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Welcome to Your Residency

Welcome to your residency at NOSM! Residency is an adventure and you are fortunate to be embarking on this new phase of your life in beautiful Northern Ontario. If you are not from here, we trust you will feel at home quickly as people across the North will welcome and appreciate you.

We are looking forward to meeting you and are delighted that you have chosen Northern Ontario for this crucial stage of your education. We are here to help you achieve your goals during your residency.

NOSM residency programs embrace resident-centered approaches with a balance of high support and high expectations. The clinical and academic work will be demanding, you will learn quickly and there will be support, back up and teaching. You will develop clinical independence with a safety net.

Throughout your residency, NOSM staff, program directors, preceptors and your resident colleagues, as well as the NOSM Postgraduate Office are there to answer question, give guidance and provide the support you need.

As you begin your residency, which will offer unique and diverse learning experiences across the North, I encourage you to be ambitious and self-directed so you can make the most of every clinical encounter and conversation with your preceptors, to hone your clinical skills and knowledge.

Residency is complicated and challenging. Please read this manual carefully as it is designed to make life in residency go smoothly and help you to avoid pitfalls and problems. Your success in residency depends in large part on your motivation, your ability to be organized, and your attention to important details, in addition to your clinical know-how.

I wish you the all the best in your residency training and look forward to getting to know you.

Sincerely,

Dr. Catherine Cervin
Welcome to Public Health and Preventive Medicine at the Northern Ontario School of Medicine!

Congratulations on your acceptance into our postgraduate residency program!

The NOSM Public Health and Preventive Medicine (PHPM). I think that you will find that our current residents and Program Coordinator together with myself are a very supportive group and we will make ourselves available to you throughout your time with us to make sure that your learning is maximized and your enthusiasm for the field of public health expanded.

Residency Program aims to foster the ability of residents to flourish as independent practitioners of public health that improve the health of populations. This orientation manual has important information regarding the program and key contacts.

Congratulations and welcome!

Dr. Kim Barker, Program Director
Public Health and Preventive Medicine
Northern Ontario School of Medicine
Introduction to NOSM Public Health and Preventive Medicine Program Roles

Program Director
The Program Director provides overall educational and administrative leadership regarding the ongoing planning and development of the program, overseeing and monitoring operational performance, and maintaining a comprehensive quality assurance and evaluation program of the program. The Program Director will ensure that the training of residents is in compliance with accreditation standards, program curriculum, and policies and procedures of the respective institutions where the Resident practices.

Program Coordinators
Program Coordinators act as a manager of information flowing to, from, and within the residency program.

They are the main point of contact for the program; performing complex administration duties in support of the program. For instance, they engage in coordination, planning, information management, communication, and project development. Program Coordinators provide assistance and support throughout residency.

Family Medicine Site Directors, Academic & Research Coordinators
Site Directors are responsible for communicating with preceptors in their district in order to coordinate all training activities, acting as a liaison for the residents' rotations in their district. Should problems arise, they should be available as a resource, representing the Royal College Public Health and Preventive Medicine program and NOSM, for residents and preceptors.

Primary Preceptors
In conjunction with the Site Directors, and the Evaluation Coordinator, the Primary Preceptor is responsible for evaluating the overall performance of residents to ensure that they are well prepared for practice in northern communities. They provide motivational support and guidance to residents; creating a positive and supportive learning environment. Primary preceptors will meet with residents on a quarterly basis to review program requirements and the overall progress of the individual resident.

