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Please Note:

Information under the “cost of living” heading is a rough estimate only and was obtained from various sources.

Land acknowledgments were sourced from various online land acknowledgement tools. Please let us know if any adjustments should be made.

If you would like to provide feedback for future versions of this catalogue please follow this link.

****NEW THIS YEAR****

Are you the kind of person that likes a visual when you’re looking into a residency program? Are you struggling to find all these small Canadian towns that you don’t get a chance to visit with CaRMS being virtual?

Check out our google maps representation of all the sites at each school across Canada, all linked to our catalogue pages!

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Legend: P = Partial, H = Horizontal, I = Integrated, L = Longitudinal, C = Community
Abbotsford-Mission

Located on the traditional land of the Coast Salish, S’ólh Téméxw (Stó:lō), Kwantlen, and Nuxwsa’7aq (Nooksack)

Program Highlights

Type of curriculum:
Partial integrated- weekly FM ½ days throughout PGY1 (Optional in PGY2)

Curricular Outline:
Curricular Outline: PGY1: 10 wks FM, 4 wks psych, 6 wks pediatrics, 4 wks Obs, 2 wks hospitalist, 4 wks IM, 4 wks cardio, 2 wks nephro, 6 wks EM, 2 wks anesthesia, 4 wks surgery. PGY2: 14 wks FM, 8 wks rural FM, 4 wks ortho, 2 wks addictions, 4 wks palliative care.

Unique Features:
- Size: 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.
- No overnight call (except on Obstetrics).
- Residents schedule their own call, and in R2, get to choose which service to do call for (e.g. hospitalist, cardiology, Obs, ER).

Research:
Research: Mandatory quality improvement project in R1 and scholar project in R2 (UBC-wide requirement)

Community Highlights

Recreation:
Mountain biking, hiking, white water rafting, 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 $1,100

Community stats

Population: 141,000 (Abbotsford); 38,000 (Mission)

Access: 71km to Vancouver; Abbotsford International Airport

Nearest Tertiary Center: Vancouver

Program Stats

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

Number of residents:
CMG: 6-7
IMG: 1

Elective time:
PGY2: 18-20 weeks

R1 Salary:
$54,848.73

Miscellaneous:
Abbotsford Regional Hospital:
- 300-bed facility - 150-bed medical unit - 2,500+ births per year - NICU (32+ wks), ICU, and Cardiac Care Unit
- Regional trauma centre - Cancer centre 2 resident retreats each year
Must have access to a vehicle and valid driver’s license
Chilliwack

Located on the traditional territories of the Stó:lō Coast Salish peoples.

Chilliwack

T: 604-702-4757

Program Highlights

Type of curriculum:
Modified Block schedule

Curricular outline:
Longitudinal experience in a busy ER. Longitudinal inpatient care. Weekly half days back in FP

Unique Features:
Current acute care bed allocation is 224 and annually there are 76,487 acute patient days, 12,828 admissions, 11,116 in-and-out patient surgical operations, 48,000 visits to emergency and 1,179 deliveries. There are 208 physicians on active staff.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum

Community Highlights

Recreation:
Hiking, mountain biking, paddling, fishing, camping and back-country skiing, drive to Vancouver for arts and more urban culture.

Cultural notes:
Agricultural community

Cost of living:
Average rent for a 1 bedroom apartment is $1125.

Community stats

Population: 100,000

Access: >1hr to Vancouver by car, pending traffic ++

Nearest center: Vancouver

Program Stats

Training sites: Full Scope

Number of residents:
CMG: 7
IMG: 1

Elective time:
12 weeks

Miscellaneous:
Bed occupancy is 336 (140 acute care) and annually there are 39,322 (excluding ECU) patient days, 7,773 admissions, 6,366 in-and-out patient surgical operations, 52,000 visits to emergency and ambulatory care and 816 deliveries
Coastal

Lions Gate Hospital is located on the traditional land of the səl̓ilwətaʔɬ təməxʷ (Tsleil-Waututh), Skwxwú7mesh-ulh Temíxw (Squamish), S’ólh Témexw (Stó:lō), xʷməθk̓əy̓əm, səl̓ilwətaʔɬ təməxʷ (Tsleil-Waututh); Pemberton is located on St’át’imc Tmícw (St'at'imc) and Lil'wat territory; Squamish is located on Skwxwú7mesh-ulh Temíxw (Squamish) territory; Sechelt is located on Shíshálh territory; Powell River is located on the Tla’amin Nation (Sliammon) territory.

Coastal Program Highlights

**Type of curriculum:**
Block

**Curriculum outline:**
FP 46 weeks, including 16 weeks of Rural. 8 weeks EM, 6 weeks Obs/gyn, 10 wks Ped., 10 weeks IM/Hosp., 6 wks Surg., 4 wks Mental Health, 4 wks Palliative Care, 10 wks Electives.

**Unique Features:**
Regular Simulation sessions at Lions Gate Hospital’s Simulation Centre
Extensive rural practice experience
Obstetrics experience – full spectrum from prenatal visits, labour, delivery (including c-sections) and post partum care
HealthConnection – a ‘high needs’ clinic providing team-based primary care to people with complex clinical and social needs
Surgical rotations, with surgeons and specialists keen to support the development of core skills in Family Practice Residents, including anaesthesia and airway management

**Research opportunities:**
In the first year, residents complete a Practice Improvement Project. Throughout the two years, residents complete a scholar project and present their work at Scholarship Day.

Community Highlights

**Recreation:**
Three local ski mountains, internationally acclaimed mountain biking trails, hiking, sailing, many local beaches and a vibrant urban core

**Cultural notes:**
North Shore, Pemberton, Squamish, Sechelt, Powell River

**Cost of living:**
33% higher than national average (North Vancouver)
(https://www.areavibes.com/north-vancouver-bc/cost-of-living/)

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: 4, IMG: 4
- Elective time: 10 weeks with 2 weeks of selectives in R1 and 2 weeks in R2 (Cardiology/Infectious disease/Gastro)
- Miscellaneous: ATLS, ACLS, NRP, ALARM, CARE, HOUSE, Rural conference, bedside ultrasound training
Kamloops

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

Program Highlights

Type of curriculum: Mainly block-based model with some longitudinal features

Curricular outline:
Block format with longitudinal family medicine full day every other week. AHD: Full day every other week. All core rotations: Surgery, Medicine, OB/GYN, ER, Psychiatry, Pediatrics. Other rotations: Anesthesia, Orthopedics, Chronic Pain/Addictions, Family Obstetrics, Hospitalist, Medicine Selectives, Surgery electives. Longitudinal & block FP time. 2 ER rotations (1st in R1 and 2nd in R2). 2 in-hospital medicine rotations (IM and Hospitalist). 2 maternity/obstetrics rotations. OB/GYN and Family Obstetrics

Unique Features:
Many primary preceptors have hospital privileges and care for their own inpatients, do OB, long-term care/geriatrics, and/or palliative care. We try to match residents with preceptors with similar areas of interest. We work with 2 or more family medicine preceptors to give us a good scope of exposure. New resident lounge and 5 call rooms built in 2016!

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum

Community Highlights

Recreation:
Skiing, mountain biking, rock climbing, hiking. Tournament Capital of Canada. River city with lots of nearby lakes.

Cultural notes:
Nightly summer music in the park, home of the WHL Kamloops Blazers. 6 breweries, farmers market.

Cost of living:
The average cost of rent for a one bedroom apartment is $1459/month.
Kelowna Rural

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

Program Highlights

Type of curriculum: Block

Curriculum outline:
Year 1 in Kelowna. Year 2: 4 blocks + 2 blocks rural placements + 4 blocks of elective + 1 block in Kelowna

Unique Features:
Two 16-week blocks in 2 communities: Bella Coola, Creston, Grand Forks, Lilloet, Masset, Port McNeill, QCC, Revelstoke, 100 Mile House, Cranbrook, Gibsons, Inuvik, Powell River, Smithers, Golden & Vanderhoof.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum

Community Highlights

Recreation:
Ski resorts, wineries, spa resorts, lake.

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

Cost of living:
7% higher than national average (in the city of Kelowna)

Community stats

Population: 127,000

Access: 4.5 hr drive to Vancouver or Kelowna airport

Nearest center: Kelowna

Program Stats

Training sites: Kelowna (Year 1), then rural sites throughout BC and beyond.

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 covered
Kootenay-Boundary

Located on the traditional, ancestral, and unceded territory of the Syilx t'mixʷ (Okanagan), sngaytskstx tum-ulə7xw (Sinixt), Ktunaxa, and Secwépemc People
T: 250-364-3442
Kootenay-Boundary

Program Highlights

Type of curriculum:
Type of curriculum: Block & Longitudinal for Family Medicine, Obstetrics, Long-term Care, Emergency Medicine.

Curriculum outline:
Curricular outline: Block rotations in surgery, orthopedics, anesthesia, ER, internal medicine, hospitalist, gynecology, obstetrics, pediatrics, pain, mental health, and 2-month rotations in smaller surrounding communities (either Nakusp or Grand Forks). Electives offered in addictions medicine, pharmacology, diabetes, palliative care, occupational health, and interdisciplinary teamwork.

Unique Features:
Two main sites, Kootenay Boundary Hospital in Trail, and Kootenay Lake Hospital in Nelson. Academic days every month, with 2 academic weeks/year. Monthly scholarship half days for R1s. Simulation lab and exam prep.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum

Community Highlights

Recreation:
Located in the Colombia River Valley, the heart of BC’s “Powder Hwy”. “One of the best places in the world for backcountry skiing” –NY Times. Hiking, camping, mountain biking.

Cultural notes:
10km from USA border at certain sites, world class carving nearby. Music Festivals (Shambhala, Kaslo Jazz fest, Tiny lights, Canada Rock fest). Pottery studio, local theater, CoINs Drum circles.

Cost of living:
Single bedroom rental between 800-1500+ per month. 6% less than National average.

Community stats

Population: 80,000
Access: 658km from Vancouver, 614km from Calgary. Regional airport in Castlegar, airports also in Trail/Nelson
Nearest center: Kelowna

Program Stats

Training sites: Trail, Nelson, Vancouver

Number of residents:
CMG: 2
IMG: 2

Elective time:
PGY1: 8 weeks minimum
PGY2: 12 weeks

Miscellaneous:
Call requirements are usually 1 weekday/week, and 1 weekend per month, and is self-directed to your interests and learning needs. Eligibility for student loan forgiveness up to $8000 per year.
Nanaimo

Located on the traditional territories of the Snuneymuxw First Nation.
Nanaimo
T: 250-739-5979

Program Highlights

Type of curriculum:
Partial integrated

Curricular outline:

Unique Features:
Choose your own call schedule; flexibility in your schedule. Opportunity to do international electives (such as palliative care in Nepal)
Simulation sessions with nurses on a range of presentations relevant to family practice, acute medicine, pediatrics and obstetrics on nearly a weekly basis. Nanaimo Regional General Hospital provides service at the primary care and secondary referral level. It serves an immediate population of 94,000 and a referral population of 160,000. Current acute care bed allocation is 320 and annually there are 76,487 acute patient days, 12,828 admissions, and 11,116 in-and-outpatient surgical operations, 48,000 visits to emergency and 1,179 deliveries. There are more than 200 physicians on active staff.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum

Community Highlights

Recreation:
Hiking, sailing, windsurfing, kayaking, mountain biking, rock climbing, and scuba diving, near Victoria.

