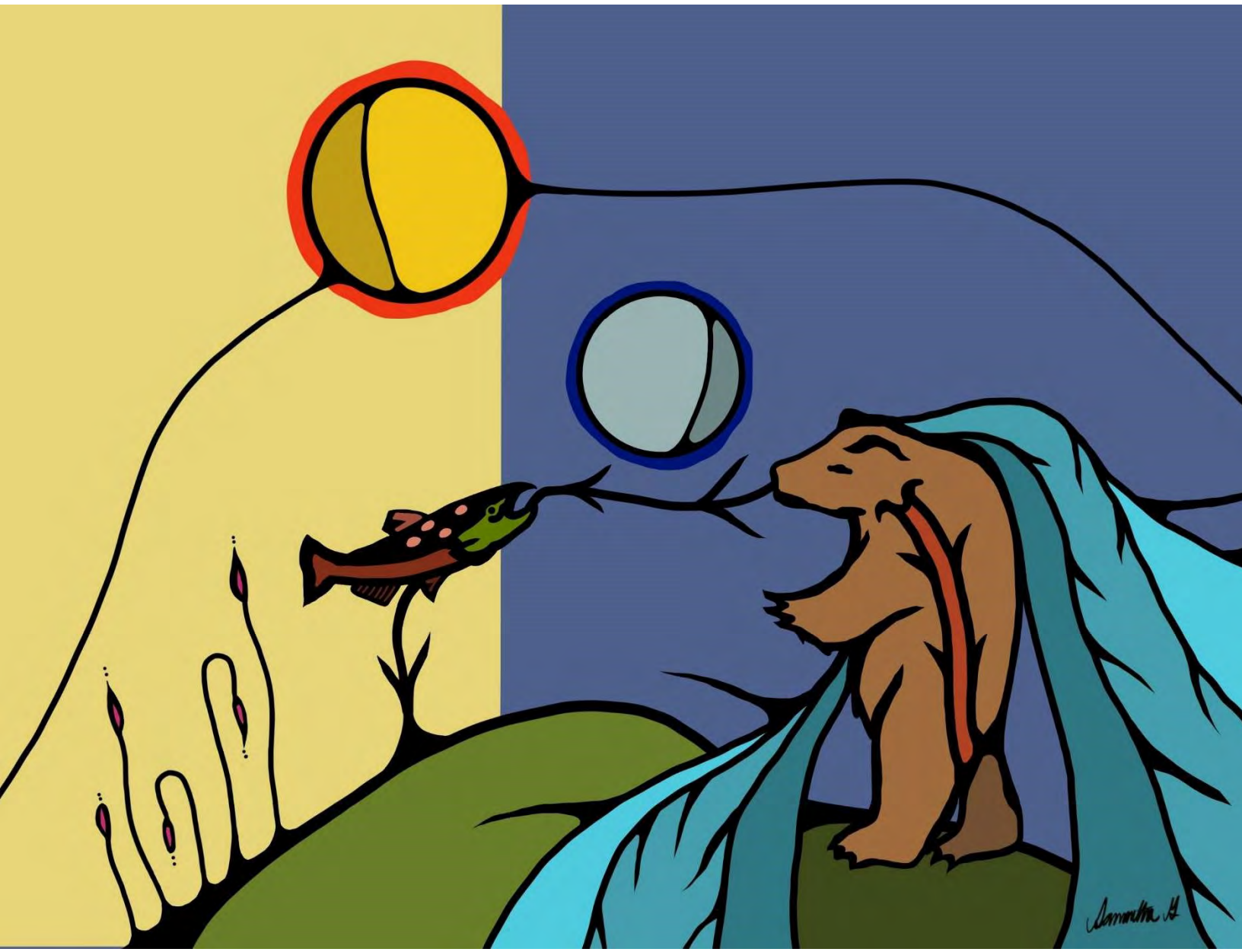
SOCIETY OF Rural Physicians OF CANADA
SOCIÉTÉ DE LA Médecine Rurale DU CANADA

Rural Residency Catalogue 2023

Le Catalogue de Programmes de Résidences en Médecine de Famille Rurale 2023



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With a special thanks to:

Samantha Gibbon, University of British Columbia, C2024 (SRPC Student Committee Co-Chair) for the fantastic cover art

Dr Hannah Hopper, R1, for her guidance as the previous chair of the subcommittee

Please Note: Although we tried our best to source accurate information, some details like “cost of living” are only rough estimates based on various online sources. Similarly, land acknowledgements were sourced from postsecondary websites, and may not include all of the indigenous peoples whose traditional land these programs take place on. My apologies in advance for the likely countless French grammatical errors, which are mine and mine alone. We are constantly looking for feedback, so please contact the subcommittee chair at battigel@ualberta.ca if you have suggestions for future editions of the catalogue. -Graeme

Maps: Please see the below links for a visual depiction of the various program sites across the country

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SOCIETY OF
Rural Physicians
OF CANADA

SOCIÉTÉ DE LA
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DU CANADA

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THE UNIVERSITY
OF BRITISH COLUMBIA

Abbotsford-Mission

Located on the traditional land of the Coast Salish, S'ólh Téméxw (Stó:lō), Kwantlen, and Nuxwsa'7aq (Nooksack)
Abbotsford-Mission
T : 604-851-4700

Program Highlights

Type of curriculum:
Partial integrated – with weekly 1⁄2 days in FM throughout PGY1

Curricular outline:
Y1: 16w FM, 6w peds, 6w EM, 4w Surg, 4w ObsGyn, 4w IM, 4w Cardio, 4w Psych, 4w Hospitalist

Y2: 16-18w FM, 8w Rural, 4w Ortho, 4w Pall, 2w Addic, 16-18w Elective

Unique Features:
- Abbotsford is a busy hospital with consultants in almost every specialty, yet small enough for that community feel and lots of opportunities to work one-on- one with staff.
- Methadone prescribing certification during addictions.
- Residents schedule their own call (finishes at 11pm except on Obs)

Research opportunities:
Research: Mandatory quality improvement project in Y1 and scholar project in Y2

Community Highlights

Recreation:
Mountain biking, hiking, white water rafting, camping, skiing

Cultural notes:
Large Punjabi and farming community; Abbotsford Symphony, International Airshow, Berry festival

Cost of living:
3% more expensive than national average (Economic Research Institute, 2021); average monthly rent for 1-bedroom apartment is approximately $1,500
You must have access to a vehicle and valid driver's license

Community stats

Population: 150,000

Access: Abbotsford International Airport. Also, 71 km to Vancouver

Nearest center: Vancouver

Program Stats

Training sites: Abbotsford, Mission, Surrey, multiple rural sites

Number of residents:
CMG: 7
IMG: 1

Elective time:
16-18 weeks

Miscellaneous:
Abbotsford Regional Hospital (ARH) and Cancer Center is a 300-bed facility with a 200-bed medical unit, 2,500+ births per year, NICU (32+ wks), ICU, Cardiac Care Unit, and regional trauma center.

Chilliwack

Located on the traditional territories of the the Stó:lō Coast Salish peoples
Chilliwack
T: 604-702-4757

Program Highlights

Type of curriculum:
Partial Integrated

Curricular outline:
Y1: 16w FM, 8w IM, 4w Psyc, 8w ObsGyn, 4w Peds, 4w EM, 2w Pall, 2w Peds EM, 4w Surg

Y2: 20w FM, 8w Rural, 6w Surg, 2w AddictionsMed, 2w Peds, 2w Pall, 12w Elective

Unique Features:
Chilliwack is home to first Canada's first integrated community Family Medicine Residency Program. Chilliwack General Hospital had a large renovation in 2010. They have a gorgeous, brand new Emergency Department, a new Ambulatory Care Department, Pediatric Clinic and Short-stay beds, Orthopedic Clinic, and an in-hospital Primary Care Clinic with a Seniors Clinic, a Nurse Practitioner, and potential for other interesting teaching clinics. Two weeks of pediatrics are also available to be done at the BC Children's Hospital in Vancouver for NICU (Intermediate Nursery) experience, with accommodation provided.

Research opportunities:
Quality improvement project in Y1 and scholar project in Y2

Community Highlights

Recreation:
Hiking, mountain biking, paddling, fishing, camping, back-country skiing, rock climbing, a new cultural center, new YMCA and two city-operated recreational complexes.

Cultural notes:
Agricultural community. Close-ish to Vancouver for arts and more urban culture.

Cost of living:
Average rent for a 1 bedroom apartment is $1200.

Community stats

Population: 100,000

Access: 100km from Vancouver

Nearest center: Vancouver

Program Stats

Training sites: Chilliwack and other regional settings in the Fraser Valley

Number of residents:
CMG: 8
IMG: 1

Elective time:
12 weeks

Miscellaneous:
Bed occupancy is 370 (175 acute care) and annually there are 7,624 acute in-patient discharges, 10,609 Surgical day care, 1645 inpatient Surgical, 760 deliveries, 56,367 emergency room visits and 118,917 ambulatory care visits. There are 110 physicians on active staff.

Coastal

Located on the traditional lands of the səl̓ilwətaʔɬ təməxw (Tsleil-Waututh), Skwxwú7mesh-ulh Temíx̱ w (Squamish), S'ólh Téméxw (Stó:lō), xwməθkwəy̓ əm, səl̓ilwətaʔɬ təməxw (Tsleil-Waututh),St̓ át̓ imc Tmicw (St'at'imc), Lil'wat, Shíshálh, and Tla'amin Nation (Sliammon) peoples.
Coastal

Program Highlights

Type of curriculum:
Partially Integrated

Curriculum outline:
46w FM (with 16w Rural), 8w EM, 6w Obs/gyn, 10w Peds, 10w IM, 6w Surg, 4w Mental Health, 4w Palliative, 10w Electives.

Unique Features:
Y1 is spent entirely on the North Shore. Y2 has a 4-month rotation in a rural Coastal community, plus 10 weeks of Electives. The program in general has regular simulation sessions, extensive rural practice experience, full spectrum of obstetrics experience, surgical rotations, addictions medicine experience, and training in First Nations/Aboriginal Health.

Research opportunities:
Quality improvement project in Y1 and scholar project in Y2

Community Highlights

Recreation:
Internationally acclaimed mountain biking trails and skiing. Also loads of opportunity for hiking, sailing, river rafting, beaches, hot springs, etc.

Cultural notes:
Varied urban and rural vibes.

Cost of living:
33% higher than national average (North Vancouver). The North Shore has rental accommodations. During the 4-month rural rotation in Y2, funding support is provided for accommodation.

Testimonial:
"I really love the UBC Coastal program as it offers the perfect balance between urban, community and rural experiences. Working in a smaller community hospital means we get to know all the specialists on first-name basis, and we are truly treated like colleagues in the hospital. We also have easy access to the wide array of elective experiences that being beside the big city of Vancouver offers. A highlight for all of our residents is our 4-month rural rotation, which is often within the Vancouver Coastal Health region including amazing towns like Pemberton, Squamish, Sechelt and Powell River. Many of our graduates have gone on to set-up practices in these places!" ~Dr. Megan Wheatley, R2

Community stats

Population: 250,000

Access: 13km from Vancouver

Nearest center: Vancouver

Program Stats

Training sites: North Shore (Lion's Gate Hospital), Pemberton, Whistler, Squamish, Sunshine Coast, Powell River, Bella Bella, and Bella Coola

Number of residents:
CMG: 5
IMG: 4

Elective time:
10 weeks with 2 weeks of selectives in R1 and 2 weeks in R2 (Cardio/Infectious diseases/Gastro)

Miscellaneous:
LGH has one of the most advanced MRI's in Canada, and is the 4th busiest hospital in Lower Mainland.

Kelowna Rural

Kelowna is located on the traditional land of the Nłeʔkepm, Tmíxw (Nlaka'pamux), Syilx tmixw (Okanagan), and Okanagan people
Kelowna Rural

Program Highlights

Type of curriculum:
Block/Integrated

Curriculum outline:
Y1: 4w Ortho, 8w Peds, 4w Psyc, 8w Obs, 4w ICU, 4w Hosp, 4w CTU, 8w FM, 4w EM, 4w Surg

Y2: 32w RuralFM, 16w Electives, 4w EM

Unique Features:
This non-service based program is well-suited to individuals who would like to work in a rural or small city setting. Individuals with personality traits of independence, self-direction, adventurousness and self-motivation will thrive in this environment. Also, if you are willing to travel and experience medical training at various locations with limited resources, then this opportunity is for you. The benefits include a wide exposure to acute and chronic medicine and lots of 'hands-on' experiences through simulation sessions and patient care.

Research opportunities:
Quality improvement project in Y1 and scholar project in Y2

Community Highlights

Recreation:
Skiing, biking, wineries, spas, lake activities, and great weather!

Cultural notes:
Galleries, museums, theatres, casinos, artists' studios (Kelowna)

Cost of living:
7% higher than national average (in the city of Kelowna). Funding for travel and subsidy for accommodations during mandatory R2 rotations. Some training sites provide free or low-cost accommodation.

Testimonial

"The strength of the Rural Okanagan program is the combination of the first year in Kelowna working in various specialties and the second year working in some of the best rural communities in the province." ~R2s

Community stats

Population: 142,000

Access: Kelowna Airport, or 4.5hr drive to Vancouver

Nearest center: Kelowna

Program Stats

Training sites: Kelowna and two 16 week rotations in rural communities such as Bella Coola, Creston, Grand Forks, Lillooet, Masset, Port McNeill, Queen Charlotte, Revelstoke, 100 Mile House, Cranbrook, Gibsons, Inuvik, Powell River, Smithers, Golden & Vanderhoof.

Number of residents:
CMG: 6
IMG: 3

Elective time:
16 weeks. Of Note: this program restricts the amount of ER electives you can do due to increased learner volume

Miscellaneous:
ALARM, ATLS, NRP, ACLS courses are subsidized.

Kootenay Boundary

Located on the traditional, ancestral, and unceded territory of the Ktunaxa, Syilx, Secwépemc, and Sinixt peoples
T: 250-364-3442
Kootenay-Boundary

Program Highlights

Type of curriculum:
Block based with longitudinal elements in FM, Obs, EM & Long-term Care

Curricular outline:
Block rotations in surgery, ortho, anesthesia, ED, IM, hospitalist, gyne, obs, peds, pain, mental health, and 2-month rotations in smaller surrounding communities (either Nakusp or Grand Forks).

Unique Features:
Two main sites at Kootenay Boundary Hospital in Trail and Kootenay Lake Hospital in Nelson. Academic days every month, with 2 academic weeks/year. Simulation lab and exam prep. Also, can head to Mainland for three rotations (Peds EM, Intermediate Nursery, and High Volume Obs).

Research opportunities:
Quality improvement project in Y1 and scholar project in Y2

Community Highlights

Recreation:
The Colombia River Valley is the heart of BC's "Powder Hwy", which is known for its backcountry skiing. There is also great nordic skiing, mountain biking, kayaking, rock-climbing, hiking, and camping.

Cultural notes:
Close to USA border. Music Festivals (Shambhala, Kaslo Jazz fest, Tiny lights, Canada Rock fest). World class carving, pottery studio, local theater, CoINs Drum circles, etc.

Cost of living:
Most residents choose to live in Rossland, Castlegar, or Nelson. Rental costs between $800-1500 per month. Eligibility for student loan forgiveness up to $8000 per year.

** If you hate driving in the snow and want a reliable airport in the winter months, this is not the right fit. Having a 4-wheel drive vehicle is essential.*

Community stats

Population: 80,000

Access: Castlegar Regional Airport. 650km from Vancouver. 650km from Calgary

Nearest center: Kelowna

Program Stats

Training sites: Trail, Nelson, Castlegar, Rossland, Fruitvale, Salmo, Grand Forks, Christina Lake, Greenwood, Kaslo, Nakusp, Midway, New Denver, and Rock Creek

Number of residents:
CMG: 4
IMG: 1

Elective time:
16 weeks

Miscellaneous:
Call requirements are usually 1 weekday/week, and 1 weekend per month, and is self-directed to your interests and learning needs.

Okanagan South

Penticton is located on the traditional land of the Nłeʔkepmx Tmíxʷ (Nlaka'pamux), Syilx tmixʷ (Okanagan), and Okanagan People.

Program Highlights

Type of curriculum:
Block, Longitudinal FP

Curriculum outline:
Partial integrated.

Unique Features:
PGY1 incorporates 4 rotations that include weekly emergency room shifts at Penticton Regional Hospital. Five months of rural training.

Exposure to Prison Medicine at the Okanagan Correctional Centre. One month of interprovincial/international electives available.

Research opportunities:
PGY1: QI project with guidance from scholarship faculty/FM preceptor.

PGY2: Scholar project and presentation.

Community Highlights

Recreation:
In the summer there is swimming, boating, windsurfing, kiteboarding, golf, rock climbing, hiking and much more. In the winter you may find yourself downhill skiing/ snowboarding, cross-country skiing and snowshoeing.

Cultural notes:
In Penticton, there is a newly renovated Community Centre and South Okanagan Events Centre, with cultural events hosted throughout the year. Wander to your hearts content at one of the many food & wine festivals!

Cost of living:
Average monthly cost for 1-bedroom apartment is $1600.

Community stats

Population: 33,761 (Penticton)
Catchment area: 90, 000

Access: (420km) 5hr drive to Vancouver

Nearest center: Kelowna (1hr drive away)

Program Stats

Training sites: based in Penticton, with the six regional communities of Summerland, Oliver, Osoyoos, Keremeos and Princeton.

Number of residents:
CMG: 3
IMG: 1

Elective time:
12 weeks

Prince George

Located on the traditional land of the Dakeł Keyoh (ᑕᗷᒡ ᗷᑎʰ), Lheidli T'enneh, and Dënéndeh

Program Highlights

Type of curriculum:
Block + longitudinal palliative care

Curricular outline:
PGY1: FM, surgery, ortho, IM, 6 peds, Obs/Gyn, psych, EM, Native Health, addictions.
PGY2: FM, rural FM, EM, ICU/CCU, geriatrics.

Unique Features:
1-in-4 call throughout rotations with call free Fridays. Unique Indigenous Health and Addictions Medicine rotations. Strong rural focus, multiple rural options throughout both years. Residents also have direct teaching opportunities with medical students as the Northern Medical Program is in Prince George.

A 2-year return-of-service is attached and must be filled within the Northern Health Authority.

Research opportunities:
PGY1: QI project.

PGY2: Scholar project and presentation.

Community Highlights

Recreation:
Hiking, fishing, golfing, camping, cycling, hockey, paddling, swimming and skiing. Go cheer on the local Junior A PG Cougars!

Cultural notes:
Vibrant and multicultural community, known as the "Capital of the North". Thriving arts scene with local symphony and semi-professional theatre, local breweries and many excellent restaurants.

Cost of Living:
Average monthly cost for 1-bedroom apartment in PG $1300.

Community stats

Population: 80,000; with 250,000+ catchment area
Access: Access: 783 km to Vancouver; 738km to Edmonton. Prince George International Airport
Nearest center: Prince George

Program Stats

Breadth of practice: Full Scope

Number of residents:
CMG: 6
IMG: 4

Elective time:
PGY2: 12 weeks

Rural

Fort St. John

Located on the traditional land of the Dane-zaa Peoples.

Program Highlights

Type of curriculum:
Integrated, block and longitudinal

Curricular Outline:
PGY1: 2 blocks each of Obs/Gyn, ER, IM, Gen Surg and 3 blocks of FM with one block of Palliative Care and community Psychiatry. Residents do a half day Family Practice every week.

PGY2: 6 blocks of elective time and up to 2 months of rural family practice if residents are interested. The rest of the time is at the Fort St John site spreading across disciplines.

A 2-year return-of-service is attached and must be filled within the authority.

Unique Features:
ALARM, ATLS and the Essential Surgical Skills Course are funded for residents. Local education is provided in Emergency Department and Obstetrical Ultrasound.

Research opportunities:
PGY1: QI project.

PGY2: Scholar project and presentation.

Community Highlights

Recreation:
Hiking, cross-country and downhill skiing, sledding, horseback riding, hunting, boating and fishing. Many indoor sports are available – skating, curling and squash among others!

Cultural notes:
There are many art groups in the community, including: choirs, bands, theatre companies, a potter's guild and visiting performing artists.

Cost of Living:
Average cost of a 1 bedroom apartment is $1147.

Community stats

Population: 21,000

Access: 14 hr drive from Vancouver, 664km from Edmonton.

Nearest center: Prince George or Edmonton

Program Stats

Training sites: Fort St. John site, travel for palliative care and other electives (opportunities for international electives such as South Africa)

Number of residents:
CMG: 2
IMG: 2

Elective time:
20 weeks +/- 4 in a small rural community

Rural

Northwest Terrace

Located on the traditional territories of the Tk'emlúps te Secwepemc People

Program Highlights

Type of curriculum:
Midsize community, full-service hospital

Curriculum outline:
Partial integrated

Unique Features:
The FM rotation includes 4-8 weeks in an alternate community (either Haida Gwaii or Hazelton!).

Third year training positions are available in EM, Care of the Elderly, Anesthesia, Palliative Medicine, Sports Med, and more.

Research opportunities:
PGY1: QI project.

PGY2: Scholar project and presentation.

Community Highlights

Recreation:
Terrace and its surrounding area are an outdoor enthusiast's dream. Skiing, fishing, hiking, biking and many other outdoor activities are easily accessible.

Cultural notes:
Active arts and theatre community in town. From Houston to Haida Gwaii, the Terrace site consists of a diverse population with a high degree of exposure to Indigenous patients.

Cost of living:
Average rent for a 1 bedroom apartment is $1175 per month.

Community stats

Population: 15,000

Access: 1351 km from Vancouver

Nearest center: Prince George

Program Stats

Training sites: Mills Memorial Hospital

Number of residents:
CMG: 2

Elective time:
16 weeks

Rural

Prince George

Located on the traditional land of the Dakeł Keyoh (ᑕᗷᒡ ᗷᑎʰ), Lheidli T'enneh, and Dënéndeh.

Program Highlights

Type of curriculum:
Block; longitudinal palliative care.

Curricular Outline:
PGY1: Rotations in FM, surgery, ortho IM ICU, peds Obs/Gyn, psych, EM, native health, addiction medicine.

PGY2: Residents locate in 2 different rural communities with extended block time.

Unique Features:
1-in-4 call with call-free Fridays. Surgical skills and electives include trauma unit rotations at Vancouver General Hospital.

Research opportunities:
Mandatory quality improvement project during PGY1, and scholarship research project during PGY2

Community Highlights

Recreation:
Hiking, fishing, golfing, camping, cycling, hockey, paddling, swimming and skiing. Go cheer on the Junior A hockey team - Prince George Cougars!

Cultural notes:
Vibrant and multicultural community, known as the "Capital of the North". Thriving arts scene with local symphony and semi-professional theatre; two local breweries and many excellent restaurants.

Cost of Living:
Average monthly cost for 1-bedroom apartment is $1275.

Community stats

Population: 80,000; with 250,000+ catchment area

Access: Access: 738km to Edmonton. International Airport

Nearest center: Prince George

Program Stats

- **Training Sites:** Prince George, Vancouver
- **Number of residents:** **CMG:** 5
- **Elective time:** PGY2: 12 weeks

Vancouver Island

Strathcona

Located on the traditional unceded territories of the Laich-kwil-Tach Peoples and the K'omoks First Nation.

Program Highlights

Type of curriculum:
Partial Integrated.

Curriculum outline:
PGY1: block learning individualized to learner's goals.

PGY2: dedicated to FM and includes rural elective time. Opportunity to integrate longitudinal EM, OB, MSK, DERM, and/or Indigenous health clinics.

Unique Features:
Multi-preceptor model. Each rotation begins with a conversation with your rotation lead to consider goal setting to help define your experience.

In the last few weeks of residency, there is potential opportunity to cover the FM preceptor office for two weeks!

Commuting between Comox Valley and Campbell River occurs regularly – driving is essential.

Research opportunities:
PGY1: QI project.
PGY2: Scholar project and presentation.

Community Highlights

Recreation:
It is an area of the world surrounded by nature. In one day, it possible to ski, cycle, kayak, and canoe.

Cultural notes:
Galleries, museums, theatres, cultural centers. Yearly "transformation on the shore" chainsaw carving contest in July, and Loggerfest on BC day long weekend.

Cost of living:
Average rent for a 1 bedroom apartment is $1600 per month.

Community stats

Population: 35,000 (Campbell River), 65,000 (Comox Valley)

Access: 190km from Vancouver, requires ferry travel. 465km from Victoria.

Nearest center: Victoria (By land), Vancouver (Land/ferry or Air)

Program Stats

Training sites: Campbell River, Courtenay, Comox

Number of residents:
CMG: 6
IMG: 2

Elective time:
8 weeks

UNIVERSITY OF
ALBERTA

Grande Prairie

https://www.ualberta.ca/family-medicine/postgraduate/residency-program/residency-program-site-grande-prairie.html

The University of Alberta, its buildings, labs, and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, and Ojibway/Saulteaux/Anishinaabe nations; lands that are now known as part of Treaties 6, 7, and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems, and cultures of First Nations, Métis and Inuit nations.

Program Highlights

Type of curriculum:
Blocked learning

Curricular outline:

Y1: 16w Rural FM. 4w FM. 4w Anesthesia. 4w Electives. 4w GenSurg. 8w ObsGyn. 4w Ortho. 4w Peds. 4w Peds EM.

Y2: 16w Rural FM. 8w Rural FM. 8w Electives. 8w EM. 8w IM. 1w Palliative. 4w Psychiatry.

Unique Features:
The brand-new 172-bed Grande Prairie Regional Hospital is the site of all hospital-based resident training in Grande Prairie. The Grande Prairie site is distinctly non-service-based. Residents select clinical duties based specifically for their learning value, and are given the flexibility to tailor clinical duties to their individual learning needs. They spend 40 weeks of training within rural communities. They receive one-on-one teaching from full-service family physicians, as well from Royal College specialists with a particular enthusiasm for training future family physician-colleagues. With few learners on each service, they have tremendous access to procedural skills.

Research opportunities:
Y1: Each resident does a workshop in Evidence Based Medicine (EBM) and then completes four EBM projects throughout the year.

Y2: A Practice Quality Improvement (PQI) project is completed in the 16 weeks family medicine block. Residents are expected to present their PQI to the practice group. Funding may be available to support presentation of resident projects at family medicine conferences and meetings, and research assistance is available.

Community stats

Population: 70,000

Access: 5h drive or 1.25h flight from Edmonton

Nearest center: Edmonton

Program Stats

Breadth of practice: Full Scope

Number of residents:
CMG: 5
IMG: 1

Elective time:
12 weeks

Community Highlights

Recreation:

Cross-country skiing, fat biking, snowshoeing, cycling, disc golf, golf, fishing, canoeing, hiking

Cultural notes:

The city of Grande Prairie is large enough to offer an extremely wide array of amenities, while still maintaining its small-town feel.