Preceptors (Clinical Preceptors)
Preceptors are responsible for the regular assessment of residents. Generally, preceptors guide and teach residents daily, on a one-on-one basis. Where a resident identifies a specific area of interest, the program will strive to match the resident to preceptors who may better suit their interest.
Program Contacts

PHPM, Program Director
Dr. Kim Barker
Telephone: c/o Nina Judge-Levett (705)662-7115 Fax: c/o Nina Judge-Levett (705)662-7143
Email: c/o njudgelevett@nosm.ca

Chief Resident nosmchief@gmail.com

Program Coordinator Nina Judge-Levett Telephone: (705)662-7115
Fax: (705)662-7143
Email: njudgelevett@nosm.ca
Ethics, Professional Responsibility and Standards of Conduct

Professionalism is a core value for all health professionals and it is at the heart of your study and practice. Professionalism will be highlighted throughout your residency, in both academic and clinical settings, and embedded in the evaluation process as one of the fundamental roles in the CanMEDS framework. The NOSM professionalism policy and code of conduct is in development and will be circulated when complete.

The Canadian Medical Association Code of Ethics should be reviewed and kept at the forefront of your mind when practicing.

Here in the Royal College Public Health and Preventive Medicine Program, we believe that residents are responsible for a large portion of their postgraduate medical education. Taking control and ownership of your residency training will maximize your motivation to seek out the highest quality educational opportunities and experiences. The opportunity to achieve a level of training equal to, or greater than, any postgraduate Family Medicine and Public Health and Preventive Medicine program in Canada, is yours for the taking.

As a self-directed learner, you will experience a lifetime of professional rewards, shared with your patients. As a modern health professional, you must continually monitor your knowledge, skills and attitudes, seek out new knowledge, and improve on areas of weakness in order to maintain the highest standard of care. Your patients deserve this care and you owe it to them and yourself.

As an adult learner, you are an active participant in your own education. During your residency, you will refine your skills in setting learning objectives, choosing learning strategies, understanding your preferred learning style, and evaluating your own progress. You will have the opportunity to make suggestions both to individual preceptors, and to the program, to improve the training process. This cooperative effort is in mutual agreement between the College and the certificant.

In our preceptor-based learning environment, you must always remember to respect all of your preceptors’ patients as if they were your own. As a professional learner, you should maintain and respect the code of ethics and conduct of the profession itself in all of your personal and professional activities. As you assume an ever-increasing role as a physician with authority, trust and respect, you must accept the responsibilities that are a condition of these privileges.

This program was created for you by the people of Ontario with whom you are entering into a social contract to provide both leadership and service in health care. The treatment of illness, the monitoring of wellness, the creation and promotion of preventative health measures, research and professional development are all factors of this contract.
Overview of Residency Training

Clinical Training

Clinical training is completed within the NOSM Family Medicine Residency Program. This prepares trainees for the Medical Council of Canada Qualifying Examination, Part II (MCCQE II) in the first year. Residents who pursue a second clinical year are eligible to write the Certification Examination in Family Medicine in their second year. The elective in the first year is utilized as a one-month Orientation to Public Health and Preventative Medicine. A clinical elective in the second year may be focused on: Aboriginal and Rural/Remote Health, Infectious Diseases, Sexual Health, and/or Travel Medicine.


Family Medicine & Public Health and Preventive Medicine Rotation Objectives

Objectives for each Family Medicine Rotation are available on My NOSM – Postgraduate Education – Family Medicine – [PGFM Goals and Objectives](https://www.mynosm.ca/organization/postgraduate_education/Family%20Medicine/PGFM%20Goals%20and%20Objectives).


Graduate Degree Coursework

Graduate Degree coursework prepares residents to meet the requirements of a graduate degree. It is recommended that residents pursue a Master of Public Health, Master of Science in Epidemiology, or Master’s degree in a related field.

Residents may complete their graduate coursework at any postgraduate education school within Canada or abroad. The resident will work with the program director to identify mutually acceptable courses or programs of study that would meet the requirements, in advance of relevant application dates.

