

Rural Residency Catalogue

Catalogue de résidence rurale



SOCIETY OF
Rural Physicians
OF CANADA

SOCIÉTÉ DE LA

Médecine Rurale
DU CANADA

2021

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Please Note:

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

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UNIVERSITY OF BRITISH COLUMBIA



Abbotsford-Mission

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

[UBC – Abbotsford-Mission](#)



Program Highlights

Type of Curriculum: Partial integrated – weekly FM ½ days throughout PGY1

Curricular Outline: PGY1: 10 wks FM, 8 wks peds, 6 wks EM, 4 wks surgery, 2 wks anesthesiology, 4 wks Obs/Gyn, 4 wks IM, 4 wks cardiology, 2 wks nephrology, 4 wks palliative care, 4 wks ortho/psychiatry, 2 wks hospitalist. PGY2: 16 wks FM, 8 wks rural FM, 4 wks psych/ortho, 2 wks addictions.

Unique Features: Opportunity to become certified in methadone prescribing during addictions core. Most rotations have 1-in-4 call until 11pm (no post-call day). *Choose your own adventure call* during PGY2 (choose from ER, Obs, ward call).

Research: Mandatory quality improvement project

Community Highlights

Recreation: Mountain biking, hiking, white water rafting, and skiing.

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

Cost of Living: 3% more expensive than national average; average monthly rent for 1-bedroom apartment is approximately \$900-1,000.

Community Stats

Population:
Abbotsford: 141,000
Mission: 38,000

Access: 71 km to Vancouver;
Abbotsford International
Airport

Nearest Tertiary Centre:
Vancouver

Program Stats

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

Number of Residents:
CMG: 6 IMG: 1

Elective Time:
PGY2: 18 weeks

Miscellaneous:
Abbotsford Regional
Hospital:
- 300-bed facility
- 150-bed medical unit
- 2,500+ births per year
- Regional trauma centre
- Cancer centre

2 resident retreats per year

Must have access to a vehicle
and valid driver's license

Chilliwack

Located on the traditional land of the Coast Salish and S'ólh Téméxw (Stó:lō)

[UBC – Chilliwack](#)



Program Highlights

Type of Curriculum: Modified block – weekly FM ½ days throughout PGY1

Curricular Overview: PGY1: 4 blocks FM, 2 blocks IM, 1 block psych, 2 blocks OB, 1 block peds, 1 block EM, 1 block palliative care + peds EM, 1 block surgery + anesthesiology. PGY2: 1 block surgery, 5 blocks FM, 2 blocks rural FM, 1 block addictions + peds, 1 block palliative care + surgical subspecialty

Unique Features: Longitudinal EM exposure and 2-5 solo hospital call shifts per month (with supervising physician available by phone)

Research: Mandatory quality improvement project

Community Highlights

Recreation: Hiking, mountain biking, paddling, fishing, camping, world-class skiing; close to Vancouver.

Cultural Notes: Known for locally grown corn; highest number of Rainbow Crosswalks in BC; thriving classical music community (Chilliwack Symphony & Metropolitan Orchestras).

Cost of Living: 9% more expensive than national average; average monthly rent for 1-bedroom apartment ranges between \$950-1300.

Community Stats

Population: 101,000

Access: 102 km to Vancouver;
Chilliwack Municipal Airport

Nearest Tertiary Centre:
Vancouver

Program Stats

Training Sites:
Chilliwack, Vancouver,
Surrey, multiple rural sites

Number of Residents:
CMG: 7 IMG: 1

Elective Time:
PGY2: 12 weeks

Miscellaneous:
Chilliwack General Hospital:
- 336-bed facility
- 56,000+ ED visits per year
- 750+ births per year

Must have access to a vehicle
and valid driver's license

2 resident retreats per year

Coastal

Located on the traditional land of the sə́lilwətaʔ təməx^w (Tseil-Waututh), Skwxwú7mesh-ulh Temíxw (Squamish), S'ólh Téméxw (Stó:lō), x^wməθk^wəyəm, Státimc Tmicw (St'at'imc) and Lil'wat territory, Shíshálh, and Tla'amin Nation (Sliammon)

[UBC - Coastal](#)

Program Highlights

Type of Curriculum: Partially integrated, block in R2 for 4 months of rural.

Curricular Outline: PGY1: wide range of urban Family Practice along with acute care experience at Lions Gate Hospital. PGY2: 10 weeks in electives on the North Shore and 4 months in a rural community.

Unique Features: Exposure and training in First Nations/Aboriginal Health. Opportunity to work in HealthConnection, a 'high needs' clinic providing team-based primary care to people with complex clinical and social needs

Research: Residents attend mandatory academic activities, give presentations and complete a Practice Improvement Project.

Community Highlights

Recreation: Skiing, hiking, snowshoeing, kayaking and many local beaches.

Cultural Notes: Museums, natural landmarks, live performances, public art, annual festivals and art galleries.

Cost of Living: Approximately \$2,558 per month. The North Shore has rental accommodations, including apartments, houses, and suites. During the PGY2 4-month rural rotation, funding support is provided for accommodation.



Community Stats

Population: 250,000

Access: 150 km Pemberton to Vancouver, 10 km Lion's Gate Hospital to Vancouver centre

Nearest Tertiary Centre: Vancouver

Program Stats

Training Sites:

Lion's Gate Hospital, Pemberton Health Centre, Squamish General Hospital, St. Mary's Hospital & Powell River General Hospital

Number of Residents:

CMG: 4 IMG: 4

Elective Time:

PGY1: 2 weeks
PGY2: 10 weeks + 2 weeks
selectives

Miscellaneous:

First year urban on the north shore, second in a variety of coastal communities

Kamloops

Located on the traditional land of the Secwepemcúl'ecw (Secwépemc)

[UBC – Kamloops](#)

Program Highlights

Type of Curriculum: Modified block – 1 day every 2 weeks dedicated FM practice time throughout PGY1 & 2

Curricular Outline: 36 weeks FM, 8 weeks rural FM, 4 weeks hospitalist, 4 weeks FP obstetrics, 2 weeks addictions, 8 weeks IM, 6 weeks surgery, 6 weeks peds, 6 weeks EM, 4 weeks Obs/Gyn, 4 weeks ortho + anesthesia, 4 weeks psych

Unique Features: Longitudinal experiences in FM, obstetrics, and care of the elderly; excellent SIM and POCUS training

Research: Mandatory quality improvement project

Community Highlights

Recreation: Hiking, mountain biking, fishing, excellent skiing and golfing

Cultural Notes: World class sporting facilities, WHL Kamloops Blazers hockey, Kamloops Symphony Orchestra, summer concerts, art gallery and museum.

Cost of Living: 7% more expensive than national average; average monthly rent for 1-bedroom apartment ranges from \$850-1,500.



Community Stats

Population: 91,000; with 125,000+ catchment area

Access: Kamloops Airport; 355 km to Vancouver

Nearest Tertiary Centre: Kamloops

Program Stats

Training Sites: Kamloops, multiple rural sites

Number of Residents: CMG: 6 IMG: 2

Elective Time: 12 weeks

Miscellaneous: UBC Family Practice Learning Centre, co-located with a new Urgent Primary Care Centre providing team-based care

Royal Inland Hospital:
- Regional trauma centre; 3rd busiest ED in BC
- 244 acute beds

Kootenay-Boundary

Located on the traditional land of the Syilx tmix^w (Okanagan), Okanagan, and sngaytskstx tum-ula7xw (Sinixt)

[UBC – Kootenay Boundary](#)

Program Highlights

Type of Curriculum: Block and longitudinal (family medicine, obstetrics, residential care)

Curricular Outline: Block. Rotations in surgery and procedural skills, ER, internal medicine, women's health, obstetrics and pediatrics, mental health. Electives offered in pain, pharmacology, diabetes, palliative care, group visits, HIV, occupational health and interdisciplinary teamwork.

Unique Features: Opportunities include a mountain medicine elective, working in the Shambhala music festival medical tent and training in managing a medical practice

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

Community Highlights

Recreation: World-class skiing, mountain biking and hiking.

Cultural Notes: Music venues, theatre performances, craft shows and galleries, interesting restaurants, bookshops, coffee shops, boutique stores and adventure tourism companies.

Cost of Living: Approximately 6% less than the national average.



Community Stats

Population: 80,000

Access: 317 km Trail to Kelowna, 350 km Nelson to Kelowna, Regional Airports

Nearest Tertiary Centre: Kelowna

Program Stats

Training Sites: Kootenay Boundary Regional Hospital & Kootenay Lake Hospital

Number of Residents: CMG: 2 IMG: 2

Elective Time: PGY1: 8 weeks
PGY2: 12 weeks

Miscellaneous: Eligibility for student loan forgiveness up to \$8,000 per year

Nanaimo

Located on the traditional land of the Coast Salish and Snuneymuxw

[UBC – Nanaimo](#)



Program Highlights

Type of Curriculum: Partial integrated; 2-year longitudinal family practice with a community clinic

Curricular Outline: 39 weeks FM, 8 weeks EM, 10 weeks Obs/Gyn, 6 weeks peds, 8 weeks mental health & addiction, 4 weeks IM, 4 weeks ICU, 6 weeks surgery, 4 weeks palliative care, 3 weeks MSK (ortho, rheum, & physiatry)

Unique Features: Academic weeks throughout the year with complete academic focus (no call, no rotations, and no Academic Half Days)

Research: Mandatory quality improvement project

Community Highlights

Recreation: Hiking, sailing, windsurfing, kayaking, mountain biking, rock-climbing, scuba diving, bungee jumping and more!

Cultural Notes: Known as “Harbour City”, second largest city on Vancouver Island. Thriving arts community and excellent restaurants. Annual Nanaimo Marine festival.

Cost of Living: 1% more expensive than national average; average monthly cost for 1-bedroom apartment is over \$1,000.

Community Stats

Population: 94,000; with 160,000+ catchment area

Access: 100 km to Victoria; regular ferry and floatplane services to Lower Mainland

Nearest Tertiary Centre: Victoria

Program Stats

Training Sites: Nanaimo

Number of Residents: CMG: 7 IMG: 1

Elective Time: PGY2: 2-9 weeks

Miscellaneous:
Nanaimo Regional Hospital:
- 320-bed facility
- 60,000+ ED visits each year
- 1,100+ deliveries annually

Northeast-Fort St. John

Located on the traditional land of the Métis, Beaver, and Dene Tha'

[UBC - Rural Fort St. John](#)

Program Highlights

Type of Curriculum: Integrated, block and longitudinal

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 Inpatient Psychiatry. Residents do a half day Family Practice every week or a full day two times a month. PGY2: 5 blocks of elective time and one block in a smaller rural community. The rest of the time is at the Fort St John site spreading across disciplines

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

Research: Formal academic program with a well-established clinical service community.

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: Approximately \$1,600 per month. There are student loan forgiveness programs available.



Community Stats

Population: 21,000

Access: 438 km to Prince George, North Peace Regional Airport

Nearest Tertiary Centre: Prince George

Program Stats

Training Sites: Fort St. John

Number of Residents: CMG: 2 IMG: 2

Elective Time: 20 weeks + 4 in a 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. Expect to travel for palliative care and other electives (+opportunities for international electives such as South Africa)

Northern Rural

Located on the traditional land of the Dakeł Keyoh (CB^u 30^h), Lheidli T'enneh, and Dēnéndeh

[UBC – Northern Rural \(Prince George\)](#)

Program Highlights

Type of Curriculum: Block; longitudinal palliative care

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: 1-in-4 call with call-free Fridays; surgical skills and trauma unit rotations at Vancouver General Hospital; residents spend PGY2 in 2 different rural communities for extended block

Research: Mandatory quality improvement project

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; average monthly cost for 1-bedroom apartment in Prince George \$800-1,100



Community Stats

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

Access: 783 km to Vancouver; Prince George International Airport

Nearest Tertiary Centre: Prince George

Program Stats

Training Sites:
Prince George
Vancouver
[Rural Site List](#)

Number of Residents:
CMG: 5

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.

Resident Testimonial

"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". - Dr. Kathleen Lloyd Wismer, R2

FAQ's

1. On average, how much travel is required in this stream?

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 two 4 month rural blocks. There is however funding for housing during 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.

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.)?

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 anesthesiologists in PG, which is different than in the rural communities.

3. 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.

4. 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).

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?

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.