Cultural notes:
There’s a thriving arts community and there are some great restaurants.

Cost of Living:
6% lower than national average.
https://www.areavibes.com/nanaimo-bc/cost-of-living/

Community stats

Population: 85,000
Access: Ferry from Vancouver or Fly (Airplane or floatplane)
Nearest center: Victoria

Program Stats

Breadth of practice: Full Scope
Number of residents:
CMG: 7
IMG: 1
Elective time:
2-9 weeks

Miscellaneous:
Nanaimo Regional General Hospital provides service at the primary care and secondary referral level. It serves an immediate population of 94,000 and a referral population of 160,000. Current acute care bed allocation is 320 and annually there are 76,487 acute patient days, 12,828 admissions, and 11,116 in-and-outpatient surgical operations, 48,000 visits to emergency and 1,179 deliveries. There are more than 200 physicians on active staff.
Rural Prince George

Located on the traditional land of the Dakeł Keyoh (ᑕᖅᑖᗧ ᐊᔨᔨᐤ), Lheidli T’enneh, and Dënéndeh

Northern Rural Program Highlights

**Type of curriculum:**
Block; longitudinal palliative care

**Curricular Outline:**
Curricular Outline: PGY1: 6 weeks FM, 4 weeks surgery, 4 weeks ortho, 8 weeks IM, 4 weeks ICU, 6 weeks peds, 8 weeks Obs/Gyn, 4 weeks psych, 4 weeks EM, 2 weeks native health, 2 weeks addiction medicine. PGY2: 32 weeks rural FM, 1-week surgical skills, 4 weeks trauma/EM, 4 weeks FM.

**Unique Features:**
Unique Features: 1-in-4 call with call-free Fridays, high levels of independence and responsibility. Surgical skills and electives including trauma unit rotations at Vancouver General Hospital; residents spend PGY2 in 2 different rural communities for extended block. Multiple rural options during PGY one year as well.

**Research opportunities:**
Research: 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; and WHL Prince George Cougars hockey.

**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:**
4% more expensive than national average (Economic Research Institute, 2021); average monthly cost for 1-bedroom apartment in Prince George $800-1,100

Program Stats

Training Sites: Prince George, Vancouver, Rural Site List

Number of residents:
CMG: 5
IMG: 0

Elective time:
PGY2: 12 weeks

Miscellaneous:
PGY1 is spent in Prince George, followed by extended block rotations in rural communities in PGY2. Prince George is the major referral centre for Northern British Columbia.
I am originally from northern Ontario, and was interested in the Northern Rural program for multiple reasons. I really wanted to move to BC and do my residency in a rural program, and I particularly liked how the northern rural program offered a block-based R1 year, which would allow good exposure into each of the specialties, and then followed by a year of electives and rural rotations in some of the most beautiful communities across BC. Needless to say, living in Prince George wasn't the most selling feature of the program to me. But I think PG gets an unfairly bad rap. One of the biggest surprises to me is how much I have loved living in Prince George this past year. First off, the medical community is great. It is an incredibly cohesive group, despite being a mid-sized community, and it has the welcoming feel of a smaller, more rural centre. And Prince George itself is actually pretty great. You can run on the trails, mountain bike, access some fairly remote and beautiful hikes in the mountains within an hour or two, and Powder King, only two hours away, offers some pretty fantastic powder skiing.

Being in a larger residency group in Prince George (there are actually 15 R1s in total including the PG and NR streams) I made some really good friendships amongst my co-residents. We've gone on countless hikes together, backcountry camping trips, canoe trips, ski trips... enough trips that I think our program director occasionally questions if and when we are actually working. The friendships have been great, and I think are more important than I had initially thought-- having a support system in place for when things get dark (I mean this both figuratively and quite literally, the winters in PG offer very little daylight) is really important during residency. We have call-protected Fridays, which I think caters to this. Fridays are our opportunity to get together and rant about our weeks, and certainly make up for the fairly heavy call we have in our program. The program is also great if you enjoy teaching. There are lots of teaching opportunities with medical students, as there is the northern medical program offered out of Prince George, with twenty something medical students per year. Finally, our program director is incredibly supportive, welcome to feedback, and is overall just a great guy.

I have yet to really start my rural year, which was the part of the program that really sold me, and already I feel like I have had an amazing residency experience. I think if you like adventure, don't mind moving around a bunch, like rural medicine, and don't mind the occasional whiff of pulp-mill smell, then northern rural could be a great program for you.

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.): Lots of travel. The first year is based out of Prince George, and so there is essentially a year of very little travel. There is the opportunity to do some of the blocks in rural communities outside of PG in R1 (Obstetrics, ER, General Surgery, Peds) and thus if you choose this, there would be more travel in R1. R2 is admittedly a bit all over the place. There are 5 blocks of electives, which are essentially anywhere of your choosing, and then 2 four month rural blocks. There is however funding for housing dual the rural blocks, and so that helps quite a bit. Living in Prince George of course inherently creates more travel as well, as many of our courses are done in the lower mainland. In sum, if you absolutely hate travelling or moving, this program is likely not for you.

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.)??

This differs somewhat between your R1 and R2 year (as R1 is centred in Prince George, and R2 is centred in smaller, rural communities) but both years offer a fairly broad scope of practice. For example, in PG, most obstetrics is done by the GPs (with the exception of more complicated deliveries, ie forceps deliveries or c-sections). The ER is staffed largely by GPs, some of whom have done additional ER training, but others who have not. Inpatient medicine is also largely GP run. Anesthesia is run by all FRCP trained anesthetists in PG, which is different than in the rural communities.

- Dr. Kathleen Lloyd Wismer, R2
Resident Testimonial Northern Rural

What do you do for fun in your community?
PG is a great community if you are pretty outdoorsy, admittedly less so if your fun is based upon the amenities of the big city. There is good mountain biking, great cross-country skiing, a climbing gym, and nice trails to run on. There is some outdoor climbing in the surrounding area. There are two breweries in PG, and a winery. Lots of good restaurants.

There are also a lot of great surrounding communities and areas that we tended to make weekend trips to. Power King has great skiing, is pretty affordable, and I think is probably the only resort in BC without cell-service. There is some beautiful backcountry around PG, for both hikes in summer and skiing in the winter. Mount Robson Provincial Park is beautiful and a must do if you’re in northern BC, and is a 3 hour drive away.

I am doing my rural rotations in Smithers and Invermere, and I imagine I won’t run short of fun things to do there.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?
Yep! Heading back to the homeland in northern Ontario for an elective (Emergency Medicine), and then doing some in the lower mainland (Trauma, ICU).

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 do get specialty residents that do some of their rotations up in Prince George, for instance general surgery, internal medicine, and orthopedics are some that come to mind. There is a relatively new pediatrics residency program offered out of Prince George, with one resident accepted per year, and there are two psychiatry residency spots up here in Prince George as well.

- Dr. Kathleen Lloyd Wismer, R2
Penticton is located on the traditional land of the Nleʔkepmx Tmíxʷ (Nlaka’pamux), Syilx tmíxʷ (Okanagan), and Okanagan people.

**Program Highlights**

**Type of curriculum:**
Block, Longitudinal FP

**Curriculum outline:**
Partial integrated

**Unique Features:**
PGY 1: 4 rotations that include weekly emergency room shifts at Penticton Regional Hospital; Other: Five months of rural training including nearby locations like Oliver/Osoyoos and Princeton. Exposure to Prison Medicine at the Okanagan Correctional Centre.

**Research opportunities:**
Scholar project is a mandatory research project included as part of the curriculum

**Community Highlights**

**Recreation:**
Swimming, boating, windsurfing, kiteboarding, golf, rock climbing, hiking and cycling most of the year, and downhill skiing and snowboarding, cross-country skiing and snowshoeing in the winter.

**Cultural notes:**
In Penticton, there is a newly renovated Community Centre and the state of the art South Okanagan Events Centre, with festivals and cultural events throughout the year.

**Cost of living:**
8% lower than National Average
https://www.areavibes.com/penticton-bc/cost-of-living/

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**Community stats**

- **Population:** 33,761 (Penticton)
- **Catchment area:** 83022
- **Access:** (420km) 5hr drive to Vancouver
- **Nearest center:** Kelowna

**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
- **Miscellaneous:**
  - Penticton Regional Hospital (140 bed) has a new patient care tower as of 2019! The medical community is made up of 127 family physicians, 80 specialists and 37 consulting staff.
Located on the traditional land of the Dakeł Keyoh (Ȼɂɬɬɬ'), Lheidli T'enneh, and Dënéendeh

**Program Highlights**

**Type of curriculum:**
Block + longitudinal palliative care

**Curricular outline:**
PGY1: 8 weeks FM, 4 weeks surgery, 4 weeks ortho, 8 weeks IM, 6 weeks peds, 8 weeks Obs/Gyn, 4 weeks psych, 4 weeks EM, 4 weeks Native Health Centre, 2 weeks addictions.
PGY2: 20 weeks FM, 8 weeks rural FM, 8 weeks EM, 4 weeks ICU/CCU, 2 weeks geriatrics.

**Unique Features:**
1-in-4 call throughout rotations with call free Fridays. High levels of independence and responsibility. Unique Indigenous Health and Addictions Medicine rotations. Strong rural focus, multiple rural options throughout both years. Prince George’s University Hospital of Northern BC serves as the largest referral Hospital for all of northern health, an area of nearly 600,000 square kilometers. Residents also have direct teaching opportunities with medical students as the Northern Medical Program, one of UBC’s 4 sites for medical school in the province, is co-located in Prince George.

**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; and WHL Prince George Cougars hockey.

**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:**
4% more expensive than national average (Economic Research Institute, 2021); average monthly cost for 1-bedroom apartment in PG $800
Resident Testimonial: Prince George

The UBC FM Prince George Program has the benefits of a smaller program with the resources of a larger program. The training you receive here will greatly contribute to your growth as a well-rounded family physician. The program here prepares you to be a more capable clinician in a variety of settings—whether it is rural, urban or mid-size, you will be able to provide your patients with individualized quality care in any community you choose!