Cost of living:

Utilities and groceries may cost slightly more than Edmonton, however rent is approximately 6% lower than Edmonton. Accommodation is provided for residents at all rural sites outside of Grande Prairie, and expenses for travel to and from the home site of Grande Prairie are covered by the program. A current driver's license and access to a vehicle are mandatory due to the distance between teaching sites.

Special features:

Grande Prairie is the largest commercial centre north of Edmonton and is the economic hub of the “Peace Country” of northwestern Alberta and northeastern BC. Grande Prairie offers easy access to the beauty and recreational opportunities found in nearby mountain wilderness areas such as Grande Cache, Tumbler Ridge and Jasper.

Red Deer

https://www.ualberta.ca/family-medicine/postgraduate/residency-program/residency-program-site-red-deer.html

The University of Alberta, its buildings, labs, and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, and Ojibway/Saulteaux/Anishinaabe nations; lands that are now known as part of Treaties 6, 7, and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems, and cultures of First Nations, Métis and Inuit nations.

Program Highlights

Site description:
Large community, full-service hospital

Type of curriculum:
Mixture of integrated and blocked learning

Curricular outline:

Y1: 16w FM. 2w Addictions. 2w Anesthesia. 1w Derm. 5w Electives. 4w EM. 2w Geriatrics. 8w Gen Surg. 4w ObsGyn. 4w Ortho. 4w Peds.

Y2: 16w FM. 8w FM (option to be in Whitehorse). 6w Electives. 4w EM. 8w IM. 4w ObsGyn. 4w Psychiatry. 2w Palliative care.

Unique Features:
Residents have their home base in the regional city of Red Deer. Training in rural settings occupies 16 weeks of the first year and 24 weeks of the second year.

Research opportunities:
Y1: Each resident does a workshop in Brief Evidence Based Medicine (BEARs). These are then presented at Family Medicine Rounds at the Red Deer Hospital.
Y2: A Practice Quality Improvement (PQI) project is completed in the family medicine block. Funding may be available to support presentation of resident projects at family medicine conferences and meetings, and research assistance is accessible through the Alberta Primary Care Research Unit as well as the research division in the Department of Family Medicine.

Community stats

Population: 100,000

Access: 1.5h drive from Edmonton or 1.5h drive from Calgary

Nearest center: Edmonton and Calgary

Program Stats

Number of residents:
CMG: 9
IMG: 1

Elective time:
13 weeks

Community Highlights

Economy/Industry:
Oil & Gas, Distribution, Manufacturing, Agriculture

Recreation:
Cross-country skiing, downhill skiing, skating, snowshoeing, cycling, disc golf, golfing, canoeing, fishing

Cultural notes:
Take a look around Red Deer, and you'll see a vibrant arts and culture community catering to all ages. Explore the culture of the city with a stroll along the pedestrian-friendly downtown streets, browse through one of the many art galleries, view one of the largest public collections of life-sized bronze sculptures, and take in a world-class musical performance. It's all here.

Cost of living:
Red Deer is an affordable community, with rentals that are approximately 17% cheaper than Edmonton. A current driver's license and access to a vehicle are mandatory due to the distance between teaching sites.

Special features:
Although Red Deer is in the middle of the prairies, it is only a 2h drive to either Nordegg or Canmore. This means day trips to the mountains!

Resident testimonial:
"The Red Deer Hospital is a very busy place with a great variety of pathology and acuity. Despite a large patient population, staff will quickly learn who you are and ensure you're involved in interesting cases. We are fortunate to be the only resident program stationed in Red Deer and therefore you will be first in line to complete any procedures. The small program allows for ample learning opportunities while working one-on-one with staff that are genuinely invested in your learning and success. Outside of the hospital, the program organizes certifications including Casted, ALARM, team-based simulations, and EDE. The EDE course provides training in point of care ultrasound, a useful skill for rural practitioners. Finally, administrative staff are extremely supportive and will work closely with you to ensure your unique interests are met!
If you're looking for a program that provides you with the skills and confidence to practice broad scope rural family medicine, Red Deer is it!"
Dr. Hanna Dunnigan, R1.

Yellowknife

https://www.ualberta.ca/family-medicine/postgraduate/residency-program/residency-program-site-yellowknife.html

The University of Alberta, its buildings, labs, and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, and Ojibway/Saulteaux/Anishinaabe nations; lands that are now known as part of Treaties 6, 7, and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems, and cultures of First Nations, Métis and Inuit nations.

Program Highlights

Type of curriculum:
Mixture of integrated and blocked learning

Curricular outline:

Y1: 16w FM. 2w Anesthesia. 2w Psychiatry. 4w Gen Surg. 4w Peds. 8w FM in Iqualuit. 4w Peds EM in Alberta. 8w electives.

Y2: 20w FM. 4w Women's Health. 4w EM. 8w FM in Inuvik. 2w Palliative in Alberta. 2w Geriatrics in Alberta. 4w ICU in Alberta. 4w Trauma in Alberta.

Unique Features:
Our interdisciplinary model of medicine in the NWT will have residents interact with specialist physicians and other health care professionals on a weekly, sometimes daily, basis throughout their two years here leading to a continuous longitudinal educational experience in all areas of medicine. They are also Canada's only full-time residency program based out of a circumpolar region.

Research opportunities:
Y1: Each resident does a workshop in Evidence-Based Medicine (EBM) and utilizes these skills to complete four small EBM research projects to answer clinical questions they have encountered. (These take no more than a day to complete.)

Y2: A Practice Quality Improvement (PQI) project is completed during the 20-week family medicine block. Funding may be available to support the presentation of resident projects at family medicine conferences and meetings, and research assistance is accessible through the Department of Family Medicine and Alberta Primary Care Research Unit.

Community stats

Population: 21,000

Access: Flight from Edmonton

Nearest center: Edmonton

Program Stats

Breadth of practice: Full Scope

Number of residents:
CMG: 2
IMG: 0

Elective time:
8 weeks

Community Highlights

Recreation:
Cross-country skiing, fat biking, snowshoeing, snowmobiling, dogsledding, fishing, canoeing, hiking

Cultural notes:
Residents will have the opportunity to practice urban, rural, and remote medicine that will further their dedication to Indigenous health by working with and learning from the diverse Dene, Inuit, and Métis populations of the NWT.

Cost of living:
Housing, utilities, and sometimes groceries do cost more. In response, we have increased the Northern living allowance to help offset some of those costs per year for our residents. The program will also fund travel expenses and accommodations for community rotations and mandatory activities.

Special features:
Yellowknife is in a prime spot below the auroral oval, allowing for frequent viewing of the Aurora Borealis.

Resident testimonial:
"Yellowknife is NWT's capital and the regional referral centre for a vast geographical area of NWT and regions of Nunavut, so we care for a wide variety of patient populations. This program also sends you around the catchment area for different rotations, including to Inuvik and Iqaluit as well as smaller communities, which are pretty neat experiences. Yellowknife itself is a city with a small-town feel: short commute, friendly folk, great access to activities, yet big enough for most creature comforts. There's no shortage of adventure up here!"
Dr. Sonja Poole, R2

UNIVERSITY OF
CALGARY

Lethbridge

https://cumming.ucalgary.ca/departments/family-medicine/education/postgraduate-family-medicine/future-residents/rural

The Lethbridge site is located on the traditional land of the Siksika (Blackfoot) people.

Program Highlights

Type of curriculum:
Block

Curricular Outline:
Y1: 16w FM. 4w Hospitalist. 4w IM. 4w Peds. 4w Peds EM. 4w Psych. 4w Ortho. 8w Elective. 4w Surgery.

Y2: 24w FM. 2w Anesthesia. 6w EM. 8w ObsGyn. 2w Palliative. 4w ICU. 6w Electives.

Unique Features:
The Chinook Regional Hospital has a full complement of specialist and diagnostic facilities with an exemplary outpatient program. Residents have a home base in Lethbridge where they spend 8 months of the first year of their program. Training in rural settings outside of the regional centre occupies 16 weeks of the first year.
1 to 1 learning in hospital rotations, EM, and FM across Southern Alberta.

Research opportunities:
Quality improvement project & Journal Club requirement for residents.

Community Highlights

Recreation:
Hiking, fishing, golfing, camping, cycling, hockey, paddling, swimming and skiing.

Cultural notes:
Supported by the University of Lethbridge and Lethbridge College, it also has a thriving cultural aspect with arts, entertainment, alternative energy, and an advanced communications infrastructure.

Cost of Living:
6% higher than national average

Community stats

Population: 101,482

Access: 200km south of Calgary, 1 hour from US border

Nearest center: Calgary

Program Stats

Training Sites: Lethbridge, Calgary, Yellowknife, High RIver

Number of residents:
CMG: 9
IMG: 0

Elective time:
14 weeks

Miscellaneous:
All family practice experiences will be based in the core teaching communities of Bassano, Bow Island, Brooks, Camrose, Cardston, Claresholm, Crowsnest Pass, Drumheller, High River, Olds, Pincher Creek, Raymond, Stettler, Strathmore, Sundre, Taber, Three Hills and Whitehorse in the Yukon (when available).

Medicine Hat

https://cumming.ucalgary.ca/departments/family-medicine/education/postgraduate-family-medicine/future-residents/calgary

Located on the traditional lands of the Siksika (Blackfoot), Kainai (Blood), Piikani (Peigan), Stoney-Nakoda, and Tsuut'ina (Sarcee) as well as the Cree, Sioux, and the Saulteaux bands of the Ojibwa peoples

Program Highlights

Type of curriculum:

Block

Curricular Outline:

Y1: 16w FM. 4w IM. 4w Hospitalist. 4w Peds. 4w Peds EM. 4w Psych. 4w Ortho. 4w Surgery. 8w Elective.

Y2: 24w FM. 6w EM. 2w Anesth. 8w Obsgyn. 4w ICU. 2w Palliative. 6w Elective.

Unique Features:

The 325 bed Medicine Hat Regional Hospital offers a full complement of acute care, inpatient, and outpatient services, including 24-hr emergency, obstetrics, surgical (general, orthopedic, plastics, ENT, gynecology, and urology), hospitalist, pediatrics, Psychiatry, Palliative Care, Geriatrics, and community health. Our residents have access to training for in-office procedures such as vasectomies, IUD insertions, removal of “lumps and bumps” and joint injections

Research opportunities:

Mandatory quality improvement project during PGY1, and scholarship research project during PGY2

Community Highlights

Recreation:

Hiking, fishing, golfing, camping, cycling, hockey, paddling, swimming and skiing; 100 parks, 115 kilometers of walking/biking trails, seven golf courses, Dinosaur Provincial Park, and Writing-On-Stone Provincial Park.

Cultural notes:

The city offers residents many cultural and recreational activities and unique attractions such as the gaslight-themed downtown (200+ shops & services), state- of-the-art Esplanade Arts & Heritage Centre, the Medicine Hat Clay Industries National Historic District, and a 20-story high Saamis Tepee.

Community stats

Population: 63,271

Access: 290km from Calgary

Nearest center: Calgary

Program Stats

Training Sites: Medicine Hat, Calgary, High River, Lethbridge, Yellowknife

Number of residents:
CMG: 7
IMG: 0

Elective time:
14 weeks

Cost of Living:

monthly cost for 1-bedroom apartment in Medicine Hat $800-1,100

Miscellaneous:

In 2021, Maclean's ranking of Canada's Best Communities showed that the grit, perseverance, ingenuity, and strength rocketed "The Hat" into the top 5% best communities to live in and work remotely within Canada.

Testimonial:

"Well-rounded training is one of the big highlights — because we have the opportunity to travel to several rural sites, we become well exposed to a variety of different styles of physician work, different communities, and demographics. There are two other main highlights that go along with this that are unique to a rural residency: the first is that being a rural resident, you get to be the go-to learner. You get to see, do, and be a part of everything. Second, all the skills and approaches we learn on out off service rotations become extremely applicable when you travel to rural sites because some of those resources aren't there, so you actually get opportunities to implement the things you are learning, not just see something done once and then never use it again. This helps make you into a fantastic physician!

The preceptors in this program are top notch — they are very VERY committed to having you as a learner and will typically meet you at wherever you are at comfort wise with being a doctor and build from there. Aside from this, wellness is a big part of the experience in our program. It's a mindset that gets cultivated early, and with a large amount of fun outdoor activities in Southern Alberta, this has made for some fantastic moments as a resident."

Dr. Zach Heinricks, R2

UNIVERSITY OF SASKATCHEWAN

La Ronge

Located on Treaty 6 Territory and Homeland of the Métis Nation
USask FM

Program Highlights

Type of Curriculum:
Longitudinal, integrated training La Ronge, with dedicated rotations in Regina & Prince Albert for tertiary clinical exposure.

Curriculum Outline:
PGY1: 30 weeks longitudinal in La Ronge, 21 weeks rotation-based training in Regina including trauma, palliative care, pediatrics, ICU, hospitalist, anesthesia & emergency, 7 weeks OB/GYN in Prince Albert.

PGY2: 45 weeks full service rural family medicine in La Ronge including 7 weeks OB/GYN in Prince Albert. Optional 1 week northern community rotation.

Unique Features:
Weekly fly-out clinics to remote northern communities; opioid agonist therapy program out of La Ronge, primary care led HIV and Hep C treatment, procedure clinic + POCUS.

Research opportunities:
Has an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights

Recreation:
Clinic located on lakefront of Lac La Ronge. Home of some of the best canoe routes in the world, fishing, hunting, snowmobiling. Local hockey league, camping, and hiking trails. Annual Napatak Ramble outdoor music concert; BORA Boreal Outdoor Recreation Association; Pimiskitan Canoe Club. Active arts and music scene.

Cultural notes:
Large indigenous population, focus on cultural competence. Average age of population 32.2 yrs.

Cost of living:
1 bed apartment $650-$825, 3 bed apartment $1000-$1200

Community stats

Population: 2,688 (catchment 15,000)

Access: 4 hr drive north of Saskatoon

Nearest center: Saskatoon

Program Stats

Training Sites: La Ronge Medical Clinic, La Ronge Health Centre, fly out clinics in Pinehouse, Southend, Stanley Mission, Wollaston Lake. Specialist rotations in Regina & Prince Albert

Number of residents:
CMG/IMG: 3

Elective time:
10 weeks (option to have an additional 2 weeks)

Miscellaneous:
- A methadone maintenance and HIV/Hep C support program operates through the clinic in La Ronge
- POCUS in clinic/ED
- Minor Procedure clinic 3x/month
- no other physician groups within 250 km radius

La Ronge is an excellent training site with opportunities bound by your imagination and creativity. I see the difference between rural and urban family medicine is the role of family physicians in the community. The next site down the road with physicians is 250km, which is our referral center, so the family physicians in the La Ronge group handle everything that comes into the hospital. The only other residents, at any point, are family medicine residents, so there is no hierarchy and nobody who you can stand behind and let them manage the sick person instead of you.

La Ronge is an excellent rural location for residency training. The group of doctors working in LR treat you as part of the team and are excellent resources to learn from. The days are varied, with a combination of ER, hospitalist and clinic training. We also fly weekly to remote outpost clinics and resident-led satellite clinics. Overall, it is a great place to learn and prepare for a multi-faceted future practice.

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

We travel to Regina for 5 months in PGY1 and to Prince Albert later in residency (6 hours and 2.5 hour drive respectively)

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

All of the above are emphasized to varying extents. Due to the nature of the community, mental health + addiction medicine are forefronts of practice, along with a strong ER base.

What do you do for fun in your community?

“There are lots of outdoor activities throughout the year, hundreds of km of hiking trails, about 60km of groomed cross country ski trails in the winter, snowmobile poker rallies, board game nights, fat biking trails, fishing, camping, and an offroading club.”

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Yes. Very open and able to do whatever we'd like for electives. I've done some extra Obs in PA and am planning on going to Inuvik, NWT in the spring.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Most specialist rotations are completed in Regina or Prince Albert. That said, there are specialists who come to LR for clinics on a monthly basis, who we can request to be placed with for those days.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

All programs in Saskatchewan require residents to complete a research project. This is very much "Choose your own adventure" and there is a broad diversity in things you can do for this project, and people to support and help you through it.
New sim equipment this year, virtual conferences becoming more commonplace increases access, lots of training provided in SK (Casted, EDE1, EDE2, AIME, ATLS)

What makes this program unique? What drew you to it?

As residents in La Ronge, we learn broad scope family medicine including addictions medicine, emergency and obstetrics in a longitudinal format. This is supplemented by important specialty experiences in anesthesia, trauma, ICU, pediatrics, palliative care and internal medicine in Regina, and urban obstetrics in Prince Albert. Learners in La Ronge are treated as respected colleagues and are supported by skilled generalist physicians who are passionate advocates for health services in northern Saskatchewan.

La Ronge FM Resident, R1

Moose Jaw

Located on traditional land referred to as Treaty 4 Territory, the original lands of the Cree, Ojibwe(OJIB-WĒ), Saulteaux (SO-TO), Dakota, Nakota, Lakota, and homeland of the Métis Nation.

USask FM

Program Highlights

Type of Curriculum:
Longitudinal

Curriculum:
PGY1: 1week orientation, 48wks FM (clinic, Psychiatry, EM, Peds, Surgery, Anesthesia, Obs, IM, Hospitalist); Emergency – 1 day per month in R1 plus call shifts.

PGY2: 28 weeks FM, 8 weeks rural FM, 6 weeks in Regina (Obs, Palliative, Peds). Regular emergency call throughout the year.

Unique Features:
New hospital opened in 2015 that provides 24-hour emergency facilities and specialist services including; Ob/Gyn, Pediatrics, General Surgery, Orthopedics, Urology, ICU, Internal Medicine, Ophthalmology, Mental Health & Addictions Services, Radiology, Pathology, and ENT.

Research opportunities:
Has an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights

Recreation:
River park campground, various nature parks and trails. The Yara Centre, Kinsmen Sportsplex, Phyllis Dewar Outdoor Pool and the PlaMor Palace are included in the Moose Jaw “recreation pass” for swimming, skating, access to a track and gym.

Cultural notes:
Home to a Canadian Forces Base and home to the world famous “Snowbirds”.

Cost of living:
Estimated average rent for a 1-bedroom apartment in the city centre is approximately $881/month + utilities of $141/month.

Community stats

Population: 34,000 (catchment 54,000)

Access: 72km (45min) to Regina

Nearest center: Regina

Program Stats

Training Sites:
Moose Jaw, Regina, & Various rural locations

Number of residents:
CMG: 3
Competitive: 1

Elective time:
PGY1: 4 weeks
PGY2: 8 weeks

Miscellaneous:
- Full-service Family medicine with a longitudinal program.
- Close one-on-one learning with engaged preceptors
- Potential experiences with Refugee Health, Home care, long-term care, Wakamow Detox centre, physiotherapy, Diagnostic imaging, aviation medicine
- No specialist residents on site

North West

Located on Treaty 6 Territory and Homeland of the Métis

USask FM

Program Highlights

Type of Curriculum:
Integrated

Curriculum Outline:
PGY1: Completely integrated family medicine with ER, OB, addictions, gen surg, peds, peds ER, care of the elderly, palliative, psychiatry, MSK, 4 weeks internal/CTU (in Saskatoon or Regina)

PGY2: Integrated FM, hospitalist, EM, 2 weeks tertiary centre pediatrics, 2 weeks tertiary centre OBS

Unique Features:
Gain hours of emergency room, acute care, and primary care training. In addition to the usual rotations, our program also offers hospitalist or Acute Care Team (ACT) rotations, providing a chance to care for more complex patients within the hospital setting.

Research opportunities:
There is an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights

Recreation:
Situated on North Saskatchewan River. In the winter, the City of North Battleford grooms 1.8km of trails for cross-country or skate skiing. The town also has a large recreational centre with a swimming pool and running track.

Cultural notes:
Located on Treaty 6 Territory and Homeland of the Metis. Diverse and growing population. Average age 39.4 yrs.

Cost of living:
One of the lowest in the country. According to Money Sense Magazine's "Canada's Best Places to Live 2016", the average house price in North Battleford is about $211,000 with a property tax of 2.57%.

Community stats

Population: 13,800 (North Battleford), 4,000 (Battleford), 2,500 (Unity)

Access: 1.5 hr drive north of Saskatoon (135km)

Nearest center: Saskatoon

Program Stats

Training Sites:
City of North Battleford, Town of Battleford, Town of Unity, City of Lloydminster, City of Meadow Lake and other surrounding communities.

Number of residents:
CMG: 3
CMG/IMG: 1

Elective time:
PGY1: 5 weeks
PGY2: 6 weeks

Miscellaneous:
- The family medicine teaching unit is housed in a patient medical home. Enjoy having a home base for 41 of the 52 weeks of first year.
- Extensive learning in emergency room settings with supportive FP and ERP support.

Prince Albert

Located on Treaty 6 territory and Homeland of the Métis

USask FM

Program Highlights

Site description:
Midsize community (major referral centre for Northern Saskatchewan), full-service hospital

Curriculum:
PGY 1: 4 weeks Anesthesia, 4 weeks Emergency, 6 weeks Internal Medicine, 6 weeks Pediatrics, 8 weeks FM/Palliative Care, Care of the Elderly, 2 weeks Psychiatry, 8 weeks Rural FM, 6 weeks Surgery/Orthopedics,6 weeks Women's Health/OBs.

PGY2: 14 weeks FM, 22 weeks Rural FM, Women's Health/ OBs- 4 weeks

Unique Features:
The Victoria Hospital has 36,000 emergency visits per year and approximately 1600 deliveries. May participate in satellite clinics including fly in clinics. Opportunities for individuals to pursue experience in addictions and prison medicine.

Research opportunities:
Has an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights

Recreation:
Outdoors activities - skiing, hiking, hunting, fishing, snowmobiling, swimming, etc. Lots of beautiful lakes!

Cultural notes:
Often considered the "gateway to the North", Prince Albert's location naturally provides residents with exposure to a diversity of patient demographics, culture, and pathology.

Cost of living:
Approximately $1,123/month

Community stats

Population: 41,000 (catchment 150,000)

Access: 1.5hr drive to Saskatoon

Nearest center: Saskatoon

Program Stats

Training Sites:
Prince Albert – Victoria Hospital, various rural training sites including remote northern and First Nation communities

Number of residents:
CMG: 6
Competitive: 1

Elective time:
PGY1: 2 weeks
PGY2: 10 weeks

Miscellaneous:
- Strong ER, Obstetrics, Pediatric, Anesthesia and Enhanced Surgical Skills exposure
- POCUS in clinic/ED
- $1,200/year education fund and additional coverage of ALARM, ATLS, and PALS courses

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Based out of Prince Albert. Travel required for 8 week rural family medicine block in R1 and 22 weeks rural family medicine block in R2, plus any electives you choose outside of Prince Albert. Everything else is based in Prince Albert.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Emphasis is on full-scope generalist practice. We have a very busy emergency room and residents do a full month rotation there as well as all their call in the ER (this ends up being 1 weekday call shift from 1700-2330 once a week and one weekend call shift (1200-2330) per month). We have a busy obstetrics service which you will do lots of call for and become very comfortable due to the level of independence given. We have some of the most time spent on rural rotations to really bring all your skills together, and opportunities to explore other areas of interest (i.e. ESS program, Addictions work).

What do you do for fun in your community?

“Visit near by lakes and parks for walks/hikes, kayaking/canoeing, and picnics”

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Yes there is opportunity to travel for electives! I have not yet done my electives yet so cannot speak to that.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

We rotate through all the core specialties in R1 (Pediatrics, OBGYN, Emerg, Anesthesia, Surgery, Internal Med/ICU, Psych, Family Medicine x 2). There are no other Royal College specialties based out of Prince Albert so we are most often the only resident on that service. Occasionally there will be visiting Royal College residents in OBGYN, Surgery, Emergency or Pediatrics. We are also home to a R3 program in Enhanced Surgical Skills and will have 1-2 residents / year rotating through surgery and obstetrics for that.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

Throughout the 2 years of your residency, it is mandatory for each resident to complete a quality improvement project. This is often done in groups with another resident or two, and is based on an area of interest and/or need you have highlighted.

What makes this program unique? What drew you to it?

I love how Prince Albert is so close to so many local lakes and beautiful nature parks- it really is paradise for those who love the outdoors! I felt the staff and residents were warm and inviting during interviews and loved the wide scope of practice and training offered by the PA FM site.

Prince Albert Resident, FMR1

Rural South East

Located on traditional land referred to as Treaty 4 Territory, the original lands of the Cree, Ojibwe(OJIB-WĒ), Saulteaux (SO-TO), Dakota, Nakota, Lakota, and homeland of the Métis Nation.

USask FM

Program Highlights

Type of Curriculum:
Integrated and Block

Curriculum:
PGY 1: 33 weeks FM, 4 weeks OBs +/- pediatrics, 2 weeks pediatrics, 2 weeks psychiatry, 2 weeks anesthesia, 2 weeks general surgery

PGY 2: 25 weeks FM, 12 weeks rural FM, 4 weeks OBs, 4 weeks hospitalist/ internal medicine

Unique Features:
Integrated inpatients, care of the elderly, palliative care, minor procedures, and ER. R2 rotations in smaller rural communities.

Research opportunities:
There is an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights

Recreation:
The area has many recreation activities such as swimming pools, skating arenas, sports fields, golf courses, lakes, and cross-country ski trails.

Cultural notes:
Diverse patient population including First Nations and immigrant patients.

Cost of living:
Many supporting communities sponsor housing. No Parking fees.

Resident testimony:
Favourite part of the program is the amount of hands on procedures, the independence straight from the get go, the support from preceptors.

Rural South East FMR1

Community stats

Population: 3,200 (Moosomin), 5,800 (Humboldt), 10,000+ (Weyburn)

Access: Moosomin and Humboldt are 2.25hr drive to Regina, Weyburn is 1.25hr drive to Regina

Nearest center: Regina

Program Stats

Training Sites: Humboldt, Weyburn, and Moosomin + other smaller rural locations (Watrous, Wynyard, Indian Head, Esterhazy, Melville, Redvers, and Strasbourg).

Number of residents:
CMG: 3
Competitive: 1

Elective time:
PGY1: 6 weeks
PGY2: 6 weeks

Miscellaneous:
- Plenty of opportunity to perform procedures, inpatient care, and emergency care.
- Small-town hospitality and ability to be involved in community activities

Swift Current

Located on traditional land referred to as Treaty 4 Territory, the original lands of the Cree, Ojibwe(OJIB-WĒ), Saulteaux (SO-TO), Dakota, Nakota, Lakota, and homeland of the Métis Nation.

USask FM

Program Highlights

Type of Curriculum:
Integrated and Block

Curriculum:
PGY1: 19 weeks FM, 4 weeks emergency medicine, 4 weeks surgery, 3 weeks anesthesia, 6 weeks OBs, 4 weeks internal medicine, 4 weeks pediatrics, 4 weeks psychiatry

PGY2: 24 weeks FM, 8 weeks rural FM, 4 weeks OBs, 4 weeks internal medicine

Unique Features:
The city has many other visiting learners, however the family medicine residents are the only learners completely based in the community.

