

DEPARTMENT OF FAMILY MEDICINE RESIDENT HANDBOOK



Rady Faculty of
Health Sciences



University
of Manitoba

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Message from the Department Head

Welcome to the “family” of family medicine! The department is doing important and innovative work and we are glad to have you with us.

We hope your time here brings valuable experiences and allows you to form lasting relationships. We look forward to working with you and benefiting from the talents you bring.

I encourage you to use this manual to familiarize yourself with the department, but also to consider the preceptors, staff and each other as important resources throughout your time in family medicine. I also invite you to reach out to the university’s administration, either to myself or to the Dean of the Max Rady College of Medicine, with your comments and your concerns. Your input is always welcome.

- Dr. José François, MD MMedEd CCFP FCFP

Department Overview

As part of the Rady Faculty of Health Sciences at the University of Manitoba, the Department of Family Medicine provides a comprehensive training program accredited by the College of Family Physicians of Canada. We strive to teach whole-person medicine using a collaborative, interprofessional model.

A broad knowledge base and clinical skill sets enable family physicians to work in diverse settings such as patients' homes, outpatient clinics, emergency departments, labour and delivery suites, hospital wards, and nursing homes.

Streams

Residents can complete their two-year family medicine residency in one of five learning streams. This model helps develop well-rounded family physicians who can practice with confidence in a variety of settings.

Enhanced Skills Programs

Family physicians can continually shape and reshape their careers through enhanced skills training in a number of specialties, tailored to their unique needs.

Undergraduate Studies

In addition to postgraduate studies, the department is also engaged in several components of the Max Rady College of Medicine's four-year undergraduate degree, providing pre-clerkship teaching and clinical placements, as well as ensuring all students complete family medicine rotations in rural or northern Manitoba.

Integrative Medicine in Residency (IMR)

Integrative Medicine in Residency (IMR) is an option that residents can choose to pursue alongside their family medicine studies. It is comprised of 200 hours of study exploring the integration of complementary and alternative therapies with conventional family practice.

Research

The Department of Family Medicine conducts leading-edge research to improve the health outcomes of Canadians.

Residency Program Goals

The goal of the Department of Family Medicine Residency Program is to train family physicians who are able to provide comprehensive, high quality, continuous care in urban, rural, or remote settings.

On completion of their program, family physicians trained by our residency program will demonstrate the abilities to:

LINKS

[Department of Family Medicine](#)

[Family Medicine Postgraduate Medical Education](#)

[Family Medicine Research](#)

[Family Medicine Policies](#)

[Residency Competency Framework](#)

[Postgraduate Medical Education](#)

[Max Rady College of Medicine](#)

[Rady Faculty of Health Sciences](#)

STREAMS

[Urban Stream](#)

[Rural Stream](#)

[Bilingual \(French/English\) Stream](#)

[Northern Remote Stream](#)

Northern Thompson

IMR OPTION

[Integrative Medicine in Residency \(IMR\)](#)

ENHANCED SKILLS

FM Addictions Medicine

[FP Anesthesia](#)

[Cancer Care](#)

[Care of the Elderly](#)

[Emergency Medicine](#)

[Obstetrics/Women's Health](#)

[Palliative Medicine](#)

[Sports and Exercise Medicine](#)

- Respond to the needs of their communities by providing comprehensive, high quality, continuous health care to their patients and families across the life cycle (including prevention, acute and chronic illness management), in a variety of care settings, and to a broad base of patients, including those from underserved and marginalized populations
- Recognize that the patient-physician relationship is central to their practice and strive to communicate effectively with patients
- Collaborate with other physicians, health professionals, patients, and their families to optimize patient care
- Mobilize the resources of the community to improve the health care delivery system
- Take an active role in improving the safety and quality of health care
- Engage in lifelong learning
- Demonstrate professional behaviours in all aspects of practice

Competency Framework

In response to changes in accreditation standards in family medicine, the program has engaged in a process to review and modify its curriculum to ensure it meets the goals of the College of Family Physicians of Canada's Triple-C Curriculum – a competency-based curriculum that is:

1. **Comprehensive**
2. Focused on **Continuity** of education and patient care
3. **Centred** in Family Medicine

Educational Support

In the Department of Family Medicine, we strive to provide comprehensive educational support. This both optimizes the learning environment for our residents and helps identify those who may need additional supports early on.

This section outlines some of the ways in which we support our residents.

Orientation

As a new resident, you will receive an orientation to the program and to the associated teaching sites. As part of this process, you will complete a self-assessment questionnaire, which provides the basis for an initial education plan.