- Dr. Alessandra Benigno
Northeast-Fort St. John

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

Program Highlights

**Type of Curriculum:**
Integrated, block and longitudinal

**Curricular Outline:**
Curricular Outline: PGY1: 2 blocks each of OBC/GYNE, ER, Internal Medicine, General Surgery and 3 blocks of Family Practice with one block of Palliative Care and one block of community Psychiatry. Residents do a half day Family Practice every week or a full day two times a month. 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

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

**Research Opportunities:**
Research: As part of the residency program requirements there is a quality improvement program in R1 and a more in depth project in R2 in an area of interest

Community Highlights

**Recreation:**
Hiking, cross-country and downhill skiing, sledding, horseback riding, hunting, boating and fishing.

**Cultural Notes:**
Choirs, bands, theatre companies, a potter’s guild and visiting performing artists.

**Cost of Living:**
$1600/month. There are student loan forgiveness programs available.

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
- **Miscellaneous:**
The North East Health Services Delivery Area provides 91,000 ER visits, 900 deliveries, 35,000 inpatient days, and 5000 surgeries per year. There are over 60 physicians working in the North East providing these services.

Northwest-Terrace

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

Program Highlights

Type of curriculum:
Midsize community, full-service hospital

Curriculum outline:
Partial integrated

Unique Features:
Current acute care bed allocation is 224 and annually there are 76,487 acute patient days, 12,828 admissions, 11,116 in-and-out patient surgical operations, 48,000 visits to emergency and 1,179 deliveries. There are 208 physicians on active staff.

Research opportunities:
Scholar project is a mandatory research project included as part of the curriculum

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:
12% lower than National average
https://www.areavibes.com › terrace-bc › cost-of-living

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
Miscellaneous:
Mills Memorial Hospital, in Terrace, has approximately 32 acute care beds, 5 ICU beds and 10 regional Psych beds and provides, per annum, greater than 28 thousand ER visits, approximately 300 deliveries, 17,000 inpatient days (including Psychiatry) and greater than 4 thousand surgeries including endoscopy and cataracts.
Strathcona Site wishes to acknowledge the lands on which we work and learn are 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:**
Year 1: block learning individualized to learner’s goals and CCFP curriculum. R2 dedicated to FM, and can include rural elective time and 8 weeks of optional elective time. Opportunity to integrate longitudinal EM, OB, MSK, DERM, 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 specialist experience. Flexibility to help create an experience which is unique within the overarching program structure. We want you to realize your potential as a Family Physician through identifying your leaning gaps and addressing those needs locally through rotations and longitudinal experiences.

**Research opportunities:**
Scholar project is a mandatory research project included as part of the curriculum

Community Highlights

**Recreation:**
We are fortunate enough to live in an area of the world surrounded by nature. In one day, it possible to ski, cycle, kayak, and canoe – you can even compete in a race which features all those activities.

**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:**
8% lower than national average (Campbell River) ([https://www.areavibes.com/campbell+river-bc/cost-of-living/](https://www.areavibes.com/campbell+river-bc/cost-of-living/))
Program Highlights

Type of curriculum:
Blocked learning

Curricular outline:

<table>
<thead>
<tr>
<th>PGY1</th>
<th>PGY2</th>
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<tbody>
<tr>
<td>Anesthesia - 4 weeks</td>
<td>Electives - 8 weeks</td>
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<tr>
<td>Electives - 4 weeks</td>
<td>EM - 7 weeks</td>
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<tr>
<td>Gen Surg - 4 weeks</td>
<td>IM - 8 weeks</td>
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<tr>
<td>Obs &amp; Gyn - 8 weeks</td>
<td>Integrated Palliative - 1 week</td>
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<tr>
<td>Ortho - 4 weeks</td>
<td>Psychiatry - 4 weeks</td>
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<td>Peds - 4 weeks</td>
<td>Rural FM - 8 weeks</td>
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<tr>
<td>Peds EM - 4 weeks</td>
<td>Rural FM - 16 weeks</td>
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<tr>
<td>Regional FM - 4 Weeks</td>
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<tr>
<td>Rural FM - 16 Weeks</td>
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Unique Features:
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. With only one family medicine resident on a given service at any one time, there is little or no competition for procedures or other important learning opportunities.
Research opportunities:
During each year of the two-year residency program, each resident, in collaboration with their community preceptor and faculty advisor, is required to undertake a project on "Practice Quality Improvement" (PQI). Residents can also do a research elective in both Y1 and Y2.

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.

Special features:
Grande Prairie is the largest commercial centre north of Edmonton

Resident testimonial:
“I am currently on my rural family medicine block and in one day, I intubated a child, closed a carpal tunnel release, helped deliver a baby, was involved in starting suboxone for an incarcerated patient, and did some bread and butter family medicine (abdo pain, UTI, etc.). If that's not a huge scope, then I don't know what is!” -Dr Deanna Funk, R1
Program Highlights

Site description:
Large community, full-service hospital

Type of curriculum:
Mixture of integrated and blocked learning

Curricular outline:
Y1: 16w FM. 8w Gen Surg. 7w Electives. 4w EM. 4w Obs Gyn. 4w Ortho. 4w Peds. 2w Geriatrics. 2w Anaesthesia. 1w Derm.

Y2: 16w FM. 8w FM. 8w IM. 6w Electives. 4w EM. 4w Obs Gyn. 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:
During each year of the two-year residency program, each resident, in collaboration with their community preceptor and faculty advisor, is required to undertake a project on "Practice Quality Improvement" (PQI). Residents can also do a research elective in both Y1 and Y2.
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

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:
“I really love the Red Deer Family medicine program. Two years ago, I went into CaRMS looking for a program that would train me to be a competent rural family physician. Red Deer has delivered that and more. The program trains residents to be strong in clinical medicine, hospitalist, emergency medicine, geriatrics, pediatrics, palliative care and maternity care. Since we are the only program out of the Red Deer hospital, we are so lucky to have learning opportunities that other family medicine residents would not get in bigger centres. We get the chance to work one on one with staff and get the first shot at any procedure. If I had to go through CaRMS again, I would still pick Red Deer as my first choice because it truly is one of the best programs across the country.” -Dr Nicole Roshko, R2
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. 4w Gen Surg. 4w Peds. 2w Anaesthesia. 2w Psychiatry. 8w FM in Ft Smith or Ft Simpson or Hay River. 4w Peds EM in Edmonton. 4w Addictions Medicine in Edmonton. 4w electives.

**Y2:** 16w FM. 4w Women’s Health. 4w EM. 8w IM. 4w Geriatrics/Palliative. 8w FM in Inuvik. 4w electives.

**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.

**Research opportunities:**
During each year of the two-year residency program, each resident, in collaboration with their community preceptor and faculty advisor, is required to undertake a project on "Practice Quality Improvement" (PQI). Residents can also do a research elective in both Y1 and Y2.

**Community stats**

- **Population:** 19,569
- **Access:** Flight from Edmonton
- **Nearest center:** Edmonton

**Program Stats**

- **Breadth of practice:** Full Scope
- **Number of residents:** CMG: 2
  IMG: 0
- **Elective time:** 13 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.

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

Resident testimonial:
"Yellowknife is the territorial capital and the regional medical centre that services a vast geographical area of NWT and regions of Nunavut, so we care for a wide variety of patient populations. Everything in Yellowknife is easily accessible but we have lots of big city amenities that make living and training here really enjoyable. The cross-country skiing and fat-biking in the winter is amazing and there are so many lakes and trails for canoeing, hiking and biking on our long almost-midnight sun summers." - Dr Kajsa Heyes, R1
“Yellowknife is a fantastic place to train and live, especially for those looking for an adventure and more exposure to rural and remote medicine. I have wanted to come back to Yellowknife my whole life, having lived here from age 0-4. My parents speak very fondly of their 15 years in the north. The community that this place attracts is warm and welcoming, even in -30 degrees. There is 4 months of off-site rotations per year (Edmonton, Iqaluit, Inuvik and Red Deer, two months each) which I believe is necessary in every program: if you’re going to train rurally, you need the high-volume of the urban centres for some rotations, and vice versa. This program is new (I am in the second cohort) which means two things: the community is very keen to engage with residents, but there are growing pains. Our admin and program directors are fantastic and we feel very heard and respected in our suggestions and feedback. Consider this program if you’re an adventurous soul who is interested in northern, rural and remote medicine, and especially indigenous health. We’d love to have you!”

On average, how much travel is required in this stream?
4 months per year, in blocks of 2 months. Accommodation and travel are covered for all rotations. Occasionally need to travel to Alberta for courses/retreats. And a few times a year, travel to fly-in communities in the north for 2-4 nights for clinic with a family doc.

What is the breadth/scope of family medicine in this program? Does your program’s teaching emphasize particular rural skills?
Emergency medicine is heavily emphasized here, as is managing patients in the north who may be several hours flight away from you, or needing imaging that is not available at the site. We have every specialist here though, if not local than at least visiting locums for everything.

What do you do for fun in your community?
In the summer: kayak, canoe, road bike, some mountain biking, small hikes, go to the brewery, enjoy the midnight sun. In the winter: fat biking, xc skiing, walks on the frozen lakes, and inside activities: board game nights, potlucks, the usual!

What is the cost of living in the area where your program is primarily located?
Bit more expensive up here, but personally my rent is cheaper than Vancouver. $850 for a room in a house shared with one other girl. Heating in the winter adds up. Groceries are comparable. The biggest difference I've noticed is eating out, restaurant tabs are quite a bit higher especially with alcohol beverages involved.

Do you have the option to travel for electives?
1 month of electives per year, can travel but needs to be self-organized. I have stayed in YK for my electives, but my R2 coresidents have gone to Lions Gate for emerg and Nanaimo for proceduralist 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?
There are usually a handful of specialty residents in Yellowknife. Mostly pediatrics, IM, +1 OB, sometimes family med residents. They make a point not to schedule two residents on the same service.

Are there opportunities for extra training?
We've had a few SIMs so far, and are planning to have them happen more frequently. Conference funding is available.

What makes this program unique? What drew you to it?
Northern training! Exposure to rural and remote medicine with rotations at high-volume centres included. I love living in a smaller community (YK is 20,000) and I get to train in a scope similar to what I would like my practice to be.

Dr. Sonja Poole, R1
UNIVERSITY OF CALGARY
Lethbridge

Located on the traditional land of the Siksika (Blackfoot) people

Program Highlights

Type of curriculum:
Block

Curricular Outline:
Curricular Outline: PGY1: 2 x 4 weeks FM, 4 weeks hospitalist, 4 weeks surgery, 4 weeks ortho, 4 weeks IM, 4 weeks electives, 4 weeks pediatrics, 4 weeks pediatrics EM, 4 weeks psych. PGY2: 6 weeks electives, 2 weeks palliative care, 2 weeks anesthesia, 6 weeks EM, 4 weeks ICU, 6 months rural FM, 8 weeks OB.