Research opportunities:
There is an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights

Recreation:
Vibrant downtown business core. Amazing access to outdoor green spaces, bike trails, golf courses and surrounded by provincial parks.

Cultural notes:
Strong agricultural roots.

Cost of living:
The average price of housing in Swift Current is $240,000 (for a 1,200 SQ ft detached bungalow house). Average prices to rent in Swift Current range from $500 to $1,500 per month.

Community stats

Population: 17,000 (catchment 27,000)

Access: 243 km (2.5h) to Regina

Nearest center: Regina

Program Stats

Training Sites: Swift Current; Rural sites include Weyburn,Gull Lake, La Ronge, Meadow Lake, Melfort, Rosthern, Kindersley, Ile a la Crosse

Number of residents:
CMG: 3
Competitive: 1

Elective time:
PGY1: 4 weeks
PGY2: 10 weeks

Miscellaneous:
- Cypress Health Region offers a full range of services that include: Acute care, Home care, Community and Population Health, Long Term care, Mental Health, Addictions Services, Support Services, and Emergency Services
- State-of-the-art Sim Lab

University
of Manitoba

Bilingual Program

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ and Očhéthi Šakówiŋ peoples.

Program Highlights

Type of curriculum: Partial Horizontal.

Curricular Outline: PGY1: 6 months of Family Medicine, between Centre de santé (Winnipeg) and St-Anne are interspersed with off service rotations in Winnipeg (IM and Obstetrics at Hôpital St-Boniface, and Peds Emerg at Children's Hospital)

PGY2: Family medicine training consists of 4 blocks in Ste-Anne including 1 horizontal Surgery block and 2 blocks at Centre de santé and 2 blocks in Notre Dame de Lourdes, interspersed with off service rotations in Palliative Medicine, Pediatrics, ICU and Gen Surg primarily in the St. Boniface area, and Obstetrics at Boundary Trails (Morden-Winkler).

Unique Features: The only English/French bilingual FM program in Western Canada. Integrative Medicine in Residency Program featuring Complementary and Alternative Management.

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Workshops for research skills development. Can apply for Grants/Funding.

Community Highlights

Notre Dame de Lourdes (http://www.notre-dame-de-lourdes.ca/default.asp)
Recreation: Sun kissed location in the Pembina Hills ideal for outdoor enthusiasts and nature lovers; 6 golf courses, a provincial park, swimming pools, mountain biking, snowmobile and ATV trails.

Ste-Anne (http://www.steannemb.ca/)
Recreation: Community sports including curling, soccer, baseball, and lacrosse, abundant forests and parks

Cost of Living:
Cost of living is some of the most affordable in Canada.

Community stats

Population: Notre Dame de Lourdes: 683
Ste-Anne: 4,509

Access: NDL: 130 km from Winnipeg
Ste-Anne: 50 km from Winnipeg

Nearest center: Winnipeg

Program Stats

Training Sites:
Centre de santé, Hôpital Saint Boniface, Victoria General Hospital, Winnipeg, MB
Clinique Notre Dame, Centre de santé, Notre Dame de Lourdes, MB
Centre medical Seine, Hôpital Ste Anne, Ste Anne, MB

Number of residents:
CMG: 2 per year
IMG: 1 per year

Elective time:
8 weeks

Miscellaneous: Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

Boundary Trails

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ and Očhéthi Šakówiŋ peoples.

Program Highlights

Type of curriculum: Partial Horizontal.

Curricular Outline: 6 blocks of Family Medicine at Boudary Trails CTU each year. Additional blocks in Pediatrics (2 blocks), ICU and Internal Medicine in Winnipeg, Obstetrics (2 blocks, one in Winnipeg), Palliative Care, and Surgery (1 block). Horizontal training opportunities in behavioral medicine, Psychiatry, optometry, Geriatrics and nutrition.

Unique Features: Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply for Grants/Funding.

Community Highlights

Recreation: Many opportunities for outdoor recreation (hiking, camping, golfing, fishing, biking etc.). Local ice rinks, Arts Centre, Parks, Fitness centre. Two large prairie festivals happen yearly, the Winkler Harvest Festival and the Morden Corn and Apple Festival.

Cultural Notes: Exposure to industries and communities unique to rural Manitoba such as agriculture and Hutterite colonies.

Cost of Living: The cost of living in Morden and Winkler is about 2% less than the national average with average rent and food costs being lower than Winnipeg.

Community stats

Population: 8,500 (Morden), 14,000 (Winkler), 50,000+ Catchment

Access: 1.5 hr drive to Winnipeg

Nearest center: Winnipeg

Program Stats

Training Sites:

C.W. Wiebe Medical Clinic (Winkler) or **Aggasiz Medical Clinic** (Morden)

Boundary Trails Health Centre
-94-bed acute care facility --services include: emergency, ambulatory care clinics, intensive care, day surgery, obstetrics, chemotherapy, dialysis, OT/PT, speech & audiology.

Number of residents:
CMG: 4 per year

Miscellaneous: Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

Brandon

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ and Očhéthi Šakówiŋ peoples.

Program Highlights

Type of curriculum: Partial Horizontal.

Curricular Outline: Family Medicine, 4-5 blocks in Brandon and 1-2 blocks in rural communities each year. Internal medicine 2 blocks, OB/GYN 2 blocks, pediatrics 1 block, Winnipeg ER 1 block, Surgery, ICU, palliative care. Longitudinal psychiatry and emergency medicine training over the 2 years.

Unique Features: Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Community Highlights

Recreation: Opportunities for outdoor recreation with nearby National Parks, ski hills, golf courses and walking trails. Local gyms and recreation center with opportunities to be involved in arts and theatre.

Cultural Notes: Over 7,000 newcomers have immigrated to the city in the last 10 years, adding to the diversity of cultures in the city.

Cost of Living: The cost of living in Brandon, and Manitoba in general, has been shown to be lower than all other Canadian provinces except Quebec. Average cost of rent is about $800/month.

Community stats

Population: 53,000, catchment area 180,000

Access: 2 hr drive to Winnipeg. Local Airport.

Nearest center: Winnipeg

Program Stats

Training Sites:
Brandon Regional Health Center
309 Beds – Acute and Chronic care, 9 bed ICU, 6 Surgical suites
Western Medical Clinic and Brandon Clinic -In-patient, long-term and low-risk obstetrics care. Satellite site at Shilo Canadian Forces Base.

Number of residents:
CMG: 3 per year
IMG: 1 per year

Miscellaneous: Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

Interlake Eastern

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ and Očhéthi Šakówiŋ peoples.

Program Highlights

Type of curriculum: Partial Horizontal.

Curricular Outline: PGY1: Family medicine 22 weeks, internal medicine 8 weeks, obstetrics 8 weeks, pediatric ER 4 weeks, airway management 2 weeks

PGY2: Family medicine 16 weeks, rural FM 8 weeks, ICU 4 weeks, palliative care 4 weeks, pediatric outpatient 4 weeks, surgery 4 weeks. Horizontal experiences during FM with obstetrics, emergency medicine, palliative care, pediatrics, behavioral medicine and nutrition.

Unique Features: Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Community Highlights

Recreation: Outdoor recreation opportunities with nearby beaches, lakes, and Provincial parks. Community Recreation complex with facilities for hockey, curling, tennis, soccer, swimming and more.

Cultural Notes: Large local Indigenous population in catchment area.

Cost of Living: The cost of living in Selkirk is less than the national average as well as generally less than the Manitoba average. Housing and rent are particularly affordable.

Community stats

Population: 30,000

Access: 30 min drive to Winnipeg

Nearest center: Winnipeg

Program Stats

Training Sites:

Selkirk Medical Associates
1:1 preceptor to resident ratio

Selkirk Regional Health Centre
61 acute care beds. Visiting specialists.

Number of residents:
CMG: 2 per year

Elective Time:
PGY1: 4 weeks
PGY2: 4 weeks

Miscellaneous: Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

Northern Remote

Northern Medical Unit in Winnipeg is located on the traditional land of the Métis, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, and Očeti Šakówiŋ peoples. Other sites are on the traditional lands of the Sahtú Got'ine, Sahtu Dene, Dënéndeh, Cree and Inuit peoples.

Program Highlights

Type of curriculum: R1 Integrated, R2 Partial Horizontal

Curricular Outline: PGY1: Family medicine at NCMC or Norway House Cree Nation with training in Obstetrics, Pediatrics, HIV/Hep C care and more. Selective in hospitalist medicine.
Year 2: Primarily northern or remote site in Manitoba, NWT or Nunavut including 4 weeks in a small First Nations community. One block FM in home clinic. Rotations in Winnipeg or surrounding communities for Emergency Medicine, Pediatrics, Neonatology, Surgery, Obstetrics, Addictions Medicine and Airway Experience.

Unique Features: 8 months in northern, remote, First Nation, and Inuit communities

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Community Highlights

Recreation: Winnipeg offers opportunities for outdoor recreation, arts and theatre, sporting events and many historical and cultural festivals.

Cultural Notes: Exposure to a variety of First Nations and Inuit communities. Broad cultural diversity in Winnipeg.

Cost of Living: Primary residence to be in Winnipeg, with travel and accommodations at remote sites covered by the program. The cost of living in Winnipeg is lower than the national average with particularly affordable housing and auto insurance.

Community stats

Population: <1, 000-13,000
Winnipeg- 800,000

Access: Fly from Winnipeg, Fly-in remote communities

Nearest center: Winnipeg

Program Stats

Training Sites:
Northern Connection Medical Centre, Winnipeg
Community of Norway House Cree Nation
Various other northern, remote and Indigenous community sites

Number of residents:
CMG: 6 per year
IMG: 2 per year

Miscellaneous:
Annual 2 -day resident retreat
Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

Northern Thompson

Located on the traditional land of the Nisichawayasihk Cree Nation.

Program Highlights

Type of curriculum: Partial Horizontal

Curricular Outline: Family Medicine done in Thompson and distributed regional sites with integrated training in Emergency Medicine, Psychiatry, Obstetrics, Geriatrics and Cancer Care. Rotations in Airway Management (2 weeks) and Obstetrics (8 weeks) in Thompson. Additional rotations in Winnipeg for Neonatology, Addictions medicine, Palliative Care, Pediatrics, ICU and Trauma Surgery.

Unique Features: Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Community Highlights

Recreation: Local shopping, bowling alley and recreation center with ice rinks, gymnasium and track. Outdoor recreation opportunities at nearby golf course, natural landmarks, hiking skiing and snowmobile trails and canoe routes.

Cultural Notes: Exposure to Indigenous health in local communities, organizations and education partners.

Cost of Living: Travel and accommodation costs to offsite rotations covered by the program. The cost of living in Thompson is increased due to the cost transport of goods and higher utilities costs. The cost of housing is less than the national average.

Community stats

Population: <1, 000-13,000

Access: Road and Fly-in – 750km to Winnipeg

Nearest center: Winnipeg

Program Stats

Training Sites:
Thompson Clinic
1:1 preceptor to resident ratio
Thompson General Hospital
79 acute care beds. Visiting specialists.

Number of residents:
CMG: 2 per year

Miscellaneous:
Annual 2 -day resident retreat
Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

Parkland

Located on the traditional land of the Michif Piyii (Métis), Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, and Očhéthi Šakówiŋ peoples.

Program Highlights

Type of curriculum: Partial Horizontal

Curricular Outline: PGY1: Family medicine in Dauphin (20 weeks) with concurrent experience with emergency medicine, hospitalist and obstetrics, with specialty rotations in Winnipeg for Internal Medicine (8 weeks), Pediatric ER (4 weeks), Obstetrics (8 weeks) and Palliative Care (4 weeks).

PGY2: Family medicine with horizontal learning in OB/GYN, Psychiatry, Geriatrics, Allergy, Radiology and Pediatrics. Specialty rotations in Surgery and FM Anesthesia (8 weeks) and ICU (4 weeks). Horizontal learning in behavioral medicine and nutrition.

Unique Features: Integrative Medicine in Residency Program, featuring Complementary and Alternative Management. One of the longest running FM programs in Canada.

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Community Highlights

Recreation: Sporting activity facilities for hockey, curling, tennis, basketball, volleyball, archery and more. Local National and Provincial parks, campgrounds, golf courses and extensive trail systems. Local Art Centre and several major yearly festivals.

Cultural Notes: Exposure to local Indigenous and Ukrainian populations.

Cost of Living: The cost of living in Dauphin is about 2% less than the national average with particularly affordable housing.

Community stats

Population: 8,000 (Dauphin)
Parkland Catchment Area: 42,000

Access: 2 hr drive to Brandon; 3.5 hr drive to Winnipeg

Nearest center: Winnipeg

Program Stats

Training Sites:
Dauphin Regional Health Centre
Referral centre for Parkland.
Ste. Rose General Hospital
26 bed hospital.

Number of residents:
CMG: 4 per year
IMG: 2 per year

Elective Time:
PGY1: 4 weeks
PGY2: 4 weeks

Miscellaneous:
Horizontal POCUS training
Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

Portage La Prairie

Located on the traditional land of the Michif Piyii (Métis), Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, and Očhéthi Šakówiŋ peoples.

Program Highlights

Type of curriculum: Partial Horizontal

Curricular Outline: Family Medicine blocks with care for outpatients, inpatients and home visits. Horizontal learning opportunities in Obstetrics, Emergency Medicine, Palliative Care, Pediatrics, Surgery, Cancer Care Behavioral Medicine and Nutrition. Specialty rotations in Winnipeg for Pediatrics, ICU and Palliative Care.

Unique Features: Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Community Highlights

Recreation: Local recreation center with ice rinks, fitness center, sporting fields and indoor track. Outdoor recreation opportunities at local waterpark and trail system. Local center for celebration of the arts and Fort la Reine Museum nearby.

Cultural Notes: Work with Indigenous populations in Portage clinic and local communities.

Cost of Living: The cost of living in Portage is about 1% less than the national average with housing being particularly affordable. Travel and accommodations covered for all offsite rotations.

Community stats

Population: 20,000

Access: 1 hr drive to Winnipeg

Nearest center: Winnipeg

Program Stats

Training Sites:
Portage Clinic
1:1 preceptor to resident ratio
Portage District General Hospital
88 acute care beds. Visiting specialists.

Number of residents:
CMG: 4 per year

Elective Time:
PGY1: 4 weeks
PGY2: 4 weeks

Miscellaneous: Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

Steinbach

Located on the traditional land of the Michif Piyii (Métis), Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, and Očhéthi Šakówiŋ peoples.

Program Highlights

Type of curriculum: Partial Horizontal

Curricular Outline: Year 1&2 Family medicine rotations are done in Steinbach (6 months). Additional Steinbach rotations in Pediatrics (4 weeks), Emergency and Obstetrics (4weeks) and Surgery (8 weeks). Winnipeg based rotations in Pediatric ER (4 weeks), ICU (4 weeks), Internal Medicine (8 weeks), Obstetrics (8 weeks), and Palliative Medicine (4 weeks). Horizontal training in Behavioural Medicine, Cancer Care and Nutrition.

Unique Features: Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Research opportunities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Community Highlights

Recreation: Outdoor recreation opportunities at local golf courses and cycling, running and cross coutry ski trails. Local sporting facilities include large aquatics center, ice rinks and sports fields. Access to local heritage sites and Cultural Arts Centre.

Cultural Notes: Culturally diverse community with people of Russian, Ukrainian, French and Mennonite heritage with smaller populations of newer Filipino and German immigrants.

Cost of Living: The cost of living in Steinbach is similar to the national average with particularly affordable housing and transportation costs. Travel and accommodations to all offsite rotations covered.

Community stats

Population: 17,000

Access: 45 min drive to Winnipeg

Nearest center: Winnipeg

Program Stats

Training Sites:
Steinbach Family Medical Centre
1:1 preceptor to resident ratio, health team format
Bethesda Regional Hospital
96 beds. In-House Surgery, FM-A, FM Obs

Number of residents:
CMG: 4 per year

Miscellaneous:
Annual 2-day resident retreat
Manitoba offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine

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North Bay

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᐢ and Huron-Wendat.

Program Highlights

Type of curriculum:
Block

Curricular Outline:
NOSM follows a typical curriculum for all sites with an extra pediatrics block in year 2.

Unique Features:
There are no hospitalist rotation as GP's round on their own inpatients every morning, allowing exposure to varied higher acuity medical care. Abundant opportunities to teach medical students.

Research:
Residents partake in journal club, research, and a QI project.

Community Highlights

Recreation:
On the shores of Lake Nipissing – swimming in the summer and ice fishing or skating in the winter. Exceptional mountain biking, Nordic, and alpine skiing practically in your own backyard.

Cultural notes:
Franco-Ontarian and Aboriginal populations. The Capitol Theatre is a thriving arts and performance center.

Cost of Living:
Average rent for a 1 bedroom apartment is $1250 per month.

Community stats

Population: 52,000

Access: 127 km (1.5h) to Sudbury, 357 km (3.5h) to Toronto; regional airport

Nearest center: Sudbury

Program Stats

Training Sites: North Bay Regional Health Centre

Number of residents:
CMG: 4

Elective time:
PGY1: 8 weeks
PGY2: 8 weeks

Miscellaneous:
- 400+ bed hospital with outpatient and outreach services
- Distributed training site for NOSM clerkship students

Remote First Nations

Located on the traditional land of the Métis and Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ.

Program Highlights

Type of curriculum:
Longitudinal

Curricular Outline:
NOSM follows a typical curriculum for all sites. This stream is 2 years family medicine + 6 months self-directed enhanced skills training. This allows for increased time and exposure in areas such as rural & remote medicine, Indigenous health, Elder teachings and Cultural Safety Training. Compensation during this 6 month period is at the PGY3 salary level.

Unique Features:
Flexible curriculum based on your own career goals with concentrated training in areas of your choosing.

Research:
Residents complete a number of scholarly activities, journal club, research and QI project

Community Highlights

Recreation:
Majority of time spent in Thunder Bay, which boasts many conservation areas which offer camping, hiking, paddling and fishing. Two indoor community pools, public beaches, curling rinks and multiple golf courses.

Cultural notes:
Significant aspect of cultural training embedded in the residency training program. Thunder bay is home to a variety of music and performance arts venues alongside beautiful galleries and museums.

Cost of Living:
Average rent for a 1-bedroom apartment is $1,225.

Community stats

Population:
Eabametoong First Nation: 1,200
Sioux Lookout: 5,200
Thunder Bay: 112,000

Access: Variable

Nearest center: Sudbury or Thunder Bay

Program Stats

Training Sites: Thunder Bay (home base), Eabametoog First Nation and Sioux Lookout.

Number of residents:
CMG: 2

Elective time:
PGY1: 8 weeks
PGY2: 12 weeks

Additional Certification Opportunities:

- AIME, ATLS, PALS, ALARM training
- Suboxone training certificate

Rural Northern

Located on various traditional lands of Indigenous Peoples across Ontario.

Program Highlights

Type of curriculum:
Longitudinal

Curricular Outline:
NOSM follows a typical curriculum for all sites.

Unique Features:
Residents will be assigned to a home base location based on resident's choice and site capacity. Here, there is a flexible curriculum, based on your own career goals and community needs.

Research:
Residents complete research and QI projects with the support of a tutor. Ongoing sessions focus on Evidence-Based Medicine, Research and Quality Improvement.

Community Highlights

Recreation, Cultural Notes, and Cost of Living…
All vary widely depending on your home base location. Recreation is heavily outdoor based – hiking, fishing, Nordic skiing, and mountain biking are guarantees wherever you may end up.

Rural stream communities include Blind River, Bracebridge, Dryden, Elliot Lake, Fort Frances, Hearst, Huntsville, Kapuskasing, Kenora, Manitoulin Island, Parry Sound, Sioux Lookout and Temiskaming Shores.

Community stats

Population: Variable

Access: Variable

Nearest center: Academic programming in Thunder Bay or Sudbury

Program Stats

Training Sites: Variable

Number of residents:
CMG: 8

Elective time:
PGY1: 8 weeks
PGY2: 12 weeks

Sault Ste. Marie

Located on the traditional land of the Métis and Anishinabewaki
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Program Highlights

Type of curriculum:
Block. 2 half days with your primary family preceptor per 4-week off service block.

Curricular Outline:
NOSM follows a typical curriculum for all sites.

Unique Features:
Surgery block is half general surgery tailored to FM needs, and half elective surgical choices. 2 half-days back per block with competency coach. An often-chosen palliative care elective is available at Algoma Residential Community Hospice.

There are few specialty residents in Sault Ste. Marie allowing for FM residents to be first call during off service rotations.

Research:
Residents complete several scholarly activities which include journal club, research and QI project

Community Highlights

Recreation:
Claims to be any outdoor lover's paradise. Mountain bike, hike, cycle, try your hand at watersports, ski/board, or cast a line in the water.

Cultural notes:
One of the oldest French settlements in North America.

Cost of Living:
Average rent for a 1-bedroom apartment is $1250.

Community stats

Population: 73,000

Access: 309 km (3.5h) to Sudbury; International bridge to Michigan; Regional airport

Nearest center: Sudbury

Program Stats

Training Sites: Placements in private Family Medicine clinics and Sault Area Hospital

Number of residents:
CMG: 5

Elective time:
PGY1: 8 weeks
PGY2: 8 weeks

Sudbury

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒡᐊᐧᐃ

Program Highlights

Type of curriculum:
Block

Curricular Outline:
NOSM follows a typical curriculum for all sites. There are a variety of family practice models in Sudbury, allowing for residents to have freedom in choosing their preference of practice. Residents will then be matched with a preceptor who shares these preferences.

Unique Features:
Predominantly home call. Opportunities include journal clubs with residents and staff.

Research:
Residents complete research and QI projects with the support of a tutor.

Community Highlights

Recreation:
“City of Lakes” lending to many beaches to swim, sail or kayak on! In the winter, enjoy a night skiing on the nearby hill – only a 10 minute drive from the hospital. Join a hockey league or go cheer ‘em on!

Cultural notes:
Multicultural Northern City with strong Francophone population, many eclectic restaurants, live music, and theatre of the arts.

Cost of Living:
Average rent for a 1-bedroom apartment is $1340.

Community stats

Population: 164,000, catchment of 600,000

Access: Easily accessible by major hallways, 4 hour drive from Toronto; regional/domestic airport

Nearest center: Sudbury

Program Stats

Training Sites: Health Sciences North & private FM clinics in Sudbury

Number of residents:
CMG: 8

Elective time:
PGY1: 8 weeks
PGY2: 12 weeks

Thunder Bay

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ and Métis.

Program Highlights

Type of curriculum:
Block

Curricular Outline:
NOSM follows a typical curriculum for all sites.

Unique Features:
Residents have access to Northwestern ON remote rotations and rotations on the newly established FM inpatient unit. In PGY2, there are ICU and Infectious Disease rotations.

Research:
Residents complete research and QI projects with the support of a tutor. There is library support on site.

Community Highlights

Recreation:
Located on the shores of Lake Superior; many national parks, hiking trails and outdoor watersports to take advantage of.

Cultural notes:
Live music theatre and art galleries. Amenities of a diverse city with many outdoor opportunities, home to Lakehead University.

Cost of Living:
Average rent for a 1-bedroom apartment is $1225.

Community stats

Population: 110,000

Access: Major hub of Northern ON; regional airport

Nearest center: Thunder Bay

Program Stats

Training Sites: Thunder Bay Regional Health Sciences Centre

Number of residents:
CMG: 8

Elective time:
PGY1: 8 weeks
PGY2: 12 weeks

Timmins

Located on the traditional land of the Métis, Cree and Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ.

Program Highlights

Type of curriculum:
Longitudinal and mini-block experiences.

Curricular Outline:
NOSM follows a typical curriculum for all sites. Timmins has 4 extra weeks in IM, 2 weeks in geriatrics, 1 week in anesthesia, orthopedics, otorhinolaryngology, and dermatology. Subsequently, there are 2 less weeks in mental health and surgery and 6 weeks less in FM.

Unique Features:
Residents placed with two preceptors per year of the program, who cover majority of learning including EM, women's health, minor surgery, and inpatient care.

Research:
Residents complete research and QI projects with the support of a tutor. Ongoing sessions focus on Evidence-Based Medicine, Research and Quality Improvement.

Community Highlights

Recreation:
Hunting, fishing (and lovin' everyday…), camping, hiking, Nordic skiing and about anything else outdoorsy you can think of.

Cultural notes:
Large Franco-Ontarian, Anglophone, and Indigenous Populations, as well as various ethnic representations of European descent.

Cost of Living:
Average rent for a 1-bedroom apartment is $1050.

Community stats

Population: 52,000

Access: 127 km (1.5h) to Sudbury, 357 km (3.5h) to Toronto; regional airport

Nearest center: Sudbury

Program Stats

Training Sites: Timmins and District Hospital

Number of residents:
CMG: 4

Elective time:
PGY1: 8 weeks
PGY2: 12 weeks

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Pembroke

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᐢ, Huron-Wendat, and Omàmiwininiwak (Algonquin)

[Pembroke Website]

Program Highlights

Type of Curriculum: Half Horizontal

Curricular Outline:

- **Year 1** – FM/Geriatrics/ER (6 blocks), Hospitalist, FM/Psychiatry (2 blocks), Obstetrics, Elective, Pediatric wards at CHEO, Internal Medicine. One half-day of family medicine continuity clinics while off-service.
- **Year 2** – FM/ER (6 blocks), Hospitalist, Surgical, Obstetrics, Elective (2 blocks), FM Rural, Selective (ICU/Med Specialties/ER/Anesthesia)

Longitudinal Remote Pilot: curriculum as above, however 3/6 FM/Geri/ER blocks in Year 1 and 3/6 FM/ER blocks in Year 2 are spent in remote area.

Focus on giving residents the chance to build skills and think about the type of practice that puts their interests and professional goals first while guaranteeing a lifestyle of their choosing.

Unique Features: ***Opportunity to do remote exposure in Barry's Bay and Deep River (3 blocks in first and second year in these communities, if chosen).*** These centers are run by family physicians and provide added remote skills opportunities.

Research opportunities:
Mandatory resident quality improvement project in PGY1 and scholarly project in PGY2.

Community Highlights

Recreation: Whitewater capital of Canada; cradled between Ottawa River and Algonquin Provincial Park

Cultural notes: Petawawa has a dynamic youthful population (mean age 32), founded on natural resources and strategic military role.

Cost of Living: 3% less than the national average; food, transportation, housing, and health are all below the national average.

Community stats

Population: 16, 200 in Pembroke. Catchment area of 100, 000

Access: 148 km (1.5 h drive) to Ottawa. Located West of Ottawa.

