

## Residency Program FAQs

***How are residents paired with preceptors? Are their specific interests taken into account (ie. obstetrics, geriatrics, etc)?***

YES! Incoming residents' interests and preferences are an important factor in matching residents with their primary family medicine preceptors. Although the exact process varies a bit from site to site, it always includes a survey to determine incoming residents' specific interests, and then matching with a preceptor who would be the best fit.

***Do residents rotate through other sites, or remain within the one they are matched to?***

Residents' core rotations are scheduled at locations within their site. One exception to this is the two-block rural rotation in PGY2 during which we expect residents to travel and experience rural family medicine in another region. Typically this includes living in that smaller community for the rotation, unless there is a compelling reason that is not possible (such as young children) in which case we ensure a commutable distance. Residents are certainly invited to pursue opportunities at other sites during elective rotations, and we maintain an electives database to assist in that process.

***How many patients do you follow through your "home base practice" as per your continuity of care? And are you expected to be the primary physician for these patients (ie calling them to follow up)?***

Practice numbers vary from clinic to clinic and the resident list of patients can also vary. The number of patients you see per clinic day will increase as you gain more experience and competency during the program. Ideally, you will follow many of the same patients for continuity during your two-year residency. Typically, full-time Family Medicine blocks provide the volume required to build a roster of active patients, then during your continuity clinics (half-days back) you will maintain connections with a subset of those patients. We do expect you'll take on follow up for some of these patients, particularly when you are on full-time family medicine rotation, and when possible during half-days back.

***What does a typical call schedule look like? And what kind of supervision is provided?***

Family Medicine and off-service rotation call schedules differ from rotation to rotation and site to site, but all adhere to the PARO-CAHO guidelines. All residents are required to participate in a Family Medicine call experience which varies depending on their preceptor's clinical practice. This may include evening telephone-based call, weekend clinics, urgent care, palliative home-based care and/or long-term care coverage.

***Are there any teaching or mentorship opportunities for residents?***

Teaching and mentorship are important aspects of medical education and are readily available for interested residents. That said, opportunities may vary from site to site, and are more plentiful at sites connected to the McMaster Medical Education Campuses --Hamilton, Kitchener-Waterloo, and Niagara.

***What are the relationships with off-service residents like? Do FM residents still get prioritized for procedures, learning opportunities as opposed to more service-based learning?***

The number of off-service residents varies from site to site, and from rotation to rotation. You will encounter the most residents from other programs in the Hamilton Site – which affords a robust resident learning community, but also create competition for some opportunities. That said, preceptors are aware of the specific objectives for FM residents, and there are opportunities at all sites to work one-on-one with preceptors in order to maximize procedures, etc. If being the only resident in the hospital, or on rotation is a priority for you, we'd encourage you to look at our smaller urban or rural sites.



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### ***How does the clinical experience differ during the rural rotation in second year for those who are matched to a rural site?***

Although all Family Medicine residents must complete two-blocks of rural family medicine as part of their program, we realize rural stream-residents already get that exposure through their core family medicine rotations. We use the additional two-block rural rotation in PGY2 to provide a complementary exposure in a different hospital system, often in a more remote or smaller setting, to further develop the skills and competencies required for rural family practice.

### ***Are the rural sites known for having more opportunities to participate in FM OB, surgical assist or hospitalist work?***

In addition to Family Medicine clinic, all rural residents have some hospital based experiences embedded throughout the core family medicine rotations. This includes adult inpatient care (MRP) and integrated Emergency Medicine shifts for all rural residents. FM-obstetrics opportunities are strongly supported and encouraged,

### ***What are the opportunities for surgical procedures within the program?***

All residents will gain experience with common office-based procedures during their family medicine rotations, which typically include injections, office gynecology, joint injections, minor skin procedures. There are also numerous procedural skills and simulation-based sessions run throughout the program, to offer the opportunity to learn and practice skills in suturing, joint injections, obstetrics and emergency response, and more. Residents seeking additional surgical procedures are encouraged to pursue horizontal and block elective opportunities with that in mind.

### ***What programs exist for resident education? Ex. lectures, journal clubs, practical training skills workshops?***

We have a really robust academic curriculum that we encourage you to explore through our website. It includes several longitudinal components, such as Academic Half-Days, tutorials in Mental Health & Behavioural Science, quality improvement and evidence-based medicine. Our residents also participate in the Residency Practice-Based Small Group learning program which use case-based modules to anchor small group facilitated discussion. In addition to the longitudinal curriculum, we have a number of academic sessions concentrated during block 7 – which falls during the Dec/Jan time frame. These include a mix of didactic sessions, hands-on procedural skills and simulation, skill development workshops and transition to practice sessions.

### ***What are some of the opportunities related to improving research skills? What kind of support do residents get to complete research projects?***

Our program prides itself on our recently integrated InQuery curriculum, which combines both training in evidence-based medicine as well as quality improvement. This is a mandatory part of the curriculum wherein a QI project is required prior to graduation. Residents are provided protected time and regular check-ins with their IQ tutors to support their QI research during their academic day. For those residents with a more significant research interest, our Research and Scholarship Lead is a valuable mentor and resource who supports connections to faculty, projects and skill development opportunities across the department through electives and more.

### ***What are the global health opportunities?***

The global health curriculum not only refers to activities outside of Canada but also transcends borders and addresses issues of health inequities related to issues of poverty within our own communities. Core competencies related to global health are addressed through our academic curriculum, in Academic Half Day, as well as Mental Health and Behavioural Sciences. There are many clinical opportunities that incorporate care for systemically and historically vulnerable populations across our sites, including shelter health, addictions clinics, care for migrant workers, etc, etc. While some of this work may be embedded in core rotations, it can be supplemented through horizontal and block elective planning. International electives are also available and are noted in the next question below.

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### *Are there any opportunities for international electives?*

Residents are welcome to further develop their skills within a global health mindset, placing a priority on improving health and achieving equity in health for all people worldwide. McMaster has a unique partnership with Syiah Kuala University in Aceh, Indonesia to support the development of a medical school curriculum in the areas of disaster preparedness and risk reduction in family medicine.

Elective opportunities are available in various areas and are arranged based on residents' individual interests.

### *What does the Indigenous Health curriculum look like? Is there any engagement within the community from a clinical and/or cultural aspect?*

The Indigenous Health curriculum follows a longitudinal, integrated format throughout the two-year program. It has been fully implemented at our Grand Erie Six Nations site and is currently being expanded program-wide. Led by our Indigenous Health Lead, Dr. Amy Montour, with support from cultural leaders within the Six Nations community, this curriculum assists learners in developing an approach to providing care for Indigenous people that incorporates an understanding of the historical and sociopolitical context of Indigenous people in Canada, honours a Two-Eyed Seeing Approach to providing health care and recognizes the importance of the relationship in all interactions with Indigenous people.

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