Unique Features:
Residents have a home base in Medicine Hat/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
https://www.areavibes.com/lethbridge-ab/cost-of-living/

Community stats

Population: 101,482
Access: 200km south of Calgary, 1 hour from US border
Nearest center: Calgary

Program Stats

Training Sites: Lethbridge, Calgary, other rural sites (see Misc.)

Number of residents:
CMG: 5
IMG: 0

Elective time:
PGY1-2: 10 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). Residents based in Medicine Hat have access to all rural teaching sites.
Medicine Hat

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:**
Curricular Outline: PGY1: 2 x 4 weeks FM, 4 weeks hospitalist, 4 weeks surgery, 4 weeks ortho, 4 weeks IM, 4 weeks electives, 4 weeks peds, 4 weeks peds EM, 4 weeks psych. PGY2: 6 weeks electives, 2 weeks palliative care, 2 weeks anesthesia, 6 weeks EM, 4 weeks ICU, 6 months rural FM, 8 weeks OB.

**Unique Features:**
Medicine Hat Regional Hospital is an acute care facility with 231 beds. Core programs include surgical services, mental health, critical care, pediatrics, 24-hour emergency, ambulatory care, obstetrics, neonatal intensive care (Level 2), geriatric services, community health, home care, X-Ray and lab. It offers a full complement of specialists where the Family Physicians continue to act as the attending doctor for admissions.

**Research opportunities:**
Research: 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, 90 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.

**Cost of Living:**
monthly cost for 1-bedroom apartment in Prince George $800-1,100
**Resident Testimonial**

My favourite part about the program is getting to work one-on-one with staff with no other residents on the same rotation; you are pushed to evaluate and manage the patient and make decisions around their healthcare, while still being supervised and supported with any questions you have.

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.):

Travel is required for rotations outside of your home-site. E.g. rural family medicine blocks, ICU (Calgary), Peds EM (Calgary), and possibly Obstetrics too (High River). Travel is also required for academic sessions (either to Lethbridge or Medicine Hat, alternates monthly), but due to COVID, most of our sessions have been virtual over Zoom.

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.)?

One day per week continuity FM clinic while on off-service rotations in R1, 2 x 2 month family medicine blocks (rural) in R1, 6 months rural FM block R2. Rural blocks are full scope in practice, and there is a ton of hands-on learning!

What do you do for fun in your community?

Medicine Hat has great walking trails and parks, and the mountains aren’t too far away!

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

Rent and utilities are more affordable than major urban centres like Edmonton and Calgary. Medicine Hat is also a nice city with full services. It feels like an urban centre despite the population being roughly 64,000.

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

Yes, but I have not travelled for electives yet due to COVID restrictions.

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?

Off service rotations include Hospitalist, Pediatrics, Psychiatry, IM, General Surgery, Orthopedics, Pediatrics EM, ICU, OBGYN, Palliative Care, Adult EM, Anesthesia. There are no other residents in each block except for Pediatrics EM, ICU and OBGYN, for which both FM and non-FM residents rotate through.

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

Quality improvement project or research project. Not a large time commitment.

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

Conference funding $1000 across PGY-1 and PGY-2. 3 business days allocated in R1, 5 business days allocated in R2 for conferences. SIM training included in mandatory courses such as ATLS, NRP, and ACoRN. We are currently working towards implementing more SIM in our program.

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

I love this program because of the level of independence I have on most rotations. I am pushed to be the “most responsible provider” when managing my patients, yet still have the support of my preceptor. I also really appreciate the collegiality amongst residents and staff. The program is also doing a great job at attending to our wellness!

Is there anything you would change about this program?

I don't feel we have enough formal academic teaching sessions. We have two academic days per month allocated toward teaching; however, as of right now residents teach each other in the form of presenting on one of the 105 CCFP Exam topics. We do have some didactic teaching from attending physicians, but not nearly enough as I initially expected when I entered the program. This concern has already been brought forward to the program and is currently being addressed.

- Dr. Mohit Kumar, R1
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: 3028 wk longitudinal in La Ronge, 21 wks rotation-based training in Regina including: trauma, palliative care, pediatrics, ICU, hospitalist, anesthesia & emergency 7 wks OB/GYN in Prince Albert;

PGY2: most of R2 spent practicing full service rural family medicine, including 7 wks 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 Napata 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?
Being located in a rural place allows you to gain a wide range of skills and techniques you likely wouldn't have the chance to do in an urban practice. I also appreciate that each day involves something different, either outpost, clinic, ER, or hospitalist, so there is less monotony in the day-to-day. Living in a place so outdoor-focused was also a huge draw. Being able to cross the street and go kayaking or swimming in the lake, and enjoying hiking trails literally out my backward was another big reason why La Ronge was so exciting for me.

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-WÈ), Saulteaux (SO-TO), Dakota, Nakota, Lakota, and homeland of the Métis Nation.

**USask FM**

**Program Highlights**

**Type of Curriculum:**
Longitudinal

**Curriculum:**
PGY1: 1wk orientation, 48wks FM (clinic-based FM, Psychiatry, EM, Peds, Ortho, Gen Surg, Anesthesia, Obs, IM); Emergency – 1 day per month in R1 plus call shifts.
PGY2: 28 wks FM (clinic FM, Peds, Palliative Care, EM, Obs), 8 wks rural FM, 6 weeks in Regina (OB, Palliative, Peds)

**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 (30min) 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
**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 wks internal/CTU (in Saskatoon or Regina)

PGY2: integrated FM, hospitalist, EM, 2 wks tertiary centre pediatrics, 2 wks 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:**
Has 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: 5 CMG/IMG: 1
- Elective time: PGY1: 6 weeks PGY2: 8 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 setting 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: Anesthesia 4 Wks, Electives 2 Wks, Emergency 4 Wks,
Internal Medicine 6 Wks, Pediatrics 6 Wks, PA Family
Medicine/Palliative Care, Care of the Elderly 8 Wks,
Psychiatry 2 Wks, Rural FM 8 Wks, Surgery/Orthopedics 6 Wks (4 Gen Surg/2
Ortho), Women’s Health/Obstetrics 6 Wks.

PGY2: Electives 10 Wks, PA Family Medicine 14 Wks, Rural Family
Medicine 22 Wks, Women’s Health/Obstetrics 4 Wks, CCFP Exam
Week 1 Wk

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 stats

Population: 41,000 (catchment
150,000)
Access: 1.5hr drive to
Saskatoon
Nearest center: Saskatoon

Program Stats

Training Sites:
Prince Albert – Victoria Hospital, vario
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 Surgica
Skills exposure
- POCUS in clinic/ED
- $1,200/year education fund and
additional coverage of ALARM,
ATLS, and PALS courses

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
Thoroughly happy I matched to Rural Family Medicine at the Prince Albert site! Being from Saskatchewan, I heard early on of the strengths of this site and was fortunate enough to explore it during my electives despite COVID. This site is a great mix of busy, hands-on regional specialty rotations and true rural/remote experience. The best of both worlds for anyone interested in rural family medicine! There is ample opportunity for 1:1 preceptorship, hands-on procedures and independence. Due to the unique population we serve, there is lots of pathology, busy acute care services, trauma, busy obstetrics and Emergency room work, opportunities to explore Addictions medicine, and so on. We have a friendly close-knit residency group, and cannot wait to welcome a new cohort of resident friends!

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?
The mix between access to regional specialty rotations and some of the most time spent rural. Great Emerg experience to feel comfortable working a rural ER. I am interested in pursuing an R3 in OSS and knew there is phenomenal obstetrics exposure here which will prepare me well should I continue down that path.

Dr. Brianna Hutchinson, FMR1
Rural South East

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

Program Highlights

Type of Curriculum:
Integrated and Block

Curriculum:
PGY 1: Orientation 1 Wk, FM 33 Wks, Obstetrics 4 Wks, Pediatrics 2 Wks, Psychiatry 2 Wks, Anesthesia 2 Wks.

PGY 2: FM 25 Wks, FM rural 12 Wks, Obstetrics 4 Wks, IM 4 Wks, Exam week.

Unique Features:
Newest addition to the University of Saskatchewan’s cadre of exemplary FM residency programs. Integrated inpatients, long-term care/care of the elderly, palliative care, minor procedures, and emergency medicine. Offers rotations in smaller rural communities in your second year of training; each community with its unique strengths.

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

Community Highlights

Recreation:
Located along the busy Trans-Canada highway and boasts an abundance of recreational activities including a swimming pool, skating arena, sports fields, golf course, lake, and sports simulators. Cross country ski trails are nearby.

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

Cost of living:
Many supporting communities sponsor housing, student may have the option to stay for free. No Parking fees.

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
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 wks FM, 4wks EM, 4wks Surgery, 3wks Anes, 6wks OB, 4wks IM, 4wks Peds, 4wks Psych;

PGY2: 24 wks FM in Swift Current, 8wks Rural FM, 4wks IM, 4wks OB. Longitudinal experiences in palliative care, orthopedics, and Emergency Medicine

Unique Features:
State of the art SIM lab; the city has a number of other visiting medical students and residents, however the family medicine residents are the only learners completely based in the community.

Research opportunities:
Has 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 as well as two large shopping malls. Fantastic place to live with amazing 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
Bilingual Program

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki àhousay 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 Notre Dame de Lourdes 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, 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](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/](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.
Interlake Eastern

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

Program Highlights

Type of curriculum: Partial Horizontal.

Curricular Outline: PGY1: Family medicine 24wks, internal medicine 8 weeks, obstetrics 8 weeks, pediatric ER 4 weeks, airway management 2 weeks PGY2: Family medicine 16 weeks plus 8 weeks rural, ICU 4 weeks, palliative care 4 weeks, pediatric outpatient 4 weeks, surgery 4 weeks, amyloid Medicine (6 blocks each year). Horizontal experiences during FM with obstetrics, emergency medicine, palliative care, pediatrics, behavioural 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.
Northern Remote

Northern Medical Unit in Winnipeg is located on the traditional land of the Métis, Anishinabewaki ᐄᓂᔑᓈᐯᐗᑭ, and Očeti Šakówiŋ peoples. Other sites are on the traditional lands of the Sahtú Go’îne, 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
Boundary Trails

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

Program Highlights

Type of curriculum: Partial Horizontal.