Nearest center: Ottawa

Program Stats

Training Sites: Clinic, Hospital

Breadth of practice: Full Scope

Number of residents:
CMG: 3
IMG: 0

Elective time:
1 block (4 wks) Yr 1
2 blocks (8 wks) Yr2

Miscellaneous:

- 105 beds, with an ICU, CT and MRI.
- Deliveries: ~800 babies/yr.
- The only block outside of Pembroke is Pediatrics. Completed at CHEO in Ottawa.

Resident Testimonial

Resident Testimonial:

“Pembroke has been an amazing site to complete rural residency. The program offers so much flexibility to really tailor your rotations and learning to your learning objectives and future career aspirations. Family doctors in the area have a very broad scope of practice which you are able to experience, including hospitalist work, surgical assist, long term care, newborn resuscitation and well-baby call, family medicine OB and emergency department work. All of our rotations are done in Pembroke with the exception of 1 block of Pediatrics Wards, done in Ottawa (CHEO). This really appealed to me as after completing electives in fourth year of medical school and the CARMS tour, I was happy to be in one place. It also allows you the opportunity to really get to know all of the staff physicians/consultants. The program is very flexible, and easily tailored to meet your learning objectives and future career goals. The surrounding area is beautiful, and there are tons of outdoor activities to do, while still being less than 1.5 hours from downtown Ottawa.” - Dr. Erin Murray, R2

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

All rotations are in Pembroke, with the exception of Pediatric Wards (CHEO). We have 3 electives, where you can complete anywhere, Pembroke or elsewhere. We travel to Ottawa 1 time a month for academic day (prior to COVID-19, now virtual learning).

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Broad scope of family medicine - full family practice (clinic, long-term care), the hospital is run by hospitalists who are family physicians (internal medicine is a consult service), family physicians who do emergency medicine, NRP and well-baby call for newborns done by family physicians. Lots of opportunity to see different types of practices and additional opportunities outside of clinic.

What do you do for fun in your community?

Hiking/ camping in Algonquin park, whitewater rafting and beach days on the Ottawa River and cross-country skiing trails.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Yes - you can complete electives wherever you like (though if outside of Ottawa, you may need to looking into finding a preceptor however there are resources to do this). I have done an elective in palliative care in Ottawa at the General Hospital.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

OBGYN - rarely any other residents, usually just 1 family medicine resident. General Surgery - often a gen surg resident and/or med students. Internal Medicine (consult service, no CTU!) - no other learners. Hospitalist - no other learners. Emergency Medicine - rarely another resident on an overlapping shift for a few hours.

What makes this program unique? What drew you to it?

The flexibility - you can really make it exactly what you want to achieve your career goals.

Winchester

Located on the traditional land of the St. Lawrence Iroquoians, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ, Mohawk, Huron-Wendat, Omàmiwininiwak (Algonquin), and Haudenosaunee

[Winchester Website]

Program Highlights

Type of curriculum: Fully Integrated, Horizontal

Curricular Outline: Fully integrated curriculum with specialty rotation half/full days throughout training; off-site psychiatry blocks.

- Per block (4 weeks), PGY1: 2-3 OB/GYN shifts, 2-3 ED shifts, 1 peds shift
- Per block, PGY2: 2-3 ED shifts, 2-3 internal/cardiology shifts, 16 pediatric ED shifts over 1 year (CHEO).

Unique Features:

- One day q2weeks, work at Akwesasne, a Mohawk Reservation in Cornwall Ontario in Year 1.
- Maternity/child team including obstetricians, GP-OBS, and midwives.
- Opportunities for residents to be first surgical assist and do lumps/bumps clinic while in general surgery.

Research opportunities:
Mandatory resident quality improvement project in PGY1 and scholarly project in PGY2.

Community Highlights

Recreation:
Golfing, hiking, boating, cross country skiing, amateur theatre, many recreational facilities.

Cultural notes:
“Canada’s Dairy Capital” – agricultural fair, Farmer’s Market. Strong agricultural and historical roots.

Cost of Living:
Affordable Housing

Community stats

Population: 11,276; catchment area of 96 000

Access: 54 km (50 min drive) to Ottawa

Nearest center: Ottawa

Program Stats

Training Sites: Hospitals, clinics. Primarily Winchester District Memorial Hospital

Number of residents:
CMG: 3
IMG: 0

Elective time:
2 blocks (8 wks) Yr 1
1 blocks (4 wks) Yr2

Miscellaneous:

- 63 bed hospital, ~600 births/year, inpatient, surgical unit, cancer services, dialysis, CT scanner, mammography
- 1 day/block academic day

Resident Testimonial

Resident Testimonial:

“I am three months into my residency and the novelty of being in this great residency program has not even slightly worn off. After busy days of work, I find myself driving home and reflecting on how fortunate I feel to be a resident at Winchester. The learning environment is very friendly, and the Winchester hospital community takes you in as one of their own as soon as you start. It is clear that the program and the physicians in Winchester are invested in your learning, and I feel very well supported both professionally and personally. One of my personal favorites about the program is that it is not block based, and the scheduling is flexible (e.g. able to move elective time, schedule days with services you feel less confident, etc.). This program provides comprehensive non-service based rural family medicine training only 40 minutes from Ottawa!” - R1

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Depends where you choose to live. If you live in Winchester, there is very minimal travel, as you will be working at the Winchester hospital and at a clinic in the surrounding area for the vast majority of the training. A car is fairly essential for this program. There are elective opportunities available in Winchester as well, although residents are encouraged explore other locations for electives. Most residents including those from recent years live in Ottawa and commute to Winchester.

What do you do for fun in your community?

There is not much to do for fun in Winchester itself, however it is only 30 minutes from the city of Ottawa.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Yes, we get two elective blocks and are encouraged to do them outside of Winchester to gain exposure to services not available in Winchester (e.g. ICU, psychiatry, etc.). I was able to organize a family medicine elective in Nipigon, ON and there are opportunities to do electives in Northern Canada.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Family Medicine residents are the only local residents, which means we are first in line during rotations on other specialties (although there are occasionally visiting residents on elective). Our training in these specialties is focused on how it pertains to family medicine.

What makes this program unique? What drew you to it?

Tight-knit group with an amazing program coordinator and director. You are well cared for and the physicians in Winchester are clearly invested in your learning. Many alumni from the program have continued to work in Winchester, which is a reflection on the comprehensive training and the great work environment.

Queen's
UNIVERSITY

Belleville-Quinte

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Huron-Wendat, Mississauga and Haudenosaunee

Belleville-Quinte

Program Highlights

Type of curriculum: Horizontal

Curricular Outline: First 6 weeks is a bootcamp (key skills and training). Average of 2 days/wk FM. Horizontal experiences include pediatric clinics, OB/GYN clinics and on-call, lumps, bumps and minor procedures clinics, emergency medicine, cardiology, gastroenterology, behavioural medicine, hospitalist (family physician-led), palliative care. PGY1: 4 wks IM; 8 wks electives. PGY2: 8 wks rural FM outside Belleville (Picton, Bancroft, etc); 4 wks electives; 8 selective days.

Unique Features:

- Nightmares FM course (critical care simulation) and ALARM course (obstetrical emergency simulation); neonatal resuscitation training.
- “Intro to Residency” boot camp block.
- Annual wilderness retreat.
- International electives.
- Global health experiences include opportunities to work with vulnerable or underserviced populations locally and globally.
- Links with rural and remote community hospitals including Moose Factory and the Falkland Islands.

Research opportunities: Two projects over two years (scholarly project & PGY1 team QI project).

Community Highlights

Recreation: Expansive waterfront for sailing and fishing; great hiking & biking trails; 19 golf courses; close to Prince Edward County (wineries and galleries) and Sandbanks Provincial Park (20 min away - sandy beaches & campgrounds).

Cultural notes: Historic downtown is home to an eclectic mix of shops, restaurants, boutiques, theatre, and a popular farmers market; home to Quinte symphony; Belleville Waterfront & Multicultural Festival in July; daily VIA rail service to Toronto, Ottawa, and Montreal.

Cost of Living: Average rent for a 1-bedroom apartment is $1,855/mo.

Community stats

Population: 55,071

Access: 83 km (1h) to Kingston, 189 km (2h) to Toronto

Nearest center: Kingston

Program Stats

Training Sites: FM clinic, Belleville General Hospital

Number of residents:
CMG: 6
IMG: 0

Elective time:
PGY1: 4 weeks (1 block)
PGY2: 4 weeks (1 block)

Miscellaneous

- 192-bed hospital
- Queens offers PGY3 training in Anesthesia, Care of the Elderly, Emergency Medicine, Indigenous Health, Intellectual and Developmental Disabilities, Palliative Care, Rural Skills, Falkland Islands Scholarship in Rural/Remote Medicine, Global Health, and Women's Health.

Resident Testimonial

Resident Testimonial:

“I enjoy the outdoors, so I'm really happy about Bellevilles proximity to Prince Edward County. It's great to feel like you're getting away even though it's only a 15 min drive from your house. Really supportive faculty so far, program director is great. So far good work life balance. I wanted a suburban family medicine program and this is great. It's also close to both Ottawa and Kingston and Toronto, so you can drive there on the weekends.” – Dr. Christine Liu, R1

“I was immediately drawn to the Belleville site Family Medicine Program at Queen's after my interview. The residents and staff were so friendly and outgoing and had plenty of positive things to share. Some of my favourite things about our site include: the Horizontal curriculum, the small, tight knit group of residents, minimal travel requirements, encouraging and supportive staff, proximity to beautiful Prince Edward County with lots of wineries, breweries, beaches, outdoor activities (hiking, kayaking, cycling), conservation areas, etc., and the opportunity to train with a variety of staff in areas tailored to your interests.” – Dr. Patricia Howse, R1

1. **On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)**

Within the city of Belleville I've been biking.
Minimal travel (may be more to Kingston pre-Covid). Only required for rural block and potentially for Electives depending on what you select.

2. **What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?**

Broad! Lots of Hospitalist, Emergency med, palliative care, GPO, OR assist, procedures in clinic, etc. Little OB but still opportunities to learn.

3. **What do you do for fun in your community?**

Run, water sports are big here, there's a new bouldering gym opening up!

4. **What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?**

Only family medicine residents are in the city. There is apparently the odd royal college resident but I've not seen one yet.

5. **What makes this program unique? What drew you to it?**

The variety of practices to learn from and the awesome co-residents. The beautiful county and the proximity to major cities (Toronto, Kingston, Ottawa, US border, Montreal) are also nice!

Bowmanville-Oshawa-Lakeridge

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Mississauga, Huron-Wendat and Haudenosaunee

Bowmanville-Oshawa-Lakeridge

Program Highlights

Type of curriculum: Horizontal

Curricular Outline: First 6 weeks is a bootcamp (key skills and training). 50% of time in community FM. Horizonal experiences include OB call (high volume in PGY1 and option to continue labour and delivery shifts in PGY2), emergency medicine (increasing responsibility and complexity), office procedures (including surgical and procedural skills), dermatology, psychiatry/behavioural medicine, community pediatrics, long-term care, palliative care, outpatient clinics. 4 wks each of hospitalist/IM and elective block per year. PGY2: 8-12 wks rural FM.

Unique Features:

- Nightmares Course (Critical Care simulation) and ALARM course (obstetrical emergency simulation), neonatal resuscitation training.
- “Intro to Residency” boot camp block.
- Annual wilderness retreat.
- International electives.
- Links with rural and remote community hospitals like Moose Factory and the Falkland Islands.

Research opportunities: Two projects over two years (scholarly project & PGY1 team QI Project).

Community Highlights

Recreation: Bowmanville - Swimming pools, arenas, golf courses, driving ranges and more than 90 parks. Cycling (summer). Skiing (winter); Oshawa - modern arena that hosts the OHL Oshawa Generals hockey team, concerts, and other sporting spectacles. Lots of road bike paths to Lake Ontario.

Cultural notes: Bowmanville - Scenic countryside. Close to Toronto and cottage country. Attractions include Watson Farms and Jungle Cat World. Durham region activities include hang gliding, recreation, skiing, golf, restaurants, indoor kids' playgrounds, trampoline parks, escape rooms, axe-throwing, movie theatres, paintball, indoor skydiving, treetop trekking.

Cost of Living: Average rent for a 1-bedroom apartment is $1,842/mo.

Community stats

Population: Bowmanville (40,000), Oshawa (170,000)

Access: 77 km (1h) to Toronto, 191 km to Kingston

Nearest center: Toronto

Program Stats

Training Sites: Durham region; Lakeridge Health Corporation (sites in Ajax-Pickering, Bowmanville, Oshawa, Port Perry, and Whitby); Lakeridge Health Oshawa (LHO) and Lakeridge Health Bowmanville

Number of residents:
CMG: 9
IMG: 0

Elective time:
PGY1: 4 weeks (1 block)
PGY2: 4 weeks (1 block)

Miscellaneous

- Individual simulation centre, lounge, library and classrooms at LHEARN (Lakeridge Health Education and Research Network)
- Full academic days
- LHO has one of the busiest emergency departments in Ontario and is home to the Durham Regional Cancer Centre.

Resident Testimonial

"QBOL is a hidden gem of a residency program. We get the best of both worlds from having exposure to rural practice while still being able to live in the city if we choose. We also have the freedom to build our own schedules based on our learning needs, with support from a fantastic faculty and administrative team." - Dr. Vance Tran, PGY2, Site Chief Resident 2019-2020, Queen's-Bowmanville-Oshawa-Lakeridge

Peterborough-Kawartha

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Huron-Wendat, Mississauga and Haudenosaunee

Peterborough-Kawartha

Program Highlights

Type of curriculum: Horizontal with block specialties

Curricular Outline:

- First 6 weeks is a bootcamp (key skills and training).
- 3 half-days/wk FM; 1 half-day/wk academic teaching.
- Longitudinal specialty blocks of 4 or 8 weeks include hospitalist, emergency medicine, pediatrics, OB/GYN, geriatrics, psychiatry, maternal and newborn care, internal medicine, rural family medicine, surgery, orthopedic surgery, palliative care.
- PGY1: long-term care horizontal component.
- PGY2: 8 wks rural FM.

Unique Features:

- Nightmares Course (Critical Care simulation) and ALARM course (obstetrical emergency simulation), neonatal resuscitation training.
- “Intro to Residency” boot camp block.
- Annual wilderness retreat.
- International electives.
- Links with rural and remote community hospitals including Moose Factory and the Falkland Islands.

Research opportunities: Two projects over two years (scholarly project & PGY1 team QI Project).

Community Highlights

Recreation: Canoeing, rowing, and cycling or hiking on local trails. Trent-Severn Canal (transport in summer, skating in winter). Close to cottage and lake country in the Kawarthas, strong city sports leagues.

Cultural notes: Vibrant music and arts scene (bi-weekly free summer concerts, folk festival), multicultural cuisine and fair- trade coffee, support for partners seeking employment.

Cost of Living: Average rent for a 1-bedroom apartment is $1,624/mo.

Community stats

Population: 85 000

Access: 140 km (1.5h) to Toronto, 181 km to Kingston

Nearest center: Kingston

Program Stats

Training Sites: Peterborough; Peterborough Regional Health Centre

Number of residents:
CMG: 6
IMG: 0

Elective time:
PGY1: 4 weeks (1 block)
PGY2: 8 weeks (2 blocks)

Miscellaneous

- Minimal overnight call
- Minimal travel (1-2 km) to most places. Only away for 3-4 blocks over 2 years
- New hospital (2008), 494 beds, CT, MRI, cardiac cath lab
- Peterborough recognized as one of the most successful Family Health Team sites in Ontario

Resident Testimonial

Resident Testimonial:

"I love being a Queen's Peterborough-Kawartha family medicine resident! I've felt incredibly welcomed by both the program and community from the outset. Our resident cohort is the perfect size (there are only 12 of us in total between the PGY1s & PGY2s) and we attend teaching sessions together so we get to be quite tight-knit. Family medicine is the only full-time program based in Peterborough, so there are rarely other specialties training in the community and we get really amazing opportunities for hands on experience. Preceptors only take learners if they want to - so our teachers are engaged and truly excited to have us on their team. I'm also a big fan of the curriculum and schedule design: we get to spend 1 and a half days per week with a local family physician throughout our entire 2 years in the program, and then spend the rest of our weekdays in block-based specialty rotations. I find this blended format really helpful for learning, and it's so nice to be able to build a relationship with your primary preceptor. Aside from the program itself, Peterborough is a wonderful community that is close to nature (less than an hour to drive to many nearby Provincial Parks, and the Otonabee River runs right through the downtown!), it has a great food scene, and is an easy 1.5 hour drive to downtown Toronto if you want to visit the big city during your spare time. I'm so glad that I decided to train here and can easily imagine staying in the area after I've completed residency." - Dr. Jaimee Carter, PGY1

1. **On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)**

All rotations are in Peterborough during R1. We are expected to make a couple trips (3-4x in PGY1) to Kingston for in-person training sessions, but our travel expenses are covered. In PGY2, we are expected to do 1 rural block and 1 community family medicine block (can be anywhere, including outside Ontario) outside the community.

2. **What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?**

Full scope family practice. Tons of opportunities for in-office procedures, an excellent GP-obstetrics group who we rotate with in PGY2, sexual health clinic, and a rapid access addictions medicine clinic.

3. **What do you do for fun in your community?**

Peterborough has a surprisingly great food scene, and the surrounding area is so much fun to explore. Our resident cohort has gone kayaking on the Otonabee River and we broke the record on completing an outdoor puzzle / escape room! There's also a rock climbing gym, weekly hockey with a group of local physicians, and amazing trails for hiking and biking throughout the community.

4. **What is the cost of living in the area where your program is primarily located?**

Decent amount of rental properties given that there are 2 post-secondary institutions in the area (TrentU & Fleming College). I'm renting a 3-bedroom house for $2,400 per month.

5. **What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?**

No other specialties (apart from occasional +1 emergency medicine residents in ED or ICU)

Barrie

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Mississauga and Wendake Nionwentsïo peoples

Program Highlights

Type of curriculum: Horizontal - Hospital based FMTU

Curricular Outline:

PGY1	Duration	PGY2	Duration
EM	2 weeks	ICU	1 week
Gen Surge	1 weeks	EM	1 week
internal Medicine	2 weeks	Hospitalist	1 weeks
Obs Gyne	2 weeks	Public Health	1 weeks
MSK	1 weeks	Geri	2 weeks
Peds	2 weeks	Oncology	2 weeks
Mental Health	1 weeks	Palliative	6 weeks
Elective	2 weeks	Electives	3 weeks

Curriculum Comparison Chart

https://dfcm.utoronto.ca/media/2674/download?attachment

Unique Features:

Residents manage own roster of ~ 200 patients and other resident's patients with acute issues, primary care provider in RM clinic, FM inpatients and FM OB, only residents in hospital so more learning opportunities, regional health centre with community feel

Research:

Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:

Short drive to Toronto or Muskoka, local specialty shopping, live theatre, and many annual festivals. Outdoor recreation opportunities at nearby beaches, trail systems, ski hills and more.

Cultural notes:

Exposure to diverse ethnic populations with particularly prominent Francophone culture.

Cost of Living:

The average cost of living in Barrie is less than in Toronto, but still higher than the national average.

Resident Testimonial:

"I would 100% make the choice to come to Barrie again and would highly recommend the program!"

Community stats

Population: 155,000

Website: https://dfcm.utoronto.ca/barrie-or-newmarket-stream

Access: Barrie: 114km (1h) to Toronto

Nearest center: Toronto

Program Stats

Training Sites: Royal Victoria Regional Health Centre

Number of residents:
Across both Barrie and Newmarket
CMG: 14
IMG: 4

Elective time:
PGY1: 2 blocks
PGY2: 3 blocks

Miscellaneous

- Car recommended
- 2 Teaching practice(TP) blocks (Community based Family Medicine Experience) - access to car is required

Barrie was an amazing program for my family medicine training. The staff were incredibly supportive of residents throughout our two years. They are very patient-centered, and have great practical pearls for clinical practice. The program is a perfect balance of community medicine where family physicians have a broad scope of practice (hospitalist, palliative care, low risk OB, LTC, ER, etc.), and still having enough supports and teaching from specialists as it is still a relatively large hospital. We are the only core residents at the site, which means you get to know staff very well and have lots of learning opportunities when off-service, too. I would 100% make the choice to come to Barrie again and would highly recommend the program!

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)
Mostly based at one site. Some travel for certain core rotation - eg. on Public Health you may go to neighbouring cities in the district to do inspections - but fairly minimal in the grand scheme of things. Electives are flexible either local or distributed.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?
Variable, but has the potential to be quite broad. Some family physicians have their own family practice and do hospitalist medicine (or follow their own inpatients in hospital), palliative care, low risk OB, shifts at the local youth shelter, sports medicine, ER, LTC, etc.

What do you do for fun in your community?
Hiking, skiing, water sports, etc.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?
Yes. Residents have done other UofT site electives, and gone even further (eg. in Collingwood, Hamilton, Calgary, London, Thunder Bay, etc.)

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?
Very broad range of specialists including general pediatrics and NICU, OB, ICU, cardiology (new CCU opened within the last few years), nephrology, oncology (regional cancer centre), etc. We are the only core residents at the site, meaning there are tons of learning opportunities with specialists. Occasionally they will have an elective learner, but there is little overlap in opportunities.

Can you briefly describe what the research portion of your program entails?
PGY1 QI project - pick a project and do PDSA cycles. PGY2 research project - apply through REB, do the project (could be qualitative, quantitative, retrospective chart review, prospective studies, etc.).

What makes this program unique? What drew you to it?
The staff really care about learners and patients - they are phenomenal role models and colleagues!

Newmarket

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Mississauga and Wendake Nionwentsïo peoples

Program Highlights

Type of curriculum: Horizontal – Hospital based FMTU

Curricular Outline:

PGY1	Duration	PGY2	Duration
Peds	1 week	1 ER (outpatient)	1 week
ER	1 week	FM Inpatient	1 week
1 Palliative	1 week	Mental Health	1 weeks
Medicine Ambulatory Consults/ Medicine Acute Care Units	2 weeks	Medicine Ambulatory Consults	1.5 weeks
MSK	1.5 weeks	OBS	1 weeks
OBS	1.5 weeks	Plastics	2 weeks
Surgery	1 week	Oncology	2 weeks
Urology	2 weeks	PEADS	2 weeks
ENT	2 weeks		
Mental health	1 week		

Curriculum Comparison Chart

https://dfcm.utoronto.ca/media/2674/download?attachment

Unique Features:

Practice Management curriculum, Teaching Residents to Teach, learner centered hospital with FM being only residents in hospital, Residents manage own roster of patients

Research:

Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:

Driving distance to Toronto. Local shopping, fitness and recreation facilities. Nearby parks, trail systems and outdoor drive-in Theatre. Annual parades and festivals.

Cultural notes:

Medium sized city with a small-town feel. Exposure to greater population diversity

Cost of Living:

The cost of living in Newmarket is lower than in Toronto, but still higher than the national average. The cost of housing and rent in particular is higher than other parts of the country.

Community stats

Population: 85,000

Website: https://dfcm.utoronto.ca/barrie-or-newmarket-stream

Access: 55 km (40 min) to Barrie & Toronto

Nearest center: Toronto

Program Stats

Training Sites: Southlake Regional Health Centre

Number of residents:
Across both Barrie and Newmarket
CMG: 14
IMG: 4

Elective time:
PGY1: 2.5 blocks
PGY2: 4 blocks

Miscellaneous

- Car recommended
- 2 Teaching practice (TP) blocks (Community based Family Medicine Experience) - access to car is required

Midland

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Mississauga and Wendake Nionwentsïo peoples

Program Highlights

Type of curriculum: Horizontal. PGY1 in Toronto, PGY2 in Midland

Curricular Outline:

PGY1	Duration	PGY2
FM	4 weeks	OB, ER Shifts, Inpatient Care, GP Anesthesia, Group/Solo Practice options, Nursing Home Care **Specialist Preceptors:** Internal Med, General Surgery, OBSGYN, Ophthalmology
ER	1 weeks	
OBGYN	1 week	
PAEDS	1 week	
Surgery	1 week	
IM	1 week	
Hospitalist	1 week	
PSY	1 week	
Elective	2 weeks	

Curriculum Comparison Chart
https://dfcm.utoronto.ca/media/2674/download?attachment

Unique Features:
Exposure to comprehensive FM, flexible program responsive to educational needs with building PGY2 year with elective time, ED exposure with high volumes and opportunity to develop procedural skills

Research:
Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:
Annual butter tart festival. Local historic site and museums. Outdoor recreation opportunities for boating/ sailing, mountain biking, ice fishing, and cross-country skiing.

Cultural notes:
Small town feel in the heart of cottage country with a seasonal influx of people.

Cost of Living:
The cost of living in Midland is lower than in Toronto but is still 7% higher than the national average. Rent and housing costs are particularly more expensive relative to he national average.

Community stats

Population: 16,000

Website: https://dfcm.utoronto.ca/integrated-communities-stream

Access: 51 km (40 min) to Barrie; 159 km (2h) to Toronto

Nearest center: Barrie

Program Stats

Training Sites: PGY1 North York General Hospital, PGY2 Georgian Bay General Hospital & clinic
Community Family Medicine Clinic

Number of residents:
CMG: 8 (across all 4 rural sites)

Elective time:
PGY1: 2 blocks
PGY2: Flexible, 1 off-site block

Miscellaneous

- Strongly encouraged to live in the mid-Ontario community.
- Car Recommended.

Orillia

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Mississauga and Wendake Nionwentsïo peoples

Program Highlights

Type of curriculum: Horizontal

Curricular Outline:

PGY1	Duration	PGY2
FM	4 weeks	OB, ER Shifts, Inpatient Care, GP Anesthesia, Group/Solo Practice Options, Nursing Home Care **Specialist Preceptors:** Pediatrics, General Surgery, Urology, Ophthalmology, Dermatology, Internal Medicine, Radiology, ENT, Orthopedics, Plastics
ER	1 weeks	
OBGYN	1 week	
PAEDS	1 week	
Surgery	1 week	
IM	1 week	
Hospitalist	1 week	
PSY	1 week	
Elective	2 weeks	

Curriculum Comparison Chart

https://dfcm.utoronto.ca/media/2674/download?attachment

Unique Features:

Exposure to comprehensive FM, flexible program responsive to educational needs with building PGY2 year with elective time, diverse ED experiences, great community support

Research:

Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:

Local recreation centre with aquatic, fitness and gymnasium facilities. Outdoor recreation opportunities with sporting fields, trail systems and being in the heart of cottage country! Check out the Orillia Opera House.

Cultural notes:

Cottage country, seasonal influx of people and tourists.

Cost of Living:

The cost of living in Orillia is lower than in Toronto but is still 5% higher than the national average. Rent and housing costs are particularly more expensive relative to the national average.

Community stats

Population: 30,000

Website: https://dfcm.utoronto.ca/integrated-communities-stream

Access: 51 km (40 min) to Barrie; 159 km (2h) to Toronto

Nearest center: Barrie

Program Stats

Training Sites: PGY1 North York General Hospital, PGY2 Georgian Bay General Hospital & clinic

Number of residents:
CMG: 8 (across all 4 rural sites)

Elective time:
PGY1: 2 blocks
PGY2: Flexible, 1 off-site block

Miscellaneous

- Strongly encouraged to live in the mid-Ontario community.
- Car Recommended.

