Alberta Doctors' Digest

Consider rural family medicine residency

Rural family medicine is amazing because it gives physicians the opportunity to do anything and everything. This includes clinics, hospital care, emergency, obstetrics, long-term care, palliative, procedures, surgeries ... the ultimate full-scope medicine. Residents are not only exposed to all the possibilities of family medicine, but they get as much responsibility and autonomy as their skills allow.

"The opportunity for continuity of care is fantastic as residents may see a patient in the ER and then follow up with them in the clinic and maybe even deliver their baby some time after that or help palliate a family member," says Dr. Michelle Morros, Associate Program Director, Family Medicine, and Assistant Professor for the Department of Family Medicine at the University of Alberta.

The <u>University of Alberta Family Medicine Program</u> offers four primary sites from which to learn the family medicine specialty: Edmonton (the urban site), Red Deer and Grande Prairie (the two rural sites), and Yellowknife (the remote site). All sites offer opportunities in rural medicine. However, if an applicant chooses Red Deer, Grande Prairie or Yellowknife, their residency experience is almost exclusively carried out in their respective regional city, as well as months-long immersion experiences in smaller communities in central or northern Alberta or the Northwest Territories.

<u>University of Calgary family medicine rural residencies</u> are based out of two main locations: Lethbridge and Medicine Hat. In these locations, residents gain experience in specialty rotations such as orthopedics, internal medicine, general surgery, pediatrics, psychiatry and obstetrics/gynecology. While in rotations at their home site of Lethbridge or Medicine Hat, residents still have experience in their family medicine continuity clinic. Family medicine rotation locations are located throughout southern and central Alberta, Yellowknife and Whitehorse. Pediatric emergency medicine and ICU rotations are completed in Calgary. <u>Each of the sites</u> offer lots of opportunities for electives. U of C rural residents complete 10 months of training in rural communities.

"We want to attract residents who are enthusiastic about rural medicine," says Dr. Jim Soetaert, Resident Physician (PGY-2) and Co-Chief Resident, U of C Rural Family Medicine. "Our rural residents want to try new things and explore unique communities throughout southern Alberta. Rural medicine requires a diverse set of skills, so a rural candidate must be driven and eager to take on new experiences."

"Our residents are usually the only learner on a service," adds Dr. Elaine Godwin, who is a family physician and the Lethbridge Site Director. "The training is learner-based as opposed to service-based. This situation creates flexibility for scheduling. There is less competition for procedures and there are many one-to-one teaching/learning opportunities."

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In the last year of a medical student's third or fourth year program, they have to apply to a residency. That is, they must choose a specialty to pursue, such as general surgery or internal medicine, in order to become licensed physicians. The Canadian Resident Matching Service (CaRMS) is a national organization that provides the mandatory matching service for medical residency training throughout Canada. They do not decide who gets chosen or the criteria by which applicants are selected, but rather they provide the service and platform that makes the match possible.

Timelines for selection are set by the Association of Faculties of Medicine of Canada (AFMC), which is essentially comprised of the deans of the faculties of medicine. The match period includes time for candidates to review all the information on the <u>CaRMS</u> <u>website</u> about the programs, a deadline for their applications and an interview period. Due to COVID, interviews will not be until March (they are usually in January). Applications for the desired specialty must be submitted to CaRMS by February 8.

If an applicant is interested in rural family medicine and joins an Alberta rural training program, they will be wholeheartedly connected to rural communities throughout the two years. The preceptors and staff embrace residents and allow them to act as full-fledged members of the team. Rural family medicine training is unlike anything in that it instills connection with a sense of belonging, purpose and responsibility in a resident from day one.

In summary, Dr. Morros stresses that rural communities deserve excellent family physicians. The U of A wants to attract applicants who demonstrate the skills and attributes necessary to become excellent family physicians. "This would include superior clinical skills, communication and professionalism. Additionally, of course, and very importantly, we want to attract applicants who show a genuine enthusiasm for training and subsequently practicing and living in a rural or remote community."

On behalf of the U of C, Dr. Soetaert concludes: "People who apply to a rural program should genuinely see themselves enjoying living in a rural community. This residency gives you a great start to a career and lifestyle full of all-encompassing medicine, time in the outdoors and – depending on the location – exceptional access to the mountains."

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