Curricular Outline: 6 blocks of Family Medicine at Boundary 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 behavioural 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
Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐄᓂᔑᓈᐯᐗᑭ 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, Sugery, 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: 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
Parkland

Located on the traditional land of the Michif Piyii (Métis), Anishinabewaki <.Age>, 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 behavioural 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 Plyii (Métis), Anishinabewaki <ᓂᔑᓈᐯᐗᑭ>, 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 Behavioural 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), Anishinabewakiᐊᓂᔑᓈᐯᐗᑭ, 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 (4 weeks) 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 crosscountry 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
North Bay

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

North Bay
North Bay Site

Program Highlights

Type of curriculum:
Block

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

Unique Features:
Home call. No hospitalist rotation as GP’s round on own inpatients every morning. NBRHC is regional mental health provider for Northeastern Ontario.

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

Community Highlights

Recreation:
On the shores of Lake Nipissing, watersports abound, abundant trails, mountain biking trails, Laurentian Ski Hill, Nordic Ski Club. Duchesnay Falls less than 1 km from hospital.

Cultural notes:
Franco-Ontarian, Aboriginal populations; The Capitol Theatre is a thriving arts and performance centre

Cost of Living:
Approximately $1,400 per month. Average rent for a 1-bedroom apartment is 850, utilities average around $125 a 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: 8
IMG: 0

Elective time:
PGY1: 8 weeks
PGY2: 8 weeks

Miscellaneous:
- 389-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

Remote First Nations
Eabametoong First Nation

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 enhanced skills training. 2 extra blocks in FM, 1 block in addictions, 3 blocks extra in Mental Health/Psychiatry

Unique Features:
Two-year Return of Service (ROS) obligation; flexible curriculum based on your own career goals; concentrated training in rural/remote medicine, addictions medicine, Indigenous health, elder teachings and cultural safety training; financial and housing support for core placements away from home base; many

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.

Cultural notes:
Significant aspect of cultural training embedded in the residency training program; exposure to Indigenous and Franco-Ontarian communities.

Cost of Living:
Approximately $1,600 per month. Average rent for a 1-bedroom apartment is $940, utilities average around $210 a month

Community stats

Population:
Eabametoong First Nation: 2,200
Sioux Lookout: 5,000
Thunder Bay: 112,000

Access: Variable – Eabametoong First Nation accessible only by plane

Nearest center: Sudbury or Thunder Bay

Program Stats

Training Sites: Thunder Bay, additional core rotations in Sioux Lookout and longitudinal immersion in Eabametoong First Nation (Fort Hope)

Number of residents:
CMG: 2

Elective time:
PGY1: 8 weeks
PGY2: 12 weeks

Miscellaneous:
- AIME, ATLS, PALS, ALARM training
- Suboxone training certificate
Rural Northern

Located on various traditional lands of Indigenous persons 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; flexible curriculum, based on your own career goals and community needs; integration with academic sites; independent learning; includes experiences in emergency care, obstetrics, and inpatient care.

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

Community Highlights

Recreation:
All home-site locations have various outdoor recreation opportunities.

Cultural notes:
Franco-Ontarian, Aboriginal populations; cultural experiences dependent on community.

Cost of Living:
Variable, depends on home location.

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
IMG: 0

Elective time:
PGY1: 8 weeks
PGY2: 12 weeks

Miscellaneous:
- Hospital facilities and sites vary depending on community
- All sites are designated teaching sites with history of having residents and clerkship students.
Program Highlights

Type of curriculum:
Block, with 2 half days with family preceptor per block

Curricular Outline:
NOSM follows a typical curriculum for all sites. General surgery is half elective teams, half ACS.

Unique Features:
Clinical Learning Centre at the Group Health Centre; Surgery block is half general surgery tailored to FM needs, and half elective surgical choices; 2 half-days back per block with competency coach; palliative care elective available at Algoma Residential Community Hospice

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

Community Highlights

Recreation:
Centre of Great Lakes; World Class Nordic skiing; treetop trekking; several provincial parks nearby; hiking trails

Cultural notes:
Strong Italian community and many nearby Indigenous communities

Cost of Living:
Approximately $1,550 per month. Average rent for a 1-bedroom apartment is $900, utilities average around $170 a month
Located on the traditional land of the Métis, Anishinabewaki and Crees.

**Timmins Site**

**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, dermatology. 2 less weeks in mental health and surgery, 6 less weeks in family medicine.

**Unique Features:**
Residents placed with two preceptors per year of the program, who cover majority of learning including EM, women’s health, minor surgery, inpatient care; rotations better experienced with specialists are in mini blocks or traditional blocks

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

**Community Highlights**

**Recreation:**
Hunting, fishing, camping and Nordic skiing

**Cultural notes:**
Large Franco-Ontarian population, Indigenous populations, as well as various ethnic representations of European descent.

**Cost of Living:**
Approximately $1,600 per month. Average rent for a 1-bedroom apartment is $920, utilities average around $180 a month
Sudbury
Honourable Mention

Located on the traditional land of the Anishinabewaki ᓂᔨ枧ᐦᐦᐦ
Sudbury
Sudbury Site

Program Highlights

Type of curriculum:
Block

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

Unique Features:
Home call. Residents placed with preceptor who shares learning preferences. Journal clubs with residents and staff.

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

Community Highlights

Recreation:
City of Lakes, many beaches to swim, sail or kayak on. Many hockey leagues, curling, golf, ice skating paths, cross country skiing, running trails. Downhill ski hill nearby.

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

Cost of Living:
Approximately $1,500 per month. Average rent for a 1-bedroom apartment is $720, utilities average around $140 a month

Community stats
- Population: 164,000
- 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
- Miscellaneous:
  - 454-bed hospital with full array of specialist services
  - Catchment population of 600,000
  - Community home base for NOSM clerkship students
Thunder Bay
Honourable Mention

Located on the traditional land of the Anishinabewaki ḣọjọv ḱọp and Métis
Thunder Bay
Thunder Bay Site

Program Highlights

Type of curriculum:
Block

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

Unique Features:
Access to Northwestern ON remote rotations; access to ICU and Infectious Disease rotations for PGY2 residents; research opportunities with library support; ability to shape learning with support from clinical preceptors and competency coaches

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

Community Highlights

Recreation:
Located on Lake Superior; many national parks, hiking trails, outdoor watersports.

Cultural notes:
Indigenous population; Amenities of a city with many outdoor opportunities; home to Lakehead University.

Cost of Living:
Approximately $1,575 per month. Average rent for a 1-bedroom apartment is $950, utilities average around $210 a month

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

Miscellaneous:
• 375-tertiary care center
• Opportunities to teach NOSM medical students
• Serves Northwestern ON catchment region of 250,000 residents
**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. Year 2 – FM/ER (6 blocks), Hospitalist, Surgical, Obstetrics, Elective (2 blocks), FM Rural, Selective (ICU/Med Specialties/ER/Anesthesia)

**Unique Features:** 2021: offering remote exposure in Barry’s Bay and Deep River (3 blocks in first and second year in these communities). Is the only hospital in Renfrew County which is a designated “District Stroke Centre”, administering tPA.

**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 catchment area of 100,000
- **Access:** 148 km (1.5 h drive) to 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) Yr 2
- **Miscellaneous:**
  - 105 beds, with an ICU, CT and MRI, and
  - Deliveries: ~800 babies/yr.
  - The only block outside of Pembroke is Pediatrics (CHEO, Ottawa).
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 ᐄᓂᔑᓈᐯᐗᑭ, Mohawk, Huron-Wendat, Omāniwininiwak (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 pediatrics 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.

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

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
Number of residents:
CMG: 3
IMG: 0

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

Miscellaneous:
- 63 bed hospital, ~600 births / year, inpatient, surgical unit, cancer services, dialysis, CT scanner, digital mammography
- 1 day/block academic day
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 ᐄᓂᔑᓈᐯᐗᑭ, Huron-Wendat, Mississauga and Haudenosaunee

Program Highlights

Type of curriculum: Horizontal

Curricular Outline: average of 2 days/wk of FM, pediatrics clinic, obs/gyn, minor procedures, emergency medicine, cardiology, gastroenterology, behavioral medicine, hospitalist (family physician-led), palliative care, 4-weeks of internal medicine and more.

Unique Features: Nightmares Course (Critical Care simulation) and ALARM course (obstetrical emergency simulation), neonatal resuscitation; 8 weeks of rural FM PGY2 (Picton, Bancroft, etc). "Intro to Residency" boot camp block. Annual retreat. 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: Great hiking & biking trails; 19 golf courses; expansive waterfront good for sailing and fishing; 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 Qinte symphony; waterfront festival in July; daily VIA rail service to Toronto, Ottawa, and Montreal.

Cost of Living: Approximately $1,906 per month.

Community stats

- Population: 50,720
- Access: 83 km (1h) to Kingston, 189 km (2h) to Toronto
- Nearest center: Kingston

Program Stats

Training Sites: Belleville, Quinte

Number of residents:
CMG: 6
IMG: 0

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

Miscellaneous
- Quinte Bellville Hospital is 192 beds covering
- New “train the trainer” POCUS program PGY2
Resident Testimonial:

“I enjoy the outdoors, so I'm really happy about Belleville's 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!
**Program Highlights**

**Type of curriculum:** Horizontal

**Curricular Outline:** First 6-weeks is bootcamp, 50% FM, OB, emergency medicine, office procedures (including surgical and procedural skills), dermatology, psychiatry, community pediatrics, long-term care, palliative care, outpatient clinics, hospitalist inpatient medicine

**Unique Features:** Nightmares Course (Critical Care simulation) and ALARM course (obstetrical emergency simulation), neonatal resuscitation; 8 weeks of rural FM PGY2 (Picton, Bancroft, etc). “Intro to Residency” boot camp block. Annual retreat. 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; Oshawa - new and redeveloping downtown with new restaurants, shopping and cultural/culinary festivals!