Port Perry

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Mississauga and Wendake Nionwentsïo peoples
Toronto – Port Perry

Program Highlights

Type of curriculum: Horizontal. PGY1 in Toronto, PGY2 in Port Perry

Curricular Outline:

PGY1	Duration	PGY2
FM + OBS	4 weeks	OB, ER Shifts, Inpatient Care, GP Anesthesia, Group/Solo Practice options, Nursing Home Care Group Practice **Specialist Preceptors:** Internal Medicine, General Surgery, Radiology
ER	1 weeks	
OBGYN	1 week	
PAEDS	1 week	
Surgery	1 week	
IM	1 week	
Hospitalist	1 week	
PSY	1 week	
Palliative	1 week	
Elective	2 weeks	

Curriculum Comparison Chart
https://dfcm.utoronto.ca/media/2674/download?attachment

Unique Features:
Lots of independence to allow for competency/confidence, limited residents in town, flexible program to meet learners' objectives

Research:
Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:
Several annual festivals including the Missisauga First Nation Pow Wow. Local summer Theatre and Art gallery. Nearby trail systems, golf course, parks and marina.

Cultural notes: Predominantly Caucasian population. Local Indigenous populations.

Cost of Living:
The cost of living in Port Perry is lower than in Toronto but is still 3% higher than the national average. Rent and housing costs are particularly more expensive relative to the national average.

Community stats

Population: 16,000

Website:
https://dfcm.utoronto.ca/Integrated-Communities-Stream

Access: 25 km (30 min) to Oshawa, 84 km (1.25h) to Toronto

Nearest center: Toronto

Program Stats

Training Sites: PGY1 Michael Garron Hospital, PGY2 Community Family Medicine Clinic

Number of residents:
CMG: 8 (across all 4 rural sites)

Elective time:
PGY1: 1 block
PGY2: Flexible, 1 off-site block

Miscellaneous

- Strongly encouraged to live in the mid-Ontario community.
- Car Recommended.

Orangeville/Grand Valley

Located on the traditional land of the Petun, Haudenosaunee, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Mississauga and Wendake Nionwentsïo peoples

Program Highlights

Type of curriculum: Horizontal

PGY1 in Toronto, PGY2 in Orangeville/Grand Valley

Curricular Outline:

PGY1	Duration	PGY2
FM + OBS	4 weeks	OB, ER Shifts, Inpatient Care, GP Anesthesia, Group/Solo Practice options, Nursing Home Care **Specialist Preceptors:** Plastic Surgery, Methadone, Hep C Clinic **Orangeville:** ER shifts, OB, FM clinic, Inpatient if part of preceptor's practice, selective 2 Teaching Practice subspecialty clinics
ER	1 weeks	
OBGYN	1 week	
PAEDS	1 week	
Surgery	1 week	
IM	1 week	
Hospitalist	1 week	
PSY	1 week	
Palliative	1 week	
Elective	2 weeks	

Curriculum Comparison Chart

https://dfcm.utoronto.ca/media/2674/download?attachment

Unique Features:

Lots of independence to allow for competency/confidence, limited residents in town, flexible program to meet learner's objectives, ER exposure

Research:

Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:

Annual Jazz and Blues Festival, local Theatre and growing outdoor public art collection. Local boutique shopping experiences. Nearby trail systems, conservation area and Parks. Two full sized recreation centers in town.

Cultural notes: Predominantly Caucasian population

Cost of Living:

The cost of living in Orangeville is lower than in Toronto but is still about 9% higher than the national average. Rent and housing costs in particular are more expensive relative to the national average.

Community stats

Population: Orangeville: 27,000
Grand Valley: 1,600

Website:
https://dfcm.utoronto.ca/integrated-communities-stream

Access: 81km (1h) to Toronto

Nearest center: Toronto

Program Stats

Training Sites: PGY1 Michael Garron Hospital, PGY2 Community Family Medicine Clinic

Number of residents:
CMG: 8 (across all 4 rural sites)

Elective time:
PGY1: 1 block
PGY2: Flexible, 1 off-site block

Miscellaneous

- Strongly encouraged to live in the mid-Ontario community
- Car Recommended.

McMaster University

Collingwood

Located on the traditional land of the Petun, Anishinabewaki ᐊᓂᔑᓈᐯᐧᐊᑭ, and Huron-Wendat
McMaster - Collingwood

Program Highlights

Type of curriculum:
Block + longitudinal rural FM, longitudinal mental health and behavioral science

Curricular Outline:
PGY1: 4 blocks rural FM, 2 blocks each of IM/Hospitalist, OB/GYN, Peds and EM. PGY1 block in Pediatrics done in Owen Sound. 1 block FM + academic programming over Christmas break.

PGY2: 4 blocks rural FM, 1 block each of IM, surgery, and care of the elderly. 3 blocks elective and 2 blocks of rural/remote medicine. 1 block FM + academic programming over Christmas break.

Unique Features:
Strong GP anesthetic program, involvement with surgical specialists. Recent Hospice program. Full scope FM with OB, EM, hospitalist. Academic hub is Collingwood with Owen Sound & Mount Forest residents.

Research opportunities:
QA project; Residency Research Stream to receive additional training/skills for fundable research

Community Highlights

Recreation:
Four season recreation: water sports on Georgian Bay, numerous ski resorts, extensive cycling routes, Nordic skiing, & sailing.

Cultural notes:
Strong artist community; growing community with many job opportunities

Cost of Living:
Average rent for a 1-bedroom is $1,529.

Community stats

Population: 21,000

Access: 55 km (45 min) to Barrie, 161km (2h) to Toronto

Nearest center: Toronto

Program Stats

Training Sites: Four multi-disciplinary teaching sites with dynamic generalist practices Collingwood General & Marine Hospital

Number of residents:
CMG: 3
IMG: 0

Elective time:
PGY1&2 ½ day per week during FM blocks
PGY2: 2 blocks

Miscellaneous:
- 68-bed hospital
- 550 births/year; 34,000 ER visits/year
- Twice annual rural stream retreats (residents/faculty)

I have love love loved my time in Collingwood. It is a small enough hospital/medical community that it is easy to get to know your fellow physicians in town and really feel part of a community. Even though our residency group in town is only 3 per year (so total of six at any given time), we get together a lot with the Owen Sound residents (2/year so total 4 at any given time) and Mount Forest residents (2/year so total 4 at any given time). So we really feel like more of a group of 14 and even 24 when we get the opportunity to get together with the "rural south" - Grimsby/Fergus/Simcoe residents, for SIM, conferences, etc! It has also been a great place to get involved in the community - we have partnered with the local youth centre to do monthly workshops spotlighting healthcare careers and teaching them hands-on skills (casting, suturing, etc), which has been a ton of fun. I have loved that we get to spend so much time in our home community (very little travel out for mandatory rotations) so it is easier to get involved. It is also just a super fun place to live - always lots to do no matter the season (kayaking, biking, snowshoeing, snowboarding, and more!) and lots of people willing to show you local spots, etc! The biggest surprise for me was just how kind and friendly the hospital is (always a shock after leaving a teaching hospital environment!) and how excited our staff are to teach. I have been called down from a hospitalist shift to emerg just to see a really interesting MSK finding in the department - and then gone back upstairs to continue about my day! Our staff are very invested in helping us become well rounded and efficient rural generalists, and go out of their way to teach.

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)
Not a ton - we are able to do all of our mandatory requirements at our site other than 1 block each in both PGY1 (Peds in Owen Sound) and PGY2 (Care of the Elderly in Orillia). Otherwise everything is done at CGMH and academic days are also hosted here so the only travel required is over to the ROMP building to see your pals!

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?
I think our program specifically emphasizes ER skills - on family medicine blocks we're expected to do 1 ER shift/week. In addition to that, all of our preceptors look after their own inpatients and some do hospitalist shifts as well. There are opportunities to get more involved in obstetrics and mental health but would require some initiative by the resident.

What do you do for fun in your community?
Snowboarding, snowshoeing, kayaking, hiking, biking, swimming in the Bay - there's so much to do! Also my preceptor taught me how to cross country ski last year.

What is the cost of living in the area where your program is primarily located?
It can be quite expensive - many monthly rentals are $2000/month for 1-2bdrms. I found an apartment about 20 minutes drive away from my office/hospital in Thornbury for ~$1200/month. There are cheaper options but require deep digging.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?
Totally! We have a great relationship with ROMP and NOSM and several of my colleagues have gone to Marathon, Sioux Lookout etc for electives. We also have great relationships with the smaller Grey-Bruce sites - I am doing two months in Walkerton/Hanover. I also think we are able to benefit from connections with the MAC-CARE regions - I did a month of obstetrics in KW and had a great time with high volumes.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?
CGMH has 4 OBGYNs, 4 orthopedic surgeons, a rotating group of consulting internists, and 2 general surgeons. We do not have any pediatrics or geriatrics in town. We have 1 psychiatrist. The OBGYNs occasionally have an OB resident with them, and one of the general surgeons always has an upper year gen surg resident and/or a PA student etc. Typically however our site is 90-100% family med residents at any given time.

Can you briefly describe what the research portion of your program entails?
We have to do a quality improvement project over the 2 years of our choosing. There is a lot of flexibility in what the topic is and we have good support through one of the local internists and a local family doc. You can work in small groups or solo.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)
We do SIM at least 2x/year with the whole rural stream, and the program is working on incorporating more opportunities for other courses. We are currently piloting a program of training residents in NRP and buddying them up with staff on the Acute Care of the Newborn call rotation - we do not have peds in the community so family docs respond to code pinks.

What makes this program unique? What drew you to it?
What drew me to this program is its ability to balance training rural generalists with the mandatory requirements of family medicine programs. Often rural residents can end up with great "home base" communities but do have to leave a fair amount to complete the mandatory rotations of peds, OB, internal, etc as their community does not have the specialist support to provide these rotations. CGMH is still a family doc run hospital, but has enough specialists to support training us at our home base. I also think its unique in its ability to maintain community with several surrounding residency sites. There are a ton of great rural residency programs out there, but that's what made it a good fit for me!

Is there anything you would change about this program?
I wish we had more obstetrics volumes/more opportunities for family docs to do primary care OB. There are about 500 births/year at CGMH, but due to having 4 OB/GYNs who do primary care obstetrics in addition to an excellent community of midwives, there is not a ton of room for family doc OB.

Fergus

Located on the traditional land of the Haudenosaunee, Petun Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ, Odawa, Mississauga, and Mississaugas of the Credit First Nation
McMaster - Fergus

Program Highlights

Type of curriculum:
Block + longitudinal psychiatry modules

Curricular Outline:
5 blocks rural FM in PGY1 and PGY2; 2 blocks each of IM/Hospitalist, OB/GYN, Peds and EM in PGY1; 2 blocks of IM/Surgery and 1 block of care of the elderly in PGY2. 2 blocks of rural/remote medicine in PGY2

Unique Features:
Strong family practice obstetrics group; flexibility to take extra ED shifts, OB call, & surgical assist. Academic days with WRC students. Preceptors have large scope of practice.

Research opportunities:
Mandatory McMaster InQuiry curriculum

Community Highlights

Recreation:
Watersports on Grand River/Elora Gorge, rock climbing, Provincial Parks

Cultural notes:
Strong Scottish roots – home to Highland Games, lively arts community, annual Elmira Maple Syrup Festival nearby

Cost of Living:
1% more expensive than the national average (Economic Research Institute, 2021); average monthly cost for 1- bedroom apartment is greater than $1300

Resident Testimonial:
“Fergus is an excellent residency location to obtain a full-scope family medicine experience. If you are looking for a mixture of clinic, emergency medicine, in-patient medicine, obstetrics, anaesthesia, and/or surgical assist, this is the program for you!”

Community stats

Population: 20,000.
34,000 + catchment area

Access: 21 km to Guelph; 35 km to Kitchener; 75 km to Hamilton; 108 km to Toronto

Nearest center: Hamilton

Program Stats

Training Sites: Fergus, Kitchener (Waterloo Regional Campus, WRC)

Number of residents:
CMG: 2

Elective time:
PGY1&2 ½ day per week during FM blocks
PGY2: 3 blocks

Miscellaneous:

- 55 bed capacity
- 350+ births per year, 26,000 ER visits per year
- Academic Half Day Program with WRC

Grimsby

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ, Attiwonderonk (Neutral), Mississauga, and Mississaugas of the Credit First Nation

Grimsby FM

Program Highlights

Type of Curriculum:
Block with longitudinal rural FM, obstetrics and psychiatry

Curricular Outline:
PGY1: 4 blocks FM, 2 blocks hospitalist/IM, 2 blocks EM, 2 blocks Obs/Gyn, 2 blocks peds, 1 block FM + academic programming.
PGY2: 4 blocks FM, 2 blocks rural FM, 2 blocks medicine/surgery, 1 block geriatrics, 1 block FM + academic programming + electives

Unique Features:
The West Lincoln Memorial Hospital is largely community run, with family physicians seeing their own inpatients, covering the ED & providing low risk OB care.

Research opportunities:
Mandatory McMaster InQuiry curriculum

Community Highlights

Recreation:
Fishing, boating and water sports on Lake Ontario; hiking and cycling along the Niagara Escarpment and Bruce Trail; organized sports and leisure activities

Cultural notes:
Strong agricultural roots, close proximity to Niagara Wine Country

Cost of Living:
Average cost for 1- bedroom apartment ranges between $1,300-2,000

"If you want to finish your training in a learner-centered environment that provides many opportunities to become competent as a full spectrum practice family physician in a rural community, while also living close to urban centers, then Grimsby is the place to be!"- Grimsby Family Medicine Resident

Community stats

Population: 27,000 (catchment 50,000+)

Access: 28 km to St. Catharines; 30 km to Hamilton; 85 km to Toronto

Nearest center: Hamilton

Program Stats

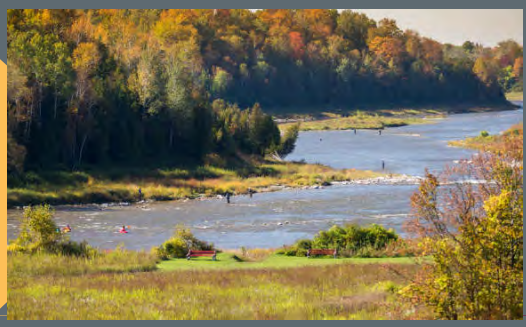
Training Sites:
Grimsby, St. Catharines, Smithville, Beamsville & Hamilton

Number of residents:
CMG: 2

Elective time:
PGY1 & 2: ½ day per week during FM blocks
PGY2: 3 blocks

Miscellaneous:
- Louise Marshall Hospital: (15 beds, 2 OB rooms, 80 births per year, 12,000+ ED visits/year)
- Visiting specialties: general surgery, Obs/Gyn, ENT & gastroenterology
- Grimsby residents join Niagara residents for academic sessions at Brock University in St. Catharine's.

Mount Forest



Located on the traditional land of the Petun, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ, Odawa, Mississauga, and Mississaugas of the Credit First Nation.

Mount Forest FM

Program Highlights

Type of Curriculum:
Block + Longitudinal Psychiatry (Mental Health and Behavioral Sciences)

Curricular Outline:
PGY1: 2 blocks IM and 2 blocks ED (in Collingwood or Owen Sound), 1 block FM + academic programming, 2 blocks peds (in Owen Sound), 2 blocks Ob/Gyn in Orangeville

PGY2: 4 block FM, 2 blocks rural/remote FM, 2 blocks med or surg, 1 block geriatrics, 3 blocks electives, 1 block FM + academic programming.

Unique Features:
McMaster's most rural site clinically; 1:1 preceptor model within supportive family practice. Simulation program 2/year for all rural residents, based in Collingwood.

Research opportunities:
Mandatory McMaster InQuiry curriculum

Community Highlights

Recreation:
Cycling, parks and trails along the Saugeen River, birding, annual Fireworks Festival.

Cultural notes:
Large Mennonite population, strong sense of community with thriving downtown, farmers' markets.

Cost of Living:
Average monthly cost for a 1-bedroom apartment in the area ranges from $700-1,000.

Community stats

Population: 5,000 (catchment 15,000+)

Access: 65 km to Guelph; 93 km to Collingwood; 116 km to Hamilton

Nearest center: Hamilton

Program Stats

Training Sites:
Mount Forest, academic hub in Collingwood

Number of residents:
CMG: 2

Elective time:
6-9 weeks

Miscellaneous:
- Louise Marshall Hospital: (15 beds, 2 OB rooms, 80 births per year, 12,000+ ED visits/year)
- Visiting specialties: general surgery, Obs/Gyn, ENT & gastroenterology

"I have a bit of a unique relationship to my program, in that I grew up in the community, and my immediate family all live locally. Because of this connection, I knew at the beginning of med school that I wanted to match here. While this definitely changed my approach to CaRMS and the match process, there are still so many great things about this program and community that I hope will appeal to prospective residents from all schools and communities!
On a broad level, being at McMaster for my family medicine training has been a largely positive experience. One of my favourite aspects of the program is the unique approach to psych learning/training. Rather than a formal psychiatry rotation, we have a longitudinal Mental Health and Behavioural Sciences (MHBS) curriculum which exposes us to psychiatric topics which are particularly relevant to family medicine practice. It also creates space and opportunity for development of leadership skills through presentations on various psych topics. We do MHBS in a small-group setting, so it is also an excellent way to foster relationships with your co-residents.
Another benefit of the McMaster rural family medicine program is that, nearly all time, we have direct one-to-one access to our preceptors, meaning that we have ample opportunity to ask questions and build professional relationships with staff.
Regarding my program site specifically, in my opinion, one of the very best things about training in Mount Forest is the breadth of scope of practice you are exposed to as a resident. Spending only two years as a resident prior to independent practice definitely feels fast, but training in an environment with diverse practice components (clinic, emerg, in-patient, LTC, oncology, surgical assist, and more) fosters confidence in your skills and knowledge in a challenging yet supportive environment. Mount Forest also offers exposure to unique patient populations including the Mennonite community.

One of the biggest challenges for me so far has been the need to travel about 6-7 months per year for non-family medicine rotations. Fortunately, though, there is some funding available to help with the cost of commuting and/or accommodations as needed.

Overall, I have very positive experiences of my school and program. As the smallest/most rural McMaster family medicine site, Mount Forest provides exceptional opportunities to encounter some of the most unique and diverse patient presentations, ranging across all medical disciplines, and teaches you to manage them with relatively few resources. Every day I spend in Mount Forest, I feel like I am doing real rural family medicine, which is incredibly rewarding and exactly what I hoped to get out of the program." – **Dr. Amanda Hincks, R1**

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

I do my family medicine blocks as well as the holiday block in my community (roughly 5 months per year). My other rotations as well as weekly teaching sessions are done outside of Mount Forest. Most of my off-service rotations, as well as the teaching days, are in communities which are close enough that I can commute and do not need accommodations (although accommodations are available if you wish).

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Throughout my experiences as a clerk and resident, Mount Forest has provided the broadest scope of family medicine skills of anywhere I have worked. Clinic, obstetric, emergency, oncology, and inpatient services are all provided locally by the group of family docs. There is also a general surgeon, OB/GYN, and urologist who have surgical days in the Mount Forest hospital, with anaesthesia provided by a family doc from a nearby community. Mount Forest is an excellent place for truly full-scope rural family medicine because we are far enough from large centers to take on responsibility for our patients in a variety of care settings, but close enough to feel supported and to access resources in a timely manner.

What do you do for fun in your community?

Although Mount Forest is a small community, there are still lots of things to do in town for leisure! There are a number of beautiful trails nearby which are great for walking/running. We also have a local Junior C hockey team whose games often draw a large crowd (not during COVID, of course). There is also a well-established curling league in town who love to have new members join. We've got local spas/salons and clothing stores. There are a number of great, locally-owned restaurants which are great as well. We may not have all the amenities of an urban center, but Mount Forest is within easy driving distance (about 1 hour) to just about anything else you may want outside of town.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

I haven't had an elective block yet, but there is definitely an option to travel for electives. There is also an opportunity for McMaster family medicine residents (in all programs) to travel remotely for their mandatory 2-block rural rotation (ie- Northern Ontario) and a small number of residents do their 2 blocks in Inuvik.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Generally, I don't encounter other residents in my rotations. There are some family medicine residents from urban sites who come to Mount Forest for their 2-block rural rotation, but typically they are here when I am away on another rotation.

Can you briefly describe what the research portion of your program entails?

All family medicine residents at McMaster are required to do a quality improvement project, which does/can involve some sort of research. However, I would say that McMaster is typically pretty good about accommodating resident requests, so if research is something that interests you, it is likely that you will be able to fit this into your residency experience.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

Our McMaster rural program is excellent at providing opportunities to expand skill sets. We have multiple fantastic SIM learning days per year in Collingwood (our academic hub); there are frequent opportunities to complete training in ACLS, PALS, NRP, etc; and I often receive emails inviting residents to conferences (covering all kinds of topics). There is funding available for these conferences through the program as well.

What makes this program unique? What drew you to it?

I believe that the breadth of the scope of practice in Mount Forest truly sets the program apart. As the smallest/most rural McMaster family medicine site, we encounter some of the most unique and diverse patient presentations, ranging across all medical disciplines, and are required to manage them with relatively few resources. This is definitely challenging at times, but training in this setting fosters confidence in your knowledge and skills, encourages you to incorporate creativity into your patient care plans, and inspires clinical courage.

Is there anything you would change about this program?

I think in all family medicine programs, we wish we had more time (2 years flies by!). I personally would be happy to have a bit more elective time to explore a few areas of interest (we currently have 3 blocks which equates to 12 weeks of electives total, which all take place in second year), but working on a tight timeline of 2 years to complete all program requirements may challenge this.

Dr. Amanda Hincks, R1 2021

Owen Sound

Located on the traditional land of the Petun, Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ, and Huron-Wendat
McMaster – Owen Sound

Program Highlights

Type of curriculum:
Block + longitudinal rural FM, EM and psych

Curricular Outline:
PGY1: 4 blocks rural FM, 2 blocks each of IM/Hospitalist, OB/GYN, Peds and EM. (All blocks in Owen Sound).

PGY2: 4 blocks rural FM, 1 block each of IM, general surgery and care of the elderly in PGY2. 2 blocks of rural/remote medicine and 3 elective blocks

Unique Features:
Home call, flexible call schedule choosing EM shifts and call shifts in IM/surgery. Mandatory general surgery block in second year. Longitudinal EM experience of ½ day EM while on FM. Simulation 2/year

Research opportunities:
QA project; Residency Research Stream to receive additional training/skills for fundable research

Community Highlights

Recreation:
Located near the Bruce Peninsula; activities include Nordic skiing, sailing/boating, hiking the Bruce Trail, rock climbing, camping, hunting/fishing, & kayaking.

Cultural notes:
Summerfolk Music Festival, Festival of Northern Lights, Theatre

Cost of Living:
Around $1380/month. Average rent for a 1 bedroom is $850, utilities average around $115/month.

Resident Testimonial:
“The benefits of rural training, without being too isolating. Preceptors are happy to have you and to teach, and it is not a service-based residency!”

Community stats

Population: 21,000

Access: 64 km (1h) to Collingwood, 190 km (2.5h) to Toronto

Nearest center: Hamilton/Toronto

Program Stats

Training Sites: Owen Sound, Collingwood for academic training

Number of residents:
CMG: 2

Elective time:
PGY1&2 ½ day per week during FM blocks
PGY2: 2 blocks

Miscellaneous:
- 160-bed hospital
- Owen Sound is regional referral centre, only FM residents working full time
- Twice annual rural stream retreats (residents/faculty)

Simcoe

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ, Attiwonderonk (Neutral), and Haudenosaunee.

Simcoe FM

Program Highlights

Type of Curriculum:
Block + longitudinal rural FM

Curricular Outline:
PGY1: 4 blocks FM, 2 blocks hospitalist/IM, 2 blocks EM, 2 blocks Obs/Gyn, 2 blocks peds, 1 block FM + academic programming.
PGY2: 4 blocks FM, 2 blocks rural FM, 2 blocks medicine/surgery, 1 block geriatrics, 1 block FM + academic programming + electives

Unique Features:
Program requirement that residents live in the community for their FM block. 2 block remote/rural rotation, office gynecology experience during OB rotation. Opportunity to teach local PA, nursing and MD students.

Research opportunities:
QA project; Residency Research Stream to receive additional training/skills for fundable research

Community Highlights

Recreation: On the north shore of Lake Erie; fishing, birding, hiking, camping, cycling.

Cultural notes: Fairs and music/arts festivals, botanical gardens, Friday the 13th in Port Dover.

Cost of Living: Average rent for a 1-bedroom is $820 per month.

"The Rural Simcoe program is a comprehensive program designed for the independent resident who desires competence in rural generalism… The program is connected to the residency program at Grand Erie Six Nations in that all academic sessions are completed in Brantford with the community-based residents. …Additionally, the Brantford General Hospital has a top notch group of ER doctors who have built a simulated education program for the GE6N and Simcoe residents." – Simcoe FM Resident

Community stats

Population: 13,922 (catchment 60,000)

Access: 36 km (35min) to Brantford, 83 km (1h) to Hamilton

Nearest center: Hamilton

Program Stats

Training Sites:
Simcoe & Brantford

Number of residents:
CMG: 1

Elective time:
PGY1 & 2: ½ day per week during FM blocks
PGY2: 2 blocks

Miscellaneous:
- 106-bed hospital
- 30,000 ER visits per year
- taught in a multi-disciplinary family health team and are closely connected to the Grand Erie 6 Nations (GE6N) site in Brantford

1878
Western
UNIVERSITY · CANADA

Chatham-Kent

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓈᐯᐧᐊᑭ, Attiwonderonk (Neutral), and Miami

Chatham-Kent FM

Program Highlights

Type of curriculum:
PGY1 block-based, PGY2 horizontal

Curricular Outline:
PGY1: 20 wks FM; 4 wks each elective, pediatrics, emergency medicine, OB/GYN, general surgery, medicine, palliative care, medicine selective.
PGY2: 10-12 months FM; 8 weeks elective(s); max 4 half-days/wk longitudinal electives (choices include ED, fracture clinics, endocrine/IM clinics, psychiatry, child mental health, ophthalmology, anesthesia, ENT, FM obstetrics, & allied health professionals).

Unique Features:
- Annual Obstetrical Skills Day in November for PGY1 residents.
- Annual FamPoCUS half-day for PGY2 residents provides training on use of ultrasound in ambulatory clinic settings.
- Preceptors are highly involved in hospital care as MRP for 65 medicine patients, 60 rehab and continuing care patients, intrapartum obstetrical care with shared on-call for GP obstetrics, and coverage for a busy emergency department.

Research opportunities:
Mandatory resident research or quality improvement project with option to work with a group of residents.

