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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 questions, 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,

[Signature]

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, Co-Program Director  
Public Health and Preventive Medicine  
Northern Ontario School of Medicine

Dr. Audrey Campbell, Interim 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 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. Dr. Campbell is the first point of contact for all matters at the Program Director level.

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. In the PHPM Program you will contact the Family Medicine Coordinator Joel Leduc for issues related to Family Medicine in your first year of training. Any questions regarding leaves, reimbursements, clinical schedules and changes, electives within Northern Ontario, external electives, academics, or any type of NOSM process, please contact Joel directly and he can assess your request and guide you in the best course of action. Marissa Giusti, as the PHPM coordinator can assist you with any matters directly related to the PHPM program. Once you have completed the FM portion of your training she will be your main point of contact for all matters.

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.

Competency Coach
The Competency Coaches provide motivational support and guidance to residents, creating a positive and supportive learning environment during a resident’s Family Medicine training. Competency Coaches will meet with residents 3 times per academic year to review program requirements and the overall progress of the individual resident.

Preceptors
Preceptors are responsible for the regular supervision and 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, Interim Program Director
Dr. Audrey Campbell
Telephone: c/o Marissa Giusti (705) 662-7170
Fax: c/o Marissa Giusti (705) 662-7143
Email: mgiusti@nosm.ca

PHPM, Co-Program Director
Dr. Kim Barker
Telephone: c/o Marissa Giusti (705) 662-7170
Fax: c/o Marissa Giusti (705) 662-7143
Email: mgiusti@nosm.ca

PHPM, Chief Resident
nosmchief@gmail.com

PHPM, Postgraduate Education Manager
Dr. Kristy Côté
Telephone: (705) 662-7212
Fax: 705) 662-7143
Email: klcote@nosm.ca

Program Coordinator
Marissa Giusti
Telephone: (705) 662-7170
Fax: 705) 662-7143
Email: mgiusti@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. Follow the link below for the NOSM professionalism policy and code of conduct:


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 Public Health and Preventive Medicine program in Canada, is yours for the taking.

As a self-directed learner in Public Health and Preventive Medicine, you will experience a lifetime of professional rewards, shared with your patients and community. 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 and community 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 your preceptors’ patients and, in Public Health, the communities they serve, 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 preventive 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 Preventive Medicine. A clinical elective in the second year may be focused on: Aboriginal and Rural/Remote Health, Infectious Diseases, Sexual Health, or Travel Medicine.

Details regarding clinical training with the NOSM Family Medicine program can be found in the Family Medicine Handbook.

http://www.nosm.ca/education/pgme/general.aspx?id=21767

Family Medicine & Public Health and Preventive Medicine Rotation Objectives

Rotation goals and objectives provide general direction on the knowledge, skill and attitude requirements for each discipline in the core curriculum. Residents should discuss with their preceptors how to best facilitate the achievement of the rotation goals and objectives as well as their personal learning goals.

Goals and objectives are included in MyCurriculum https://learn.nosm.ca/moodle/login/index.php in the PHPM and FM specific site.

Graduate Degree Coursework

Graduate Degree coursework prepares residents to meet the requirement 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 are allocated one year to complete full time graduate coursework. Note that some Master’s degrees exceed one year in length, and in this case residents will complete the degree requirements exceeding one year during the remainder of their residency training. NOSM no longer reimburses residents for their graduate degree tuition.

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.

If you have completed an MPH prior to entry into the PHPM Program, please contact PHPM Coordinator Marissa Giusti for process details on receiving credit from the Royal College of Physicians and Surgeons of Canada.
### PHPM Field Training Placements

<table>
<thead>
<tr>
<th>Field</th>
<th>Blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>Communicable Disease Control</td>
<td>3</td>
</tr>
<tr>
<td>Health Policy and Planning</td>
<td>3</td>
</tr>
<tr>
<td>Health Promotion and Chronic Disease Prevention</td>
<td>3</td>
</tr>
<tr>
<td>Senior Management and Administration</td>
<td>6</td>
</tr>
<tr>
<td>Orientation to PHPM</td>
<td>1</td>
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### Potential Path 1:

<table>
<thead>
<tr>
<th>YR</th>
<th>B-1</th>
<th>B-2</th>
<th>B-3</th>
<th>B-4</th>
<th>B-5</th>
<th>B-6</th>
<th>B-7</th>
<th>B-8</th>
<th>B-9</th>
<th>B-10</th>
<th>B-11</th>
<th>B-12</th>
<th>B-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Elect-Intro PH*</td>
<td>Family Medicine - including rural and remote placements</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2</td>
<td></td>
<td>Family Medicine - including rural and remote placements</td>
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<tr>
<td>3</td>
<td></td>
<td>Masters of Public Health</td>
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<td></td>
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</tr>
<tr>
<td>4</td>
<td>Environmental Health</td>
<td>Health Promotion &amp; Chronic Disease Prevention</td>
<td>Health Planning &amp; Policy</td>
<td>Electives</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Elect</td>
<td>Elect</td>
<td>Elect</td>
<td>Communicable Disease</td>
<td>Senior Management &amp; Administration</td>
<td>Elect</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

*Will Occur within first three years

### Potential Path 2:

<table>
<thead>
<tr>
<th>YR</th>
<th>B-1</th>
<th>B-2</th>
<th>B-3</th>
<th>B-4</th>
<th>B-5</th>
<th>B-6</th>
<th>B-7</th>
<th>B-8</th>
<th>B-9</th>
<th>B-10</th>
<th>B-11</th>
<th>B-12</th>
<th>B-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Elect-Intro PH</td>
<td>Family Medicine – including rural and remote placements - towards completion of a basic clinical training year</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Masters of Public Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Environmental Health</td>
<td>Health Promotion &amp; Chronic Disease Prevention</td>
<td>Elect</td>
<td>Elect</td>
<td>Elect</td>
<td>Health Planning &amp; Policy</td>
<td>Elect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Senior Management &amp; Administration</td>
<td>Communicable Disease</td>
<td>Elect</td>
<td>Elect</td>
<td>Elect</td>
<td>Elect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Electives</td>
<td></td>
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</tbody>
</table>

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

*Electives (Elec)*

Electives are offered to provide residents with the opportunity to pursue learning opportunities in a public health related field or areas of interest that are of benefit to a resident’s future career goals. Choice of electives and elective sites can be selected by the resident but must be approved by the program director. If residents choose to do an elective outside of NOSM’s geographical catchment area, an Elective Planning Form outlining the proposed elective should be submitted to residentrequests@nosm.ca at least 8 weeks prior to the start of electives. This form must include a description of the proposed learning objectives for the elective with specific reference to how the elective will meet the resident’s own learning needs. No funding is available for mileage, preceptor stipend, or accommodations for electives outside of NOSM’s geographical catchment area.
**Academic Curriculum**

Academic exposure to Public Health and Preventive Medicine is provided through academic half-days. There will be an academic half-day each Friday which will take place three times per 4-week block. This will include an academic session (rounds) presented through the University of Toronto (UofT), followed by a NOSM debrief of the UofT rounds plus discussion of application to the North, 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 connects via OTN to specified rooms within NOSM but NOSM residents can also attend U of T rounds via teleconference. NOSM led sessions are delivered through Webex. Connection details can be found on 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 rotation requirements. Preceptors will be notified by means of block reminders about these expectations and time commitments.

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 who are completing their academic year or public health rotations 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 including the Core PGY1 Curriculum. 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. The schedule for all PHPM academic sessions is listed on MyCurriculum. For any questions regarding MyCurriculum contact PHPM Coordinator Marissa Giusti.

Below is a sample schedule of academics for explanatory purposes. An updated schedule will be available on MyCurriculum at https://learn.nosm.ca/moodle/login/index.php

**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.*
Research

Research activities occur throughout the five years of residency. This includes a family medicine research project (PGY1 and PGY2); academic project during graduate degree completion (PGY3); and senior research experiences during PHPM rotations (PGY 4 and 5).

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 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: Preceptors are expected to have weekly meetings with residents to review their progress and meet with residents for a mid-term and final evaluation. Residents will want to book a meeting with their preceptor early in their 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 and mid-term evaluations.