Northwest (Terrace)

Located on the traditional land of the Ts'msyen Łaxyuup (Tsimshian)

[UBC – Rural Northwest-Terrace](#)

Program Highlights

Type of Curriculum: Longitudinal – 1.5 days per week in family practice office throughout PGY1 & 2

Curricular Outline: 32 weeks FM, 4 weeks EM, 8 weeks Obs/Gyn, 12 weeks peds, 4 weeks psych, 8 weeks IM, 8 weeks surgery, 4 weeks MSK

Unique Features: 1-month rural rotation on Haida Gwaii and 1-month pediatric emergency rotation at BC Children's Hospital

Research: Mandatory quality improvement project

Community Highlights

Recreation: World class fishing, boating, hiking, cycling, skiing, and sledding, golfing, yoga, hot springs, and more!

Cultural Notes: Rich Indigenous history and culture in the area. Active arts and theatre community. Local brewery and farmers' market.

Cost of Living: Approximately 3% more expensive than the national average, stemming primarily from increased food costs; average monthly rent for 1-bedroom apartment ranges from \$750-1,000.



Community Stats

Population: 15,000; with 80,000+ catchment area

Access: Regional airport, 575 km to Prince George, 1,355 km to Vancouver

Nearest Tertiary Centre: Prince George

Program Stats

Training Sites: Terrace, Haida Gwaii, Vancouver, various rural sites

Number of Residents: CMG: 2

Elective Time: 16 weeks electives/selectives

Miscellaneous:
Mills Memorial Hospital:
- 32 acute care beds
- 5 ICU beds
- 28,000+ ED visits per year
- 300+ deliveries per year

Okanagan South (Pentincton)

Located on the traditional land of the Nl̓eʔkepmx Tm̓ix^w (Nlaka'pamux), Syilx tmix^w (Okanagan), and Okanagan

[UBC - Okanagan South](#)

Program Highlights

Type of Curriculum: block, longitudinal family practice

Curricular Outline: Five blocks of rural rotations: 1 block in Princeton in R1 year and 4 blocks in a rural site of your choice in R2 year with one-month minimum to be a local elective.

Unique Features: Extensive exposure to emergency medicine as well as specialized populations such as the Martin Street Clinic that cares for patients with coexisting mental health and substance use issues. The South Okanagan General Hospital covers the towns of Oliver and Osoyoos and surrounding rural areas, offering outpatient ambulatory, acute care, and a 24/7 emergency department.

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

Community Highlights

Recreation: Swimming, boating, windsurfing, kiteboarding, golf, rock climbing, hiking, cycling and wineries.

Cultural Notes: Community Centre and South Okanagan Events Centre hosting festivals and cultural events.

Cost of Living: Approximately \$1,780 per month.



Community Stats

Population: 90,000

Access: 63 km to Kelowna, 417 km to Vancouver, Kelowna International Airport

Nearest Tertiary Centre: Kelowna

Program Stats

Training Sites: Penticton Regional Hospital & South Okanagan General Hospital

Number of Residents: CMG: 3 IMG: 1

Elective Time: PGY2: 12 weeks

Miscellaneous: During PGY1 there will be four rotations that include weekly emergency room shifts at Penticton Regional Hospital

Prince George

Located on the traditional land of the Dakeł Keyoh (CB^h 30^h), Lheidli T'enneh, and Dēnéndeh

[UBC – Prince George](#)

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: 4 weeks EM, 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. Unique Indigenous Health and Addictions Medicine rotations.

Research: Mandatory quality improvement project

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: Approximately 4% more expensive than national average; average monthly cost for 1-bedroom apartment in Prince George \$800-1,100.



Community Stats

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

Access: 783 km to Vancouver; Prince George International Airport

Nearest Tertiary Centre: Prince George

Program Stats

Training Sites: Prince George; option to pursue rural training in Quesnel or Williams Lake; & various rural sites.

Number of Residents: CMG: 6 IMG: 4

Elective Time: PGY2: 12 weeks

Miscellaneous: Prince George is the major referral centre for Northern British Columbia.

The Family Practice teaching unit is steps away from the hospital and serves 16,000+ patients; all community practices and the hospital use the same connected EMR.

Rural Okanagan (Kelowna)

Located on the traditional land of the Nlaka'pamux Tmíx^w (Nlaka'pamux), Syilx tmix^w (Okanagan), and Okanagan

[UBC - Kelowna Rural](#)

Program Highlights

Type of Curriculum: Block with longitudinal

Curricular Outline: PGY1: in Kelowna, rotations in ICU, pediatrics, internal medicine, general & orthopedic surgery, family medicine, obstetrics, psychiatry, and emergency medicine. Opportunity for longitudinal elective. PGY2: 3 x 16-week blocks. At least 2 week rotations in rural/remote communities in BC and the Northwest Territories. 12 weeks of elective time where international electives are encouraged. Finishes with a 4 week "Transition to Practice" rotation.

Unique Features: ATLS, ACLS, ALARM, NRP certifications. PGY2s are required to take the Essential Surgical Skills Course and the Comprehensive Approaches the Rural Emergencies course.

Research: Scholar project is a mandatory research project included as part of the curriculum. 10 conference days available over 2 years which may also be used for additional coursework

Community Highlights

Recreation: Ski resorts, wineries, spa resorts, and watersports on Lake Okanagan.

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

Cost of Living: Estimated cost of living in Kelowna is 7% higher than national average. During PGY1, residents are given the option of living together in one of two cost-effective resident houses located near the hospital.



Community Stats

Population: 127,000

Access: 390 km (4.5h) to Vancouver or Kelowna International Airport

Nearest Tertiary Centre: Kelowna

Program Stats

Training Sites:

PGY1: Kelowna

PGY2: Electives in rural/remote communities in BC & NWT

Number of Residents:

CMG: 6 **IMG:** 3

Elective Time:

PGY2: 12 weeks

Miscellaneous:

Opportunity for air-evacuating medical emergencies above the Arctic Circle and to perfect fish-hook removal techniques in Haida Gwaii

UNIVERSITY OF ALBERTA



Grande Prairie

Located on the traditional land of the Métis, Kelly Lake Metis Settlement Society, and Beaver

[uAlberta - Grande Prairie](#)



Program Highlights

Type of Curriculum: Block

Curricular Outline: Minimum 4 months rural family medicine block time in PGY1; 6 months rural family medicine in PGY2; immersion in full scope family medicine while on rural blocks, including emergency medicine, obstetrics, in-patient care, palliative care and more. Specialty rotations are tailored to be relevant for resident goals in future family practice

Unique Features: non-service-based. Residents select clinical duties based specifically for their learning value and are given the flexibility to tailor clinical duties. 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. Residents also enjoy tremendous flexibility when selecting call days and holiday time.

Research: In PGY1, mandatory workshop in Evidence Based Medicine followed by 4 EBM projects through the year. A Practice Quality Improvement Project is assigned in PGY2.

Community Highlights

Recreation: Wapiti Nordic Ski Area, the Bear Creek Folk Music Festival, the Eastlink Centre recreational complex, Grande Cache (2 hours), Tumbler Ridge, (3 hours) and Jasper (4 hours).

Cultural Notes: Multicultural, youngest city in Canada (mean age 30.5), strong schools with French Immersion options.

Cost of Living: accommodation is provided for residents at all rural sites outside of Grande Prairie, and expenses for travel to and from the home site of Grande Prairie are covered by the program.

Community Stats

Population: 70,000
(300,000+ catchment area)

Access: 458 km (4.5h) to
Edmonton

Nearest Tertiary Centre:
Edmonton

Program Stats

Training Sites:
Grande Prairie & smaller rural communities in Central and Northern Alberta

Number of Residents:
CMG: 4 IMG: 2

Elective Time:
PGY1: 4 weeks
PGY2: 8 weeks

Miscellaneous:
Residents will receive enhanced training in critical areas for practice in a rural setting, including Emergency Department Ultrasound, the CASTED course (hands-on orthopedic training), and the ALARM course (critical care obstetrics).
The brand-new 172-bed Grande Prairie Regional Hospital opens in the spring of 2021 and will be the site of all hospital-based training in Grande Prairie.

Resident Testimonial

"I was born and raised in northern Alberta, so the Grande Prairie program was high on my list. However, my ties to the community were not the only reason I made the choice to train here. My favorite things about the program are:

1) Quality over Quantity: There aren't very many residents (there are 7 students in my year) which means you are usually the only learner on a service. You will have tons of one-on-one with the staff, the nurses and other allied health care members will know you by name very quickly, and it won't be a struggle to be involved in interesting cases. We are also a tight-knit group and know each other quite well which provides a lot of support.

2) Flexibility/Mental Health: You can take your vacation days when it works best for you, whether that is an entire month off or a couple days here and there for some long weekends. The site directors and administrator are very approachable and available no matter what you want/need to talk to them about. We also get a free annual pass to the local recreational center! When life throws you a curveball, it is easy to contact someone and rearrange your schedule if needed with very few hoops or red tape.

3) Rural Family Medicine First: In first year, you get 4 months of rural family medicine and in second year, you get 6 months. These can be done close to Grande Prairie (30 minutes) or halfway across the province, depending on how much you want to travel and what your learning goals are. Even when you are on specialty rotations, all of your teaching is focused around what you need to know for your future practice as opposed to minutiae and subspecialized details."- Dr. Deanna Funk, R1

FAQ's

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 of our rotations are based out of Grande Prairie except for our rural family medicine blocks which vary in distance from GP (from a half hour drive to halfway across the province). Residents have a lot of say in terms of where they do their rural family medicine block as well.

For your specialty rotations you are based in Grande Prairie and the travelling is minimal. I live as far from the hospital now as possible while still being in town and my commute is between 10 and 15 minutes every morning. Rural rotations can be close or far depending on your goals and family situation. Some are in communities close enough for you to drive to from Grande Prairie every day, which is something that residents with families have chosen to balance work and life. Others are several hours away, but travel back to Grande Prairie for academic days is reimbursed, as well as 2 trips back for personal reasons during each rural rotation.

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.)?

The breadth of family medicine is massive here! When you choose where you want to do your rural family medicine block, you can tailor your learning to your goals since each site has its strengths (e.g. some sites have a higher volume of deliveries). As far as I know, most sites include emergency medicine as well. There is also elective time to fill in any gaps you think you still have. For example, 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!

We have specialty rotations in all the core areas of rural family medicine: general surgery, orthopaedics, anesthesia, paediatrics, obstetrics and gynaecology, internal medicine, psychiatry, and emergency medicine. Our communities for rural rotations offer extremely broad scopes of practice and can be chosen based on your future practice goals as some have higher volumes of obstetrics or surgery or emergency visits. The added benefit is that the rotations are organized to function with residents absent as such there is minimal scut work such as discharge summaries and other dictations. Our internal medicine rotation focuses on ICU and ward consults without the day-to-day rounds and ward work that have limited teaching utility, making every day high yield for developing your knowledge and management skills.

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

COVID has put quite the damper on community engagement but, having lived here prior as well, I can speak to some of the fun activities in the area. For outdoorsy stuff, there is hiking, camping, fishing, and lakes. For sports, there is a tennis club, Eastlink Center (Google it!), a variety of golf clubs, and much more. There is also an extensive trail system along the river that is great for walking, biking, or disc golf! For more relaxing outings, there is a board game cafe, cat cafe, pottery cafe, mini golf, a variety of local coffee shops, a jump yard, and a lot of other cool hangout spots. There's also a farmer's market downtown with locally made goodies. All of the above is just off the top of my head!

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

I don't have a good answer for this one but my rent in a 2 bedroom 2 bath with water included was \$1350, if that is helpful.

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

Yes, I have gone to Edmonton and Calgary. This has been limited due to COVID but out of province electives have been done by residents in Quebec and Ontario for interests in +1 programs. Also, if there is not availability for a certain specialty to take residents in Grande Prairie, your costs for travel and accommodation for the

elective in another city in Alberta is reimbursed by the program.

6. 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?

In general, the scope of every doctor in the Grande Prairie area is quite broad since it is the primary health center that serves northern Alberta, and often northern BC. For example, the internists here run the ICU since there are no intensivists. The general surgeons do a bit of everything since there are very few surgery specialties here. Occasionally, there is a specialty resident, but I've only seen it on general surgery. There are no other family medicine residents on a regular basis.

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

Yes! We have funding specifically for conferences and I've already done a virtual SIM day this year with the local STARS team.

There is a great breadth of extra training including u/s, casted, ATLS, ALARM, PALS, ACLS, NRP, and CBT. We also have a generous conference budget.

8. Is there anything you would change about this program?

Not a ton of pediatrics exposure but this can be made up for with elective time.