Community Highlights

Recreation:
Beaches, outdoor recreation, & 2 nearby provincial parks.

Cultural notes:
Population made up of residents from over 50 small communities!

Cost of Living:
Average rent for a 1-bedroom apartment is $1,565/mo.

Community stats

Population: 100,000

Access: 116 km (1.5hr) to London

Nearest center: London

Program Stats

Training Sites:
Chatham-Kent Health Alliance, Thamesview Family Health Team, Chatham-Kent Family Health Team

Number of residents:
CMG: 2
IMG: 1

Elective time:
PGY1: 4 weeks
PGY2: 8 weeks + longitudinal half-day electives (10-12 months)

Miscellaneous:
- 200-bed community hospital
- Wide variety of longitudinal electives for residents with special interests

Goderich

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ and Odawa.

Goderich FM

Program Highlights

Type of curriculum:
PGY1 block-based, PGY2 horizontal

Curricular Outline:
PGY1: 16 wks FM; 8 wks electives; 4 wks each pediatrics, OB/GYN, general surgery, medicine, medicine geriatrics, medicine selective, palliative care.
PGY2: 11-12 months FM (optional 4 wks FM elective); max 4 half-days/wk longitudinal electives with allied health professionals, family physicians with special interests or focused practices, or specialists (max 8 half-days in any one area).

Unique Features:
Cardiac rehabilitation program; GP anesthesia; interdisplinary clinic, OR assisting, visiting pediatrician, pediatric and adult respirology, endocrinology, orthopedic, dermatology; local general surgeons, internal medicine with cardiology focus, OB/GYN, radiologist; dialysis unit.

Research opportunities:
Mandatory resident research or quality improvement project with option to work with a group of residents.

Community Highlights

Recreation:
Beaches, outdoor recreation (hiking, boating), local cinema.

Cultural notes:
“Canada’s Prettiest Town”, home to many summer festivals.

Cost of Living:
Average rent for a 1-bedroom apartment is $1,800/mo.

Community stats

Population: 8.000

Access: 100 km (1.5hr) to London

Nearest center: London

Program Stats

Training Sites:
Maitland Valley Medical Centre

Number of residents:
CMG: 1
IMG: 0

Elective time:
PGY1: 8 weeks
PGY2: 4 weeks FM + longitudinal half-day electives (11-12 months)

Miscellaneous:
- 42-bed hospital with local and visiting specialists

Hanover

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᕈ and Odawa.

Hanover FM

Program Highlights

Type of curriculum:
PGY1 block-based, PGY2 longitudinal placement in rural family practice.

Curricular Outline:
PGY1: 20 wks FM; 8 wks electives; 4 wks each pediatrics, OB/GYN, general surgery, medicine, medicine geriatrics, palliative care.
PGY2: 40 wks FM; 8 wks electives; 4 wks medicine selective.

Unique Features:
Strong focus on training rural generalist physicians. Extensive exposure to the ER, OB, acute internal medicine (through in patient ward work), pediatrics, and psychiatry. Local physician interests include procedural sedation, dermatology, women's health, sports medicine and concussion, anaesthesia, and palliative care.

Research opportunities:
Mandatory resident research or quality improvement project with option to work with a group of residents.

Community Highlights

Recreation:
Parks and trails, ice rink and close to outdoor recreation (1h drive to Collingwood). The Saugeen River runs through Hanover and offers some of the best canoeing and fishing in the province.

Cost of Living: Average rent for a 1-bedroom apartment is $1,700/mo.

"My favourite part about the Hanover program is the breadth and variety of training. On a single day, you are often called upon to wear several different "hats". One memorable shift found me being called out of the emergency department to deliver a baby, returning to emerg to diagnose a patient with acute appendicitis, discussing the case with our local surgeon, bringing them to the operating room, intubating the patient, and scrubbing into assist the surgeon before returning to emerg to finish my shift. If you want full-scope family medicine training, Hanover is the place to be!" - **Dr. Jeffrey Dietrich, R2**

Community stats

Population: 7,500

Access: 106 km (1.5hr) to Kitchener, 154 km (2h) to London

Nearest center: London

Program Stats

Training Sites:
Hanover Medical Clinic, Hanover and District Hospital

Number of residents:
CMG: 2
IMG: 1

Elective time:
PGY1: 8 weeks
PGY2: 8 weeks

Miscellaneous:
- 24-bed hospital with annual emergency room volume of 17,000
- Enrichment education in procedural sedation, dermatology, women's health, sports medicine, concussion, anaesthesia, and palliative care

Ilderton/Regional North

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ and Attiwonderonk (Neutral).

Ilderton/Regional North FM

Program Highlights

Type of curriculum:
Block-based

Curricular Outline:
PGY1: 16 wks FM; 8 wks electives; 4 wks each palliative care, pediatrics, emergency medicine, OB/GYN, general surgery, medicine, medicine geriatrics.
PGY2: 36 wks FM; 16 wks electives.

Unique Features:
Faculty to resident ratio of 1:2. Strong focus on training rural family physicians. Educational opportunities include emergency medicine, hospital care, skin clinic, palliative care in patient's homes, elderly care clinic and long-term care facilities, procedural room on-site, house calls are part of regular patient care, teaching session every Wed morning and Fri afternoon.

Research opportunities:
Mandatory resident research or quality improvement project with option to work with a group of residents.

Community Highlights

Recreation:
Outdoor recreation, parks, and trails.

Cultural notes:
Ilderton Fair is one of the largest county fairs in Southwestern Ontario. Ilderton is very close to London.

Cost of Living:
Average rent for a 1-bedroom apartment is $1,950/mo.

Community stats

Population: 2,000

Access: 20 km (30 min) to London

Nearest center: London

Program Stats

Training Sites:
Middlesex Centre Family Medicine Clinic

Number of residents:
CMG: 3
IMG: 1

Elective time:
PGY1: 8 weeks
PGY2: 16 weeks

Miscellaneous:
- Affiliated with the Thames Valley Family Health Team
- Faculty interests including dermatology, palliative care, primary care procedures, geriatrics, and cognitive behavioural therapy

Resident Testimonial

I love the regional program at Western. We have a great balance of core rotations (applicable to family medicine), FM clinic, and electives. I find the program very flexible with helping you achieve your future career goals. You have the chance to go to smaller community hospitals which is beneficial for your learning, when you are the only learner there. The support staff and physician supervisors are very supportive- I have been off this year on maternity leave, and they were accommodating with my rotations through COVID during my pregnancy. Our site in Ilderton is unique in that we have 9 months of family medicine clinic in PGY2 to solidify our knowledge and get us prepared for practice. London is a wonderful city to live in- a great size that allows for lots of things to do (COVID allowing) but close enough to Windsor/USA border and Toronto to allow for many other adventures.

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

My home FM site is 10 minutes north of the city, and hospital rotations would be 20-30 minutes maximum depending on where you live in the city. For community rotations, they would be 1-1.5 hours drive but accommodations are provided and are always very close to the hospitals.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

In Ilderton, we focus on office based primary care with some focus on dermatology. We do not have a high obstetrical caseload as none of our preceptors provide FM-OB care. ER and hospitalist rotations could be arranged on electives or as a horizontal elective in R2.

What do you do for fun in your community?

With a new baby it is harder to get out, but before I would go downtown to restaurants with friends, find new hiking paths, or travel to Toronto for the weekend.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Yes. You can arrange electives outside of Southwestern Ontario and outside of Ontario if wanted. Also, for core and elective rotations, there are many smaller communities around London that are easy to commute to for a more rural experience (ie Stratford, St Thomas, Chatham, Woodstock)

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

We are required to complete core rotations similar to other schools for FM, and at the large hospitals in London (LHSC) they have their own residents, but if you do a community rotation, you are likely the only resident.

What makes this program unique? What drew you to it?

I enjoy the many blocks at my FM home site in R2, which will make me more prepared for a strong office based practice. I also enjoy the opportunity to travel to community sites for my core rotations, which generally have a greater benefit for FM residents.

Dr. Leah Sinai, R2

Mount Brydges /Regional West

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ and Attiwonderonk (Neutral).

Mount Brydges/Regional West FM

Program Highlights

Type of curriculum:
Block-based

Curricular Outline:
PGY1: 28 wks FM; 4 wks each elective, palliative care, OB/GYN, general surgery, medicine, medicine geriatrics.
PGY2: 24 wks FM; 4 wks each adult emergency, pediatrics; 20 wks electives/core selectives.

Unique Features:
Faculty to resident ratio of 1:2. Educational opportunities include emergency medicine, hospital care, palliative care, elderly care, procedural room on-site (x2), house calls are part of regular patient care, mental health care, teaching session every Wed morning and Thu afternoon.

Research opportunities:
Mandatory resident research or quality improvement project with option to work with a group of residents.

Community Highlights

Recreation:
Outdoor recreation, myriad of parks and trails, & Minor Hockey team.

Cultural notes:
Serves people from the surrounding villages of Mount Brydges, Delaware, Komoka, Strathroy, and the First Nations communities of Oneida (Onyota'cka), Muncey and Chippewa.

Cost of Living:
Average rent for a 1-bedroom apartment in London, ON is $1,797/mo.

Community stats

Population: 2,000

Access: 25 km (30 min) to London

Nearest center: London

Program Stats

Training Sites:
Southwest Middlesex Health Centre, Strathroy Middlesex General Hospital

Number of residents (Regional West):
CMG: 12
IMG: 4

Elective time:
PGY1: 4 weeks
PGY2: 20 weeks

Miscellaneous:
- Two fully equipped procedural rooms for office-based minor surgical procedures and casting
- Strong rural "hands-on" learning atmosphere

Resident Testimonial

Amazing experience so far in my Residency. Lots of independence on FM blocks right from the start. Was managing patients and billing on my own in clinic by July 3rd. Lots of supervision and resources if needed. In a given FM block will also do hospitalist coverage, ER shifts, nursing home, palliative call and OB call. Really great group of residents and staff are very supportive. Home call on FM blocks, 1 in 8. Gen surg and OB rotations are in community hospitals, more hands on experience and can be better tailored to your interests. Call and hours on those blocks definitely lighter than LHSC. – **Mount Brydges FM resident, R1**

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

If you live in London, approximately 20-30 min drive to Mt Brydges & approximately 30-40 min drive to Strathroy. The commute is mostly through the countryside and a great opportunity to keep up-to-date on your favourite medical podcasts.

Travel to some out-of-town rotations. In my first year, I had the following out-of-town rotations:
1 block in Sarnia (1h15min drive - complementary accommodation provided)
1 block in Stratford (50min drive - complementary accommodations offered)
1 block in Kitchener-Waterloo (1h15min drive - accommodations offered)
1 block in St Thomas Elgin (30 min drive)
4 blocks in Mt Brydges/Strathroy (20-40 min drive)

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Family medicine experiences are comprehensive.
1 week in OB clinic & on OB call with FM-OB in both PGY1 & PGY2; Approximately 1 shift per week in Strathroy Emergency Department; Opportunity for hospitalist half days for several weeks of FM blocks

What do you do for fun in your community?

I live in London and love spending time outside, running/biking/walking on the Thames Valley Parkway. I'm a big fan of the Junction Climbing Gym (great bouldering & top-roping). I horseback ride at one of the stables near Mount Brydges. I frequent many of London's lovely bakeries & cafes, take-out goodies have been (thankfully) available throughout the past year.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Electives are available but it is up to each individual student to arrange them on their own. Due to covid, I elected to opt-out of out-of-region electives for the year.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Non-family medicine core rotations are pretty evenly split between tertiary academic centres in London and community hospitals in the surrounding region. The community hospitals have mostly family medicine residents, while rotations at the tertiary academic centres have their own 5-year program residents.

What makes this program unique? What drew you to it?

The breadth of the family medicine experience is very unique to a program that is so close to a city.
The many community-based non-family core rotations are also great for exposure to bread-and-butter internal medicine/emergency medicine/surgery, etc. The opportunity to have some rotations in academic centres made for exposure to some very interesting cases & the opportunity to learn from experts. **Dr. Delia Dragomir, R1**

Petrolia

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐊᑭ and Attiwonderonk (Neutral).

Petrolia FM

Program Highlights

Type of curriculum:
Block-based

Curricular Outline:
PGY1: 16 wks FM; 4 wks each elective, emergency medicine, ICU, pediatrics, OB/GYN, surgery, medicine, palliative care, psychiatry.
PGY2: 36 wks FM; 16 wks electives.

Unique Features:
Interprofessional learning experiences available with nurse practitioners and mental health counselors who are integrated into the practices.

Research opportunities:
Mandatory resident research or quality improvement project with option to work with a group of residents.

Community Highlights

Recreation:
Outdoor recreation.

Cultural notes:
Lively in the summertime with festivals and outdoor concerts. nicknamed "Canada's Victorian Oil Town."

Cost of Living:
Average rent for a 1-bedroom apartment is $1,404/mo.

Community stats

Population: 5,500

Access: 27 km (25 min) to Sarnia, 94 km (1h) to London

Nearest center: London

Program Stats

Training Sites:
Petrolia & Sarnia

Number of residents:
CMG: 1
IMG: 1

Elective time:
PGY1: 4 weeks
PGY2: 16 weeks

Miscellaneous:
- Brand new, state of the art clinic houses all physicians and their allied health colleagues from the Family Health Team

Strathroy/Regional West

Located on the traditional land of the Anishinabewaki ᐊᓂᔑᓇᐯᒧᐎᓐ and Attiwonderonk (Neutral).

Strathroy FM

Program Highlights

Type of curriculum:
Block-based

Curricular Outline:
PGY1: 28 wks FM; 4 wks each elective, palliative care, OB/GYN, general surgery, medicine, medicine geriatrics.
PGY2: 24 wks FM; 4 wks each adult emergency, pediatrics; 20 wks electives/core selectives.

Unique Features:
Faculty to resident ratio of 1:2. Educational opportunities include emergency medicine, hospital care, palliative care, elderly care, procedures, house calls are part of regular patient care, mental health care, teaching session every Wednesday morning and most Friday lunch hours.

Research opportunities:
Mandatory resident research or quality improvement project with option to work with a group of residents.

Community Highlights

Recreation:
Outdoor recreation, ice rinks, 3 hockey arenas, active soccer organization, as well as softball, slo-pitch, and fast-ball leagues. Park and a “River Walk” walking trail. 40-minute drive from Lake Huron (Port Franks/Grand Bend).

Cultural notes:
Dutch and Portuguese populations.

Cost of Living:
Average rent for a 1-bedroom apartment is $1,600/mo.

Community stats

Population: 16,000

Access: 37 km (40 min) to London

Nearest center: London

Program Stats

Training Sites:
Strathroy Family Health Organization (Strathroy, Ailsa Craig, and Parkhill sites), Strathroy Middlesex General Hospital

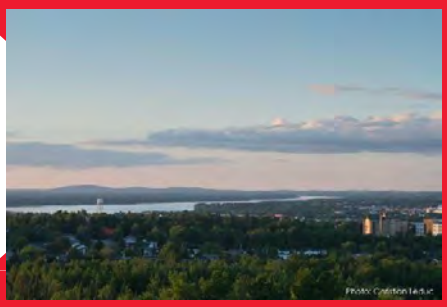
Number of residents (Regional West):
CMG: 12
IMG: 4

Elective time:
PGY1: 4 weeks
PGY2: 20 weeks

Miscellaneous:
- Part of the Thames Valley Family Health Team

McGill
UNIVERSITY

Val D'Or



https://www.mcgill.ca/familymed/teachingsites/fmu/fmu-valdor
Vidéo :
https://www.youtube.com/watch?v=hufSPv07uaM&feature=youtu.be
T: 514-398-7375

L'Université McGill (Tiohtiá:ke/Montréal) est située sur le territoire traditionnel des Kanien'kehà:ka, un lieu qui a longtemps servi de lieu de rencontre et d'échange entre de nombreuses Premières Nations dont les Kanien'kehá:ka des Haudenosaunee Confédération, Huron/Wendat, Abénakis et Anishinaabeg.

Détails du programme

Description du site:
Communauté rurale avec une population 90% francophone et 10% anglophone

Type de programme d'études:
Curriculum horizontal

Stages d'études: 68 semaines d'une combinaison d'urgence, hospitalisation, soins aux personnes âgées, obstétrique et périnatalité, soins a domicile et soins palliatifs, Clinique de santé mentale, Clinique de chirurgie mineure, sante autochtone. 36 semaines de stages en silo: urgence, obstétrique et unité mère-enfant, pédiatrie, sélectif local, stages à option.

Caractéristique unique:
Le seul programme de médecin de famille à McGill qui se trouve dehors des milieux plus urbains

La recherche:
Un travail d'érudition ou de recherche est obligatoire avec une présentation à la journée annuelle de recherche et de l'érudition.

La communauté

Population: 43,000

Accès: Environ 4.5h par voiture de Ottawa et 6h de Montréal

Centre la plus proche: Ottawa

Statistiques de la programme

Étendue de la pratique: Complète

Nombre de médecins résidents CMG/IMG: 5

Stages optionnels:
20 semaines

Salaire d'un R1:
$49,258

Détails de la communauté

Les activités de loisirs:

Profitez de la nature avec les sports nautiques, la pêche, la chasse, la randonnée, le ski de fond et la raquette. Écoutez de la musique régionale et dégustez une bière locale dans les nombreux restaurants. Ne manquez pas le musée La Cité de l'Or où vous pouvez descendre 300 pieds sous terre pour visitez une vraie mine d'or.

Coût de la vie :

Environ 18% moins cher que la moyenne nationale

Les traits remarquables:

Les résidents du GMF-U de la Vallée-de-l'Or sont exposés à la santé autochtone tout au long de la résidence. Ils ont la chance d'accompagner des médecins de famille lors de journées de clinique dans les deux communautés anishnabe avoisinantes (la réserve de Lac-Simon et l'établissement de Kitcisakik)

Université
de Montréal

De Maria

https://medfam.umontreal.ca/etudes/residence-en-medecine-famille/les-milieux-formation/umf-baie-chaleurs/
Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Anishabewaki, les Cris, les Abitibiwinne Aki et les Omamiwininiwag

Le programme

Cursus:

Cursus en bloques et intégré. Le résident est exposé à toutes les facettes du travail du médecin de famille, incluant les activités de maintien à domicile et en milieu d'hébergement. Il travaille tout au long de sa résidence en milieux de soins de 1ère ligne, dans des unités cliniques de formation

Cours:

Le programme comprend 8 périodes de médecine de famille en 1ère année de résidence et 7 périodes en 2e année. Soit un an à Montréal et un dans la region ou deux ans dans la region avec stage à Montréal intégré sur les deux ans.

Caractéristiques uniques:

La CUMF de Maria offre un espace de vie et d'enseignement exceptionnel. Notre milieu est idéal pour les amoureux de la nature, puisqu'il est situé entre mer et montagnes. La proximité des lieux d'apprentissage permet une gestion efficace de votre temps.

Opportunités de recherche:

Un travail d'érudition ou de recherche est obligatoire en 1ère année de résidence avec une présentation à la journée annuelle de la recherche et de l'érudition. Un travail en évaluation de la qualité de l'acte est fait en 2e année avec une présentation locale

Caractéristiques communautaires

Loisirs:

Le vélo, le ski de montagne, la pêche, les parcs, une gymnase

Culture:

La village micmac de Gesgapegiag, une bibliothèque, plusieurs artistes et artisans

Statistiques de la communauté

Population: 2600

Accès: 810 km de Montréal, 250 km de Gaspé et 380 km de Moncton

Hôpital d'attache: L'Hôpital de Maria

Info-rapide du programme

Sites de formation: Baie-des-Chaleurs à Maria

Numéro de résidents:
CMG/IMG: 6

Stage à options:
12 semaines

Salaire d'un R1:
$49,258

De Mont Laurier

https://medfam.umontreal.ca/etudes/residence-en-medecine-famille/les-milieux-formation/umf-hautes-laurentides/

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Anishabewaki et les Omamiwininiwag

Le programme

Cursus:

Curcus intégré. Au cours des six derniers mois de la résidence, un résident ne présentant pas de difficultés particulières peut se prévaloir de la flexibilité du cursus pendant une période de 20 jours de stage.

Cours:

Le programme comprend 8 périodes de médecine de famille en 1ère année de résidence et 7 périodes en 2e année. Soit un an à Montréal et un dans la region ou deux ans dans la region avec stage à Montréal intégré sur les deux ans.

Caractéristiques uniques:

L'urgence de l'hôpital de Mont-Laurier est le centre de trauma primaire de la région. Possibilité d'effectuer des stages en psychiatrie, en chirurgie et en soins de longue durée dans les centres spécialisés.

Opportunités de recherche:

Un travail d'érudition ou de recherche est obligatoire en 1ère année de résidence avec une présentation à la journée annuelle de la recherche et de l'érudition. Un travail en évaluation de la qualité de l'acte est fait en 2e année avec une présentation locale.

Caractéristiques communautaires

Loisirs:

Parcs régionaux, des pistes cyclables, plages, vélo, randonnées pédestres, pèche blanche, ski de fond / raquette et traîneau à chiens

Culture:

Large éventail de restaurant et d'une multitude de commerce. La Route des Belles-Histoires permet de découvrir la région des Laurentides.

Coût de vie:

2% moins cher que la moyenne pour la province de Québec (https://www.areavibes.com/mont-laurier-qc/cost-of-living/)

Statistiques de la communauté

Population: 14,000

Accès: 180km d'Ottawa, 240km de Montréal

Hôpital d'attache: L'Hôpital de Mont Laurier

Info-rapide du programme

Sites de formation: Mount-Laurier, Antoine-Labelle et Rivère-Rouge

Numéro de résidents:
CMG/IMG : 6

Stage à options:
12 semaines

Salaire d'un R1:
$49,258

Aurores Boréales

https://medfam.umontreal.ca/etudes/residence-en-medecine-famille/les-milieux-formation/umf-aurores-boreales-sarre/
T: 819 339-2092, poste 1

L'Université de Montréal est située là où, bien avant l'établissement des Français, différents peuples autochtones ont interagi les uns avec les autres. Nous souhaitons rendre hommage à ces peuples autochtones, à leurs descendants, ainsi qu'à l'esprit de fraternité qui a présidé à la signature en 1701 de la Grande Paix de Montréal, traité de paix fondateur de rapports pacifiques durables entre la France, ses alliés autochtones et la Confédération haudenosauni. L'esprit de fraternité à l'origine de ce traité est un modèle pour notre communauté universitaire.

Détails du programme

Description du site:
Communauté rurale avec une population 90% francophone et 10% anglophone

Type de programme d'études:
Curriculum horizontal + intégré

Stages d'études: Le programme comprend 8 périodes de médecine de famille en 1ère année de résidence et 7 périodes en 2e année. Le programme peut être appliqué avec une certaine variation dans les milieux selon leur clientèle et leur organisation locale, soit des stages de 4 semaines ou des activités cliniques intégrées et répétées tout au long de la résidence. Les stages inclus urgence, soins aux adultes, soins aux femmes, soins aux ainés, soins palliatifs, soins aux enfants.

Caractéristique unique:
Nous offrons une 3e année dans les programmes de compétences avancées suivants : urgence, personnes âgées, palliatifs, toxicomanies, sport et de l'exercice, et clinicien-érudit volet académique.

La recherche:
Un travail d'érudition ou de recherche est obligatoire en 1èreannée de résidence avec une présentation à la Journée annuelle de la recherche et de l'érudition. Un travail en évaluation de la qualité de l'acte est fait en 2e année avec présentation locale dans les UMF .

La communauté

Population: 21,000

Accès: 700 km de route de Montréal ou 1h15 en avion jusqu'à Rouyn-Noranda + 1h en auto

Centre la plus proche: Montréal

Statistiques de la programme

Étendue de la pratique: Complète

Nombre de médecins résidents CMG/IMG: 6

Stages optionnels:
12 semaines

Salaire d'un R1:
$49,258

Détails de la communauté

Les activités de loisirs:

Profitez de la nature en jouant au golf ou en visitant les sentiers pédestres autour de La Sarre pour des vues spectaculaires de la région. L'art occupe aussi une place importante au sein de la communauté – profitez-en pour aller visiter le centre d'art Rotary!

Coût de la vie :

Environ 20% moins cher que la moyenne nationale

Les traits remarquables:

Idéale pour les amateurs de plein air, La Sarre est bordée de nombreux lacs et d'une riche forêt boréale.

Mots d'un résident actuel:

« La Sarre, ça a été pour moi un coup de cœur. C'est ici que j'ai réellement compris ce qu'était la médecine familiale, avec le patient au centre des soins et toute l'équipe qui l'entoure. Faire sa résidence à La Sarre, c'est travailler avec des collègues qui sont aussi des entraineurs qui t'aident à identifier les choses à travailler et qui te donnent les outils pour y arriver » -anonyme

Les Eskers d'Amos

https://medfam.umontreal.ca/etudes/residence-en-medecine-famille/les-milieux-formation/umf-les-eskers-damos/

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Anishabewaki, les Cris, les Abitibiwinne Aki et les Omamiwininiwag

Le programme

Cursus:

Curcus standard (bloque). Au cours des six derniers mois de la résidence, un résident ne présentant pas de difficultés particulières peut se prévaloir de la flexibilité du cursus pendant une période de 20 jours de stage.

Cours:

Le programme comprend 8 périodes de médecine de famille en 1ère année de résidence et 7 périodes en 2e année. Soit un an à Montréal et un dans la region ou deux ans dans la region avec stage à Montréal intégré sur les deux ans.

Caractéristiques uniques:

Le programme académique a lieu pour 2 journées complètes par mois où tous les résidents sont présents. L'hôpital compte 96 lits avec 35 omnipraticiens et 41 spécialistes.

Opportunités de recherche:

Un travail d'érudition ou de recherche est obligatoire en 1ère année de résidence avec une présentation à la journée annuelle de la recherche et de l'érudition. Un travail en évaluation de la qualité de l'acte est fait en 2e année avec une présentation locale

Caractéristiques communautaires

Loisirs:

Salles d'entraînement, aréna, bibliothèque, restaurants, salle de théâtre, salles de cinémas, piscine

Culture:

Rencontre de la faune au Refuge Pageau, miellerie la grande ourse, festival H2)

Coût de vie:

Semblable au reste de la province de Québec
(https://www.areavibes.com/amos-qc/cost-of-living/)

Statistiques de la communauté

Population: 12,000

Accès: 500km d'Ottawa, 600km de Montréal

Hôpital d'attache: L'Hôpital Hôtel-Dieu d'Amos

Info-rapide du programme

Sites de formation: Amos et Montréal

Numéro de résidents:
CMG/IMG: 6

Stage à options:
12 semaines

Salaire d'un R1:
$49,258

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Alma

https://www.usherbrooke.ca/dep-medecine-famille/programmes/medecine-de-famille
T: 819 821-8000

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Nitassinan et Innu-Montagnais Central.