**Cost of Living:** $1,774/mo. Bowmanville; 1,924/mo. Oshawa

"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

Program Highlights

**Type of curriculum:** Block specialties with longitudinal family medicine 3 half-days/week

**Curricular Outline:** 3 half-days/wk FM, 1 half-day/wk academic teaching, hospitalist, emergency medicine, pediatrics, obs/gyn, geriatrics, psychiatry, maternal and newborn care, internal medicine, rural family medicine, surgery, orthopedic surgery, palliative care, long-term care

**Unique Features:** Nightmares Course (Critical Care simulation) and ALARM course (obstetrical emergency simulation), neonatal resuscitation; 8 weeks of rural FM PGY2 (Picton, Bancroft, etc). "Intro to Residency" boot camp block. Annual retreat. 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:** Canoeing, rowing, cycle or hike on local trails, Trent-Severn Canal (transport in summer, skating in winter), close to cottage and lake country, 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:** Approximately $1,863 per month.
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 ᒔᓂᔑᓈᐯᐗᑭ, Mississauga and Wendake Nionwentsío peoples

Program Highlights

Type of curriculum:
Horizontal

Curricular Outline:
3 Half days weekly in FM both years. Rotations in EM (3 blocks), Hospitalist (1 block), Ob/Gyne (2 blocks), IM (2 blocks), Oncology and Palliative Medicine (2 blocks), Public Health (1 block), MSK (1 block), Geriatrics (2 blocks), Surgery (1 block), Mental Health (1 block) Paediatrics (2 blocks)

Unique Features:
Residents manage own roster of patients, 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
- 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
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 ᐄᓂᔑᓈᐯᐗᑭ, Mississauga and Wendake Nionwentsïo peoples

Program Highlights

Type of curriculum:
Horizontal

Curricular Outline:
3 Half days weekly in FM both years. Rotations in IM (3.5 months), Mental Health (2 months), MSK (1.5 months), Ob/Gyne (2.5 months), Paediatrics (1.5 month), Palliative Medicine (1 month), Surgery (1 month), EM (2 months), Rural site teaching practice (2 months) FM Inpatient (1 month), Plastic Surgery (2 weeks), Oncology (2 weeks).

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
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 blocks
PGY2: 4 blocks
Midland

Located on the traditional land of the Haudenosaunee, Anishinabewaki Ḥ应用查看, Mississauga and Wendake Nionwentsïo peoples

Program Highlights

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

Curricular Outline:
Year 1: 4 blocks of Family Medicine. Rotations of one block each in Hospitalist, IM, Surgery, Ob/Gyne, Psychiatry, Peds and EM. Half block rotations in Geriatrics and Palliative Care. Year 2: Group/solo practice, LTC, opportunities for horizontal experiences in ER, inpatient care, GP anesthesia, with specialist preceptors in IM, Surgery, Ophthalmology, OB/Gyne

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 the national average.

Community stats

Population: 16,000
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
Located on the traditional land of the Haudenosaunee, Anishinabewaki Ḧ咆aNabalwa, Mississauga and Wendake Nionwentsïo peoples

Program Highlights

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

Curricular Outline:
Year 1: 4 blocks of Family Medicine with OBs. Rotations of one block each in Hospitalist, IM, Surgery, Ob/Gyne, Psychiatry, Pediatrics and EM. Year 2: Group/Solo practice, LTC, opportunities for horizontal experiences in ER, inpatient care, GP anesthesia, with specialist preceptors in IM, Surgery, Rads

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
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
Orangeville/Grand Valley

Located on the traditional land of the Petun, Haudenosaunee, Anishinabewaki ᐄᓂᔑᓈᐯᐗᑭ, Mississauga and Wendake Nionwentső peoples

**Program Highlights**

**Type of curriculum**
Horizontal. PGY1 in Toronto, PGY2 in Orangeville/Grand Valley

**Curricular Outline:**
Year 1: 4 blocks of Family Medicine with OBs. Rotations of one block each in Hospitalist, IM, Surgery, Ob/Gyne, Psychiatry, Pediatrics and EM. Year 2: Group/Solo practice, LTC, opportunities for horizontal experiences in OB, ER, inpatient care, GP anesthesia, with specialist preceptors in Plastic Surgery, Methadone, Hep C clinic

**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
- **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
Orillia

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐄᓂᔑᓈᐯᐗᑭ, Mississauga and Wendake Nionwentsio peoples

Program Highlights

Type of curriculum:
Horizontal PGY1 in Toronto, PGY2 in Orillia

Curricular Outline:
Year 1: 4 blocks of Family Medicine. Rotations of one block each in Hospitalist, IM, Surgery, Ob/Gyne, Psychiatry, Peds and EM. Half block rotations in Geriatrics and Palliative Care. Year 2: Group/solo practice, LTC, opportunities for horizontal experiences in ER shifts, inpatient care, GP anesthesia, with specialist preceptors in IM, Surgery, Ophthalmology, OB/Gyne, Derm, Ortho, Plastics, ENT, Rads, Uro

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
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
Collingwood

Located on the traditional land of the Petun, Anishinabewaki ᐄᓂᔑᓈᐯᐗᑭ, and Huron-Wendat

McMaster - Collingwood

Program Highlights

Type of curriculum:
Block + longitudinal rural FM

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. PGY1 block in Pediatrics and IM done in Orillia or Owen Sound.

Unique Features:
Strong GP anesthetic program, involvement with surgical specialists. Recent Hospice program. Full scope FM with OB, EM, hospitalist.

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 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 1-2 bdrms. 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 <Anishinabe>, 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:** 10,000
  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 Ḍḷǝjá V ḌIp, 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 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
Mount Forest

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

Mount Forest FM

Program Highlights

Type of Curriculum:
Block + Longitudinal Psychiatry modules

Curricular Outline:
PGY1: 4 blocks FM, 2 blocks hospitalist, 2 blocks EM, 2 blocks Obs/Gyn, 2 blocks pediatrics, 1 block FM + academic programming.

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. There is a spectrum of Horizontal integration to traditional block rotation at each site.

Research opportunities:
Mandatory McMaster InQuiry curriculum

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, 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

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.
"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
Located on the traditional land of the Anishinabewki ᐄᓂᔑᓈᐯᐗᑭ, Attiwooferonk (Neutral), and Haudenosaunee.

**Simcoe FM**

**Program Highlights**

**Type of Curriculum:**
Block + longitudinal rural FM

**Curricular Outline:**
PGY1: 4 blocks FM, 2 blocks 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

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**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 notched group of ER doctors who have built a simulated education program for the GE6N and Simcoe residents.” – Simcoe FM Resident

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**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
Owen Sound

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

Program Highlights

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

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:
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

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)
WESTERN UNIVERSITY
Chatham-Kent

Located on the traditional land of the Anishinabewaki Ħōshį:win, Attiwonderonk (Neutral), and Miami

Chatham-Kent FM

Program Highlights

Type of curriculum:
PGY1 block-based, PGY2 horizontal

Curricular Outline:
PGY 1: FM 20 Wks, 4 Wks of Pediatrics, EM, Obstetrics/Gynecology, General Surgery, Medicine, Palliative care, Medicine selective
PGY2: 10-12 months of FM + Longitudinal electives

Unique Features:
Opportunity to complete most specialty rotations in Chatham-Kent hospital; Faculty interests include: Intrapartum obstetrics, Emergency medicine, Hospital Care as MRP and/or Hospitalist, OR Assists and Minor Surgical Procedures, Long-term Care & Rest Homes

Research opportunities:
Mandatory resident research project

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:
Approximately $1,700 per month

Community stats

Population: 16,000
Access: 116 km (1.5hr) to London
Nearest center: London

Program Stats

Training Sites:
Chatham-Kent Health Alliance – Chatham, ON
Thamesview Center for Family Medicine or Chatham-Kent Family Health Team – Chatham, ON

Number of residents:
CMG: 3
IMG: 1

Elective time:
PGY1: 4 weeks
PGY 2: 8 weeks + Longitudinal half-day electives (10-12 months)

Miscellaneous:
- 300-bed Community Hospital
- Wide variety of longitudinal electives for residents with special interests
Located on the traditional land of the Anishinabewaki and Attiwonderonk (Neutral).

**Ilderton/Regional North FM**

### Program Highlights

**Type of curriculum:**
PGY1 block-based, PGY2 Block-based

**Curricular Outline:**
- PGY 1: FM 16 Wks, 4 Wks of Pediatrics, EM, Obstetrics/Gynecology, General Surgery, Medicine, Palliative care, Medicine Geriatrics, electives
- PGY2: 36 weeks FM + electives

**Unique Features:**
Faculty to resident ratio 1:2; Emergency medicine, Hospital care, Skin clinic, Palliative care, Elderly care clinic and Long-Term care, 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 project

### 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:**
Approximately $1,800 per month

### Community stats

- **Population:** 2,000
- **Access:** 20 km (15 min) to London
- **Nearest center:** London

### Program Stats

**Training Sites:**
Ilderton: Middlesex Centre Family Medicine Clinic

**Number of residents:**
- CMG: 3
- IMG: 1

**Elective time:**
- PGY1: 8 weeks
- PGY 2: 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
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 and Attiwonderonk (Neutral).

Mount Brydges/Regional West FM

Program Highlights

Type of curriculum:
PGY1 block-based, PGY2 Block-based

Curricular Outline:
PGY 1: FM 16 Wks, 4 Wks FM selective, 4 Wks of Pediatrics, EM, Obstetrics/Gynecology, General Surgery, Medicine, Palliative care, Medicine Geriatrics, Medicine selective, Elective

PGY2: 16 Wks FM, 4 Wks adult emergency, 8 Weks core selective, 24 Wks elective

Unique Features:
Faculty to resident ratio: 1:2; Emergency medicine; Hospital care; Palliative care; Family Medicine Obstetrics; Elderly care; Procedural room on-site (x2); House calls; Teaching session every Wed morning and Thurs afternoon; Mental health care; Visiting specialists OBGyn, Endocrinologist

Research opportunities:
Mandatory resident research project

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:
Approximately $1,600 per month

Community stats

Population: 2,000
Access: 25 km (20 min) to London
Nearest center: London

Program Stats

Training Sites:
Southwest Middlesex Health Centre, Mount Brydges, and Strathroy

Number of residents:
CMG: 11
IMG: 4

Elective time:
PGY1: 4 weeks
PGY 2: 24 weeks

Miscellaneous:
- Affiliated with the Thames Valley Family Health Team
- Two fully-equipped procedural rooms for office-based minor surgical procedures and casting
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 care 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
Strathroy/Regional West

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

**Strathroy FM**

**Program Highlights**

**Type of curriculum:**
PGY1 block-based, PGY2 Block-based

**Curricular Outline:**
PGY 1: FM 16 Wks, 4 Wks FM selective, 4 Wks of Pediatrics, EM, Obstetrics/Gynecology, General Surgery, Medicine, Palliative care, Medicine Geriatrics, Medicine selective, Elective

PGY2: 16 Wks FM, 4 Wks adult emergency, 8 Weks core selective, 24 Wks elective

**Unique Features:**
Faculty to resident ratio: 1:1; Emergency medicine; Hospital care; Palliative care; Obstetrics; Elderly care; Procedures; House calls are part of regular patient care; Teaching session every Wed morning and most Friday lunch hours

**Research opportunities:**
Mandatory resident research project

**Community Highlights**

**Recreation:**
Outdoor recreation, ice rinks, 3 hockey arenas, active soccer organization, softball, slo-pitch and fast ball leagues. Park and a “River Walk” walking trail.

