES.PDF)
In-unit Seminars

These one-hour seminars cover issues related to patient-care in the family medicine setting. The sessions can focus on topics relating to patients actively under the care of the team or utilize Problem-Based Small Group (PBSG) modules developed by the Foundation for Medical Practice.

In-unit seminars take place during Family Medicine Block Time (FMBT) and may be facilitated by family medicine preceptors or other members of the interprofessional team.

Journal Club

Journal Club provides an opportunity for peer-assisted review of publications relevant to family medicine. In addition to providing an opportunity to practice critical appraisal, they provide residents with an opportunity to succinctly present methodology, results, and interpretations of journal articles in order to develop oral communication skills.

Journal Club is held monthly in conjunction with Academic Days and are hosted by a faculty member. A minimum of two articles are discussed at each club session, with one hour allocated for dinner and one hour for each article to be discussed.

Articles are chosen with input from the site education director and include one by a PGY1 resident and one by a PGY2 resident. Articles are circulated at least one week prior to the Journal Club. You will have one hour to discuss your article and present an assessment of its quality of study design.

Pearls for Residents

Pearls is a self-directed, evidence-based practice reflection exercise designed to facilitate the integration of new knowledge and/or skills into your practice.

The Pearls template guides you through a five-step inquiry and reflective process. This process helps you to find valid, reliable and relevant answers to your clinical questions; as well, it prompts you to develop a plan for putting new information ‘to work’ in your practice.

Residents are expected to share their findings with their colleagues Family Medicine Block Time (FMBT).

Quality Improvement (QI) and Research Projects

Quality Improvement (QI) and Practice Improvement are the cornerstones of providing high quality and safe health care.

During your first-year Family Medicine Block Time (FMBT) rotation, you will be assigned to a stream-specific small group as part of the CanMEDS-FM Scholar Role curriculum. As a group, you will be expected to produce a project comprised of a written paper and a presentation based on that paper.

LINKS

Journal Club
HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/11513.HTML

Pearls
HTTP://WWW.CFPC.CA/PEARLSRESOURCES/
You will also take part in a Quality Improvement (QI) or Research Project in your second year. This must be based on chart audit as the method of data collection.

Related guides for these projects are available on the family medicine website.

**Self-Directed Learning (SDL) Time**

First- and second-year residents are allocated 12 half-days per year, which is roughly a half-day every two weeks, to take part in Self-Directed Learning (SDL). You can use this time to prepare for guideline reviews, Journal Club, or work on Quality Improvement (QI) projects or Pearls. You may also use this time to arrange for additional clinical exposure. Related policies are available on the Department of Family Medicine website.

**Electives**

With the exception of the Northern Remote Stream, within each Family Medicine stream residents must complete four weeks of electives in PGY1, and four weeks in PGY2. The Northern Remote Stream offers only four weeks of electives in PGY2.

In both PGY1 and PGY2, residents can choose to arrange one elective of four weeks duration, or two electives of two weeks duration. Two week electives can be combined with two weeks of vacation, or another two week elective, but they cannot be split with any of the core rotations.

Residents may choose to take one two-week Study Elective in PGY2 to prepare for the CCFP exam.

Residents are responsible for all costs associated with the elective (i.e. travel, accommodation, etc.)

Residents are NOT permitted to contact programs or physicians directly to arrange electives in other U of M based programs. The program assistants must make the arrangements for electives in other U of M programs through VENTIS.

For non-university based placements, or non-WRHA clinics/hospitals, residents arrange electives at community sites by contacting the site to see if an elective placement is possible for the dates requested. If the resident is requesting an elective out of province, it is the resident's responsibility to ensure they have secured temporary licensure in the province or territory of the placement. All out of province electives must be approved by the resident's stream education director or site lead as well as the postgraduate director.
Assessments

The resident assessment approach includes two components:

1. Performance of individual rotations and other learning activities (such as QI projects, Pearls exercises, etc.)
2. Longitudinal assessment of the acquisition of competencies and meeting of specific milestones while progressing through the program

Assessment includes both formative and summative approaches.