Détails du programme

Description du site:
Communauté rurale francophone

Type de programme d'études:
Curriculum horizontal + intégré

Stages d'etudes: l'hospitalisation, l'urgence, la clinique de dermatologie, la clinique appareil locomoteur, la clinique mini-chirurgie, la clinique de gynécologie,

Caractéristique unique:
Plusieurs stages autour du Saguenay-Lac-Saint-Jean et 3 stages à options à l'endroit de votre choix.

La recherche:
Il existe plusieurs opportunités de recherche pour les résidents intéressés! Un projet d'amélioration de la qualité ou un projet de recherche est obligatoire pour chaque résident.

La communauté

Population: 31,000

Accès: Environ 2.5h par voiture de Québec et 5h de Montréal

Centre la plus proche: Québec

Statistiques de la programme

Étendue de la pratique: Complète

Nombre de médecins résidents CMG/IMG: 6

Stages optionnels:
12 semaines

Salaire d'un R1:
$49,258

Détails de la communauté

L’économie:
La tourisme, l’agriculture

Les activités de loisirs:
Festival annuel Festirame avec des musiciens Québecois et voir la compétition de chaloupes à rame. Réseau de pistes cyclables répandu, clubs de ski de fond, natation, volleyball et plusieurs autres sports

À noter au sujet de la culture:
Ville d’Alma SPECTACLES est un diffuseur municipal incorporé au Service des loisirs et de la culture de la ville d’Alma, qui offre le théâtre, la danse, la musique, l’humour et l’art de la parole.

Coût de la vie :
Environ 13% moins cher que la moyenne nationale

Les traits remarquables:
Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2

Drummondville

https://www.usherbrooke.ca/dep-medecine-famille/programmes/medecine-de-famille
T: 819 821-8000

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Arosaguntacook, Abenaki, Wabanaki et St. Lawrence Iroquoians.

Détails du programme

Description du site:
Communauté rurale francophone

Type de programme d'études:
Curriculum horizontal + intégré

Stages d'études:

R1 : 44sem de médecine de famille (qui inclus les activités de sante mentale, d'hospitalisation, d'urgence, de périnatalité et de soins aux enfants), 8sem d'options

R2 : 4sem d'options, 36sem de médecine de famille (qui inclus les soins palliatifs, urgences, périnatalités, médecine interne, soins aux personnes âgées et l'hospitalisation), 12sem unités extérieures

Caractéristique unique:
Plusieurs stages autour du Saguenay-Lac-Saint-Jean et 3 stages à options à l'endroit de votre choix.

La recherche:
Activités d'évaluation de la qualité de l'exercice professionnel ou projet d'amélioration continue de la qualité, ou projet de recherche.

La communauté

Population: 68,601

Accès: Québec (2h), Montréal (1.5h)

Centre la plus proche: Québec

Statistiques de la programme

Nombre de médecins résidents CMG/IMG: 10

Stages optionnels:
12 semaines

Salaire d'un R1:
$49,258

Détails de la communauté

Les activités de loisirs:
Divers sports, le Festival de Poutine par les Trois Accords

À noter au sujet de la culture:
Musée à ciel ouvert (art contemporain), danse, village Québécois d’antan et le Mondial des Cultures

Coût de la vie :
6% moins que la moyenne nationale

Les traits remarquables:
Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2

La Pommeraie

https://www.usherbrooke.ca/dep-medecine-famille/programmes/medecine-de-famille
T: 819 821-8000

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Abenaki, Wabanaki et Laurentian

Détails du programme

Description du site:
Communauté rurale francophone

Type de programme d'études:
Curriculum intégré

Stages d'études:

R1 : 40sem de médecine de famille (qui inclus les soins critiques et la périnatalité/pédiatrie). 4sem d'urgence et soins critique. 8sem d'options.

R2 : 4sem d'options, 32sem de médecine de famille (qui inclus les activités clinques en médecine de famille, hospitalisation, soins palliatifs, urgence, périnatalité, soins aux personnes âgées, santé mentale et médecine interne). 4sem de médecine interne. 12sem de médecine de famille dans une des unités extérieures.

Caractéristique unique:
Le résident est entouré d'une équipe de médecins de famille polyvalents, responsables de l'hospitalisation, de l'urgence, des soins obstétricaux généraux, des soins intensifs, du suivi gériatrique, du suivi en rendez-vous et de la médecine préventive

La recherche:
Activités d'évaluation de la qualité de l'exercice professionnel ou projet d'amélioration continue de la qualité, ou projet de recherche.

La communauté

Population: 15,057

Accès: Québec (2.5h), Montréal (1h)

Centre la plus proche: Montréal

Statistiques de la programme

Étendue de la pratique: Complète

Nombre de médecins résidents CMG/IMG: 7

Stages optionnels:
12 semaines

Salaire d'un R1:
$49,258

Détails de la communauté

L’économie:
Le transport, le tourisme

Les activités de loisirs:
Ski alpin, le patinage, la pèche, la chasse, les activités nautiques, la randonnée, le camping, le cyclisme

À noter au sujet de la culture:
La programmation musicale de l’été, la Bibliothèque Gabrielle-Giroux-Bertrand, une Marché de Noel, la Musée Bruck

Coût de la vie :
29% moins que la moyenne nationale

Les traits remarquables:
Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2

Rouyn-Noranda

https://www.usherbrooke.ca/dep-medecine-famille/programmes/medecine-de-famille
T: 819 821-8000

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishinabewaki, Cree, Abitibiwinni Aki et Algonquin

Détails du programme

Description du site:
Communauté rurale francophone

Type de programme d'études:
Curriculum horizontal + intégré

Stages d'études: 4sem d'urgence et soins critique, 4sem de périnatalité, 4sem d'urgence, 12sem d'options, 68sem de GMF-U intégré qui comprend la médecine de famille + hospitalisation + périnatalité + soins aux personnes âgées + médecine interne + pédiatrie + psychiatrie, 12sem chez des unités extérieures

Caractéristique unique:
Plusieurs stages autour du Saguenay-Lac-Saint-Jean et 3 stages à options à l'endroit de votre choix.

La recherche:
Il existe plusieurs opportunités de recherche pour les résidents intéressés! Un projet d'évaluation critique/d'évaluation de l'acte est obligatoire pour chaque résident.

La communauté

Population: 41,000

Accès: Ottawa (5.75h), Montréal (7h)

Centre la plus proche: Ottawa

Statistiques de la programme

Étendue de la pratique: Complète

Nombre de médecins résidents CMG/IMG: 5

Stages optionnels:
12 semaines

Salaire d'un R1:
$49,258

Détails de la communauté

L’économie:
L’exploitation minière, la sylviculture, la laiterie

Les activités de loisirs:
Visiter un match des Huskies de Rouyn-Noranda, l’équipe locale du LHJMQ ou une des plusieurs festivals de cinéma ou musiques annuelles à Rouyn. Il y a aussi le parc national d’Aiguebelle et la réserve aux Lacs-Vaudray-et Joannès

À noter au sujet de la culture:
Le Théâtre du cuivre qui accueille des artistes régionaux, nationaux et internationaux, le MA musée d’art, lieux patrimoniaux dans la ville

Coût de la vie :
5% moins que la moyenne nationale

Les traits remarquables:
Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2

Saint-Jean-sur-Richelieu

https://www.usherbrooke.ca/dep-medecine-famille/programmes/medecine-de-famille
T: 819 821-8000

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Abenaki et St. Lawrence Iroquoiens

Détails du programme

Description du site:
Ville francophone au sud de Montréal

Type de programme d'études:
Curriculum intégré

Stages d'études:

R1 : 44sem de médecine de famille (qui inclus les activités cliniques en hospitalisation, urgence, soins palliatifs, périnatalité, santé mentale et soins aux personnes âgées). 8sem d'options.

R2 : 4sem d'options, 36sem de médecine de famille (qui inclus les activités clinques en médecine de famille au bureau, en hospitalisation, en soins intensifs, en urgence, en périnatalité et en pédiatrie).

Caractéristique unique:
Le résident est entouré d'une équipe de médecins de famille polyvalents, responsables de l'hospitalisation, de l'urgence, des soins obstétricaux généraux, des soins intensifs, du suivi gériatrique, du suivi en rendez-vous et de la médecine préventive

La recherche:
Activités d'évaluation de la qualité de l'exercice professionnel ou projet d'amélioration continue de la qualité, ou projet de recherche.

La communauté

Population: 98,036

Accès: Québec (3h), Montréal (1h)

Centre la plus proche: Montréal

Statistiques de la programme

Étendue de la pratique: Complète

Nombre de médecins résidents CMG/IMG: 8

Stages optionnels:
12 semaines

Salaire d'un R1:
$49,258

Détails de la communauté

L’économie:
La fabrication, la vente au détail

Les activités de loisirs:
Patinage, parcs, plusieurs sports, la baignade

À noter au sujet de la culture:
La ville accueille l'International de montgolfières de Saint-Jean-sur-Richelieu. Il y a aussi la galerie du vieux Saint-Jean, la musée de Haut-Richelieu, et plusieurs théâtres.

Coût de la vie :
4% moins que la moyenne nationale

Les traits remarquables:
Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2

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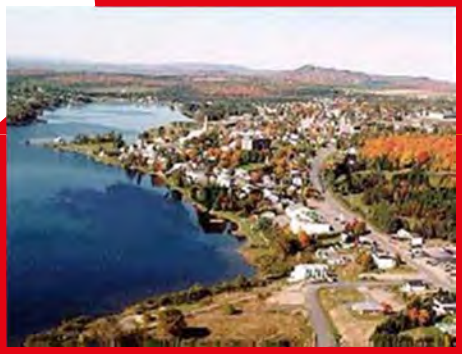
Etchemins



https://www.fmed.ulaval.ca/programmes-detudes/etudes-en-medecine/residences-etudes-medicales-postdoctorales/residence-en-medecine-familiale/gmf-u/etchemins//

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Wabanaki Confederacy, Nanrantsouak, Wendake et Abénaquis

Le programme

Cursus:
Cursus standard (bloque)

Caractéristiques uniques:
Le programme comprend 3 x 2 mois de médecine familiale en R1 et R2. Communauté rurale, hôpital offrant des soins généraux et spécialisés. Stage de soins critiques pour tous les résidents, hospitalisation faite uniquement par les médecins de famille et urgence dynamique avec une clientèle diversifiée.

Opportunités de recherche:
Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:
Activités plein air incluant le camping, des activités nautiques, des circuits de vélo, des pistes de ski alpin et de ski de fond, des sentiers de motoneige et plus!

Culture:
Théâtre, symposium arts et rives, festivals et Moulin La lorraine

Coût de vie:
Environ 15% moins cher que la moyenne du Québec
(https://www.areavibes.com/lac-etchemin-qc/livability/)

Statistiques de la communauté

Population: 16 500

Accès: 112km (environ 1hr de route) de Québec

Hôpital d'attache: L'Hôpital de Saint-Georges

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujjuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 7

Stage à options:
8-16 semaines

Salaire d'un R1: $49, 258

Gaspé

https://www.fmed.ulaval.ca/programmes-detudes/etudes-en-medecine/residences-etudes-medicales-postdoctorales/residence-en-medecine-familiale/gmf-u/gaspe//

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Wabanaki Confederacy et Mi'kma'ki

Le programme

Cursus:
Cursus standard (Québec-Gaspé) ou intégré (Gaspé)

Caractéristiques uniques:
Cursus standard : médecine familiale pour 6 mois en R1 et R2. Cursus intégré : 8 périodes de médecine familiale, hospitalisation et périnatalité. Médecins de famille impliqués dans tous les soins et milieu dynamique avec de nombreux stagiaires.

Opportunités de recherche:
Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:
Activités plein air incluant le ski de fond et alpin, la raquette, la motoneige, les plages, la pêche et les parcs nationaux de la Gaspésie et de Forillon. Communauté artistique et musicale vibrante ainsi que plusieurs musées régionaux.

Culture:
Bibliothèques, salles communautaires

Coût de vie:
Semblable au reste du Québec
(https://www.areavibes.com/gasp%C3%A9-qc/cost-of-living/)

Statistiques de la communauté

Population: 15 200

Accès: 694km (environ 8hr de route) de Québec

Hôpital d'attache: Hôpital de Gaspé

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujjuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 5

Stage à options:
16 semaines

Salaire d'un R1: $49, 258

Manicouagan

https://www.fmed.ulaval.ca/programmes-detudes/etudes-en-medecine/residences-etudes-medicales-postdoctorales/residence-en-medecine-familiale/gmf-u/manicouagan//

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Nitassinan

Le programme

Cursus:
Cursus intégré

Caractéristiques uniques:
Le programme comprend 9 mois de médecine familiale avec hospitalisation, pédiatrie et soins critiques intégrés en R1 et 8 mois de médecine familiale avec soins aux personnes âgées et psychiatrie intégrés en R2. Cliniques auprès d'une communauté innue de Pessamit. Possibilité de travailler dans un centre jeunesse, un centre de détention provincial et dans des écoles secondaires.

Opportunités de recherche:
Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:
L'écotourisme, le kayak, la chasse, des nombreuses plages, des pistes de motoneige et de randonnées.

Culture:
Site marins et terrestres d'observation, centres d'interprétation, sites historiques et de nombreux spectacles.

Coût de vie:
Semblable au reste du Québec.
(https://www.areavibes.com/gasp%C3%A9-qc/cost-of-living/)

Statistiques de la communauté

Population: 31 000

Accès: 315 km (4.5h de route) de Saguenay, 410 km (5.5h de route) de Québec

Hôpital d'attache: Hôpital Le Royer

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujjuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 8

Stage à options:
8 semaines

Salaire d'un R1 : $49,258

Nord de Lanaudière

https://www.fmed.ulaval.ca/programmes-detudes/etudes-en-medecine/residences-etudes-medicales-postdoctorales/residence-en-medecine-familiale/gmf-u/nord-de-lanaudiere

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples St. Lawrence Iroquoians

Le programme

Cursus:
Cursus intégré

Caractéristiques Uniques:
Médecin familiale complètement intégré à travers R1 et R2. Exposition à la santé autochtone, stage de 1 mois en soins intensifs pour tous les résidents et permet aux médecins de famille la continuité dans la prise en charge des patients.

Opportunités de recherche:
Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:
Réserves fauniques, l'autocueillette et parcs régionaux et nationaux. La rivière l'Assomption devient la plus grande patinoire au Québec.

Culture:
Le Festival de Lanaudière est un de plus grands festivals de musique classique en Amérique du Nord

Coût de vie:
Environ 11% moins que la moyenne du Québec
(https://www.areavibes.com/joliette-qc/saint-charles-borrom%C3%A9e/cost-of-living/)

Statistiques de la communauté (Saint-Charles-Borromée)

Population: 13 321

Accès: 216 km (2.5h de route) de Québec, 75 km (1.5h de route) de Montréal

Hôpital d'attache: Centre hospitalier régional de Lanaudière

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujjuaq, Les Escoumins, Matane, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 12

Stage à options:
8 semaines

Salaire d'un R1 : $49,258

Rimouski

https://www.fmed.ulaval.ca/programmes-detudes/etudes-en-medecine/residences-etudes-medicales-postdoctorales/residence-en-medecine-familiale/gmf-u/rimouski//

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Wabanaki et Mi'kma'ki

Le programme

Cursus:
Cursus standard

Caractéristiques uniques:
Le programme comprend 2 périodes de trois mois de médecine familiale en R1 et en R2. Clinique jeunesse dans une école polyvalente, exposition à la santé carcérale, ville avec une grande population étudiante. Relation privilégiée avec les spécialistes consultants

Opportunités de recherche:
Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:
Activités en plein air ainsi des parcs régionaux et nationaux.

Culture:
Une sélection de festivals de musique incluant le Festival Jazz International, les Grandes Fêtes du Saint-Laurent et le Carrousel international du film de Rimouski.

Coût de vie:
4% plus haut que la moyenne du Québec
(https://www.areavibes.com/rimouski-qc/cost-of-living/)

Statistiques de la communauté

Population: 48 700

Accès: 315 km (3.5h) de Québec

Hôpital d'attache: Hôpital régional de Rimouski

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujjuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 8

Stage à options:
8 semaines

Salaire d'un R1 : $49,258

Trois Pistoles

https://www.fmed.ulaval.ca/programmes-detudes/etudes-en-medecine/residences-etudes-medicales-postdoctorales/residence-en-medecine-familiale/gmf-u/trois-pistoles//

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Wabanaki, Mi'kma'ki, St. Lawrence Iroquoians et Wolastoqiyik Wahsipekuk

Le programme

Cursus:
Cursus standard

Caractéristiques uniques:
Le programme comprend 3 mois de médecine familiale, 1 mois de médecine familiale & discipline médicale, 1 mois de médecine familiale & soins aux personnes âgées en R1. 6 mois de médecine familiale en R2. Clinique jeunesse dans une école polyvalente, exposition à la santé carcérale, ville avec une grande population étudiante.

Opportunités de recherche:
Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:
Activités en plein air ainsi des parcs régionaux et nationaux.

Culture:
Musées et patrimoine religieux

Coût de vie:
Semblable au reste du Québec
(https://www.areavibes.com/trois-pistoles-qc/cost-of-living/)

Statistiques de la communauté

Population: 3 500

Accès: 255km (2.5h) de Québec

Hôpital d'attache: Centre hospitalier régional du Grand Portage, Rivière-du-Loup

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujjuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 6

Stage à options:
8-16 semaines

Salaire d'un R1 : $49,258

DALHOUSIE
UNIVERSITY

Annapolis Valley

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki

Program Highlights

Type of curriculum: Longitudinal Experiential Format

Curriculum Outline:

The clinical curriculum is delivered in a longitudinal integrated format over the two years of residency with the family medicine experience being the largest component. Longitudinal experiences will also be provided in Emergency Medicine, Internal Medicine, Orthopaedics, General Surgery, Pediatrics, Psychiatry and Palliative Medicine. Limited traditional block rotations are completed for experience in Obstetrics and Gynecology.

Curriculum Comparison

https://www.maritimefamilymedicine.ca/clinical-experiences

Unique Features:

- Continuity of care for a set cohort of patients assigned to residents (outpatient, inpatient, specialist appointments) and learning in a variety of settings owing to the longitudinal nature of the program.
- The curriculum is focused on achievement of competency rather than on length of time of training.
- PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly through Dalhousie conditional on site needs and funding availability.

Research opportunities:

Emphasis is on learning the skills to seek the research evidence to support clinical decision-making.

Community Highlights

Recreation:

Hiking, golfing, canoeing, biking, skiing & snowshoeing, Farmers' markets, festivals, heart of Nova Scotia's wine country, Grand-Pré UNESCO World Heritage Centre, and Canada's oldest National Historic Site: Fort Anne, very near the Bay of Fundy (highest tides in the world!)

Cultural notes:

Rich agricultural region with many small towns. Tourism is also a main portion of the local economy.

Cost of Living:

1.5% less than the national average; housing in on par with national average (Economic Research Institute, 2020). Price of rent varies by community.

Community Stats

Population: 123,000

Website: https://www.maritimefamilymedicine.ca/new-index

Access: 120 km to Halifax, 3-hour ferry to Saint John

Nearest Tertiary center: Halifax

Program Stats

Training Sites: Annapolis Royal, Middleton, Berwick, Kentville, New Minas & Wolfville

Number of residents:
CMG: 4 per year
Nova Scotian IMG: 1 per year
IMG: 1 per year

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:
Residents will be responsible for a cohort of patients over the two-year program.
Residents are expected to complete problem-based learning modules specific to family medicine.
Residents will attend regular Journal Club sessions

The Annapolis Valley program offers a wonderful opportunity to learn how to practice rural Family Medicine in a supportive and collegial environment. The program is longitudinal in nature, which means that our residents have exceptional continuity with their panel of patients. We also have the opportunity to work with different specialists and practitioners in a variety of clinical settings, where we are typically the only learners. The flexibility afforded by the program is unparalleled, as the residents are empowered to explore their own interests within Family Medicine due to our longitudinal curriculum. The Bay of Fundy is never more than a short car ride away, which is also an amazing bonus!

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

The program empowers its residents to explore their interests within the program. Emergency medicine, hospitalist care, obstetrics, procedural skills and sexual health are some of the areas in which residents can ask for additional exposure.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Family Medicine residents are typically the only learners when assigned to a specialty service. This means that there is an exceptional opportunity for individualized teaching. Specialists are used to having Family Medicine residents as learners, and know how to teach accordingly.

Dr. Thomas Ritchie, PGY-2

Cape Breton- Inverness

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki

Program Highlights

Type of curriculum: Longitudinal Experiential Format

Curriculum Outline:

The clinical curriculum is delivered in a longitudinal integrated format over two years of residency with the family medicine experience being the largest component. Longitudinal experiences will also be provided in Emergency Medicine, Internal Medicine, Orthopaedics, General Surgery, Pediatrics, Psychiatry and Palliative Medicine. Limited traditional block rotations are completed for experience in Obstetrics and Gynecology, ICU, Geriatrics and Palliative Care.
Half-day every two week: Teaching online/ in person from Sydney site
Curriculum Comparison Chart
https://www.maritimefamilymedicine.ca/clinical-experiences

Unique Features:

Residents work primarily in the same family medicine environment, ensuring continuity of learning experience. PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly at Dalhousie.

Research opportunities:

Protected time for mandatory research project.

Community Highlights

Recreation:

Hiking the Cabot Trail, beaches, whale watching, golfing & ceilidhs

Cultural notes:

Rich Gaelic, Acadian, and Indigenous cultural history along Canada's Musical Coast, Canada's #1 golf course, countless parks and historic sites

Cost of Living:

5% less than the national average; housing and food costs are significantly les than the national average (Economic Research Institute, 2020).

Community Stats

Population: 1,248

Website: https://www.maritimefamilymedicine.ca/inverness

Access: 168 Km to Sydney Airport

Nearest Tertiary center: Sydney

Program Stats

Training Sites: Inverness and Sydney

Number of residents:
CMG: 2

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:
A satellite program of the Family Medicine program in Cape Breton and is new as of 2019-2020.

Residents will be responsible for a cohort of patients over the 2-year program.

Exposure to Indigenous Health

Regular Journal Clubs

Residents are expected to complete problem-based learning modules specific to family medicine.

Inverness is a relatively new site but one I am growing to love and appreciate more each day. The healthcare community here is fantastic. I personally know almost every staff member at the hospital. The preceptors are invested in our learning. There is ample support and a reliable safety net, but we are also pushed toward independence according to our comfort level. In R2 year, residents run their own clinic for patients without a family doctor - it's a helpful steppingstone to develop your own style as a physician and gain some comfort with the "paperwork". The longitudinal program structure means residents have ER shifts on a weekly basis, which helps keep up skills. Our schedule is super flexible and can be adjusted based on competencies and learning goals. We travel for certain core and elective rotations - 3-4 months each year - but that just proves how we are embedded in a truly rural community (Inverness doesn't have every service!).

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)
Based in Inverness for 8-9 months of the year. Travel for 3 months in first year (2 months OBGYN, 1-month selective) and 3-4 months in second year (1 month ICU, 2-4 weeks Palliative Care, 2 months electives) - though this is becoming flexible as the program evolves.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?
We work one-on-one with a preceptor in first year to practice the full scope of family medicine except for Obstetrics - in an average week, you will have family medicine clinic (cradle to grave), hospital rounds, and ER shifts. We do minor procedures in ambulatory care (excisions, biopsies, joint injections, liquid nitrogen). Residents intermittently work at the health center in a nearby Mi'kmaq community as well. Occasionally, there is opportunity to care for patients in the neighboring long term care home. Unfortunately, Inverness no longer has an OB service, so we travel to Sydney this.

What do you do for fun in your community?
"In the summer: go to the beautiful sandy beach and swim in the warm ocean water, hike in the Cape Breton Highlands National Park (or other trails), pick-up soccer, cycling on the rail trail, go for a beer at the local brewery, watch some live Celtic music.
In the winter: cross country skiing with $5 rentals from the county, Trivia Night at the local pub, Christmas tree lighting in town."

What is the cost of living in the area where your program is primarily located?
Housing is unfortunately very difficult to find because of the tourism industry. There is not a consistent market for rentals, but residents usually get something for $600-1500/month, depending on what's available and needed. Groceries tend to be pretty expensive and limited selection at our local Co-op, but many people travel an hour to a larger town to stock up intermittently.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?
Inverness residents MUST travel for electives as there are no elective opportunities on site. Housing/etc is paid for if we travel to Sydney for electives, but residents bear the cost of travel anywhere else. I haven't done my electives yet, but I hope to do one in Halifax this year, and the rest in Sydney.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?
Inverness doesn't have any on-site specialists. We have visiting specialists regularly, but we are the only residents to work with them.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)
Certain courses are paid for and offered to all residents - NRP, LEAP, some SIM. The docs in Inverness get pretty excited about POCUS so sometimes we have our own little local course for that. Otherwise we have conference/education days that can be used towards courses.

What makes this program unique? What drew you to it?
Very rural and located in a beautiful part of the world. Longitudinal, flexible scheduling, very good taste of what rural practice is all about.
Is there anything you would change about this program?
I wish we had an OB service on site! Inverness had one several years ago but OB is all centralized.

Dr. Jasmine Waslowski, R2

Cape Breton- Sydney

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki

Program Highlights

Type of curriculum: Block

Assigned to one preceptor; resident will provide the same health services
Preceptor can be chosen to match areas of interest (ie. EM, palliative care, obstetrics).

Curriculum Outline:

PGY1	Duration	PGY2	Duration
EM	4 weeks	ICU	4 weeks
Core FM Med	8 weeks	Electives	8 weeks
Rural FM Med	4 weeks	Community FM	12 weeks
Gen Surge	4 weeks	Core FM Med	16 weeks
Internal	4 weeks	Psych	4 weeks
Hospitalist	4 weeks	Geri	4 weeks
Obs Gyne	8 weeks	Palliative	4 weeks
Ortho	4 weeks	Vacation	4 weeks
Peds	8 weeks		
Selective	4 weeks		
Vacation	4 weeks		

Curriculum Comparison Chart
https://www.maritimefamilymedicine.ca/clinical-experiences

Unique Features:

Typically, 1:1 faculty to learner ratio
All core training completed in Cape Breton
PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly at Dalhousie

Research opportunities:

Protected time for mandatory research project.

Community Highlights

Recreation:

Outdoor activities include hiking and biking the Cabot Trail, golfing, kayaking & sailing. Many historic sites and parks. Beautiful waterfront with the world's largest fiddle!

Cultural notes:

Rich Gaelic, Acadian, and Indigenous history set along beautiful, rugged coastline

Cost of Living:

4% less than the national average (Economic Research Institute, 2020); average monthly rent for a 1-bedroom apartment ranges from $700-900.