Yellowknife

Located on traditional land of the Chief Drygeese Territory and Yellowknives Dene

[uAlberta - Yellowknife](#)



Program Highlights

Type of Curriculum: Mix of integrated and block

Curricular Outline: PGY1: 16 weeks family med integrated with OB/GYN, EM, hospitalist, community visits, 4 weeks gen surg, 4 weeks peds, 2 weeks anesthesia, 2 weeks psych, 8 weeks community fam med (Fort Smith, Hay River, Fort Simpson), 4 weeks peds EM (Edmonton), 4 weeks addictions (Edmonton); PGY2: 16 wks fam med integrated with ortho, long term care, psych, community visits, 4 wks women's health, 4 wks EM, 8 wks internal (Red Deer or Grande Prairie), 4 weeks geriatrics/palliative care (Red Deer or Grande Prairie), 8 wks community fam med (Inuvik, NWT).

Unique Features: Canada's only residency program based out of a circumpolar region. Stanton Territorial Hospital, the referral hospital for all of the NWT and the western third of Nunavut, has a catchment area that is geographically vast (nearly 18% of Canada's landmass) and encompasses a heterogeneous population with complex health, and psychosocial needs.

Research: Evidence-based medicine workshop in PGY1, practice quality improvement project in PGY2.

Community Highlights

Recreation: Aurora viewing, dog sledding, cross country skiing, fishing, Winter Carnival, ice carvings, summer Farmer's Markets, and airplane tours.

Cultural Notes: Diverse First Nations, Inuit, and Metis communities.

Cost of Living: A monthly northern living allowance is paid to each resident during their residency to help offset the higher cost of living in the NWT. Funding is provided for housing for rotations outside of Yellowknife.

Community Stats

Population: 19,569

Access: Flight from Calgary 2.5h, flight from Edmonton 2h

Nearest Tertiary Centre: Edmonton

Program Stats

Training Sites: based out of Yellowknife with rotations in Alberta and various NWT communities (e.g. Inuvik & Fort Smith).

Number of Residents: CMG: 2

Elective Time: PGY1: 4 weeks
PGY2: 4 weeks

Miscellaneous: Residents will stay connected with fellow U of A residents through in-person workshops and via remote connections to online training and meeting opportunities.

UNIVERSITY OF CALGARY



Lethbridge

Located on the traditional land of the Niitsítapiis-stahkoií ᓃ'ᓂᓂ ᓂᓂᓂ (Blackfoot / Niitsítapi ᓃ'ᓂᓂ), Ktunaxa ᓂᓂᓂ, Tsuu T'ina, Očeti Šakówiŋ (Sioux), and Métis

[uCalgary - Family Medicine](#)



Program Highlights

Type of Curriculum: Block; with integrated care of the elderly and palliative care throughout

Curricular Outline: PGY1: 16 weeks rural FM, 4 weeks IM, 4 weeks hospitalist, 4 weeks peds, 4 weeks peds EM, 4 weeks psych, 4 weeks ortho, 4 weeks surgery. PGY2: 24 weeks rural FM, 6 weeks EM, 2 weeks anesthesia, 8 weeks Obs/Gyn, 4 weeks ICU, 2 weeks palliative care

Unique Features: 2 program conferences per year; 1:1 learning during hospitalist, EM, and FM rotations

Research: Quality Improvement project presentation & Journal Club required

Community Highlights

Recreation: 70 parks, 140 km of walking and running trails, and Lethbridge Hurricanes hockey.

Cultural Notes: Outdoor recreation (world's longest, tallest trestle bridge!), largest airshow in Western Canada, alternative energy and agriculture.

Cost of Living: 5.9% more expensive than national average; average monthly rate for 1-bedroom apartment ranges \$800-1,200.

Community Stats

Population: 101,000

Access: 210 km to Calgary; regional airport

Nearest Tertiary Centre: Calgary

Program Stats

Training Sites:

Lethbridge, Calgary, Bassano, Bow Island, Brooks, Camrose, Cardston, Claresholm, Crowsnest Pass, Drumheller, High River, Olds, Pincher Creek, Raymond, Stettler, Sundre, Taber, Three Hills, Yellowknife & Whitehorse

Number of Residents:

CMG: 7 MOTP-MMTP: 2

Elective Time:

PGY1: 8 weeks
PGY2: 6 weeks

Miscellaneous:

A current driver's license and access to a vehicle are mandatory

Medicine Hat

Located on the traditional land of the Niitsítpiis-stahkoií ᓃ'ᓂ-ᓂ ᓂᓃᓃ' (Blackfoot / Niitsítapi ᓃ'ᓂ-ᓂ), Očeti Šakówiŋ, and Métis

[uCalgary - Family Medicine](#)

Program Highlights

Type of Curriculum: Block

Curricular Outline: PGY1: 16 weeks rural FM, 4 weeks IM, 4 weeks hospitalist, 4 weeks peds, 4 weeks peds EM, 4 weeks psych, 4 weeks ortho, 4 weeks surgery. PGY2: 24 weeks rural FM, 6 weeks EM, 2 weeks anesthesia, 8 weeks Obs/Gyn, 4 weeks ICU, 2 weeks palliative care

Unique Features: 2 program conferences per year; 1:1 learning during hospitalist, EM, and FM rotations

Research: Quality Improvement project presentation & Journal Club required

Community Highlights

Recreation: Watersports on the South Saskatchewan River, 90 km of cycling and hiking trails, Medicine Hat Tigers hockey, national and provincial parks galore.

Cultural Notes: Canada's sunniest city! Less than 2-hour drive to one of the foremost dinosaur fossil regions in the world (Dinosaur Provincial Park & Royal Tyrell Museum), rich in natural resources and industrial heritage.

Cost of Living: 4% more expensive than the national average; average monthly rent for a 1-bedroom apartment typically ranges between \$750-900.



Community Stats

Population: 63,000

Access: Medicine Hat Regional Airport; 295 km to Calgary

Nearest Tertiary Centre: Calgary

Program Stats

Training Sites:

Medicine Hat, Calgary, Bassano, Bow Island, Brooks, Camrose, Cardston, Claresholm, Crowsnest Pass, Drumheller, High River, Olds, Pincher Creek, Raymond, Stettler, Strathmore, Sundre, Taber, Three Hills, Yellowknife & Whitehorse

Number of Residents:

CMG: 7

Elective Time:

PGY1: 8 weeks
PGY2: 6 weeks

Miscellaneous:

Regional Hospital:
- 325-bed acute care facility

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”. - Dr. Mohit Kumar, R1

FAQ's

1. On average, how much travel is required in this stream?

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.

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.)?

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!

3. 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!

4. 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.

5. 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.

6. 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.

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

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

8. 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.

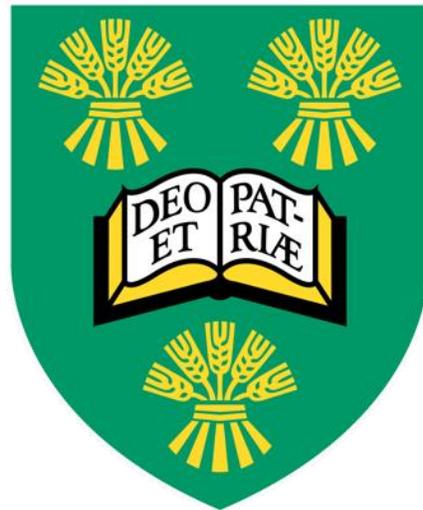
9. What makes this program unique? What drew you to it?

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!

10. 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.

UNIVERSITY OF SASKATCHEWAN



La Ronge

Located on Treaty 6 Territory and Homeland of the Métis Nation

[uSask - Family Medicine](#)

Program Highlights

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

Curricular Outline: PGY1: 28 wk longitudinal in La Ronge, 21 wks rotation based training in Regina including: trauma, palliative care, pediatrics, ICU, hospitalist, 7 wks OB/GYN in Prince Albert; PGY2: most of R2 spent practicing full service rural family medicine. 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: Department of Family Medicine 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, kayaking, fishing, hunting, snowmobiling, local hockey league, boating, camping, 40 km of all season groomed hiking trails. Annual Napatak Ramble outdoor music concert; BORA Boreal Outdoor Recreation Association; Pimiskitan Canoe Club. Active arts and music scene.

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

Cost of Living: Estimated monthly rent: 1-bedroom apartment \$650-\$825, 3-bedroom apartment \$1,000-\$1,200.



Community Stats

Population: 2,688
(15,000 catchment area)

Access: 420 km (4hr) to Saskatoon

Nearest Tertiary Centre: 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 La Ronge clinic
- POCUS in clinic/ED
- Minor Procedure clinic 3x/month
- No other physician groups within 250 km

Moose Jaw

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

[uSask - Family Medicine](#)

Program Highlights

Type of Curriculum: Longitudinal

Curricular Outline: PGY1: 1wk orientation, 48wks FM (clinic-based FM, Psychiatry, EM, Peds, Ortho, Gen Surg, Anesthesia, Obs, IM); 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: Department of Family Medicine 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: Cost of housing is very reasonable. Estimated average rent for a 1-bedroom apartment in the city centre is approximately \$881 per month, and utilities cost around \$141 per month.



Community Stats

Population: 34,000
(54,000 catchment area)

Access: 72 km (30min) to Regina

Nearest Tertiary Centre:
Regina

Program Stats

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

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

Elective Time:
PGY1: 4 weeks
PGY2: 8 weeks

Miscellaneous:

- Region also has 3 community hospitals and 10 LTC facilities
- Potential experiences with Refugee Health, Home Care, Long-Term Care, Wakamow Detox Centre, Physiotherapy, Diagnostic Imaging, aviation medicine
- No specialist residents on site

North Battleford

Located on Treaty 6 Territory and Homeland of the Métis

[uSask - Family Medicine](#)



Program Highlights

Type of Curriculum: Integrated

Curricular 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 Regina); PGY2: integrated FM, hospitalist, EM, 2 wks tertiary centre pediatrics, 2 wks tertiary centre OB

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: Department of Family Medicine 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: 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: 13,567

Access: 135 km (1.5h) to Saskatoon

Nearest Tertiary Centre: 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
MOTP: 1

Elective Time:

PGY1: 6 weeks

PGY2: 8 weeks

Miscellaneous:

- Battleford Union Hospital has a CT scanner, ICU, and dialysis unit.
- 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.

Prince Albert

Located on Treaty 6 territory and Homeland of the Métis

[uSask - Family Medicine](#)

Program Highlights

Type of Curriculum: Block

Curricular Outline: PGY1: Anesthesia – 4 Wks, Emergency – 4 Wks, Internal– 6 Wks, Peds – 6 Wks, PA Family Medicine/Palliative Care, Care of the Elderly – 8 Wks, Psychiatry – 2 Wks, Rural FM – Ile a la Crosse – 8 wks, Surgery– 6 Wks (4 Gen Surg/2 Ortho), Women’s Health/Obstetrics – 6 Wks; PGY2: PA Family Medicine – 14 Wks, Rural Family Medicine – 22 Wks, Women’s Health/Obstetrics – 4 Wks. During all off-service rotations you will have a weekly half-day back at your Family Medicine clinic providing continuity of care and learning.

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: Department of Family Medicine has an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights

Recreation: Outdoors activities - skiing, hiking, hunting, fishing, snowmobiling, swimming, etc. Lots of beautiful lakes! Also has a movie theatre, gyms, aquatics, golf course, and curling.

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 per month.



Community Stats

Population: 41,000
(catchment 150,000)

Access: 138 km (1.5h) to
Saskatoon

Nearest Tertiary Centre:
Saskatoon

Program Stats

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

Number of Residents:
CMG: 6 CMG/IMG: 1

Elective Time:
PGY1: 2 weeks
PGY2: 10 weeks

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

Swift Current

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

[uSask - Family Medicine](#)



Program Highlights

Type of Curriculum: Integrated and block

Curricular Outline: 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: Department of Family Medicine 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
(44,000 catchment area)

Access: 243 km (2.5h) to Regina

Nearest Tertiary Centre:
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 (CMG/IMG): 1

Elective Time:
PGY1: 4 wks; PGY2: 10 wks

Miscellaneous:
The 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

UNIVERSITY OF MANITOBA



Bilingual Program

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

[uManitoba - Bilingual](#)

Program Highlights

Type of Curriculum: Partial Horizontal.

Curricular Outline: Year 1: 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)
Year 2: 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: 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](#)

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](#)

Recreation: Community sports including curling, soccer, baseball, and Lacrosse; abundant forests and parks.