To maximize validity, overall assessment is based on the collection of observations from multiple teachers, in multiple settings or contexts, and provides a representative sample of the abilities of the resident.

During Family Medicine Block Time (FMBT), the primary preceptor is responsible for collecting information and completing the ITARs on behalf of the group of supervising preceptors.

Note that you will be assessed not only on knowledge and skills, but also on attitudes and professional behaviours.

Frequency of Assessment

Daily
All residents receive feedback on a daily basis. Documentation of feedback is in the form of Faculty Field Notes or End-of-Shift Reports.

Mid-Rotation
A formative assessment at the midway point of each rotation.

End-Rotation
A summative assessment occurs at the end of each rotation.

Linkages to the Competency Framework

Assessment tools have been designed to link to family medicine foundational and domain-specific competencies articulated in the Department of Family Medicine Competency Framework.

ITAR items are articulated in terms of expected PGY1 or PGY2 milestones.
Progression in the Program

To assist in the development of the critical skills of reflection and self-assessment, progress review meetings are completed at six-month intervals over the two-year family medicine residency.

In a competency-based program, residents must participate in the assessment of their own competence. As part of the six-month progress review, you will reflect on both your achievements and areas for further development.

Your primary preceptor will monitor your progress in achieving educational program requirements, assess the level of performance of family medicine Competencies and update your education plan.

Examinations

Medical Council of Canada Qualifying Examination Part 1 (MCCQE1)

The MCCQE1 is a one-day, computer-based test that assesses the competence of candidates who have obtained their medical degree. This is required for entry into postgraduate training programs. If you have not completed it prior to your entry into residency, you must do so during PGY1.

Certification Examination in Family Medicine

The Certification Examination in Family Medicine is comprised of two components:

• a written examination
• an oral examination

The written examination is comprised of Short Answer Management Problems (SAMPs), which are designed to test a candidate’s recall of factual knowledge and problem solving abilities in the area of definition of health problems, management of health problems, and critical appraisal.

You will develop an understanding of how to generate and answer SAMPs as part of your academic curriculum. To help you prepare, all residents complete a practice SAMP exam in PGY2.

The oral examination is comprised of five Simulated Office Orals (SOO) each 15 minutes in length.

You will practice Simulated Office Orals (SOOs) regularly during your Family Medicine Block Time (FMBT). All residents complete a minimum of three SOOs in PGY1 and three in PGY2.

You are strongly encouraged to begin preparation for the Certification Exam in Family Medicine early in PGY2. In the past, residents have been very successful using study groups for this purpose.

LINKS

Certification Examination in Family Medicine
HTTP://WWW.CFPC.CA/FMEXAM/

Short Answer Management Problems (SAMPs)
HTTP://WWW.CFPC.CA/SAMPS/

Simulated Office Orals (SOO)
HTTP://WWW.CFPC.CA/SOOS/

Objective Structured Clinical Examination (OSCE)
HTTP://WWW.CFPC.CA/SOOS/

Medical Council of Canada Qualifying Examination (MCCQE) Part I
HTTP://MCC.CA/EXAMINATIONS/MCCQE-PART-I/

Medical Council of Canada Qualifying Examination (MCCQE) Part II
HTTP://MCC.CA/EXAMINATIONS/MCCQE-PART-II/
Upon successful completion of the residency program and the Certification Examination in Family Medicine, you will be awarded the Certification in the College of Family Medicine Physicians (CCFP) designation.

Medical Council of Canada Qualifying Examination Part 2 (MCCQE2)

This is the examination that assesses the competence of physicians who have finished their residency training programs and is required for medical registration in Canada prior to entry into independent clinical practice.