**Cultural notes:**
Dutch and Portuguese populations.

**Cost of Living:**
Approximately $1,200 per month

**Community stats**

- **Population:** 16,000
- **Access:** 37 km (30 min) to London
- **Nearest center:** London

**Program Stats**

**Training Sites:**
Strathroy Middlesex General Hospital – Strathroy, ON

**Number of residents:**
CMG: 11
IMG: 4

**Elective time:**
PGY1: 4 weeks
PGY 2: 24 weeks

**Miscellaneous:**
- Part of the Thames Valley Family Health Team
- Residents are on call 1 in 5 weekends
Goderich

Located on the traditional land of the Anishinabewaki and Odawa.

Goderich FM

Program Highlights

Type of curriculum:
PGY1 block-based, PGY2 horizontal

Curricular Outline:
PGY 1: FM 16 Wks, 4 Wks of Pediatrics, EM, Obstetrics/Gynecology, General Surgery, Medicine, Palliative care, Medicine selective, Medicine Geriatrics

PGY2: 11-12 months of FM + Longitudinal electives

Unique Features:
Cardiac rehabilitation program; GP anesthesia; Interdisciplinary 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 project

Community Highlights

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

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

Cost of Living:
Approximately $1,800 per month

Community stats

Population: 8,000
Access: 100 km (1.5hr) to London
Nearest center: London

Program Stats

Training Sites:
Goderich: Maitland Valley Medical Centre & Alexandra Marine and General Hospital

Number of residents:
CMG: 3
IMG: 0

Elective time:
PGY1: 8 weeks
PGY 2: 4 weeks + Longitudinal half-day electives (10-12 months)

Miscellaneous:
- General Hospital is a 42-bed facility with local and visiting specialists
Hanover

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

Hanover FM

Program Highlights

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

Curricular Outline:
PGY 1: FM 20 Wks, 4 Wks of Pediatrics, EM, Obstetrics/Gynecology, General Surgery, Medicine, Palliative care, Medicine Geriatrics
PGY2: 40 Weeks FM + 4 Weeks of Medicine selective

Unique Features:
Day hospital program with kinesiology and physiotherapy; Pharmacists; Local general surgeons and radiologists; Visiting orthopedic surgeon, pediatrics, urology, endocrinology, diabetes educator; OR assisting; Dermatology; Very active OB program.

Research opportunities:
Mandatory resident research project

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:
Approximately $1,000 per month

“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
Petrolia

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

Program Highlights

Type of curriculum:
PGY1 block-based, PGY2 Block-based

Curricular Outline:
PGY 1: FM 16 Wks, 4 Wks ICU, 4 Wks of Pediatrics, EM, Obstetrics/Gynecology, General Surgery, Medicine, Palliative care, Psychiatry, Elective

PGY2: 36 Wks + 16 Wks elective

Unique Features:
Emergency Medicine; Inpatient hospital Care; Office Surgical Procedures; Nursing Home and Long-Term Care; Visiting specialists; Formal training in specialty areas provided at Bluewater Health in Sarnia, ON.

Research opportunities:
Mandatory resident research project

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:
Approximately $1,400 per month

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
PGY 2: 16 weeks

Miscellaneous:
- Interprofessional learning experiences available with nurse practitioners and mental health counselors
- Brand new, state-of-the-art clinic for the Family Health Team
- Resident will be expected to participate in the regular on-call activities
Stratford

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

Stratford FM

Program Highlights

Type of curriculum:
PGY1 block-based, PGY2 Block-based

Curricular Outline:
PGY 1: FM 16 Wks, 4 Wks of Pediatrics, EM, Obstetrics/Gynecology, General Surgery, Medicine, Palliative care, Medicine Geriatrics, Psychiatry, Elective

PGY2: 32 Wks FM, 4 Wks medicine selective, 16 Wks elective.

Unique Features:
Obstetrics; Sports medicine; Hospital care; OR Assists and Minor Surgical Procedures; Nursing Homes/Long-term Care; Geriatrics; Memory clinic

Research opportunities:
Mandatory resident research project

Community stats

Population: 31,465
Access: 61 km (45 min) to London
Nearest center: London

Program Stats

Training Sites:
Stratford: Avon Family Medical Centre & Stratford General Hospital

Number of residents:
CMG: 1
IMG: 0

Elective time:
PGY1: 4 weeks
PGY 2: 16 weeks

Miscellaneous:
- Affiliated with the STAR Family Health Team
- Interprofessional learning experiences are also available within the practice as there are nurse practitioners and mental health counselors integrated into the practices.
- Resident will be expected to participate in the regular on-call activities

Community Highlights

Recreation:
Canada's Premier Arts Town with the famous Stratford Festival and its Shakespearean plays, 115 acres of parkland, Avon River, Lake Victoria

Cultural notes:
Victorian architecture.

Cost of Living:
Approximately $1,500 per month
Stratford is a medium-sized community of about 35000 people with a strong culture in the arts and theatre. It definitely punches above its weight class in terms of local restaurants and shops because it is a tourist hub during the theatre season. The hospital is a regional referral centre with most specialty services available locally. The biggest benefit of residency here is the feeling of being a real part of the healthcare community in town. The majority of my rotations have been in Stratford, and I have usually been the only learner when off-service. I've gotten to know the local consultants extremely well, and feel very comfortable approaching them to ask for advice and opinions about my patients. I have had a few mandatory rotations in London, and 5 blocks of elective time with lots of support for additional horizontal electives during core family med rotations.

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.)
75% of mandatory rotations are in Stratford. Palliative care, OB, geriatrics rotations are in other communities - usually Kitchener or London.

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.)?
There is a broad range of family practice available, and you are able to define exactly how much you want to emphasize rural skills. However, if you are looking to follow all of your own inpatients in the hospital, that is not available here - Stratford uses hospitalists for inpatients. No extra ER/OB/mental health is mandatory, but it is easily arranged in town if desired. In the Avon Family Medical Centre, one of the preceptors does obstetrics regularly, another does some sports medicine, and the others regularly do hospitalist weeks.

What do you do for fun in your community?
There is a major arts and theatre scene in Stratford, if that's your thing. There are a few nice parks and trails in the area, which are great for runners like me. For the foodies, there's a tonne of local restaurants available. If you miss the big city, London and Kitchener are both just a short drive away, and you could easily head to either for a day or weekend trip.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?
Yes. You can book electives wherever you would like (within the limits of Western's overall policy - max of 3 blocks outside SW Ontario and 1 block outside of Ontario/international). COVID limited elective selection this year, so my electives were all in Southwestern Ontario - London, Sarnia, Woodstock, Windsor.

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 specialties are available locally. There are a few family medicine residents from London that rotate through these services, and occasionally there will be Medicine, Gen Surg, or Peds residents in town for community blocks as well. Medical students are around, too, but it's relatively rare that you end up on the same team as any other learner (besides your co-resident) while in Stratford.

What makes this program unique? What drew you to it?
Almost all rotations being in Stratford giving me the opportunity for a highly-integrated community experience, and the flexibility of the PGY2 year (4 to 5 blocks of electives with tons of horizontal elective time available) were the biggest draw for me.

Is there anything you would change about this program?
The biggest weakness is probably that there is only 1 resident in each year in town. This can make it somewhat difficult to join study groups for exams/etc, and you can feel a bit isolated from the rest of your cohort, at times.

Dr. Rob McAllister, R2
L'Université McGill (Tiohtià: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'kehà: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 + intégré

Stages d'études: 68 semaines d'une combinaison d'urgence, hospitalisation, soins aux personnes âgées, obstétrique et périnatalité, soins à domicile et soins palliatifs, Clinique de santé mentale, Clinique de chirurgie mineure, santé 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: 4
IMG: 0

Stages optionnels:
20 semaines
Détails de la communauté

L'économie:
L'exploitation et la transformation des ressources naturelles (bois et métaux).

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)
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 région ou deux ans dans la région 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, pêche blanche, ski de fond / raquette et traîneau à chiens

Culture:
Large éventail de restaurant et d’une multitude de commerce. La Route des Belles-Histories 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/)
Des Aurores Boréales


Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Anishabewaki et les Omamiwininiwag

Détails du programme

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 aînés, 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.

Opportunités de 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.

Caractéristiques communautaires

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.

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: 6
IMG: 0
Stages optionnels:
12 semaines
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 entraîneurs qui t’aident à identifier les choses à travailler et qui te donnent les outils pour y arriver » - anonyme
Les Eskers d’Amos

[https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/](https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/)

Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Anishabewaki, les Cris, les Abitibiwinne Aki et les Omamiwininiwag

**Le programme**

**Cursus:**
Cursus 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 région ou deux ans dans la région 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/)

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**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: 6
- **Stage à options:** 12 semaines
Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Nitassinan et Innu-Montagnais Central.

**Détails du programme**

**Type de programme d'études:**
Curriculum horizontal + intégré

**Stages d'études:** 4sem de médecine interne, 4sem de périnatalité, 4sem d'urgence, 12sem d'options, 44sem de médecine de famille, 4sem de chacun des stages suivants : urgences et soins critiques + médecine interne + périnatalité + soins aux personnes âgées + pédiatrie + psychiatrie.

**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.

**Détails de la communauté**

**Les activités de loisirs:**
Festival annuel Festirame avec des musiciens Québécois 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
Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Arosaguntacook, Abenaki, Wabanaki et St. Lawrence Iroquoians.

Détails du programme

Type de programme d'études:
Curriculum horizontal + intégré

Stages d'études:
R1 : 44sem de médecine de famille (qui inclus les activités de santé 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)

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.

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

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Abenaki, Wabanaki et Laurentian.

Détails du programme

Type de programme d’études:
Curriculum intégré

Stages d’études:

R1 : 40sem de médecine de famille (qui inclus les soins critiques et la péritalité/pédiatrie). 4sem d’urgence et soins critique. 8sem d’options.

R2 : 4sem d’options, 32sem de médecine de famille (qui inclus les activités cliniques en médecine de famille, hospitalisation, soins palliatifs, urgence, péritalité, soins aux personnes âgées, santé mentale et médecine interne). 4sem de médecine interne. 12sem de médecine de famille dans une des unités dites 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 geriatrique, 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.

Détails de la communauté

Les activités de loisirs:
Ski alpin, le patinage, la pêche, 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
Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishinabewaki, Cree, Abitibiwinni Aki et Algonquin

**Détails du programme**

**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.

**Détails de la communauté**

**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

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Abenaki et St. Lawrence Iroquois.

Détails du programme

Type de programme d'études:
Curriculum intégré

Stages d'études:

R1 : 44sem de médecine de famille (qui inclut 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 inclut les activités cliniques 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.

Détails de la communauté

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.
Nous reconnaissons les gardiens traditionnels de cette terre, les peoples Wabanaki Confederacy, Nanrantsouak, Wendake et Abénaquis

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**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.