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



Community Stats

Population:

Notre Dame de Lourdes: 589
Ste-Anne: 4,509

Access:

NDL: 130 km to Winnipeg
Ste-Anne: 50 km to Winnipeg

Nearest Tertiary Centre:

Winnipeg

Program Stats

Training Sites:

Winnipeg, Notre Dame de Lourdes & Ste Anne

Number of Residents:

CMG: 3

Elective Time:

8 weeks

Boundary Trails

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

[uManitoba - Boundary Trails](#)

Program Highlights

Type of Curriculum: Partial Horizontal

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

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

Research: Qualitative or quantitative research opportunities. Formal QI curriculum. 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:

Morden: 8,500

Winkler: 14,000

(50,000+ catchment area)

Access: 115 km (1.5h) to Winnipeg

Nearest Tertiary Centre: Winnipeg

Program Stats

Training Sites:

Winkler & Morden

Number of Residents:

CMG: 4

Elective Time:

8 weeks

Miscellaneous:

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

Interlake-Eastern

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

[UManitoba - Rural](#)



Program Highlights

Type of Curriculum: Partial Horizontal

Curricular Outline: Family Medicine (6 blocks each year). Additional rotations in Internal Medicine, Anesthesia, Pediatrics and Palliative Care in Winnipeg. Horizontal training in mental health, Emergency Medicine, Ob/Gyne, cancer care, Surgery and Geriatrics.

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

Research: Qualitative or quantitative research opportunities. Workshops for research skills development. Formal QI curriculum.

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.

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

Community Stats

Population: 30,000

Access: 35 km (30min) to Winnipeg

Nearest Tertiary Centre: Winnipeg

Program Stats

Training Sites:
Selkirk Medical Associates & Selkirk Regional Health Centre

Number of Residents:
CMG: 2 per year

Elective Time:
8 weeks

Miscellaneous:

- 1:1 preceptor to resident ratio with Selkirk Medical Associates
- The Regional Health Centre is a 61 acute care bed facility with regular visiting specialists

Northern Thompson

Located on the traditional land of the Nisichawayasihk Cree Nation

[uManitoba - Rural](#)

Program Highlights

Type of Curriculum: Partial Horizontal

Curricular Outline: Family Medicine done in Thompson and distributed regional sites with integrated training in 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: Qualitative or quantitative research opportunities. Workshops for research skills development. Formal QI curriculum.

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 to 13,000

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

Nearest Tertiary Centre: Winnipeg

Program Stats

Training Sites:
Thompson Clinic &
Thompson General Hospital

Number of Residents:
CMG: 2

Elective Time:
4 weeks

Miscellaneous:

- Horizontal POCUS training
- 1:1 preceptor to resident ratio
- 79 acute care beds. Visiting specialists

Steinbach

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

[uManitoba - Steinbach](#)



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 (8weeks). 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: Qualitative or quantitative research opportunities. Workshops for research skills development. Formal QI curriculum.

Community Highlights

Recreation: Outdoor recreation opportunities at local golf courses and cycling, running and cross-country 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 are covered.

Community Stats

Population: 17,000

Access: 65 km (45min) to Winnipeg

Nearest Tertiary Centre: Winnipeg

Program Stats

Training Sites: Steinbach Family Medical Centre & Bethesda Regional Hospital

Number of Residents: CMG: 4 per year

Elective Time: 8 weeks

Miscellaneous:

- Annual 2-day resident retreat
- 1:1 preceptor to resident ratio with health team format at Steinbach Family Medical Centre
- Regional Hospital has 96 beds, an in-house surgical team, and family medicine anesthesia and obstetrics practices

Rural Northern

Located on various traditional lands of Indigenous persons across Ontario

[NOSM - Rural Northern](#)

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: Endless camping and hiking; hunting and fishing in nearly all learning communities.

Cultural Notes: Strong First Nations and Franco-Ontarian communities.

Cost of Living: Variable, based on home base location.



Community Stats

Population: Variable

Access: Variable

Nearest Tertiary Centre: Academic programming in Thunder Bay or Sudbury

Program Stats

Training Sites: Variable

Number of Residents: CMG: 8

Elective Time: PGY1: 8 weeks
PGY2: 12 weeks

Miscellaneous:

- Hospital facilities and sizes vary depending on community
- All sites are designated teaching sites with history of having residents and clerkship students

WESTERN UNIVERSITY



Resident Testimonial

“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. Jeff Dietrich PGY2

Resident Testimonial

"I love the regional program at Western. We have a great balance of core rotations (applicable to family medicine), FM clinic, and electives. I find the program very flexible with helping you achieve your future career goals. You have the chance to go to smaller community hospitals which is beneficial for your learning, when you are the only learner there. The support staff and physician supervisors are very supportive- I have been off this year on maternity leave, and they were accommodating with my rotations through COVID during my pregnancy. Our site in Ilderton is unique in that we have 9 months of family medicine clinic in PGY2 to solidify our knowledge and get us prepared for practice. London is a wonderful city to live in- a great size that allows for lots of things to do (COVID allowing) but close enough to Windsor/USA border and Toronto to allow for many other adventures." – Dr. Leah Sinai, R2

FAQ's

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.)

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.

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.)?

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.

3. 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.

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

The housing market is increasing in London so it is getting more expensive to buy, but more reasonable than GTA. Moderate cost of living.

5. 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)

6. 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.

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

Requirement of QI or research project for graduation, completed over 2 years, in a group with a staff mentor.

8. 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.

Resident Testimonial

“Favourite part of the program: the comprehensive family medicine experience. On the family med blocks, you have opportunities to work in the emergency department, on the floor as hospitalist, in a nursing or retirement home, as well as in the family medicine clinic. Biggest surprise: what it was like to manage an actual (small) roster of patients. The Mt Brydges program gives you a feel for what real practice looks like as you will have your own small roster of patients that you are responsible for. This includes follow-up appointments as well as following up on lab work, imaging, and arranging for preventative health (vaccinations/screening, etc.) Travel: 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.” – Dr. Delia Dragomir, R1

FAQ's

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.)

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)

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.)?

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

3. 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.

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

Rent ~1300 - 1600 for mid-high end 1 bedroom apartment & 1500 - 2100 for mid-high end 2 bedroom apartment. Due to the frequent commute, gas is definitely a consideration in monthly budget.

5. 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.

6. 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.

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

One research project over two years. The project can be QI or research. I chose to pursue an emergency-department-based retrospective chart review. The research can be done in teams & supervisors are very supportive.

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

Professional days - several each year. ATLS/ACLS, etc. available through London Health Science Centre. In the era of covid, most learning opportunities are virtual.

9. 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.

10. Is there anything you would change about this program?

I wouldn't change anything about the program. I would, however, invest in a self-driving car as soon as one becomes available.

Resident Testimonial

“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.” – Dr. Rob McAllister, R2

FAQ's

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.)

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

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.)?

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.

3. 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.

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

The supply of rental units is low, so they end up being a bit more expensive than they would be in London. I didn't look into buying, but my understanding is that the market is pretty hot, and houses are more expensive than you'd expect for the size

of the city.

5. 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.

6. 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 specialists 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 its relatively rare that you end up on the same team as any other learner (besides your co-resident) while in Stratford.

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

There is a mandatory research component. This consists of a QI or research project. Most residents do a QI project.

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

These would mostly be self arranged and outside of Stratford, but the program is definitely supportive of you attending conferences and extra training.

9. 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.

10. 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.

Strathroy/Regional West

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



[Regional Program FM - Strathroy](#)

Program Highlights

Type of Curriculum: R1 block-based, R2 block-based

Curricular Outline: Family Medicine, Palliative Care, OB/GYN, General Surgery, Medicine, Medicine (Geriatrics), EM, Pediatrics

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: Mandatory resident research project

Community Highlights

Recreation: Outdoor recreation, ice rinks, parks and trails.

Cultural Notes: Dutch and Portuguese populations.

Cost of Living: Approximately \$1,200 per month.

Community Stats

Population: 16,000

Access: 37 km (30min) to London

Nearest Tertiary Centre: London

Program Stats

Training Sites:

Strathroy Middlesex General Hospital – Strathroy, ON

Number of Residents (for both Regional West sites):

CMG: 11

IMG: 4

Elective Time:

PGY1: 4 weeks

PGY2: 20 weeks

MCMMASTER UNIVERSITY



Resident Testimonial

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

- Dr. Alex Pearce, R2

FAQ's

1. On average, how much travel is required in this stream?

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!

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills?

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.

3. 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.

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

It can be quite expensive - many monthly rentals are \$2000/month for 1-2bdrms. I found an apartment about 20 minutes drive away from my office/hospital in Thornbury for ~\$1200/month. There are cheaper options but require deep digging.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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!

10. 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.

Resident Testimonial

“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

FAQ's

1. On average, how much travel is required in this stream?

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).

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.)?

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.

3. 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.

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

I don't know that I can provide an exact figure, but when I compare my experience living here to living in large cities for undergrad and med school, in general the cost of living here is significantly less than in an urban center.

5. 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.

6. 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.

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

As someone who has very little interest in research, I don't have a lot of information on this topic. 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.

8. 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.

9. 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.

10. 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.

Resident Testimonial

“The benefits of rural training, without being too isolating. Owen Sound has a population of ~20000 but provides care to much a larger catchment area. At any time, you are often one of the only learners on a service, which allows you many opportunities. Preceptors are happy to have you and to teach, and it is not a service-based residency! Lots of opportunity for emergency medicine shifts while on core family rotations.” – Dr. Brooke Edwards, R2

FAQ's

1. On average, how much travel is required in this stream?

First year is all in Owen Sound. Second year you do a 2 month rural/remote rotation, and you get a few electives that you can choose what to do with.

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills?

Lots of emphasis on emergency medicine. Many family doctors do addictions and IUD insertion, excisions, lots of opportunities for that.

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

Lots of gym classes!

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

Yes, I went to Marathon Ontario for my remote family experience. Did two electives in Etobicoke and Brampton for higher volume rotations.

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?

There are occasionally visiting residents from anesthesia or general surgery but they don't often get in your way.

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

Built in SIM program.

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

Great place to live

UNIVERSITY OF TORONTO



Resident Testimonial

“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!”- Dr. Rebecca Stepita, PGY3

FAQs

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.)

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.

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.)?

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.

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

Hiking, skiing, water sports, etc.

4. 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.)

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?

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.

6. 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.).

7. 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! -Dr. Rebecca Stepita, PGY3

Newmarket

(of the Barrie-Newmarket Stream)

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

[UofT - Family Rural](#)



Program Highlights

Type of Curriculum: Horizontal

Curricular Outline: 3 Half days weekly in FM both years.
Year 1: Rotations in Medicine (2 months), Mental Health (1 month), MSK (6 weeks), Ob/Gyne (6 weeks), Paediatrics (1 month), Palliative Medicine (1 month), Surgery (1 month), Emergency Medicine (1 month) and electives (2 months).
Year 2: Rural site teaching practice (2 months), Paediatrics (2 weeks), Medicine (6 weeks), FM Inpatient (1 month), Mental Health (1 month), Ob/Gyne (1 month), Plastic Surgery (2 weeks), Oncology (2 weeks), Emergency Medicine (1 month) and electives (4 months).

Unique Features: Practice Management curriculum, Teaching Residents to Teach, Large regional health care center with a community hospital feel, Tight-knit group of residents with many organized social activities, learner centered hospital

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 (40min) to Barrie & Toronto; regular Go Transit service.

Nearest Tertiary Centre: Toronto

Program Stats

Training Sites:
Southlake Regional Health Centre

Community Family Clinic
(Preceptor dependent)

Number of Residents:
Across both sites:
CMG: 14 IMG: 4

Elective time:
PGY1: 2 blocks
PGY2: 4 blocks

Orangeville

Located on the traditional land of the Petun, Haudenosaunee, Anishinabewaki ᐱᐱᐱᐱᐱᐱᐱᐱ, Mississauga and Wendake-Nionwentsio peoples

[UofT - Family Rural](#)



Program Highlights

Type of curriculum: Horizontal. R1 in Toronto, R2 in community.

Curricular Outline: Year 1: 5 blocks of Family Medicine. Rotations of one block each in Hospitalist, Internal Medicine, Surgery, Ob/Gyne, Psychiatry, Pediatrics and Emergency Medicine. Half block rotations in Geriatrics and Palliative Care.
Year 2: 6 months Family Medicine. Opportunities for horizontal experiences in Ob/Gyne, Geriatrics, MSK, Psychiatry, Internal Medicine, Surgery and Anesthesia.