Family medicine candidates who are eligible to take the Certification Exam in Family Medicine will need to take the MCCQE2 separately as the Certification Exam in Family Medicine has been de-harmonized.

Annual Events

Resident Retreat

An annual resident retreat usually takes place in September of each year. The location and time of this retreat is determined annually. The planning committee for this retreat includes the chief residents as well as individuals from the Office of Rural and Northern Health (who provide financial support). The planning committee may select a Chair of the Planning Committee who is a resident with no other administrative commitments to the department.

Canadian Resident Matching Service (CaRMS)

Canadian Resident Matching Service (CaRMS) interviews are held in late January/early February each year. Residents in the program are involved in the CaRMS process. The chief residents organize a meet-and-greet social event for candidates to the program. Residents are involved in the social event and also meet with and/or interview candidates on interview days.

Family Medicine Forum (FMF)

The Family Medicine Forum is the premier family medicine conference in Canada. It happens annually, normally in November. It is held in a different Canadian city each year.

Annual Scientific Assembly (ASA)

The Annual Scientific Assembly (ASA) is an annual conference for Family Physicians in Manitoba. It is hosted by the Manitoba College of Family Physicians. It is usually held in April.

LINKS

CaRMS
HTTPS://WWW.CARMS.CA/

Family Medicine Forum (FMF)
HTTP://FMF.CFPC.CA/

Annual Scientific Assembly (ASA)
HTTP://MCFP.MB.CA/ASA/
Residents’ Grad Farewell

In late May or early June, the Department of Family Medicine Residency Program holds a dinner for graduating residents who are completing their training. Details are announced in the spring of each year.

Safe, Respectful & Supportive Learning Environment

The University of Manitoba, Max Rady College of Medicine is committed to assuring a safe, respectful and supportive learning environment in which all of its members are enabled and encouraged to excel.

This is an environment free of discrimination, harassment and mistreatment and one in which feedback regarding performance can be shared openly without concern for ridicule or reprisal.

All members of our diverse community share responsibility for maintaining a positive learning environment and for taking appropriate steps to seek advice and/or address learner mistreatment when it occurs.

Should you come into conflict with a physician preceptor or if you have a concern about an educational experience, you may contact any or all of the following:

• Your primary preceptor
• Your site education director
• Your chief resident
• The postgraduate director

You can also use the university’s online feedback system, either anonymously or with your name, to report your concerns.

Should you come into conflict with a patient, you are to contact:

• Your primary preceptor and/or
• Your site medical lead
• The postgraduate director, should you receive a complaint from the College of Physicians of Manitoba

Policies & Guidelines

Policies

The University of Manitoba operates under a variety of policies that apply to learners, faculty and staff. You are encouraged to familiarize yourself with those that apply to your time as a resident in the Department of Family Medicine.
Professionalism

One of the CanMEDS-FM goals is to be professional. In your endeavour to become a true professional, we provide the following guidelines:

• Dress appropriately
• Be punctual
• Speak professionally. Use words that reflect the listener
• Be supportive, patient, and respect others
• Be organized – keep a list of your patients and your responsibilities each day
• Ensure consistent transfer of care – you are responsible for your patients until you transfer care to a fellow resident or attending
• Follow through on commitments
• Respond to emails from administrative staff within 24 hours. Respond to pages by the administrative staff the same day. Not responding in a timely fashion impedes their ability to help your program run smoothly.

The university offers a publication that includes additional guiding principles for both individuals and units to use in promoting and supporting professional behaviour within programs and departments of Max Rady College of Medicine. All learners, faculty, preceptors and staff are expected to familiarize themselves with these guidelines.

Communication Guidelines for Residents

On Rotation:

• Be proactive about communication; meet with your supervisor early
• Clarify your responsibilities
• Let your supervisors know what your goals are
• Advise your supervisors (early) if you are uncomfortable with a situation or feel that the rotation is not meeting your needs
• Address conflict/interpersonal problems

With Patients:

Please see The Macy Model, a framework for effectively communicating with patients (link on the right).