PHPM Field Training Placements

<table>
<thead>
<tr>
<th>Environmental Health</th>
<th>3 blocks</th>
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<tbody>
<tr>
<td>Communicable Disease Control</td>
<td>3 blocks</td>
</tr>
<tr>
<td>Health Policy and Planning</td>
<td>3 blocks</td>
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<tr>
<td>Health Promotion and Chronic Disease Prevention</td>
<td>3 blocks</td>
</tr>
<tr>
<td>Senior Management and Administration</td>
<td>6 blocks</td>
</tr>
<tr>
<td>Electives</td>
<td>8 blocks</td>
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There are eight blocks of elective time available, one of which is the Orientation to PHPM during the first year of training, regardless of path selected.
### Potential Path 1:

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<th>YR</th>
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<th>B-12</th>
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<td>Elect- Intro PH</td>
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<td></td>
<td>Family Medicine -including rural and remote placements</td>
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<td>4</td>
<td>Environmental Health</td>
<td>Health Promotion &amp; Chronic Disease Prevention</td>
<td>Health Planning &amp; Policy</td>
<td>Electives</td>
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<tr>
<td>5</td>
<td>Elect</td>
<td>Elect</td>
<td>Communicable Disease</td>
<td>Senior Management &amp; Administration</td>
<td>Elect</td>
<td>Elect</td>
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YR = PG Year  B = Block  Elect = Elective  PH = Public Health

### Potential Path 2:

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<th>YR</th>
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<th>B-2</th>
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<td>Family Medicine -including rural and remote placements</td>
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</tbody>
</table>
| 3  | | | | | | | | | | | | | *
| 4  | Environmental Health | Health Promotion & Chronic Disease Prevention | Health Planning & Policy | Electives | | | | | | | | | |
| 5  | Elect | Elect | Communicable Disease | Senior Management & Administration | Elect | Elect | | | | | | | |

YR = PG Year  B = Block  Elect = Elective  PH = Public Health

**Selectives**

Selectives are offered in the third year of residency to provide flexibility in the curriculum to meet your education needs. The selectives are restricted to additional rotations of PHPM core rotations at a junior level and approval for any selective which deviates from this must be explicitly agreed with the program director. Learning objectives must be established and documented and the program’s core rotation objectives may be used as a template. Preferred locations for selectives are the accepted geographical limits of the program in northern Ontario. Where it is clearly established that learning objectives may not be met in northern Ontario, other locations will be approved by the Program Director.
Academic Curriculum

Academic exposure to Public Health and Preventative Medicine is provided through academic half days. There will be an academic ½ day each Friday which will take place three times per 4-week block. This will include an academic session from U of T followed by resident-led presentations on relevant public health topics, resident updates, program business and practice oral examination questions in the style of Royal College of Physician and Surgeons of Canada. Once every 4 weeks there will be a full-academic day. This will include one resident-led presentation and a presentation by a guest speaker or faculty, as well as the other elements mentioned above.

Typically U of T connect via OTN to specified rooms within NOSM and you can also connect via teleconference. NOSM led session are delivered through Webex. Connection details can be found on MyNOSM and MyCurriculum.

Residents are expected to attend each academic session except residents completing Family Medicine who will be expected to attend the full day only if it does not interrupt Family Medicine academics or rotational requirements. Preceptors will be notified by means of block reminders about these expectations and time commitment.

Provincial rounds occur every two months on a Friday Morning. These are senior-resident or faculty-led presentations from one of the participating Ontario PHPM residency programs (McMaster, NOSM, Ottawa, Queen’s, Toronto) or Public Health Ontario. Residents are required to attend these rounds.

In addition to the above noted academics, residents currently completing Family Medicine curriculum are expected to attend the NOSM Family Medicine (FM) academic days. These academics typically occur on the last Thursday and Friday of each rotation block, from 8h00 to 17h00. Further information for these academic sessions and contact information can be obtained from your program coordinator.

Below is a sample schedule of academics for explanatory purposes. An updated schedule will be available on MyNOSM and My Curriculum.