Population: 29,900; catchment area 132,000+

Website: https://www.maritimefamilymedicine.ca/cape-breton

Access: Local airport

Nearest Tertiary center: Sydney

Program Stats

Training Sites: Sydney, Baddeck, Cheticamp, Arichat, Neil's Harbour

Number of residents:
CMG: 4
Nova Scotian IMG: 1
IMG: 1

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:
* Cape Breton Regional Hospital is the second busiest healthcare centre in Nova Scotia – 41,000 emergency department visits and 9,400 acute admissions / year.
* Academic time is one half day every 2 weeks throughout PGY1 and PGY2.
* PGY2s spent 12 weeks in one training site
* Core faculty presented seminars.
* Exam preparation (written and oral) for College of Family Medicine Certification Exams.
* Mock SOO exam for PGY2s prior to sitting CCFP exam

Dr. Meghan Burns

Graduate

The best part of the program in Cape Breton was that it was very learner-based rather than service-based. There was a focus on all of our specialty rotations on what we needed to know as future family doctors, and not on providing a service to the specialist. The physician community in Cape Breton is a very supportive one and being in a small program, and the only learners here, gives us the unique opportunity to get to know a lot of the local physicians personally.

The community at large also embraces and welcomes the residents in the program and are thrilled to have us here. When I moved to Sydney I didn't know anyone, I joined the local curling club, and now a group of us curl on a weekly basis, it's a great way to meet people and get involved in the community. Finally, the best part of the lifestyle in Cape Breton is the opportunity to explore our beautiful island. I have enjoyed exploring hiking spots all around Cape Breton, the opportunity for skiing & snow-shoeing in the winter and visiting the beaches in the summer.

North Nova

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki

Program Highlights

Type of curriculum: Longitudinal Experiential Format

Curriculum Outline:

The clinical curriculum is delivered in a longitudinal integrated format over the two years of residency, with the family medicine experience being the largest component. At the majority of placements, longitudinal experiences will also be provided in Rural Medicine, Emergency Medicine, Internal Medicine, Orthopedics, General Surgery, Pediatrics, Hospitalist, Psychiatry, Obstetrics & Gynecology, CCU/ICU and Palliative Medicine.

Curriculum Comparison Chart
https://www.maritimefamilymedicine.ca/clinical-experiences

Unique Features:

Typically, 1:1 faculty to learner ratio
Strong SIMS program
PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly at Dalhousie

Research opportunities:

Protected time for mandatory resident research project; residents are expected to participate in journal club.

Community Highlights

Recreation:

Outdoor activities include hiking, biking, water sports, beaches, and parks. Local recreational soccer, basketball, volleyball, softball, tennis swimming, martial arts and more.

Cultural notes:

Rich Scottish heritage, Truro's Victoria Park, year-round farmer's market, fishing

Cost of Living:

4-6% less than the national average (Economic Research Institute, 2021); average monthly rent ranges from $600-900 for a 1-bedroom apartment in the region

Community Stats

Population: 12,261 (Truro); 151,000+ total region

Website: https://www.maritimefamilymedicine.ca/north-nova

Access: 95 km to Halifax from Truro

Nearest Tertiary center: Halifax

Program Stats

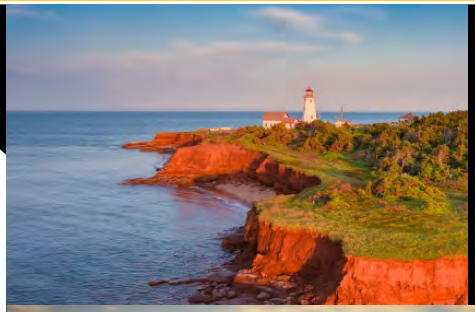
Training Sites: Truro, Antigonish, New Glasgow, Amherst, Cumberland

Number of residents:
CMG: 6 per year
Nova Scotian IMG: 1
IMG: 1 per year

Elective time:
PGY1: 4 selective weeks
PGY2: 8 elective weeks

Miscellaneous:
Academic teaching canter based in Truro. Residents will be responsible for a cohort of patients over the two-year program. In addition, residents are expected to complete problem-based learning modules specific to family medicine.

Prince Edward Island



Located on the traditional land of the Wabanaki Confederacy and Mi'kma'k

Program Highlights

Type of curriculum: Block, Urban & Rural

Curriculum Outline:

PGY1	Duration	PGY2	Duration
EM	4 weeks	Rural FM	12 weeks
Core FM Med	8 weeks	Core FM Med	16 weeks
Rural FM Med	4 weeks	Critical Care	4 weeks
Gen Surge	4 weeks	Psych	4 weeks
Gen Medicine	8 weeks	Geri	4 weeks
Obs Gyne	8 weeks	Oncology	1 week
Ortho	4 weeks	Palliative	3 weeks
Peds	8 weeks	Electives	8 weeks
Selective	4 weeks	Vacation	4 weeks
Vacation	4 weeks		

Curriculum Comparison Chart

https://www.maritimefamilymedicine.ca/clinical-experiences

Unique Features:

Residents can pursue preceptor and team-based teaching models, allowing for great training diversity. PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly at Dalhousie.

Research opportunities:

Protected time for mandatory resident project. Opportunities for research collaboration with the University of PEI, the Veterinary College, and the Institute of Human Health Research.

Community Highlights

Recreation:

Outdoor recreation includes hiking many trails, beautiful beaches, watersports, national parks and more. Local cuisine is excellent, and PEI is dubbed "Canada's Food Island".

Cultural notes:

Rich culture and history, particularly residents will note their Scottish ancestry. Agriculture, tourism and fishery are the main industries on the island.

Cost of Living:

3% more expensive than the national average (Economic Research Institute, 2021); average monthly rent for 1-bedroom apartment in Charlottetow ranges from $850-1100

Community Stats

Population: 36,100 (Charlottetown)
14,900 (Summerside)

https://www.maritimefamilymedicine.ca/pei

Access: Charlottetown Airport, Confederation Bridge to Cape Jourimain, NB

Nearest Tertiary center: Charlottetown

Program Stats

Training Sites: Charlottetown & Summerside

Number of residents:
CMG: 4 per year
IMG: 1 per year

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:
The Queen Elizabeth Hospital in Charlottetown has 246 beds and performs ~900 deliveries annually.

The Prince County Hospital in Summerside opened in 2004, has 110 beds and performs ~460 deliveries annually.

PEI's family medicine program was a perfect fit for me! I always knew that I wanted to pursue my residency as part of a close-knit community-based program. The welcoming community of Islanders and always being within 30 minutes of the ocean was an added bonus! I think our program combines the best of rural and urban settings. The close-knit group of residents, supportive program staff, and preceptors truly committed to enhancing my learning experience made our program a perfect fit for me!

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Our rotations are split between Charlottetown and Summerside. First year residents spend about 4-5 months in Summerside, and second year residents spend between 3-4 months in Summerside. While the preceptors in Summerside are absolutely phenomenal, and rotations there tend to be a great learning experience, the frequent commute takes some getting used to. There is a resident apartment in Summerside that is funded by the program (so you only pay rent in one location). Charlottetown is also only a 45-60-minute drive from Summerside, so coming home on evenings and weekends is definitely an option.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Most family physicians in PEI practice a combination of clinic/minor office procedures and inpatient care. Many of them incorporate their own interests into their practice as well (ex. addictions medicine, women's health, palliative care). Some family physicians in Summerside do OR assisting and Emerg. There is only one family physician on the Island who does primary care OB, so primary care OB is not our strongest point. That being said, because we're such a small program, we are usually able to accommodate residents' interests when pairing them with family medicine preceptors.

What do you do for fun in your community?

One of my favorite things about PEI is that the ocean is so close that I can drive up to the beach after clinic if the weather is good. I don't think you're ever more than 30 minutes from the ocean in PEI. We have lots of nice walking & biking trails on the Island. Disc golf and golf are also quite popular in PEI.

What is the cost of living in the area where your program is primarily located?

PEI is a relatively cheap place to live compared to bigger cities. I would say a 2 bedroom apartment is ~1500-1800 per month, and a one bedroom apartment is 1000-1200. That being said, PEI is experiencing a bit of a housing crisis, so we've been telling our new residents to start looking for housing soon after they're matched.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Dalhousie has 8 weeks of electives for second year residents. You have the option to do up to 4 weeks outside of Dalhousie. Residents have gone to BC, Edmonton, and Newfoundland for electives.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Typically, residents do a combination of inpatient care and clinic during specialty rotations. Your independence/scope of practice is dependent on your preceptor. Most specialty rotations (IM, Peds, Gen Surg, and OB in Chtown) have residents work with different preceptors to gain a broader scope of practice. We occasionally do have specialty residents on elective, but that is definitely the exception rather than the norm. We definitely don't have a CTU/MTU environment in pediatrics or IM, so you are often the only resident on service.

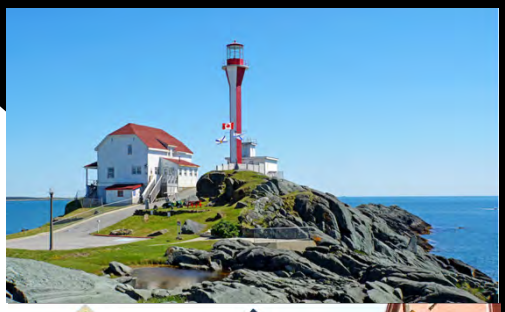
What makes this program unique? What drew you to it?

I always knew that I wanted to pursue my residency as part of a close-knit community-based program. The welcoming community of Islanders and always being within 30 minutes of the ocean was an added bonus! I think our program combines the best of rural and urban settings. PEI's biggest "city" is Charlottetown, with a population of about 36 000. While we do have good specialist support and access to diagnostic imaging on the Island, family physicians here have a broad scope of practice.

I definitely have to say that my co-residents and the program staff make the program truly special. We have around 5 residents per year, so it's easy to get to know your co-residents quite well. Our faculty & program staff are extremely helpful and receptive to any questions or concerns, so we have lots of support if we need it.

- **Dr. Ida Szarics (R2)**

South West Nova



Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki

Program Highlights

Type of curriculum: Longitudinal Integrated Format

Curriculum Outline:
PGY1: Longitudinal experience in family medicine, emergency medicine, general surgery, medicine, geriatrics, hospitalist, OB/GYN, pediatrics, palliative care and psychiatry. 4 weeks of selectives in block format
PGY2: Longitudinal experience in family medicine, Emergency medicine, critical care, geriatrics, general surgery, general medicine, hospitalist, palliative care, OB/GYN, pediatrics and psychiatry. 8 weeks of electives.

Curriculum Comparison Chart
https://www.maritimefamilymedicine.ca/clinical-experiences

Unique Features:
Continuity of care and learning in a variety of settings owing to the longitudinal nature of the program. Available PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly at Dalhousie. One spot available for bilingual students.

Research opportunities:
Mandatory resident research project; residents are expected to participate in journal club.

Community Highlights

Recreation:
Hiking, hockey, golfing, cycling, sailing, surfing, fishing and kayaking (and many more!)

Cultural notes:
Rich Acadian culture and history; port towns, tourism, and agriculture (Atlantic Canada's largest fishing fleet)

Cost of Living:
7% less expensive than the national average (Economic Research Institute, 2021)

Community Stats

Population: 58, 000 catchment area

Website: https://www.maritimefamilymedicine.ca/south-west-nova

Access: 315 km from Halifax airport to Yarmouth; ferry available from Yarmouth to Maine, USA; ferry available from Digby to Saint John, NB

Nearest Tertiary center: Halifax

Program Stats

Training Sites: Yarmouth (primary), Digby, and Shelburne counties

Number of residents:
CMG: 4 per year plus
Nova Scotian IMG: 1 per year
Bilingual stream: 1 per year
IMG: 1 per year

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:
Residents will be responsible for a cohort of patients over the two-year program. In addition to clinical learning, residents are expected to complete problem-based learning modules specific to family medicine.

University Family Medicine training program at South West Nova is an excellent place to train! It is far enough from our tertiary center that we see and manage many interesting pathologies and can learn the full scope of family medicine from a welcoming and cohesive group of preceptors. The resident group is close enough geographically to stay connected throughout training, and we get together for academic sessions and social events frequently. Our local specialists are helpful and friendly and are often just a text away. Our program also has minimal travel, making it an especially great place to train if you have children.

Dalhousie's South West Nova site affords a unique training opportunity for family medicine residents. Whether in the emergency department, operating room, inpatient ward, or prenatal clinic, we're often the only resident on that service/with that preceptor each day. As such, we have ample opportunity to get direct exposure to patients and procedures from every specialty offered in the region. Our relatively small, tight-knit group of residents is exceptionally supportive of each other, and we spend time together outside working hours.
Whether it's weekend camping trips, beach days, or Tuesday night trivia, the residents at South West Nova strike a nice balance between work and play!

On average, how much travel is required in this stream? (i.e., are you based on one community, or do you travel based on rotations, teaching, etc.)

Most residents will travel up to 30-45 minutes from Yarmouth to their family medicine clinics. Except for some emergency medicine shifts in Digby (1 hour from Yarmouth), all other specialties take place in Yarmouth.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g., obstetrics, emergency medicine, mental health, etc.)?

Dalhousie's South West Nova site offers a wide variety of exposure to women's health, family medicine obstetrics, emergency medicine, minor procedures, surgical assist, mental health, palliative care, and medical assistance in dying. There are also opportunities to complete selectives/electives in areas of interest.

What do you do for fun in your community?

Visit the beach a 10-minute drive from my home, stand up paddle board, or kayak on the lake across from my house. Take kids for bike rides along the trail that runs through the town—weekend trips to local vineyards and Nordic spas.

Yarmouth and its surrounding communities offer the opportunity for outdoor activities. There are excellent beaches for swimming and surfing, trails for hiking and biking, campgrounds nearby, and adult recreational sports leagues. Yarmouth has several excellent cafes and breweries offering live music, karaoke, and trivia nights!

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

As an R1, we complete local "selectives."
As an R2, we can travel for electives!

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

At our longitudinal site, we rotate through different services almost daily. Our site has family medicine residents plus two general internal medicine residents. We rotate through every specialty offered in the region and are typically the only resident on that service/with that preceptor each day.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

Simulations are a part of the academic curriculum at South West Nova, and we have lots of opportunities for peer teaching, attending conferences, completing research projects, etc., throughout our training.

- **Dr. Janet Green, R2 and Dr. Emma Crawley, R2**

UNIVERSITY

Central Stream

https://www.mun.ca/medicine/familymedicine/
Located on the traditional land of the Beothuk and Mi'kmaq

Program Highlights

Type of curriculum:
R1: block based, R2: integrated. Residents matched into site specific training streams.

Unique Features:
Designed to train physicians for urban, rural, or remote practice. Eligible for return of service bursaries. Transfer medicine across many training sites. Many opportunities for Point of Care Ultrasound Training.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.

Course funding:
ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with $1000 towards conference leave or ATLS course completion

Community Highlights

Recreation:
Boating activities, whale watching, iceberg alley, hiking, golf, sea kayaking skiing

Cultural notes:
Visiting fisheries and heritage centres; tons of museums, theatres, studios and galleries; guided tours and boat tours; Grand Falls-Windsor is home of annual Exploits Valley Salmon Festival

Cost of living:
Approximately $1450/month for the province of Newfoundland and Labrador (https://canadabuzz.ca/cost-living-canada-by-province)

Community stats

Population: 2,000-14,000

Access: 2-4h drive to regional airport

Nearest center: St. John's

Program Stats

Training Sites: Botwood, Gander, Grand Falls-Windsor, & Twillingate

Number of residents:
CMG: 6

Elective time:
8 weeks

Miscellaneous:
- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.
- Weekly half day teaching sessions.

Resident Testimonials

“I chose Memorial university’s central stream because I liked that I could complete the majority of my rotations within mostly one community (depending on which community you are placed in). For me I matched to the community of Botwood within central, which is a great fit. There is a mixture of community emergency medicine, family medicine clinic and a lot of exposure to geriatrics. Other than family medicine, most of my rotations will be complete in Grand Falls-Windsor. I liked how the family medicine portion of my rotation was entirely rural, and our second year was longitudinal giving us opportunity to explore our interests. I knew this was the program for me as I completed my third year internal medicine program in Grand Falls-Windsor (where I live now, and commute to Botwood which is only 20 minutes away), which I really enjoyed not only because of the friendly, supportive staff at the hospital but also because of the outgoing and fun residents at that time! They hosted several events during my time out here, and I also got to do a lot of outdoor activities including snowshoeing, cross country skiing, baking classes, hockey games and much more. I also got to see that this program created completely competent residents with plenty of experience and confidence, several of whom were selected to complete enhanced skills programs such as emergency medicine and care of the elderly. “

On average, how much travel is required in this stream?

Personally, I travel 20 minutes to Botwood during my family rotations (4 months in first year and my whole second year) and then 1 month in first year residency is spent away in Gander for orthopaedic surgery. We can also do electives during second year of our chosing!

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills?

In Botwood, we get exposure to care of the elderly with a large portion of patients being elderly and also community-based emergency medicine shifts from 8am-8pm several times a week.

What do you do for fun in your community?

A lot of outdoors activities such as hiking, snowshoeing, skidooing, cross country skiing. Also there’s a free gym membership to the YMCA for residents. We also do journal club type activities monthly and go out to dinner at local spots and breweries often with fellow residents and clerks!

What is the cost of living in the area where your program is primarily located?

I spend $650 per month on rent plus additional costs as expected (utilities, your own transportation is necessary, food). However I do share my apartment with another resident.

Do you have the option to travel for electives?

Yes in second year.

Can you briefly describe what the research portion of your program entails?

We do a resident project which was be research based. It is usually something the resident chooses themselves and has the guidance of a supervisor.

Are there opportunities for extra training?

Our schedules are usually very flexible, especially in second year during the longitudinal year where we can do additional training in certain areas as we sit fit. For example doing hospitalist coverage, obstetrics or medicine shifts. We also have conference leave which can be used for virtual conferences during COVID.

Dr. Jenna Paul, R1 2021

Eastern Stream

https://www.mun.ca/medicine/familymedicine/
Located on the traditional land of the Beothuk and Mi'kmaq

Program Highlights

Type of curriculum:
R1: block based, R2: integrated. Residents complete clinical experiences in the urban center of St. John's while also having training opportunities in smaller centers.

Unique Features:
Combination of urban, rural and remote training opportunities. Eligible for return of service bursaries. Transfer medicine across many training sites. Many opportunities for Point of Care Ultrasound Training.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.

Course funding:
ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with $1000 towards conference leave or ATLS course completion

Community Highlights

Recreation:
East Coast Hiking trail, boating activities, whale watching, hiking, golf, sea kayaking, lighthouses, sports associations.

Cultural notes:
Lively downtown core in St. John's with the world famous George Street. Live music, art galleries, orchestra, dance festivals, museums and theatres; guided tours and boat tours.

Cost of living:
Approximately $1450/month for the province of Newfoundland and Labrador (https://canadabuzz.ca/cost-living-canada-by-province)

Community stats

Population: 600-114,000 (St John's)

Access: St John's International Airport (10 km from downtown)

Nearest center: St. John's

Program Stats

Training Sites: St. John's (majority of clinical experiences), Bay Bulls, Burin, Carbonear, Clarenville, Harbour Grace, Torbay, Baie Verte, Kelligrews and Upper Island Cove.

Number of residents:
CMG: 11

Elective time:
8 weeks

Miscellaneous:
- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

Resident Testimonials

“For my second year of training, I am completing a longitudinal integrated curriculum in Burin, NL. What I enjoy about this model is that no two days in a week are the same - I have the opportunity to see patients in clinic, perform minor procedures and assist in the OR, provide ER coverage, do house calls and even manage a patient's chemotherapy. Working in this area not only enables me to practice full scope family medicine, but also allows me to follow patients throughout the year, giving me an authentic family medicine experience that will prepare me well for future practice.”

Although the majority of rotations are completed within St. John's, there are several rotations that are rurally-based. These do have accommodations provided. Even during rotations within the city, residents are often between sites.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills?

Training within this stream provides lots of opportunities do develop a broad variety of skills. During the first year of the program, obstetrics and care of elderly are integrated components of the family medicine portion of the curriculum. EM is often block-based in first-year, with integrated emergency medicine often a core component of the rural family medicine experience in second year.

What do you do for fun in your community?

Hiking, running, snowshoeing. There are lots of outdoor activities to enjoy.

Do you have the option to travel for electives?

There is an option to travel within the province and under current COVID restrictions, within the Atlantic Bubble to complete electives. Outside of COVID restrictions, eight weeks of electives are available and may be completed throughout Canada and internationally.

What is the scope of practice of other specialities or rotations in this program?

Internal Medicine (12 weeks), OB/GYN (8 weeks), General Surgery (4 weeks), Ortho (4 weeks), Palliative Care (4 weeks), Emergency Medicine (4 weeks), Peds ER (4 weeks). The majority of these have Family Medicine/Off-service residents only.

Can you briefly describe what the research portion of your program entails?

A scholarly project to be completed over the two-year program that may be a quality improvement initiative, patient education module/initiative. This is very flexible.

Are there opportunities for extra training?

7 days of conference leave per year with some simulation training integrated throughout the curriculum (at resident workshops, during ER rotations, etc). Our program also offers training in POCUS, ALARM, NRP and ACLS for all residents.

What makes this program unique? What drew you to it?

The rural training opportunities, collegiality among residents, early independence, ability to tailor your training to meet your needs.

Dr. Robbie McCarthy, R2 2021

Goose Bay

https://www.mun.ca/medicine/familymedicine/
Located on the traditional land of the Southern Inuit (NunatuKavut) and Innus (Montagnais)

Program Highlights

Type of curriculum:
Integrated experiences in Academic Family Medicine, Adult Emergency, Pediatrics, Surgery, Orthopedics. Block based learning in Obs/Gyne and ICU.

Unique Features:
Rural and remote training. Eligible for return of service bursaries. Remote medicine and flight medicine opportunities. Many preceptors are former residents of the Goose Bay Stream. In depth exposure to Indigenous Health. Bi-monthly procedural skills sessions.

Research opportunities:
Scholar project is a mandatory research project as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.

Course funding:
ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with $1000 towards conference leave or ATLS course completion

Community Highlights

Recreation:
Hiking & biking trails, snowmobile trails, Birch Brook Ski Trails, Mealy Mountains National Park Reserve.

Cultural notes:
Strong hunting, fishing and trapping heritage. Northern lights dog sledding, the Labrador Military Museum and Lawrence O'Brien Arts Centre

Cost of living:
Approximately $1450/month for the province of Newfoundland and Labrador (https://canadabuzz.ca/cost-living-canada-by-province)

Community stats

Population: 8,200

Access: Goose Bay Regional Airport

Nearest center: St. John's

Program Stats

Training Sites: Happy Valley Goose Bay, St. John's, Grand Falls-Windsor, New Brunswick.

Number of residents:
CMG: 6

Elective time:
8 weeks

Miscellaneous:
- Small communities with broad-scope practices.
- Fly in clinics and telehealth to First Nations and Inuit community clinics on the coast of Labrador.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

Nunavut

https://www.mun.ca/medicine/familymedicine/
Located on the traditional land of the Inuit

Program Highlights

Type of curriculum:
Block based in St John's, integrated rural family medicine in Iqaluit

Unique Features:
Eligible for return of service bursaries. Exposure to rural and remote family medicine training, particularly with Indigenous and Inuit populations. Visits to nurse-staffed health centers in smaller communities in the Qikiqtani region of Nunavut.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.

Course funding:
ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with $1000 towards conference leave or ATLS course completion

Community Highlights

Recreation:
Going out on the land; kayaking, hiking; snowmobiling, national parks, fishing, hunting, recreational centres with swimming pool and fitness facility, skating & curling rink, local movie theatre.

Cultural notes:
Explore Inuit culture & language, Toonik Tyme festival in the spring, year-round musical festivals including throat singing, drum dancing and Inuit artists, carvings, museums, community events.

Cost of living:
Approximately $1800/month for Iqaluit, NU (https://costof.live/cost-of-living/in/iqaluit-nu)

Community stats

Population: 8,000

Access: Iqaluit International Airport

Nearest center: Iqaluit (transferring to Ottawa) or St. John's

Program Stats

Training Sites: 6 mo. in Iqaluit, NU & 18 mo. in St. John's, NL.

Number of residents:
CMG: 6

Elective time:
8 weeks

Miscellaneous:
- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

Western Stream

https://www.mun.ca/medicine/familymedicine/
Located on the traditional land of the Beothuk and Mi'kmaq

Program Highlights

Type of curriculum:
R1: block based, R2: integrated.

Unique Features:
Eligible for return of service bursaries. Broad range of medical illnesses, diverse patient population and a variety of practice opportunities. Shared care obstetrics, geriatric and palliative care, home visits/house calls.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.

Course funding:
ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with $1000 towards conference leave or ATLS course completion

Community Highlights

Recreation:
Nearby to Gros Morne National Park, hiking, sports complex, downhill and cross-country skiing (Marble Mountain), boating, whale watching, iceberg viewing.

Cultural notes:
Rich arts community, two UNESCO World Heritage sites, many festivals including Pirate Haven Annual Pig Roast and theatre festivals, resorts, museums, boat tours.

Cost of living:
Approximately $1450/month for the province of Newfoundland and Labrador (https://canadabuzz.ca/cost-living-canada-by-province)

Community stats

Population: 280-32,000

Access: Deer Lake with regional airport

Nearest center: Corner Brook

Program Stats

Training Sites: Port aux Basques, Stephenville, Corner Brook, Deer Lake and Bonne Bay

Number of residents:
CMG: 6

Elective time:
8 weeks

Miscellaneous:
- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

Resident Testimonial

As a Newfoundlander, I knew I wanted to stay in the province to train mainly to be close to my family, but also because of the program's excellent rural training reputation. I chose the western stream because of the rural training opportunities combined with the endless outdoor lifestyle options.

There's a saying at Westfam that we're a "rurban" stream - meaning we have the amenities of a more urban location such as cozy coffee shops, restaurants and amazing craft beer, but also the beauties of rural Newfoundland. Where the medical community is close knit, and you get to know your patients and preceptors well. Your co-residents also become more like family!

The home base for the program is Corner Brook but there's also opportunities to spend time in even more rural locations such as Port-aux-Basques, Stephenville, and Bonne Bay to name a few. Time spent in these locations changes depending on the template you have. There are rarely specialty residents here which means you get first dibs at all training opportunities and are often first assist in the OR. That being said, preceptors are first and foremost focused on your learning which is one of the things I love most about the program.

The biggest surprise for me was the focus on work-life balance. Medicine can be challenging, especially in rural locations where the family physician not only does clinic, but hospitalist, OR assist, emerge, and so on. Preceptors and staff are focused on the wellbeing of residents and there's an abundance of opportunities for outdoor fun - downhill and cross-country skiing, mountain biking, hiking, trail running, kayaking, camping, and the list goes on!

So far I'm very pleased with the training I've received and am confident I'll be a competent family physician when I finish. I can't imagine training anywhere else!

Dr. Kristen Peckford, R2