U of M Email

For security reasons, communication between students, faculty and support staff is to be done only through the university email accounts and you are expected to check your University of Manitoba email regularly.

To claim your account identification, visit the JUMP portal for students, faculty and staff. If you choose to use another email address, you may
configure your U of M email address to forward your preferred email address. It is your responsibility to make these arrangements and departmental email will still be sent to your U of M email.

**Travel Expectations for Residents**

Travel is an expectation for all residents. In the Department of Family Medicine this is not optional—it is a mandatory part of your residency. The amount of travel will be dependent on the stream and your location.

Generally, your home location is determined by the location where you train for Family Medicine Block Time. This will be determined by the Postgraduate director at the outset of each academic year. Under certain circumstances, your home location may be re-allocated during the academic year.

**Mailing Address**

It is important to keep your mailing address up to date with the program. This is necessary to receive all residency-related information from the program, the Postgraduate Office, as well as the Winnipeg Regional Health Authority (WRHA) for payroll. If your address changes while in residency, it is important to update your information in VENTIS.

**Moonlighting**

University of Manitoba residents are in the unique situation of functioning as students in the Postgraduate Medical Education (PGME) learning environment and as employees of the Winnipeg Regional Health Authority (WRHA). There is a fine balance between these two roles. Moonlighting by residents is considered an employment activity requiring rules and regulations in order to maintain the education/employment balance (see the policy link for details).

While the PGME office at the University of Manitoba does not encourage moonlighting, it recognizes that resident moonlighting can make a valuable contribution to patient care, while providing additional clinical exposure and experience for residents.

**Presentation Guidelines**

Periodically throughout your studies, you will be asked to deliver a presentation. A guide has been produced and posted online to help you make the most of your time in front of an audience.

**Expectations for Chart Notes**

A chart note records the reason for the current visit, an assessment of the patient’s condition (including any changes since the previous visit), and additional treatment rendered or planned. As chart notes are an important feature of each visit, it is vital that they are produced to a consistently high standard. See the link provided for a full explanation of how chart notes are to be produced.
Illness or Unexpected Absence

If you cannot fulfill your training duties due to illness or an unexpected event, you must contact your program assistant or the respective program assistant in an off-service rotation.

Conference / Workshop Leave

As a resident, you are encouraged to participate in conferences and workshops that are related to your education. To arrange for conference or workshop leave, contact your site education director or off-service postgraduate director at least four weeks prior to the event. Keep in mind, permission for the leave is not automatic; you must receive advance approval.

Some financial support may be available to residents to attend conferences/workshops. Please contact your program assistant for more information.

Leave of Absence from the Residency

If you require a leave from the residency (maternal, paternal, medical, etc.) you may request this leave through VENTIS. For more information, contact your program assistant.

Vacation Time

Vacation scheduling shall be a) one four-week block or b) two two-week blocks with the balance of the period as elective time; and c) independent of FMBT blocks. NOTE: Vacation may not be taken in July of PGY1.

Off-Service Rotations

At the beginning of the year, off-service departments are notified of the dates that residents request to be excused from service. This happens through VENTIS. Each resident is responsible for requesting to be off call the night prior to the date you’re being excused from service.

Resources

Documents and Forms

You will require access to a variety of forms and documents during your residency. Most, if not all, are posted on the Department of Family Medicine website. If there is a form that you need but cannot find, contact your program assistant.

Online Resources

The department keeps a running list of resources that you will find useful throughout your residency. It includes links to the university’s libraries, Pearls, the Family Medicine Toolkit and much more.
You can add to this list by sending an email to dfm@umanitoba.ca and asking for your favourite links to be included. By building the list, you will create a one-stop location that will not only help you, but your fellow residents and those that come after you.

Manitoba Telehealth
If you are in a rural location and unable to attend academic activities in person, you are able to connect via MBTelehealth.