Sample Rounds Schedule:

<table>
<thead>
<tr>
<th>Resident Training Level</th>
<th>FM Academic Days</th>
<th>U of T Rounds</th>
<th>PHPM NOSM Rounds</th>
<th>Provincial Rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Clinical Year(s) (Family Medicine Curriculum)</td>
<td>Last Thursday/Friday of each block 0830-1700h</td>
<td>Friday 0830-1100h*</td>
<td>Friday 1100-1230h* Friday 0830 – 1600h once per block</td>
<td>Friday every two months 0900-1100h</td>
</tr>
<tr>
<td>Academic Training Year</td>
<td>N/A</td>
<td>Friday 0830-1100h Weekly</td>
<td>Friday 1100-1230h Friday 0830 – 1600h once per block</td>
<td>Friday every two months 0900-1100h</td>
</tr>
<tr>
<td>PHPM Field Placements</td>
<td>N/A</td>
<td>Friday 0830-1100h</td>
<td>Friday 1100-1230h Friday 0830 – 1600h once per block</td>
<td>Friday every two months 0900-1100h</td>
</tr>
</tbody>
</table>

*preferred attendance, not mandatory, for residents completing their Family Medicine years.
**Evaluation and Assessment**

Communication, feedback and assessment are essential to learning. Ideally, feedback should be expected, given and received by resident and preceptor on a daily basis.

Feedback is intended to be formative and can be given and/or solicited verbally and in writing. The feedback process is paramount in navigating a resident’s way to becoming a competent, independent practitioner.

The assessment process determines if residents have achieved certain milestones (passing a rotation, passing an exam, being promoted to the next PGY level).

Assessments are based on the program, and take into account a resident’s own specific goals, objectives and competencies.

*Note: Residents will want to book a meeting with their preceptor early in the rotation in order to review their goals and objectives, make a plan for the rotation, and set a time to meet face-to-face for their final evaluation (and mid-term if necessary). Preceptors will expect to have both of these meetings with residents.

**Guidelines for Giving Feedback**

When giving feedback to faculty members, in person or in writing, try to be descriptive and provide examples. Rather than focusing on what went wrong, describe how things could be improved. For example, stating, “that was the most boring seminar I’ve ever attended,” is not constructive or professional. A more constructive and descriptive feedback statement might be, “I would have appreciated specific clinical questions directed at the audience to help us think through the case.”

When submitting feedback in writing, it is advisable to consider how comfortable one might be with providing the same feedback in person. In short, it is very important to always remain respectful and professional.
# Types of Evaluation and Assessment

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Evaluator</th>
<th>Purpose</th>
<th>Availability in One45</th>
<th>Deadlines</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) In-Training Evaluation Report (ITER)</td>
<td>Preceptor</td>
<td>Evaluates performance</td>
<td>12 days before the end of the rotation</td>
<td>10 days after the end of rotation; mid rotation if the rotation is longer than 4 weeks</td>
<td><em>we strongly recommend that the resident meet with the preceptor before the end of the rotation to discuss the evaluation and ensure its completion. Resident will receive notice when the preceptor has completed the final evaluation online but will not be able to review it until they have completed all of their evaluations for that specific rotation.</em></td>
</tr>
<tr>
<td>2) Mid Rotation Evaluation</td>
<td>Preceptor</td>
<td>Evaluates performance</td>
<td>Mid-way through for any rotations longer than 4 weeks in length.</td>
<td>Immediately upon receipt. Once completed in One45, this form is available for review by the resident.</td>
<td></td>
</tr>
<tr>
<td>3) Rotation Evaluation</td>
<td>Resident</td>
<td>Evaluates the learning experience</td>
<td>12 days before the end of the rotation</td>
<td>10 days after the end of the rotation</td>
<td></td>
</tr>
<tr>
<td>4) Clinical Faculty Evaluation</td>
<td>Resident</td>
<td>Evaluates the preceptors</td>
<td>12 days before the end of the rotation</td>
<td>10 days after the end of the rotation</td>
<td>These evaluations are anonymous – the data is collected, compiled and analyzed by an Evaluation Coordinator in Faculty Affairs, who then creates a report for the individual faculty member (a minimum number of 3 completed evaluations must be received before a report can be generated to protect resident anonymity).</td>
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<tr>
<td>5) Resident Quarterly reviews</td>
<td>Program Director</td>
<td>Evaluates performance</td>
<td></td>
<td></td>
<td>Identifies and learning gaps and enables measures to be put in place to support resident success.</td>
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<tr>
<td>6) Practice Exams</td>
<td>Program Director</td>
<td>Evaluate knowledge</td>
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<td>These exams are typically held Jan, May and Sept in place of a Friday morning academic session. These exams are taken by residents in PHPM yrs 3 to 5 but open to any resident.</td>
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**Assessment Verification Process (AVP)**