Primary Preceptor

Residents are each assigned a primary preceptor at the start of their residency to serve as a faculty advisor. Throughout your two-year program, you will meet regularly to discuss your progress. Your primary preceptor will be responsible for the following:

[Residency Competency Framework](#)

[Department of Family Medicine](#)

[Family Medicine Postgraduate Medical Education](#)

[Family Medicine Policies](#)

- Orientation to the discipline of family medicine
- Setting objectives
- Establishing education plans
- Clarifying assessment feedback
- Helping you to define your career plans

Note: you will have the opportunity to request a primary preceptor who is not directly responsible for your assessment.

Education Plan

All residents will have a documented education plan, which will be reviewed at least twice yearly. This will help ensure that you stay on track to achieving both short- and long-term learning goals.

Clinical Supervision

You will receive supervision by preceptors at each teaching site. Throughout the year, this will involve three to four different preceptors.

This ensures that you have the opportunity to experience a variety of different practice approaches and also ensures the reliability of assessments.

Preceptors are there to:

- Supervise residents each time the resident does clinical work
- Discuss and review patients
- Provide feedback. This happens verbally on a daily basis and at least twice weekly through documentation in Field Notes or End-of-Shift Reports.

Preparation

Preparation is key to success. You are expected to prepare for each rotation by reviewing rotation objectives and in-training assessment reports (ITARs). These are available in Entrada.

Reflection in Practice

You are encouraged to reflect on your clinical activities and to document your reflections on a twice-weekly basis using Resident Field Notes.

Note: these are for your use only and are not used in your assessment.

Focused Clinical Experiences (FCEs)

A Focused Clinical Experience (FCE) is a clinical experience that has been chosen specifically to provide supplementary learning opportunities on top of what is already provided in Family Medicine Block Time (FMBT) or during specialty rotations. FCEs have been chosen to address and support resident learning around the competencies listed under Domains of Clinical Care.

These activities are structured and generally include pre-reading. For most FCEs, there is a physician preceptor but for some, your experience

will be led by a non-physician health care professional. FCEs can be of variable duration and frequency, but are always less than one week in total.

Assessment

On each half-day FCE, obtain at least one field note that summarizes any feedback you have been given by your supervisor. This may not always be possible, but having multiple field notes from different observers in different settings such as FCEs will help your family medicine lead preceptor better judge your progress towards independent practice at the time of each progress review meeting.

Evaluations

You will be asked to evaluate each FCE by completing the evaluation form in Entrada that is sent to you at the end of the block. Please take time to complete and submit this form as your feedback is essential to the ongoing program evaluation and Quality Improvement (QI) process.

Academics

Program Requirements

As a resident, you must be on the educational register with the College of Physicians and Surgeons of Manitoba (CPSM) at all times while in active training in the residency.

It is mandatory that you have Canadian Medical Protective Association (CMPA) coverage.

Curriculum

A curricular grid is posted online in the resources hub, along with information about electives.

Rotations

You must successfully complete all rotations, attaining associated competencies to the satisfaction of the Resident Progress Committee (RPC). Information on clinical rotations by stream is posted online.

Required Courses

You must successfully complete required courses as follows:

All residents:

- Advanced Cardiovascular Life Support (ACLS)
- Advances in Labour and Risk Management (ALARM)
- Indigenous Cultures Awareness Workshop (ICAW)
- Neonatal Resuscitation Program (NRP)

LINKS

[College of Physicians and Surgeons of Manitoba \(CPSM\)](#)

[Canadian Medical Protective Association \(CMPA\)](#)

[Family Medicine Postgraduate Medical Education](#)

LINKS – ROTATIONS BY STREAM

[Urban Stream](#)

[Rural Stream](#)

[Bilingual \(French/English\) Stream](#)

[Northern Remote Stream](#)

Northern Thompson

Residents in Bilingual, Rural and Northern/Remote Streams:

- Advanced Trauma Life Support (ATLS)

Northern/Remote Stream residents only:

- Pediatric Advanced Life Support (PALS)
- Procedural Sedation

Documentation: proof of completion of required courses.

Postgraduate Medical Education (PGME) Core Curriculum

The following PGME Core Curriculum sessions are required for completion of training.

Teaching Development Program 0 – online

Teaching Development Program 1 – online Teaching

Development Program 2 – online Professional

Boundaries – online

CMPA Resident Symposium – in person

Drug Prescribing Safety – in person

Foundations of Professionalism – in person
(formerly *Resident & the Learning Environment*)

Conflict Management in Medicine – online

Practice Management – in person (offered through Family Medicine Academic Days as well as PGME)

Documentation: documentation of attendance and satisfactory completion of any required assignments.