Connecting To MBTelehealth
1. Contact MBTelehealth at 204-975-7714 or 1-866-667-9891.
2. If you’re unable to connect with the help of MBTelehealth, visit http://www.mbtelehealth.ca/ to troubleshoot your problem or contact the service desk by phone.
3. If you still cannot connect, contact the postgraduate education secretary to advise that you tried, but were unsuccessful. If you do not advise the postgraduate office that you were unable to connect with the Academic Day despite contacting MBTelehealth service desk, you may be considered absent.
4. Please announce your attendance to the moderator who can mark you as present from northern sites.

MBTelehealth Service Desk
The MBTelehealth service desk provides real-time support for MBTelehealth events. They can be contacted at 204-975-7714 or 1-866-667-9891 option 1 to provide assistance with anything related to your MBTelehealth event.

Colleges, Offices and Authorities

College of Family Physicians of Canada (CFPC)
The CFPC is the governing body that oversees all postgraduate family medicine residency programs in Canada. It is responsible for the accreditation of training, certification, and continued education of Canadian family physicians.

The Manitoba College of Family Physicians (MCFP)
The MCFP is a chapter of the national College of Family Physicians of Canada (CFPC). It offers the Annual Scientific Assembly (ASA), our major provincial family medicine CME event, held each spring.

College of Physicians and Surgeons of Manitoba (CPSM)
The CPSM is the governing body responsible for maintaining standards of medical practice in Manitoba. They are responsible for all resident registration in the province.

LINKS
MBTelehealth Instructions & Support
HTTP://WWW.MBTELEHEALTH.CA/

College of Family Physicians of Canada (CFPC)
WWW.CFPC.CA

The Manitoba College of Family Physicians (MCFP)
HTTP://MCFP.MB.CA/

College of Physicians and Surgeons of Manitoba (CPSM)
HTTP://CPSM.MB.CA/

Postgraduate Medical Education (PGME) Office
UMANITOBA.CA/FACULTIES/MEDICINE/EDUCATION/PGME/INDEX.HTML
Postgraduate Medical Education (PGME) Office
The PGME office website provides information regarding postgraduate policies and procedures, core curriculum courses, and other resident matters relating to residents of all specialties, including family medicine.

Professional Association of Resident and Interns of Manitoba (PARIM)
Professional Association of Resident and Interns of Manitoba (PARIM) is a volunteer-run non-profit organization that represents resident physicians training in Manitoba. It advocates for resident well-being and professional issues. The current PARIM contract, as well as other resources, are available on the web.

Regional Health Authorities (RHA)
There are five regional health authorities in Manitoba. For information on each of the five, visit the main website.

Bannatyne Campus
The Department of Family Medicine is located on the Bannatyne Campus at the University of Manitoba. For information about services and facilities at this campus, visit the department’s orientation hub.

LINKS
Professional Association of Resident and Interns of Manitoba - PARIM
WWW.PARIM.ORG
Regional Health Authorities - RHA
HTTP://WWW.GOV.MB.CA/HEALTH/RHA/INDEX.HTML
Orientation Hub
HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/10818.HTML
Family Medicine Sites
Information about each of the sites associated with the Department of Family Medicine is located online within the pages about each stream.

Your program assistant will also have information specific to the stream you have chosen.

Frequent Contacts

University of Manitoba Online Directory
HTTP://UMANITOBA.CA/SEARCH/INDEX.HTML

Max Rady College of Medicine
HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/DEAN/CONTACTINFO.HTML

Postgraduate Medical Education
HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/EDUCATION/PGME/POSTGRAD.HTML

Department of Family Medicine Faculty & Staff
HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDFACULTY/638.HTML

Residency Program Contact List
HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/EDUCATION/PGME/POSTGRAD.HTML

Regional Health Authorities
HTTP://WWW.GOV.MB.CA/HEALTH/RHA/

Employment Contacts
HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/11510.HTML