The AVP is an assessment for International Medical Graduate (IMG) candidates for residency, and it is used to determine if the candidate can function at their appointed level of training, prior to full acceptance into the residency program.

These are generally completed during the first 3 months of the 1st year in Family Medicine, within appropriate, supervised clinical activity and with patient input. Candidates for residency are strongly discouraged from taking vacation during the AVP.

Each residency candidate must be evaluated and given written feedback at 2, 8, and 10 weeks (using the appropriate form that the PGE office will send to their preceptors). The evaluation must be signed by both the candidate and the preceptor. Reminders will be sent out one week before the form is due, to both the candidate and the preceptor.
Exams and Certifications

Medical Council of Canada (MCC)

The MCC provides the qualification (Licentiate of the Medical Council of Canada) for entry into practice for both Canadian and International medical graduates. It offers three different examinations that lead candidates to obtaining its qualification, the Licentiate of the Medical Council of Canada. Being accepted into our residency program you will already be familiar with the Medical Council of Canada Qualifying Examination Part I (MCCQE Part I) and/or the Medical Council of Canada Evaluating Examination (MCCEE). After completion of 12 months of postgraduate clinical medical training, you will be required to write the Medical Council of Canada Qualifying Examination Part II (MCCQE Part II). The examination takes place in both the fall followed by the CFPC in the spring.

The Medical Council of Canada Qualifying Examination Part II includes problems in Medicine, Pediatrics, Obstetrics and Gynecology, Preventive Medicine and Community Health, Psychiatry and Surgery, as well as in similar disciplines considered essential for competence in general medicine and health care.” (MCC)

Please see the following links for eligibility requirements, application process, examination dates, and fees:
http://mcc.ca/examinations/mccqe-part-ii

Source: http://www.mcc.ca/

College of Family Physicians of Canada (CFPC)

The (CFPC) is responsible for establishing standards for the accreditation of training and certification of family physicians.

The exam will take place over a period of three days each year in the spring and fall in the following format:

• Written component: computer-based short-answer management problems (SAMPs) – six hours in length
• Expanded clinical skills component:

Eight 10-minute objective structured clinical examination (OSCE) stations (Saturday) Four 15-minute simulated office oral exams (SOOs) (Sunday)*

Please see the following link for eligibility requirements, the application process and deadlines, and examination dates and fees: http://www.cfpc.ca/ExamInformation/

Source: www.cfpc.ca

*Note: if a resident is not pursuing the CFPC examination, they are still required to complete the MCCQE Part II examination.
American Board of Family Medicine In-Training Exam

All residents (PGY1 and PGY2) who are registered in an accredited Family Medicine Program are eligible to take the ABFM In-Training Examination, it is administered annually during the last week in October. This year the exam will be administered between October 26 and 30th, 2015 with the official date TBA. Residents will not be required to travel to Sudbury or Thunder Bay, as the exam will be delivered via internet.

The exam is set up to mimic the Family Medicine Certification Examination.

The purpose of this exam is to provide an assessment of each resident’s progress, while also providing the program with comparative data about the program as a whole.

The examination is scored however, there is no passing score, since the examination is given only to assess progress.

The Family Medicine Program will be responsible for registering the residents and will cover the registration fee. Once registered you will be given access to the site.