**Financement de la formation :**
*Pas trouvé*

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**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/)

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**Statistiques de la communauté**

- Population: 16 500
- Accès: 112km (environ 1hr de route) de Québec
- Hôpital d’attache: L'Hôpital de Saint-Georges

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**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: 6

**Stage à options:**
8-16 semaines
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.

**Financement de la formation :**
*Pas trouvé*

### 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: 5

**Stage à options:**
16 semaines
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.

**Financement de la formation :**

*Pas trouvé*

### 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/)

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**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’attaché:** Hôpital Le Royer

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**Info-rapide du programme**

**Sites de formation:** Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujjuuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

**Numéro de résidents:**
CMG: 8

**Stage à options:**
8 semaines
Nous reconnaissons les gardiens traditionnels de cette terre, les peoples St. Lawrence Iroquoians

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**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.

**Financement de la formation :**
*Pas trouvé*

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**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/)

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**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

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**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: 12

**Stage à options:**
8 semaines
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.

**Financement de la formation :**
*Pas trouvé*

**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: 8

**Stage à options:**
8 semaines
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.

**Financement de la formation :**
*Pas trouvé*

**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/)

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**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, Kuujjuuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

**Numéro de résidents:**
CMG: 5

**Stage à options:**
8-16 semaines
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:
PGY1: Longitudinal experience in family medicine, emergency medicine, general surgery, medicine, geriatrics, hospitalist, orthopedic surgery, pediatrics and psychiatry. 4 weeks of obstetrics & gynecology and 4 weeks selective in block format PGY2: Longitudinal experience in family medicine, Emergency medicine, critical care, geriatrics, hospitalist, palliative care, pediatrics and psychiatry. 8 weeks of electives.

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.

Research opportunities:
Emphasis is on learning the skills to seek the research evidence to support clinical decision-making.

Community Stats

Population: 123,000
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
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.

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.
The Annapolis Valley program offers a wonderful opportunity to learn how to practise 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- Sydney

Located on the traditional land of the Wabanaki Confederacy and Mi’kma’ki

Program Highlights

Type of curriculum: Block

Curriculum Outline:
PGY1: 4 wks rural FM, 8 wks FM, 4 wks EM, 4 wks general surgery, 4 wks medicine, 4 wks hospitalist, 8 wks obs/gyn, 4 wks orthopedics, 8 wks pediatrics. PGY2: 12 wks rural FM, 20 wks FM + integrated psych, 4 wks critical care, 4 wks geriatrics, 4 wks palliative care.

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 Stats

Population: 29,900; catchment area 132,000+
Access: Local airport
Nearest Tertiary center: Sydney

Program Stats

Training Sites: Sydney, Baddeck, Cheticamp, Arichat, Neil’s Harbour

Number of residents:
CMG: 4 per year
IMG: 1 per year

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:
Cape Breton Regional Hospital is the second busiest healthcare centre in Nova Scotia – with over 41,000 emergency department visits and 9,400 acute admissions annually.

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
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:
PGY1: Longitudinal experience in family medicine, emergency medicine, general surgery, general medicine, geriatrics, orthopedics, pediatrics and psychiatry. 8 week block style OB/GYN and 4 weeks selectives. PGY2: Longitudinal experience in family medicine, emergency medicine, geriatrics, pediatrics and psychiatry. Block based 4 weeks critical care, 4 weeks palliative care and 8 weeks electives.

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 less than the national average (Economic Research Institute, 2020).

Community Stats

Population: 1,248
Access: 168 Km to Sydney Airport
Nearest Tertiary center: Sydney

Program Stats

Training Sites: Inverness and Sydney

Number of residents:
CMG: 2 per year

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:
The Inverness site is 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. In addition, 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 stepping stone 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 selectives) 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 centre in a nearby Mi’kmaq community as well. Occasionally, there is opportunity to care for patients in the neighbouring long term care home. Unfortunately Inverness no longer has an OB service, so we travel to Sydney this year.

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
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:
PGY1: Longitudinal experiences in family medicine, emergency medicine, general surgery, general medicine, geriatrics, hospitalist, OB/GYN, orthopedic surgery, pediatrics and psychiatry. Block based 4 week selective. PGY2: Longitudinal experiences in family medicine, emergency medicine, general surgery, general medicine, geriatrics, hospitalist, OB/GYN, orthopedic surgery, pediatrics and psychiatry. Block based 8 weeks of electives.

Unique Features:
Continuity of care and learning in a variety of settings owing to the longitudinal nature of the 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 Stats

Population: 12,261 (Truro); 151,000+ total region
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: 3 per year
IMG: 1 per year
Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives
Miscellaneous:
Academic teaching centre 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.

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
Prince Edward Island

Located on the traditional land of the Wabanaki Confederacy and Mi’kma’ki

Program Highlights

Type of curriculum: Block, Urban & Rural

Curriculum Outline:
PGY1: 4 weeks rural FM, 8 weeks FM, 4 weeks EM, 4 weeks general surgery, 8 weeks medicine, 8 weeks OB/GYN, 4 weeks orthopedics, 8 weeks peds. PGY2: 12 weeks rural FM, 16 weeks FM, 4 weeks critical care, 4 weeks geriatrics, 1 week oncology, 3 weeks palliative care, 4 weeks psych.

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 Charlottetown ranges from $850-1100.

Community Stats

Population: 36,100
(Charlottetown) 14,900
(Summerside)

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.

**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
- **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 1 per year in bilingual program
  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.
The Dalhousie University Family Medicine training program at South West Nova is an excellent place to train! It is far enough from our tertiary centre that we see and manage a lot of interesting pathology and are able to learn the full scope of family medicine from a really welcoming and cohesive group of family medicine 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 incredibly helpful and friendly and are often just a text away. We also have minimal travel in our program, which makes 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 we’re 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 extremely supportive of each other, and we spend a lot of time together outside of 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. All other specialties are based out of Yarmouth, with the exception of some emergency medicine shifts taking place in Digby (1 hour from 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 trail that runs through the town. Weekend trips to local vineyards and nordic spa.
Yarmouth and its surrounding communities offer a lot of opportunity for outdoor activities. There are excellent beaches for swimming and surfing, trails for hiking and biking, and campgrounds nearby. There are also adult recreational sports leagues in the area. Yarmouth has a number of great cafes and breweries, too, 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 are able to 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 on an almost daily basis. Our site has family medicine residents plus 2 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. The specialties that we rotate through include: family medicine, internal medicine, hospitalist, emergency medicine, surgery, obstetrics, psychiatry, pediatrics, ICU, palliative care, and geriatrics.

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 opportunity for peer teaching, attending conferences, completing research projects, etc. throughout our training.

Dr. Janet Green, R1 and Dr. Emma Crawley, R1
Central Stream

[https://www.med.mun.ca/familymed/home.aspx](https://www.med.mun.ca/familymed/home.aspx)
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. 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](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:** Baie Verte, Botwood, Brookfield, 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.
"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 choosing!

What is the breadth/scope of family medicine in this program? Does your program’s teaching emphasize peculiar 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
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:**
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 stats

- **Population:** 600-114,000 (St John’s)
- **Access:** St John’s International Airport
- **Nearest center:** St. John’s

Program Stats

- **Training Sites:** Bay Bulls, Burin, Carbonear, Clarenville, Harbour Grace, Torbay 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.

Community Highlights

**Recreation:**
East Coast Hiking trail, boating activities, whale watching, hiking, golf, sea kayaking, lighthouse, sports association

**Cultural notes:**
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)
“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 specialties 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
Goose Bay

Program Highlights

Type of curriculum:
Integrated experiences in Academic Family Medicine, Adult Emergency, Pediatrics, Surgery, Orthopedics. Block based learning in Obstetrics/Gynecology and ICU.

Unique Features:
Eligible for return of service bursaries. Remote medicine and flight medicine opportunities. Many preceptors are former residents of the Goose Bay Stream. Exposure to Indigenous Health.

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:
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)
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://costoflive/cost-of-living/in/ iqaluit-nu)
"Favourite part of the program is the NL community. Although it was difficult as a CFA (come from away) initially, everyone has been very welcoming. It’s a beautiful place to live and play.

A few unique parts: focus on rural and remote training. I will be spending 6 months in Nunavut, 2 months in rural NL, and the rest in St. John’s (minus 2 months of electives). Although St. John’s is urban, it is quite remote (downvote if you enjoy travelling as flying is expensive and time consuming from here).

Twice a year, all sites congregate in St. John’s for a week of “Core Content”. It’s a great time to build camaraderie, have in-person courses (like POCUS, ALARM etc.), and have a breather from clinical work, irrespective of what rotation you’re on. This is unique to MUN Family Med.”

On average, how much travel is required in this stream?
- Two rural rotations ranging from ~1 to 3hrs from my home base in St. John’s. Accommodations are provided there. Accommodations are also provided during my 6-month stint in Nunavut.

What is the breadth/scope of family medicine in this program? Does your program’s teaching emphasize particular rural skills?
- Focus on mental health (longitudinal mental health and behavioural medicine teaching vs a dedicated psych block). You also have the choice of opting out of traditional family medicine call and doing low risk obstetrics call instead if you’re into that. Large OB competent in Nunavut with no 5-year OB, meaning lots of hands-on experience (allegedly, as I haven’t been up there yet).

What do you do for fun in your community?
- Hiking, gym, running, bouldering/climbing, camping, eating at the many restaurants, quenching my thirst with the amazing craft beer scene.

What is the cost of living in the area where your program is primarily located?
- On the cheaper end of Canadian cities. ~$1000

Do you have the option to travel for electives?
Yes. no barriers that I know of from my program’s perspective.

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?
- Essentially all specialties here. There is one inner city hospital which is mainly staffed by family residents, but the university hospital (about 15 mins away) has everything. In my specific Nunavut stream, it is mainly run by GPs +/- +1s. However, there are other specialties (and residents) that visit at times.

Can you briefly describe what the research portion of your program entails?
- Longitudinal research project. Present for all the residents in the fall of second year. Quite flexible, lots of paperwork, like most research portions.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)
- 7 days conference leave in each academic year. $1000 funding for said leave over a two-year period.

What makes this program unique? What drew you to it?
- Training in Nunavut — what more can I say!

Is there anything you would change about this program?
- Spending a full year in Nunavut vs only 6 months. but not something I can realistically change. otherwise, it’s been a great program so far. I imagine similar to most family med training programs. No matter which program you go to, you will be a competent doctor who still will be nervous about solo practice. I prioritized training location, experience, and lifestyle and couldn’t be happier so far.

Dr. Privia Randhawa, MD (R1)
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.

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:
Gros Morne National Park, hiking, sports complex, downhill and cross-country skiing, 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.

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.