Indigenous Cultures Awareness Workshop (ICAW)

The Indigenous Cultures Awareness Workshop (ICAW) is a two-day workshop provided by the Winnipeg Regional Health Authority (WRHA) which introduces a basic knowledge of the world views, spiritual and cultural values of Indigenous peoples, highlights historical and contemporary issues that influence Indigenous peoples, and honours the rich diversities within Indigenous communities.

As a result of attending this workshop, participants will:

- Increase awareness and understanding of Indigenous cultures in a health care setting
- Increase ability to provide culturally competent and proficient care
- Gain knowledge to build a culturally respectful workplace

LINKS

[PGME Core Curriculum](#)

TDP0 to be completed annually

[Online via UM Learn](#)

Academic Activities During Family Medicine Block Time (FMBT)

LINKS

Behavioural Medicine Seminar Series

[Evidence-Based Medicine \(EBM\)](#)

As an alternative to a traditional psychiatry rotation, residents participate in a horizontal program during family medicine time. Along with clinical exposures in mental health, an academic curriculum includes a series of lectures facilitated by family medicine, psychiatry, psychology and social work faculty members.

Series Topics:

- Anxiety disorders
- Bipolar disorder
- CBT basics and relaxation techniques
- Child psychiatry
- Depression 1
- Depression 2
- Emergency psychiatry
- Geriatric psychiatry
- Insomnia and other sleep disorders
- Intimate partner violence, crisis intervention and safety planning
- Legal issues in psychiatry
- Marital problems and family issues
- Motivational interviewing
- Patient resilience and managing stress
- Personality disorders
- Schizophrenia
- Somatization
- Substance abuse

Evidence-Based Medicine (EBM) Series

During Family Medicine Block Time (FMBT), all residents attend sessions focusing on the application of Evidence-Based Medicine (EBM) in practice. In addition to learning how to critically appraise literature and how to search for best evidence in real time using most efficient electronic resources, you will review and consider how best apply guidelines in the practice settings.

Guideline Review

Guideline Review takes place during Family Medicine Block Time (FMBT). Residents take turns presenting guideline review according to the schedule provided by the Program Administrator.

Residents take a structured approach to the review a “core” list of guidelines and self-selected guidelines relating to one of the CFPC’s 105 core topics.

In-unit Seminars

These one-hour seminars cover issues related to patient-care in the family medicine setting. The sessions can focus on topics relating to patients actively under the care of the team or utilize Problem-Based Small Group (PBSG) modules developed by the Foundation for Medical Practice.

In-unit seminars take place during Family Medicine Block Time (FMBT) and may be facilitated by family medicine preceptors or other members of the interprofessional team.

Journal Club

Journal Club provides an opportunity for peer-assisted review of publications relevant to family medicine. In addition to providing an opportunity to practice critical appraisal, they provide residents with an opportunity to succinctly present methodology, results, and interpretations of journal articles in order to develop oral communication skills.

Journal Club is held monthly in conjunction with Academic Days and are hosted by a faculty member. A minimum of two articles are discussed at each club session, with one hour allocated for dinner and one hour for each article to be discussed.

Articles are chosen with input from the Education Director and include one by a PGY1 resident and one by a PGY2 resident. Articles are circulated at least one week prior to the Journal Club. You will have one hour to discuss your article and present an assessment of its quality of study design.

Implementing Evidence Program & PEARLS™ for PGY 1

PEARLS™ is a self-directed, evidence-based practice reflection exercise designed to facilitate the integration of new knowledge and/or skills into your practice. Overall objectives: Using principles of evidence-based medicine, complete PEARLS™ exercises to evaluate a clinical guideline, systematic review and randomized-control trial. Synthesize evidence from a clinical guideline, systematic review and randomized-control trial in order to effectively answer a relevant clinical question. Through self-directed learning, continue to use evidence-based medicine to answer clinical questions as they arise in one's practice.

During PGY 1, residents will complete four PEARLS exercises. Residents are expected to share their findings with their colleagues.

Quality Improvement (QI) and Research Projects

Quality Improvement (QI) and Practice Improvement are the cornerstones of providing high quality and safe health care.

During your first-year Family Medicine Block Time (FMBT) rotation, you will be assigned to a stream-specific small group as part of the CanMEDS-FM Scholar Role curriculum. As a group, you will be expected to produce a project comprised of a written paper and a presentation based on that paper.