For more information on the exam please visit this site: https://www.theabfm.org/cert/ite.aspx

Royal College of Physicians and Surgeons of Canada (RCPSC)

The RCPSC is the governing body that oversees postgraduate medical education in Canada. The Royal College performs accreditation of all residency programs, and sets credentialing requirements for resident eligibility to sit the national certification examinations.

The registration deadline for spring (specialty) examinations is February 1 of the year in which the exam takes place. For the objectives of training and specialty training requirements, as well as more information on credentials, examinations, and accreditation, please see the following link:

http://www.royalcollege.ca/rc/faces/oracle/webcenter/portalapp/pages/ibd.jspx?lang=en&_adf.ctrl-state=ozyq34ijh_4&_afrLoop=6346253814642415&_afrWindowMode=0&_afrWindowId=ozyq34ijh_14#!

In 1996, the RCPSC developed the CanMEDS educational framework that outlines the essential competencies of a physician. Please see the link below for a detailed description of the core roles that guide postgraduate education. These roles will be referred to extensively throughout the residency program, and residents should become familiar with them.


Source: http://www.royalcollege.ca/
Program Specific Policies and Resources

PHPM Policies

The following PHPM Policies are available on My NOSM – Public Health and Preventive Medicine – PHPM Program Information:

- NOSM PHPM Appeal mechanism Sept 2014
- NOSM PHPM Pol + Pro Academic Coursework requirements Sept 2014
- NOSM PHPM Pol + Pro Financial Support for academic education Dec 2014
- NOSM PHPM Pol + Pro Mid Rotation evaluations Sept 2014
- NOSM PHPM Pol + Pro Resident Safety 2014
- NOSM PHPM Pol + Pro Resident – Program Director Meetings Dec 2014
- NOSM PHPM Pol + Pro Promotion criteria for credit for previous training April 2015
- NOSM PHPM Pol + Pro Rotation planning and northern requirements Dec 2014
- NOSM PHPM Pol + Pro Financial Support for conference attendance April 2014

Additional policies applicable to Postgraduate Education are available at:

http://www.nosm.ca/education/pgme/general.aspx?id=13215

Program Resources

Some additional reading to spark your Public Health interest: AFMC Primer on public health: http://phprimer.afmc.ca/

Canadian Public Health Association (CPHA) website: www.cpha.ca


PHAC population health page http://www.phac-aspc.gc.ca/ph-sp/ PHPM CanMEDS framework:

http://rcpsc.medical.org/residency/certification/objectives/community_e.pdf Pioneering Graduate from NOSM PHPM Residency Program:

http://www.nosm.ca/about_us/media_room/media_releases/media_release.aspx?id=15639 Public Health Physicians of Canada (PHPC) website:

www.nsscm.ca

Royal College of Physicians and Surgeons of Canada (RCPSC) Objectives of Training in Public Health and Preventative Medicine:

What is Public Health?

http://www.youtube.com/watch?v=Gqla3a3rM6Q http://www.youtube.com/watch?v=tEJmNC8GZ48 http://www.youtube.com/watch?v=DuBggj7Zd3A

Additional Resources are now available for residents interested in learning French. Please contact your program coordinator for more information.

Becoming involved with your Program

At the start of residency, you will meet with the Program Director to establish career goals and a residency training pathway. A program retreat is also held, during which residents will be introduced to members of the Residency Program Committee (RPC). The RPC includes faculty who advise the Program Director to steer the program. Faculty come from across the north and many facilitate rotations in their practice settings and act as preceptors. During the annual program retreat, a RPC meeting is held, which provides an opportunity for residents to begin familiarizing with the NOSM PHPM program. The RPC includes a dedicated position for a Resident Representative.