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</td>
<td>Mid rotation if the rotation is longer than 4 weeks. *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.</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>
</tbody>
</table>
4) Clinical Faculty Evaluation

<table>
<thead>
<tr>
<th>Role</th>
<th>Evaluates the preceptors</th>
<th>Frequency</th>
<th>Timeframe</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident</td>
<td>Weekly: a link will be sent to the resident’s account at the beginning of each week allowing residents to pick their preceptors; although each link can only be used once, multiple preceptors can be selected each time AND a new link will automatically appear at the beginning of the next week. If not used, the old link will automatically flush after a week (with the exception of the final week of the block) and a new form will generate.</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>
<td></td>
</tr>
</tbody>
</table>

5) Resident Quarterly reviews

<table>
<thead>
<tr>
<th>Role</th>
<th>Evaluates performance</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>Identifies and learning gaps and enables measures to be put in place to support resident success.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6) Practice Exams

| Program Director | Evaluate knowledge | 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. |

7) Resident as Teacher (RAT)

| VARIES: students, residents, preceptors | To log teaching opportunities and/or to provide feedback to residents on their clinical teaching | Once a resident has conducted a teaching session, they must complete the RAT Feedback log in their One45 account – which will then inform their Program Coordinator to generate a feedback form | The RATs log should be submitted the day of the session; if the resident is asked to complete a Resident as Teacher form (for another resident) this should be done within 10 days of receipt of the form | These evaluations submitted by session attendees are confidential – a minimum of three forms must be submitted before a report can be released to the resident |

**Pre-Residency Program Phase 1 and 2 (PRP1 and PRP2)**

The PRP1 and 2 are assessments for International Medical Graduate (IMG) candidates for residency, and it is used to determine if candidates 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 settings and with supervisor input. Candidates for residency are strongly discouraged from taking vacation during PRP1 or 2.

Each residency candidate must be evaluated and given written feedback at 2, 8, and 10 weeks (using the appropriate form that the Postgraduate Education [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.

International Medical Graduates that have been accepted to the NOSM PHPM residency program, should be prepared to complete a portion of their PRP training in Toronto, Ontario. During this component, housing in Toronto is not provided by NOSM and residents are responsible to secure their own accommodation. NOSM requires that PHPM residents complete the family medicine stream.
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 and 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.

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

Source: 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 two 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
- An oral component consisting of five (5) 15-minute simulated oral office exams (SOOs)

Please note that the CFPC exam and the LMCC are now deharmonized (i.e., the CFPC’s certification exam and the Medical Council of Canada’s Qualifying Examination (MCCQE) Part II will be delivered as two separate examinations). See more at: http://www.cfpc.ca/Deharmonization_FAQs/

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
Royal College of Physicians and Surgeons of Canada (RCPSC)

The RCPSC is the governing body that oversees postgraduate medical education for specialists 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 PHPM examination is administered once per year in the spring. The exam consists of both written and oral components. The written component takes place over two days at various regional centres. The oral component takes place in Ottawa, Ontario. The registration deadline for the spring PHPM examination is January or February 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.

More about CanMEDS: http://www.royalcollege.ca/portal/page/portal/rc/resources/aboutcanmeds

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

PHPM Policies

The following PHPM Policies are available on MyCurriculum

- 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
- NOSM PHPM Pol + Pro Resident Reimbursement Program Protocol 2016

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
- Minimum Competencies for Medical Officers of Health (MOH) in Canada: http://nsscm.ca/Resources/Documents/Minimum%20MOH%20Competencies%20FINAL%20post-v5.pdf
- 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:
- 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 Preventive Medicine:
  - http://rcpsc.medical.org/residency/certification/objectives/community_e.pdf
- Rural and Northern Health Care Framework Report:

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 time 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.

As previously discussed, prior to the start of residency, matched International Medical Graduates will complete an introduction to Training in Canada (http://www.cehpea.ca/programs/practiceInCanadaFAQ.htm). This introduction is located in Toronto. Subsequently, International Medical Graduates will complete 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 complete 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, thus we strongly encourage 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. If you have an abstract or accepted poster at CPHA, NOSM will support your travel and accommodation costs. The Association of Local Public Health Agencies (alPHA) and Council of Medical Officers of Health (COMOH) offers conferences three times a year. 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 have the opportunity to join the council as NOSM resident representatives.
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 higher. The term of the Chief Resident will be six to twelve months, depending on whether there are two co-Chiefs or one Chief Resident. 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 the Professional Association of Residents of Ontario (PARO) 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.

The Chief Resident email is: 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 (ideally 4 weeks before a planned leave)
• If attending PHPM rounds on a full day, sign up for a resident led PHPM presentation
• Complete Family Medicine academic requirements: charts audit, EBM presentations, resident presentation
• Familiarize yourself with the use of WebEx, the online platform through which NOSM PHPM academic days are held.
• If you are an International Medical Graduate that has been accepted to the NOSM PHPM Residency Program, see information about the PRP. You will be contacted by NOSM with information within one week of your acceptance to the program.