Unique features: Practice Management curriculum, Teaching Residents to Teach, residents maintain their own mini-practice, very few other learners so ability to work with very friendly and keen staff & preceptors

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: 27,000

Access: 81 km (1h) to Toronto; regular Go Transit service.

Nearest Tertiary Centre: Toronto

Program Stats

Training Sites:

PGY1: Michael Garron Hospital

PGY2: Community Family Medicine Clinic

Number of Residents (for all 4 Rural Sites):

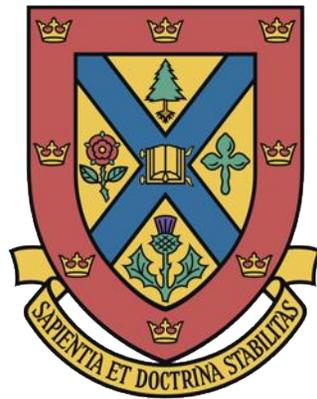
CMG: 8

Elective Time:

PGY1: 1 block

PGY2: 4 blocks

QUEEN'S UNIVERSITY



Resident Testimonial

"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

FAQ's

1. On average, how much travel is required in this stream?

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?

Pandemic makes it harder. But outdoor group workouts, hiking, team sports (QSSC), board games.

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

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?

Only family residents here for the most part! Occasional others (IM or +1 fam med ER). No blocks given Horizontal program but get to do Peds, OB, IM, ICU, ER regularly in schedule.

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

QI project in first year (option to do as solo or in pairs) and a research project in 2nd year.

7. 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!

UNIVERSITY OF OTTAWA



uOttawa

Pembroke

Located on the traditional land of the Anishinabewaki ᐱᐣᓂᓂᐱᐣᓂᐱ, Huron-Wendat, and Omàmiwiniwak (Algonquin)

[uOttawa - Rural Pembroke](#)



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)

1 block = 4 weeks, 13 blocks/year

Unique Features: Regional hospital with only ICU in area

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

Community Highlights

Recreation: Whitewater capital of Canada; cradled between the 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
(100,000 catchment area)

Access: 148km (1.5h) to Ottawa

Nearest Tertiary Centre: Ottawa

Program Stats

Training Sites: Pembroke Regional Hospital, CHEO for pediatric wards is the only rotation requiring travel

Number of Residents: CMG: 3

Elective Time:
PGY1: 1 block
PGY2: 2 blocks

Miscellaneous:

- 105-bed hospital with an ICU and access to CT and MRI.
- Obstetrics unit delivers approx. 700 babies/year
- Annual resident retreat
- Formal resident teaching sessions every week
- 1 day/block in Ottawa for academic day

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

FAQ's

1. On average, how much travel is required in this stream?

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).

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills?

Broad scope of family medicine - full family practice (clinic, long-term care), the hospital is run by FP hospitalists, 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.

3. 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.

4. 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 look 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.

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?

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.

6. 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 ᐱᐱᐸᐸᐱᐸᐱᐸ, Mohawk, Huron-Wendat, Omàmiwininiwak (Algonquin), and Haudenosaunee

[uOttawa - Rural Winchester](#)

Program Highlights

Type of Curriculum: Horizontal

Curricular Outline: Fully integrated curriculum with specialty rotation half/full days throughout training; off-site psychiatry blocks. Per block, PGY1: 2-3 OB/GYN shifts, 2-3 ED shifts, 1 peds shift; per block, PGY2: 2-3 ED shifts, 2-3 internal/cardiology shifts, 16 pediatric ED shifts (CHEO)

Unique Features: One day every two weeks on Akwesasne, a Mohawk Reservation in Cornwall, Ontario in first year

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

Community Highlights

Recreation: Golfing, community sports leagues and recreational facilities, boating, skiing, amateur theatre, close proximity to Ottawa.

Cultural Notes: “Canada’s dairy capital” – strong agricultural roots, agricultural fair, Farmer’s market

Cost of Living: Affordable housing



Community Stats

Population: 11,278
(96,000 catchment area)

Access: 54 km (50min) to
Ottawa

Nearest Tertiary Centre:
Ottawa

Program Stats

Training Sites: Winchester
District Memorial Hospital,
CHEO for peds EM

Number of Residents:
CMG: 3

Elective Time:
PGY1: 2 blocks
PGY2: 1 block

Miscellaneous:

- 63-bed hospital equipped with CT scanner, U/S, digital mammography
- key site for cancer care (breast cancer screening, surgery and chemotherapy); chronic kidney disease (dialysis); and other specialty clinics.
- 1 day/block in Ottawa for 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!" – Anonymous Resident

FAQs

1. On average, how much travel is required in this stream?

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.

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.)?

Comprehensive family medicine!

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

Winchester is only 30 minutes from the city of Ottawa.

4. 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.

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?

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.

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

QI project in PGY1 and scholarly project in PGY2.

7. 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.

UNIVERSITÉ LAVAL



Etchemins

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

[Laval - Médecine familiale](#)



Le programme

Description du site: communauté rurale, hôpital offrant des soins généraux et spécialisés

Cursus: cursus standard

Caractéristiques uniques: Stage de soins critiques pour tous les résidents, hospitalisation faite uniquement par les médecins de famille.

Opportunités de recherche: Un projet d'érudition est obligatoire, celui-ci peut prendre diverses formes. Les résidents qui ont un intérêt pour la recherche seraient encouragés et auraient du soutien du RRAPPL.

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.

Lac-Etchemin

Population: 4,061

Accès: 112 km (1h) de Québec

Hôpital d'attache: l'Hôpital de Saint-Georges du CISSS de Chaudière-Appalaches

Info-rapide du programme

de résidents par année: 6

Stages à option: 2 à 4 mois

Autres: Opportunité de réaliser un ou deux stages à option à l'étranger en France, en Belgique, en Inde ou à Madagascar!

Gaspé

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Wabanaki Confederacy et Mi'kma'ki

[Laval - Médecine familiale](#)

Le programme

Description du site: communauté rurale, hôpital de centre primaire de traumatologie, offrant des soins généraux et spécialisés

Cursus: Le cursus partiellement intégré ou le cursus standard.

Caractéristiques uniques: Option entre le cursus partiellement intégré (Gaspé) et le cursus standard (Gaspé et Québec)! Les médecins de famille sont impliqués dans tous les soins.

Opportunités de recherche: Un projet d'érudition est obligatoire, celui-ci peut prendre diverses formes, avec l'option de le faire comme stage à option. Les résidents qui ont un intérêt pour la recherche seraient encouragés et auraient du soutien du RRAPPL.

Caractéristiques communautaires

Loisirs: Une pléthore d'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. Il y a aussi une communauté artistique et musicale vibrante ainsi que plusieurs musées régionaux.

Culture: Bibliothèques, salles communautaires.

Coût de vie: 7% moins que la moyenne nationale.



Gaspé

Population: 15,163

Accès: 694 km (8h) de Québec

Hôpital d'attache:
Hôpital de Gaspé

Info- rapide du programme

de résidents par année: 5

Stages à option:

Cursus intégré: 4 mois

Cursus standard: 2 mois

Autres:

Opportunité de réaliser un ou deux stages à option à l'étranger en France, en Belgique, en Inde ou à Madagascar!

Manicouagan

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Nitassinan

[Laval - Médecine familiale](#)

Le programme

Description du site: Communauté rurale, hôpital offrant des soins généraux ainsi que des spécialités médicales et chirurgicales de base.

Cursus: Cursus intégré

Caractéristiques uniques: Cliniques auprès d'une communauté autochtone (Pessamit). Possibilité de travailler dans 2 CHLSD, un centre jeunesse, un centre de détention prov., et dans des écoles secondaires.

Opportunités de recherche: Un projet d'érudition est obligatoire, celui-ci peut prendre diverses formes, avec l'option de le faire comme stage à option. Les résidents qui ont un intérêt pour la recherche seraient encouragés et auraient du soutien du RRAPPL.

Caractéristiques communautaires

Loisirs : L'écotourisme, le kayak, la chasse, pistes de motoneige et de randonnées et de nombreuses plages.

Culture: Site marins et terrestres d'observation, centres d'interprétation, sites historiques et de nombreux spectacles.

Coût de vie : exactement la moyenne nationale.



Baie-Comeau

Population: 22,536

Accès: 315 km (4.5h) de Saguenay (4h), 413 km (5.5h) de Québec

Hôpital d'attache:
Hôpital Le Royer

Info- rapide du programme

de résidents par année:
8

Stages à option: 2 mois

Autres:
Opportunité de réaliser un ou deux stages à option à l'étranger en France, en Belgique, en Inde ou à Madagascar!

Rimouski

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Wabanaki et Mi'kma'ki

[Laval - Médecine familiale](#)



Le programme

Description du site: Site semi-rural et le plus gros centre hospitalier à l'est du Québec

Cursus: Cursus standard

Caractéristiques uniques: Clinique jeunesse dans une école polyvalente, exposition à la santé carcérale, ville avec une grande population étudiante.

Opportunités de recherche: Un projet d'érudition est obligatoire, il peut s'agir d'un exercice d'évaluation de la qualité de la pratique professionnelle ou tout autre projet équivalent.

Caractéristiques communautaires

Loisirs: La ville offre un grand choix d'activités en plein air incluant des excursions en mer, des plages ainsi que des parcs régionaux et nationaux.

Culture: Une sélection de festivals de musique incluant le Festi Jazz International, les Grandes Fêtes du Saint-Laurent et le Carrousel international du film de Rimouski.

Coût de vie: 7% moins que la moyenne nationale.

Rimouski

Population: 49,300

Accès: 316 km (3.5h) de Québec

Hôpital d'attache:
Hôpital régional de Rimouski

Info- rapide du programme

de résidents par année:
8

Stages à option: 3 mois

Autres:
Opportunité de réaliser un ou deux stages à option à l'étranger en France, en Belgique, en Inde ou à Madagascar!

Saint-Charles-Borromée

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples St. Lawrence Iroquoians

[Laval - Médecine familiale](#)



Le programme

Description du site: Site semi-rural

Cursus: Cursus intégré

Caractéristiques uniques: Exposition à la santé autochtone, diverses cliniques spécialisées (ITSS-jeunesse, pédiatrie première ligne, techniques gynécologiques, chirurgie en cabinet, infiltration et TDAH), stage de 1 mois à l'unité des soins intensifs pour tous les résidents.

Opportunités de recherche: Un projet d'érudition est obligatoire, il peut s'agir d'un exercice d'évaluation de la qualité de la pratique professionnelle ou tout autre projet équivalent.

Saint-Charles-Borromée

Population: 13,300

Accès: 217 km (2.5h) de Québec, 75 km (1.5h) de Montréal

Hôpital d'attache: Centre hospitalier régional de Lanaudière

Info- rapide du programme

de résidents par année : 12

Stages à option: 3 mois

Autres: Opportunité de réaliser un ou deux stages à option à l'étranger en France, en Belgique, en Inde ou à Madagascar!

Caractéristiques communautaires

Loisirs : Réserves fauniques, l'autocueillette et 9 parcs régionaux et nationaux. Pendant l'hiver, la rivière L'Assomption devient la plus grande patinoire au Québec.

Culture: Pour les mélomanes, le Festival de Lanaudière est un des plus grands festivals de musique classique en Amérique du Nord.

Trois Pistoles

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Wabanaki, Mi'kma'ki, St. Lawrence Iroquoians et Wolastoqiyik Wahsipekuk

[Laval - Médecine familiale](#)

Le programme

Description du site: Communauté rurale

Cursus: Cursus intégré

Caractéristiques uniques: Clinique jeunesse à l'école secondaire Trois-Pistoles.

Opportunités de recherche: Un projet d'érudition est obligatoire, il peut s'agir d'un exercice d'évaluation de la qualité de la pratique professionnelle ou tout autre projet équivalent.

Cours: Un après-midi par semaine d'enseignement programmé, 2 semaines de colloques à Québec dans des laboratoires de simulation.

Lieux: Les blocs de médecine familiale, les activités de la salle d'urgence et l'enseignement formel sont dispensés au GMF-U. Le reste du programme est offert au CISSS du Bas-Saint-Laurent – Réseau local de services de Rivière-du-Loup situé à 30 minutes du GMF-U, qui compte le centre hospitalier régional du Grand-Portage.