Prior to the start of residency, matched International Medical Graduates will complete a three week introduction to Training in Canada http://www.cehpea.ca/programs/practiceInCanadaFAQ.htm. This introduction is located in Toronto. Subsequently, International Medical Graduates will complete four weeks of a Family Medicine Pre Residency Period PRP, which consists of short, week long, clinic experiences in the North, to provide a foundation for entering residency in the Canadian System.

During the first year of the residency curriculum, you will an Orientation to Public Health rotation. This experience will introduce you to practice in the specialty (usually in a local public health unit setting). This is a great opportunity to start networking early in your residency. In subsequent years, the academic training and PHPM Field Placements also provide opportunities to network with colleagues such as other residents or practicing PHPM specialists.

There are a variety of ways to engage in Public Health and Preventive Medicine throughout the residency program. The NOSM program training sites are distributed over a vast geographic area, we strongly encouraged you to take part in as many networking opportunities as possible.

Regular networking opportunities with your peers occur through connection with the University of Toronto during shared academic half-days, as well as other residency programs in Ontario during provincial rounds (McMaster, Ottawa, Queen’s, and Toronto). The University of Toronto also hosts a career day once per year. On career day a variety of PHPM specialists discuss their experiences and scope of practice. There is a dedicated position for a NOSM representative to sit on the University of Toronto Curriculum Subcommittee, which affords further networking with University of Toronto residents and faculty.

The Canadian Public Health Association (CPHA) is a national association representing public health in Canada. Resident membership in the CPHA offers a variety of resources including job postings. Access to the Canadian Journal of Public Health is included in membership fees.

Residents are also encouraged and supported to attend conferences. The CPHA hosts a conference every year, for which the program will pay your conference registration fee. If you have an abstract or accepted poster at CPHA the program will support your travel and accommodation costs. The Association of Local Public Health Agencies (aPHa) and Council of Medical Officers of Health (COMOH) offers conferences three times a year. The Ministry of Health and Long Term Care usually pays for resident registration and travel and accommodation costs at alpha meetings. Opportunities to attend additional conferences will be circulated throughout the year.
The Public Health Physicians of Canada (PHPC) is a national body representing the interests of PHPM specialists and public health physicians. Membership provides an opportunity to sit on the PHPC Residents Council, which meets bimonthly. The PHPC Residents Council meets to discuss issues affecting residents across all PHPM programs nationally, such as elective opportunities and social events during conferences. Resident membership usually has no cost.

**Residents as Teachers (RaTs)**

Residents have an important role in teaching undergraduate medical students. Early in your residency training, you will take RaTS workshops to provide you with teaching skills and hopefully spark an interest in teaching that will last throughout your professional career. In the future, we encourage sharing your knowledge and experience as NOSM (or other university) faculty and teachers. As medical education becomes more distributed, most physicians will also become teachers. RaTs is an important part of your residency training, an accreditation requirement for the undergraduate MD program, and an expectation of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada.

**Chief Resident**

The Chief Resident is appointed by the Residency Program Director. Residents may nominate themselves or other residents with the nominee’s consent. Whenever possible, the Chief Resident will be in PGY 3 or greater. The term of the Chief Resident will be six to twelve months. Given the opportunities that the role offers for experience in the CanMEDS Manager domain, all residents are encouraged to pursue the role of Chief Resident. The Chief resident role has an approved description and evaluation for curriculum credit and receipt of a Chief Resident stipend as per PAIRO guidelines. In discussion with the Program Director the Chief resident selects some projects to work on to develop their skills in the CanMEDS Manager role. You can see the Chief Resident description at Chief Resident Role Description on MyNOSM.

Chief Resident: nosmchief@gmail.com
To Do List in PG Year 1:

- Attend PHPM program retreat
- Meet with PHPM Program Director to discuss career goals and training path
- Email preceptors for upcoming rotations
- Attend Family Medicine orientation program activities
- Submit leave requests to clinicalscheduling@nosm.ca as soon as possible
- Sign up for resident led PHPM presentations
- Complete Family Medicine academic requirements: charts audit, EBM presentations, resident presentation