Caractéristiques communautaires

Loisirs : Activités en plein air, incluant des parcs régionaux et nationaux, des excursions en mer.

Culture : Musées et patrimoine religieux.



Trois-Pistoles

Population: 3,300

Hôpital d'attache: Centre hospitalier régional du Grand Portage, Rivière-du-Loup.

Accès: 255 km (2.5h) de Québec, 478 km (4.5h) de Montréal

Info- rapide du programme

de résidents par année:
6

Stages à option: Les stages à option (2 mois) sont libres et peuvent être effectués dans différentes régions, même à l'étranger.

Autres:
Opportunité de réaliser un ou deux stages à option à l'étranger en France, en Belgique, en Inde ou à Madagascar!

UNIVERSITÉ DE MONTRÉAL



Aurores Boréales

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishinabewaki, les Cris, les Abitibiwinni Aki et les Omàmiwininiwag (Algonquin)

[Montréal - Aurores Boréales](#)



Le programme

Cursus : Cursus standard

Cours : Urgence (12 semaines), unité d'hospitalisation de médecine familiale (6 à 8 semaines), cardiologie et l'unité coronarienne (4 semaines), obstétrique-périnatalité (4 semaines), soins aux aînés (activités sur les 2 années), Soins palliatifs (4 semaines), urgence pédiatrique à Ste-Justine (4 semaines), hospitalisation et ambulatorio pédiatrique (4 semaines), ambulatorio pédiatrique (activités sur les 2 années), stage en médecine rurale (8 semaines), Stage de nuit/gardes de nuit, les activités académiques

Caractéristiques uniques : Exposition du résident à toutes les facettes du travail de médecin de famille, incluant les activités en milieu d'hébergement et les activités de maintien à domicile.

Opportunités de recherche : Un travail d'érudition ou de recherche est obligatoire en 1^{ère} 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 2^e année avec présentation locale dans les UMF.

Caractéristiques communautaires

Loisirs : Terrain de golf, les sentiers pédestres autour de La Sarre, piscine, aréna, gymnases, terrain de tennis.

Culture: L'art occupe aussi une place importante au sein de la communauté : centre d'art Rotary, spectacles et billetterie, semaine culturelle des générations, médiation culturelle.

Coût de vie: 16% de moins que la moyenne nationale.

"[...] 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. C'est aussi voir une panoplie de modèles qui, jour après jour, servent de source d'inspiration pour façonner les médecins que nous serons. [...] Bref, c'est le milieu idéal pour combiner autonomie, expertise et plaisir. Je suis venue à La Sarre pour apprendre, mais je compte rester pour y vivre."

~ anonyme, site-web de l'Université de Montréal

Statistiques de la communauté

Population : 7,719

Accès : 580 km (6.5h) d'Ottawa, 688 km (8h) de Montréal

Hôpital d'attache:
L'Hôpital La Sarre

Info-rapide du programme

Sites de formation : La Sarre et Abitibi-Témiscamingue

de résidents : 6/année

Stages à option : 3 mois

Autres :

- En première année de résidence, trois formations obligatoires en soins avancés : ACLS, GESTA et PRN.
- L'ordre des stages à La Sarre est établi de façon individualisée.

Baie des Chaleurs

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples de la Confédération Wabanaki et Mi'kma'ki

[Montréal - Baie des Chaleurs](#)



Le programme

Cursus : Cursus intégré

Cours : Urgence (12 semaines), unité d'hospitalisation de médecine familiale (6 à 8 semaines), cardiologie et l'unité coronarienne (4 semaines), obstétrique-périnatalité (4 semaines), soins aux aînés (activités sur les 2 années), Soins palliatifs (4 semaines), urgence pédiatrique à Ste-Justine (4 semaines), hospitalisation et ambulatoire pédiatrique (4 semaines), ambulatoire pédiatrique (activités sur les 2 années), stage en médecine rurale (8 semaines), Stage de nuit/gardes de nuit, les activités académiques

Caractéristiques uniques : Population de patients très variée, notamment une grande population gériatrique. On y retrouve aussi des populations autochtones et on y travaille en anglais et en français.

Opportunités de recherche : Un travail d'érudition ou de recherche est obligatoire en 1^{ère} 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 2^e année avec présentation locale dans les UMF.

Caractéristiques communautaires

Loisir : Les excursions nautiques, le ski de fond et le vélo; pêche sportive au Baie-des-Chaleurs, traîneau à chiens (en hiver)

Culture: Le parc du Vieux-Quai; les ateliers-galleries ouverts au public; la plage des Goélands, aménagée pour pique-nique et promenade où admirer sculpture monolithique et gigantesque cadre naturel

Coût de vie: Loyer 145\$ par semaine de stage lorsque le résident est en région.

“Entre mer et montagnes, l'UMF de la Baie-des-Chaleur est pour les amoureux de la nature, les aventuriers, ceux qui veulent vivre autrement, ceux qui n'aiment pas le trafic ou qui n'aiment pas se faire voler leur vélo. C'est aussi pour ceux qui veulent des défis académiques et qui veulent développer leur autonomie en tant que médecin de famille. Vous y retrouverez une équipe unie et passionnée par l'enseignement qui saura vous guider dans votre parcours.”
~ Mathilde Beaulieu-Lefebvre, R2 - site-web de l'Université de Montréal

Statistiques de la communauté

Population : 2,600

Accès : 236 km (3.5h) de Gaspé, 580 km (6.5h) de Québec

Hôpital d'attache:
L'Hôpital de Maria

Info-rapide du programme

Sites de formation :
Maria et Paspébiac

de résidents : 6/année

Stages à option : 3 mois

Autres :

- Établissements affiliés inclue l'hôpital de Maria, CLSC de Paspébiac, Centre d'hébergement de Maria.
- En première année de résidence, trois formations obligatoires en soins avancés : ACLS, GESTA et PRN.

Les Eskers

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishinabewaki, les Cris, les Abitibiwinni Aki et les Omàmìwininìwag (Algonquin)

[Montréal - Les Eskers](#)



Le programme

Cursus : Cursus standard

Cours : Urgence (12 semaines), unité d'hospitalisation de médecine familiale (6 à 8 semaines), cardiologie et l'unité coronarienne (4 semaines), obstétrique-périnatalité (4 semaines), soins aux aînés (activités sur les 2 années), Soins palliatifs (4 semaines), urgence pédiatrique à Ste-Justine (4 semaines), hospitalisation et ambulatoire pédiatrique (4 semaines), ambulatoire pédiatrique (activités sur les 2 années), stage en médecine rurale (8 semaines), stage de nuit/gardes de nuit, les activités académiques

Caractéristiques uniques : Loyer 145\$ par semaine de stage lorsque le résident est en région. 6 transports aller-retour entre le GMF et le campus à 43 cents du km en auto ou l'autobus.

Opportunités de recherche : Un travail d'érudition ou de recherche est obligatoire en 1^{ère} 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 2^e année avec présentation locale dans les UMF.

Caractéristiques communautaires

Loisirs : Allez à la rencontre de la faune au Refuge Pageau, visitez la miellerie la grande ourse et célébrez les richesses de la région lors du festival H2O; piscine, gymnases

Culture: Salles d'entraînement, aréna, bibliothèque, restaurants, salle de théâtre, salles de cinéma, etc.

Coût de vie: 3% de moins que la moyenne nationale.

Statistiques de la communauté

Population : 12,823

Accès : 485 (5.5h) d'Ottawa, 593 km (6.5h) de Montréal

Hôpital d'attache:
L'Hôpital Hôtel-Dieu d'Amos

Info-rapide du programme

Sites de formation :
Amos et Montréal

de résidents : 6/année

Stages à option : 3 mois

Autres :

- GMF-U Les Eskers est affilié avec un hôpital, un CHSLD de 90 lits avec une unité de réadaptation en gériatrie de 12 lits et un CSLC.
- Ateliers de pratique de réanimation et de soins critiques sur mannequin à la fine pointe de la technologie.

Hautes-Laurentides

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishinabewaki et les Omàmìwininìwag (Algonquin).

[Montréal - Hautes-Laurentides](#)



Le programme

Cursus : Cursus intégré

Cours : Urgence (12 semaines), unité d'hospitalisation de médecine familiale (6 à 8 semaines), cardiologie et l'unité coronarienne (4 semaines), obstétrique-périnatalité (4 semaines), soins aux aînés (activités sur les 2 années), Soins palliatifs (4 semaines), urgence pédiatrique à Ste-Justine (4 semaines), hospitalisation et ambulatoire pédiatrique (4 semaines), ambulatoire pédiatrique (activités sur les 2 années), stage en médecine rurale (8 semaines), Stage de nuit/gardes de nuit, les activités académiques

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 1^{ère} 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 2^e année avec présentation locale dans les UMF.

Caractéristiques communautaires

Loisirs : Plusieurs parcs régionaux, des pistes cyclables, plages, vélo, randonnées pédestres, pêche blanche, ski de fond / raquette, traîneau à chiens

Culture: Vous y trouverez un large éventail de restaurant et d'une multitude de commerce. La Route des Belles-Histoires permet de découvrir la région des Laurentides sous un nouvel angle, incluant son développement forestier, agricole et touristique.

Coût de vie: 4% de moins que la moyenne nationale.

Statistiques de la communauté

Population : 14,127

Accès : 182 km (2h) d'Ottawa, 235 km (2.5h) de Montréal

Hôpital d'attache:
L'Hôpital de Mont-Laurier

Info-rapide du programme

Sites de formation :
Mont-Laurier, Antoine-Labelle, Rivière-Rouge

de résidents : 6/année

Stages à option : 3 mois

Autres :

- Un hôpital de 62 lits avec une unité de soins intensifs, urgence de trauma 1, une unité d'obstétrique et une unité de soins palliatifs.
- En première année de résidence, trois formations obligatoires en soins avancés : ACLS, GESTA et PRN.

UNIVERSITÉ MCGILL



Val D'Or

L'Université McGill est sur un emplacement qui a longtemps servi de lieu de rencontre et d'échange entre les peuples autochtones, y compris les nations Haudenosaunee et Anishinabeg

[McGill - Family Val D'Or](#)



Val D'Or

Population: 35,000

Accès: 417 km (4.5h) d'Ottawa, 525 km (6h) de Montréal

Hôpital d'attache:
L'Hôpital de Val d'Or

Population desservie par le UMF de Val D'Or: La MRC de la Vallée-de-l'Or, 43,000 habitants

Le programme

Description du site: communauté rurale, population 90% francophone, 10% anglophone

Caractéristiques uniques: Les médecins de famille couvrent l'urgence, l'hospitalisation, l'obstétrique ainsi que quelques autres spécialités. Très peu de gardes de 24h et possibilité d'aller dans des réserves autochtones, y compris des communautés algonquines et la population Crie de la Baie-James.

Opportunités de recherche: Un travail d'érudition ou de recherche est obligatoire avec une présentation à la journée annuelle de recherche et de l'érudition.

Cours: 3-6 heures par semaine sont consacrées en moyenne à différentes activités d'enseignement. Les cours ACLS, NRP et GESTA sont offerts par l'Université McGill.

Caractéristiques communautaires

L'hôpital: 111 lits (90 lits de soins aigus), 38 300 visites à l'urgence/année et 700 accouchements/année.

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

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 visiter une vraie mine d'or.

Coût de la vie: \$1,000 par mois.

Info- rapide du programme

de résidents par année:
8 (4 R1 et 4 R2)

Cursus: Horizontal

Stages à option: 5 mois

Les résidents basés à l'UMF de Val D'Or bénéficient d'un programme de soutien financier du MSSS en plus de leur salaire annuel.

UNIVERSITÉ DE SHERBROOKE



Alma

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Nitassinan et Innu-Montagnais Central

[Sherbrooke - Médecine de famille](#)

Le programme

Description du site: communauté rurale.

Cursus: Cursus intégré

Caractéristiques uniques: Plusieurs stages autour du Saguenay-Lac-Saint-Jean et 3 stages à options à l'endroit de votre choix.

Il existe plusieurs opportunités de recherche pour les résidents intéressés! Un projet d'amélioration continue de la qualité ou projet de recherche est obligatoire pour chaque résident.

Cours: Sessions académiques hebdomadaire, incluant des cours d'urgence.

Caractéristiques communautaire

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.

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 vie: 13% moins que la moyenne nationale.



Alma

Population: 31,000

Accès: 228 km (2.5h) de Québec, 479 km (5h) de Montréal

Hôpital d'attache:
L'Hôpital d'Alma

Info- rapide du programme

de résidents par année :
6

Stages à option : 3 mois.
L'hébergement est gratuit pendant les stages à option.

Autres: Possibilité de faire un stage optionnel de santé internationale en Haïti ou Ouganda comme R2!

Des journées portes ouvertes sont disponibles pour les UMF du réseau de Sherbrooke! Vérifiez les dates en ligne

Drummondville

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

[Sherbrooke - Médecine de famille](#)

Le programme

Description du site: communauté rurale.

Cursus: Cursus intégré

Caractéristiques uniques: Tout au long de l'année, le résident est présent pour assurer un suivi à ses patients. Stages sont longitudinal, sauf pour deux demi-périodes en urgence et soins critiques, deux demi-périodes en périnatalité et obstétrique et deux stages à option. Les activités de santé mentale, d'hospitalisation, de périnatalité et de soins aux enfants sont ainsi intégrés aux stages. Le stage RII intègre des activités cliniques en médecine de famille, hospitalisation, soins palliatifs, urgence, périnatalité, soins aux personnes âgées et médecine interne.

Caractéristiques communautaires

Loisirs: Divers sports, le Festival de Poutine par les Trois Accords.

Culture: Musée à ciel ouvert (art contemporain), danse, village Québécois d'antan et le Mondial des Cultures.

Coût de vie: 6% moins que la moyenne nationale.



Drummondville

Population: 75,400

Accès: 154 km (2h) de Québec, 107 km (1.5h) de Montréal

Hôpital d'attache:
Hôpital Sainte-Croix

Info- rapide du programme

de résidents par année :
8

Stages à option : 3 mois.
L'hébergement est gratuit pendant les stages à option.

Autres: Possibilité de faire un stage optionnel de santé internationale en Haïti ou Ouganda comme R2 !

Des journées portes ouvertes sont disponibles pour les UMF du réseau de Sherbrooke! Vérifiez les dates en ligne

Pommeraiie-Cowansville

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

[Sherbrooke - Médecine de famille](#)

Le programme

Description du site: communauté rurale.

Cursus: Cursus intégré

Caractéristiques uniques: Programme intégré à Cowansville durant la première année (soins critiques & périnatalité/pédiatrie, avec une période de stage optionnelle en deuxième année et 3 mois chez une des unités extérieures.

Il existe plusieurs opportunités de recherche pour les résidents intéressés! Un projet d'amélioration continue de la qualité ou projet de recherche est obligatoire pour chaque résident.

Cours: Sessions académiques hebdomadaire, incluant des cours d'urgence.

Caractéristiques communautaires

Loisirs : Les Cantons de l'Est profitent d'une région de ski incluant Mount Orford, Ski Bromont, Mount Sutton, et Owl's Head. Aussi, le Rendez-vous Fest a lieu à la fin août au parc Davignon.

Culture : Musée Bruck, bibliothèques, ateliers.

Coût de vie: 2% moins que la moyenne nationale.



Cowansville

Population: 14,354

Accès: 256 km de (2.5h) Québec, 92 km (1h) de Montréal

Hôpital d'attache:
Hôpital Brome-Missisquoi-Perkins

Info- rapide du programme

de résidents par année:
7

Stages à option : 3 mois.
L'hébergement est gratuit pendant les stages à option.

Possibilité de faire un stage optionnel de santé internationale en Haïti ou Ouganda comme R2 !

Des journées portes ouvertes sont disponibles pour les UMF du réseau de Sherbrooke! Vérifiez les dates en ligne

Rouyn-Noranda

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishinabewaki, Cree, Abitibiwinini Aki et Algonquin

[Sherbrooke - Médecine de famille](#)



Le programme

Description du site: communauté éloignée.

Cursus: Cursus intégré

Caractéristiques uniques: 3 mois de stages se font en unité extérieure au GMF-U Charles-Lemoyne ainsi qu'un à 2 stages d'urgence en milieu urbain. Le GMF-U est dans des spacieux locaux rénovés, adjacents à l'hôpital.

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.

Cours: Une journée de formation/2 semaines et deux heures de club de lecture par mois.

Autre: Accès à divers bonus financiers et crédit d'impôts pour la formation en région.

Caractéristiques communautaire

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.

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 vie: \$1300 pour appartement de 1 chambre.

Rouyn-Noranda

Population: 41,000

Accès: 524 km (5.75h) d'Ottawa, 632 km (7h) de Montréal

Hôpital d'attache:
Hôpital de Rouyn-Noranda

Info- rapide du programme

de résidents par année:
5

Stages à option : 3 mois
L'hébergement est gratuit pendant les stages à option.

Autres: Possibilité de faire un stage optionnel de santé internationale en Haïti ou Ouganda comme R2!

Des journées portes ouvertes sont disponibles pour les UMF du réseau de Sherbrooke! Vérifiez les dates en ligne.

Saint-Jean-sur-Richelieu

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Abenaki et St. Laurence Iroquoians

[Sherbrooke - Médecine de famille](#)



Le programme

Description du site: communauté rurale

Cursus: Cursus intégré

Caractéristiques uniques: Le stage RI intègre des activités cliniques en hospitalisation, urgence, soins palliatifs, périnatalité, santé mentale et soins aux personnes âgées. Deux périodes de stage à option sont offertes. Durant la deuxième année, une période de stage à option est offerte ainsi qu'un stage de trois mois de médecine de famille dans une des unités extérieures.

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.

Cours: Une journée de formation/2 semaines et deux heures de club de lecture par mois.

Caractéristiques communautaires

Loisirs: Camp de jour, patinage, parcs et sports.

Culture: La ville accueille l'International de montgolfières de Saint-Jean-sur-Richelieu. Aussi, galerie du vieux Saint-Jean, musée de Haut-Richelieu.

Coût de vie: 4% moins que la moyenne nationale.

Saint-Jean-sur-Richelieu

Population: 37,500

Accès: 253 km (3h) de Québec, 41 km (1h) de Montréal

Hôpital d'attache:
Hôpital du Haut Richelieu

Info- rapide du programme

de résidents par année:
8

Stages à option : 3 mois
L'hébergement est gratuit pendant les stages à option.

Autres: Possibilité de faire un stage optionnel de santé internationale en Haïti ou Ouganda comme R2 !

Des journées portes ouvertes sont disponibles pour les UMF du réseau de Sherbrooke! Vérifiez les dates en ligne

DALHOUSIE UNIVERSITY



Annapolis Valley

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

[Dalhousie University - Annapolis Valley](#)



Program Highlights

Type of Curriculum: Longitudinal Experiential Format

Curricular Outline: Longitudinal experience in family medicine, emergency medicine, general surgery, medicine, geriatrics, hospitalist, orthopedic surgery, pediatrics, psychiatry, critical care, and palliative care. 4 weeks of obstetrics & gynecology in block format during PGY1.

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

Research: Protected time for mandatory resident research project; residents are expected to participate in journal club.

Community Highlights

Recreation: Hiking, golfing, canoeing, biking, skiing & snowshoeing

Cultural Notes: 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

Cost of Living: 1.5% less than the national average; housing in on par with national average (*Economic Research Institute, 2020*). Average monthly rate for 1-bedroom apartment \$600-1000

"The Annapolis Valley is a fabulous place to live and work. Beautiful scenery, great food and wineries, welcoming people, and the highest tides in the world! The valley has all the benefits of being in a rural community, but still easily accessible to Halifax and the airport. The program is a great fit for me; the longitudinal structure means I got to spend more time in my family practice clinic, doing what I actually plan on doing in my future career – following a diverse group of patients in a general practice setting. The program is flexible and can be modified to suit your particular interests."

- Dr. Hillary Lavelle, Annapolis Valley Family Medicine Graduate

Community Stats

Population: 123,000

Access: 120 km to Halifax, 3-hour ferry to Saint John

Nearest Tertiary Centre: Halifax

Program Stats

Training Sites: Annapolis Royal, Middleton, Berwick, Kentville, New Minas & Wolfville

Number of Residents: CMG: 4 IMG: 1

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.

Cape Breton – Inverness

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

[Dalhousie University – Inverness](#)



Program Highlights

Type of Curriculum: Longitudinal Experiential Format

Curricular Outline: Longitudinal experience in family medicine, emergency medicine, orthopedics, medicine, general surgery, pediatrics, psychiatry, and palliative care. Limited block format with 8 weeks of obstetrics and gynecology during PGY1 and 4 weeks each of critical and palliative care during PGY2.

Unique Features: Residents work primarily in the same family medicine environment, ensuring continuity of learning experience.

Research: 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 Centre: Sydney

Program Stats

Training Sites: Inverness, Sydney, & distributed sites throughout Cape Breton

Number of Residents: CMG: 2

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.

Cape Breton – Sydney

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

[Dalhousie University – Sydney](#)

Program Highlights

Type of Curriculum: Block

Curricular 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 peds. 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

Research: Protected time for mandatory resident project

Community Highlights

Recreation: Hiking and biking the Cabot Trail, golfing, kayaking & sailing

Cultural Notes: Rich Gaelic, Acadian, and Indigenous history set along beautiful, rugged coastline; countless historic sites and parks

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

“The best part of the program in Cape Breton is that it is very learner-based rather than service-based. There is a focus on all of our specialty rotations on what we need to know as future family doctors, and not on providing a service to the specialist. The physician community in Cape Breton is a very supportive one and being in a small program, and the only learners here, gives us the unique opportunity to get to know a lot of the local physicians personally. The community at large also embraces and welcomes the residents in our program and are thrilled to have us here...”

- Dr. Meghan Burns, Sydney Family Medicine Graduate



Community Stats

Population: 29,900;
(132,000+ catchment area)

Access: Local airport

Nearest Tertiary Centre:
Sydney

Program Stats

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

Number of Residents:
CMG: 5 **IMG:** 1

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

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

North Nova

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

[Dalhousie University – North Nova](#)



Program Highlights

Type of Curriculum: Longitudinal Experiential Format

Curricular Outline: Longitudinal experience in family medicine, emergency medicine, general surgery, medicine, geriatrics, hospitalist, orthopedic surgery, obstetrics & gynecology, pediatrics, psychiatry, and palliative care. Limited block-style rotation for critical care during PGY2.

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

Research: Protected time for mandatory resident research project; residents are expected to participate in journal club.

Community Highlights

Recreation: Biking, water sports, beaches, and parks

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

"Love your life while learning family medicine! Here you will experience that work/life balance is paramount. You're close to towns with amenities, but also so close to nature with oodles of trails and activities for the outdoor enthusiast. The best way to describe the experience of being here is seaside medicine with no traffic, no commute. The medical staff is supportive and you'll feel like everyone has your back. In my perspective, it takes a village to raise a child, and it takes a community to train a family physician."

- Dr. Deanna Field, Family Physician & North Nova Site Director

Community Stats

Population: 12,261 (Truro); (151,000+ total region)

Access: 95 km to Halifax from Truro

Nearest Tertiary Centre: Halifax

Program Stats

Training Sites: Truro, Antigonish, New Glasgow, Amherst, Cumberland

Number of Residents: CMG: 6

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.

PEI

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

[Dalhousie University – PEI](#)



Program Highlights

Type of Curriculum: Block, Urban & Rural

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

Unique Features: Residents can pursue preceptor and team-based teaching models, allowing for great training diversity.

Research: 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: Beaches, bike trails, water sports, and National Parks

Cultural Notes: Rich culture and history, fantastic dining and entertainment, “Canada’s Food Island”

Cost of Living: 3% more expensive than the national average; average monthly rent for 1-bedroom apartment in Charlottetown ranges from \$850-1,100

“The PEI program has the benefits of what an urban and rural site would offer. Charlottetown itself is a nice size with lots going on in the community, which you really feel apart of living here. In the hospital there is lots of hands on learning. The teaching you get is excellent. There is also a lot of one on one teaching from highly skilled and knowledgeable physicians. Again, I have to highlight the community factor. I love feeling part of a team and I feel so at home here. I highly recommend the program and place!”

- Christine Campbell, PEI Family Medicine Graduate

Community Stats

Population: 153,000

Access: Charlottetown Airport, Confederation Bridge to Cape Jourimain, NB

Nearest Tertiary Centre: Charlottetown

Program Stats

Training Sites: Charlottetown & Summerside

Number of Residents: CMG: 4 IMG: 1

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.

South West Nova

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

[Dalhousie University – South West Nova](#)



Program Highlights

Type of Curriculum: Longitudinal Experiential Format

Curricular Outline: Longitudinal experience in family medicine, emergency medicine, general surgery, medicine, geriatrics, hospitalist, obstetrics & gynecology, pediatrics, psychiatry, critical care, and palliative care. Visiting specialist clinics for orthopedics, vascular, and urologic surgery.

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

Research: Protected time for mandatory resident research project; residents are expected to participate in journal club.

Community Highlights

Recreation: Hiking, hockey, golfing, cycling, sailing, 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; average monthly rent for 1-bedroom apartment ranges between \$500-850 in Yarmouth

Community Stats

Population: 44,200+
catchment area

Access: 315 km from Halifax airport to Yarmouth; ferry from Yarmouth to Maine, USA; ferry available from Digby to Saint John, NB

Nearest Tertiary Centre:
Halifax

Program Stats

Training Sites:
Yarmouth (primary),
Digby, and Shelburne
counties

Number of Residents:
CMG: 4 **IMG:** 1

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, residents are expected to complete problem-based learning modules specific to family medicine.

Resident Testimonial

"The Dalhousie Family Medicine South West Nova program is situated along the scenic Nova Scotia coastline. You are never far from a beautiful beach, delicious seafood or lighthouse to explore. My favourite part of the program is the collegial atmosphere of the Yarmouth Regional Hospital where all physicians are excited to have residents and eager to teach. The community itself is very welcoming to newcomers with many social events and outings to introduce you to the town and surrounding areas. This integrated, longitudinal program allows me to spend every day in a different area of medicine whether it is the emergency department, internal medicine or family medicine clinic. This program style allows residents to consistently revisit all aspects of medicine throughout our two years of training. Most residents choose to live in Yarmouth and are assigned a family medicine preceptor in Yarmouth or nearby communities of Meteghan or Barrington Passage. There are opportunities to spend time at Digby General Hospital and Roseway Hospital in Shelburne. This program is constantly evolving to meet the learning needs of residents with a passionate site director and family medicine preceptors dedicated to training future family physicians". - Dr. Melissa Power, R1

FAQ's

1. On average, how much travel is required in this stream?

Assigned a family medicine preceptor in Yarmouth, Meteghan or Barrington Passage (approximately 40 minutes from Yarmouth). All other services are based out of Yarmouth Regional Hospital. Some emergency department shifts offered in Digby (1 hour from Yarmouth).

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.)?

Large scope of practice offered in South West Nova. There are opportunities in family medicine obstetrics, minor procedures, surgery assist, women's health, emergency medicine, medical assistance in dying, palliative care, long-term care and home visits.

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

There are many activities available such as golfing, curling, tennis and organized sports leagues. There are trails for hiking, biking and walking. There are many nearby beaches and camping opportunities. Three local breweries and a variety of restaurant options. Boat tours, paddle boarding and kayak tours.

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?

Due to the integrated nature of this program, residents are involved in different specialties on an almost daily basis. Unique to this program, PGY1 residents can choose 4 weeks of selectives to focus on areas of interest. Opportunities are available in palliative care, radiology, minor procedures, ophthalmology, geriatrics, pediatrics, prenatal care and low risk obstetrics, psychiatry, ICU, emergency medicine, general surgery/OR assist, oncology, women's health, and OB/GYN. The only residents at this site include the family medicine residents and two general internal medicine residents.

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

Residents much complete a project from a selection of options. These options include a research project, practice quality improvement project, position paper/essay, clinical education tool, medical education tool, literature review or medical humanities project.

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

My favourite part of the program is living in a small, friendly community and working with a supportive group of physicians who are passionate about teaching. South West Nova offers an integrated, broad scope of family medicine. A strength of this program that I was drawn to is family medicine obstetrics. Residents get comprehensive exposure to prenatal care, labour management, low risk deliveries and postpartum and newborn care.

MEMORIAL UNIVERSITY



Central

Located on the traditional land of the Beothuk and Mi'kmaq

[MUN - Family Medicine](#)



Program Highlights

Type of Curriculum: R1: Block-based R2: Integrated

Curricular Outline: weekly academic half days, behavioral medicine, EBM, FM Obstetrics, Practice management, team teaching rounds, 2 one-week Core content training sessions; Experiences such as rural emergency, family medicine obstetrics, inpatient and long-term care are available; Customized electives within the stream in various specialty services available.

Unique Features: Return of service bursaries available.

Research: Mandatory scholarly project such as research, clinical chart audit, systematic review, policy or creative project in curriculum. Extra-curricular research through Family Medicine Department.

Community Highlights

Recreation: Outdoor 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: 1% more than NFL's average (approximately \$1,757 per month)

Community Stats

Population: 2,000-14,000

Access: 2-4h drive to regional airport.

Nearest Tertiary Centre: St. John's

Program Stats

Training Sites:

Baie Verte, Botwood, Brookfield, Fogo Island, Gander, Grand Falls-Windsor, Harbour Breton & Twillingate

Number of Residents:

CMG: 6

Elective Time:

8 weeks

Miscellaneous:

- Lots of one-on-one learning opportunities.
- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

Resident Testimonial

"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". - Dr. Jenna Paul, R1

FAQ's

1. 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!

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.)?

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.

3. 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!

4. 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.

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?

We do obstetrics, internal medicine, orthopaedic surgery, general surgery, Pediatrics, and emergency medicine. There are both family and specialty residents rotating through however a lot of the time there are only family residents.

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

We do a resident project which can be research based. It is usually something the resident chooses themselves and has guidance of a supervisor.

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

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 emergency medicine shifts. We also have conference leave which can be used for virtual conferences during COVID.

Eastern

Located on the traditional land of the Beothuk and Mi'kmaq

[MUN - Family Medicine](#)

Program Highlights

Type of Curriculum: R1: Block-based; R2: Integrated

Curricular Outline: weekly academic half days, behavioral medicine, EBM, FM OB, practice management, team teaching rounds, 2 one-week Core content training sessions; PGY1 also includes integrated FM and Care of Elderly training as well as obs/gyn, surgery and internal medicine experiences in rural sites or in NB. PGY2 includes rural FM experiences in Eastern region/NB or urban FM in St. John's. Pediatric, palliative care, and orthopedic clinical experiences are also completed.

Unique Features: Return of service bursaries available.

Research: Mandatory scholarly project such as research, clinical chart audit, systematic review, policy or creative project in curriculum. Extra-curricular research through Family Medicine Department.

Community Highlights

Recreation: Outdoor recreation, boating activities, whale watching, East Coast Trail, several provincial parks for camping, hiking and boating, golf, sea kayaking.

Cultural Notes: Music and theatre festivals, Trinity Pageant, walking and boat tours, studios and galleries, great restaurants and many historic sites!

Cost of Living: Approximately \$1,750 per month in St. John's.



Community Stats

Population: 601 in smaller communities to 114,000 in St. John's

Access: St. John's International Airport

Nearest Tertiary Centre: St. John's

Program Stats

Training Sites:

St. John's, Bay Bulls, Torbay, Paradise, Upper Island Cove, Harbour Grace, Carbonear, Clarenville, Burin & Port Blandford

Number of Residents:

CMG: 6

Elective Time: 8 weeks

Miscellaneous:

- Lots of one-on-one learning opportunities.
- Combination of urban and rural learning.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

Resident Testimonial

“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”. - Dr. Robbie McCarthy, R2

FAQ's

1. On average, how much travel is required in this stream?

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.

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.)?

Training within this stream provides lots of opportunities to 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.

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

Hiking, running, snowshoeing. There are lots of outdoor activities to enjoy.

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

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.

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?

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.

6. 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.

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

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.

8. 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.

Goose Bay

Located on the traditional land of the Southern Inuit (NunatuKavut) and Innus (Montagnais)

[MUN - Family Medicine](#)



Program Highlights

Type of Curriculum: R1: Block-based; R2: Integrated

Curricular Outline: weekly academic half days, behavioral medicine, EBM, FM Obstetrics, Practice management, team teaching rounds, 2 one-week Core content training sessions; Experience in prenatal/intrapartum/postpartum care, ER, telehealth, fly-in clinics, hospitalist, inpatient care, flight medicine, seniors home/long-term care, interdisciplinary work

Unique Features: Return of service bursaries available.

Research: Mandatory scholarly project such as research, clinical chart audit, systematic review, policy or creative project in curriculum. Extra-curricular research through Family Medicine Department.

Community Highlights

Recreation: Lakes, rivers, kayaking, hunting, fishing, snowmobiling, cross country skiing, hiking in the Big Land.

Cultural Notes: Number of festivals and vibrant arts community, community theatre group, Lawrence O'Brien Arts Centre, local movie theatre, many fairs and community events, Labrador Winter Games held every 3 years.

Cost of Living: Approximately 16% more than the national average.

Community Stats

Population: 8,200

Access: Goose Bay regional airport

Nearest Tertiary Centre: St. John's

Program Stats

Training sites:

Happy Valley-Goose Bay and coastal fly-in communities

Number of Residents:
CMG: 6

Elective Time: 8 weeks

Miscellaneous:

- Lots of one-on-one learning opportunities.
- Experience in rural & remote community practice.
- Follow on Instagram: #mun.norfam
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

"From my very first day in Goose Bay, I've been in love with the NorFam program. I love the broad scope of practice. I love being part of a small, passionate team. I love the heart of our remote coastal communities, filled with fiercely resilient people. I love finding familiar faces in the grocery store, the hiking trails, and the exam room. There is a feeling of home that just emanates from the people of Labrador."

~ Anonymous

Nunavut

Located on the traditional land of the Inuit

[MUN - Family Medicine](#)

Program Highlights

Type of Curriculum: Longitudinal while in Iqaluit

Curricular Outline: weekly academic half days, behavioral medicine, EBM, FM Obstetrics, Practice management, team teaching rounds, 2 one-week Core content training sessions; Experiences include family medicine clinics, medivacs, obstetrics, telemedicine ER, TB program, corrections and reproductive care.

Unique Features: Lots of trauma exposure; transfer medicine; aligned with more remote communities

Research: Mandatory scholarly project such as research, clinical chart audit, systematic review, policy or creative project in curriculum. Extra-curricular research through Family Medicine Department.

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: 47% higher than national average.

"Working in Iqaluit has helped grow my confidence in managing a variety of presentations. It feels like a supportive environment where both learners and staff are open to looking information up and learning from each other."

~ Anonymous



Community Stats

Population: 8,000

Access: Fly-in

Nearest Tertiary Centre: Iqaluit (transferring to Ottawa) or St. John's

Program Stats

Training Sites: 6 mo. in Iqaluit, NU & 18 mo. in St. John's, NL or NB

Number of Residents: CMG: 4

Elective Time: R2 - 2 blocks in home site; flexible schedule in Iqaluit

Miscellaneous:

- 35-bed facility staffed by GPs, 2 pediatricians & 2 general surgeons in-house
- Lots of 1:1 learning opportunities
- Learn to provide culturally safe care for the Inuit population and how to work in low-resource settings

Western

Located on the traditional land of the Beothuk and Mi'kmaq

[MUN - Family Medicine](#)

Program Highlights

Type of Curriculum: R1: Block-based; R2: Integrated

Curricular Outline: weekly academic half days, behavioral medicine, EBM, FM Obstetrics, Practice management, team teaching rounds, 2 one-week Core content training sessions; Experiences in OB, newborn/pediatric/adolescent care, women's & men's health, mental health, geriatric and palliative care, in-patient care, occupational medicine, minor procedures, home visits/house calls, ER, interdisciplinary care

Unique Features: Return of service bursaries available; Point of Care Ultrasound Program

Research: Mandatory scholarly project such as research, clinical chart audit, systematic review, policy or creative project in curriculum. Extra-curricular research through Family Medicine Department.

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 \$1,798 monthly in Corner Brook.



Community Stats

Population: 280-32,000

Access: Deer Lake with regional airport

Nearest Tertiary Centre: Corner Brook

Program Stats

Training Sites:

Bonne Bay, Corner Brook, Port aux Basques, Port Saunders, Stephenville, Pasadena & Deer Lake

Number of Residents:
CMG: 6

Elective Time: 8 weeks

Miscellaneous:

- More one-on-one learning
- Majority of training in NFL, with opportunity to complete rotations in St. John's or NB if not available locally.

"WestFam provides me with an excellent home base for learning from competent, excellent rural physicians and getting hands on experiences in lots of areas of medicine. Corner Brook has a vibrant arts community that provides loads of entertainment options while also only being minutes from beautiful hiking trails, ski facilities, and a short drive from Gros Morne National Park."

~ Anonymous