LINKS

[Journal Club](#)

LINKS

[PEARLS™](#) for:

- Specific Objectives
- Worksheet
- Evaluation Form

PEARLS 1: Guideline

PEARLS 2: Systematic Review

PEARLS 3: Randomized Control Trial

PEARLS 4: Synthesis

You will also take part in a Quality Improvement (QI) or Research Project in your second year. This must be based on chart audit as the method of data collection.

Related guides for these projects are available on the family medicine website.

Self-Directed Learning (SDL) Time

SDL is a learning experience that is planned and organized by the resident. SDL experiences are used to further learning in a particular topic/area or to meet a personal learning objective. Examples of SDL activities include residents wellness activities, studying for exams; reading journals; doing literature reviews; attending a specialty clinic (e.g., teen clinic or family planning clinic); working on a chart audit; preparing the resident project; preparing for activities such as journal clubs and PEARLS™.

LINKS
[SDL Policy](#)

Each resident will be allocated a two (2) half-days per four (4) weeks block for SDL activities. SDL time is granted only during Family Medicine rotations

Electives

With the exception of the Northern Remote Stream, within each Family Medicine stream residents must complete four weeks of electives in PGY1, and four weeks in PGY2.

In both PGY1 and PGY2, residents can choose to arrange one elective of four weeks duration, or two electives of two weeks duration. Two week electives can be combined with two weeks of vacation, or another two week elective, but they cannot be split with any of the core rotations.

LINKS
[Electives](#)
[External Electives](#)

Residents may choose to take one two-week Study Elective in PGY2 to prepare for the CCFP exam.

Residents are responsible for all costs associated with the elective (i.e. travel, accommodation, etc.)

Residents are NOT permitted to contact programs or physicians directly to arrange electives in other U of M based programs. The Program Administrators must make the arrangements for electives in other U of M programs through ENTRADA.

For non-university based placements, or non-WRHA clinics/hospitals, residents arrange electives at community sites by contacting the site to see if an elective placement is possible for the dates requested. If the resident is requesting an elective out of province, it is the resident's responsibility to ensure they have secured temporary licensure in the province or territory of the placement. All out of province electives must be approved by the resident's stream education director or site lead as well as the postgraduate director.

LINKS
[CPGME International Electives Policy](#)

Assessments

The resident assessment approach includes two components:

1. Assessment of performance of individual rotations and other learning activities (such as QI projects, PEARLS exercises, etc....)
2. A longitudinal assessment of the acquisition of Entrustable Professional Activities (EPAs) and required competencies through the meeting of specific milestones while progressing through the program

Residents are assessed not only on knowledge and skills but also on attitudes and professional behaviors. Assessment includes both formative and summative approaches.

To maximize validity, overall assessment is based on the collection of observations from multiple preceptors, in multiple settings or contexts, and provides a representative sample of the abilities of the resident.

During Family Medicine Block Time (FMBT), the primary preceptor is responsible for collecting information and completing the ITARs on behalf of the group of supervising preceptors.

Frequency of Assessment

On rotations, all resident are assessed in Entrada

Daily

All residents receive feedback on a daily basis. Ideally, on a daily basis (or at minimum twice per week) feedback will be documented on Field Notes, Procedural Skills Field Notes, Direct Observation Forms or End-of-Shift Reports.

Mid-Rotation (MRA)

A formative assessment at the midway point of each rotation.

End-Rotation: In-Training Assessment Report (ITAR)

A summative assessment occurs at the end of each rotation.

Linkages to the Competency Framework

Assessment tools have been designed to link to family medicine foundational and domain-specific competencies articulated in the Department of Family Medicine Competency Framework.

ITAR items are articulated in terms of expected PGY1 or PGY2 milestones.

LINKS

[Resident Educational Support and Assessment Framework](#)

LINKS

[Residency Competency Framework](#)

Progression in the Program

To assist in the development of the critical skills of reflection and self- assessment, progress review meetings are completed at six-month intervals over the two-year family medicine residency.

In a competency-based program, residents must participate in the assessment of their own competence. As part of the six-month progress review, you will reflect on both your achievements and areas for further development.

Your primary preceptor will monitor your progress in achieving educational program requirements, assess the level of performance of family medicine Competencies and update your education plan.

Examinations

Medical Council of Canada Qualifying Examination Part 1 (MCCQE1)

The MCCQE1 is a one-day, computer-based test that assesses the competence of candidates who have obtained their medical degree. This is required for entry into postgraduate training programs. If you have not completed it prior to your entry into residency, you must do so during PGY1.

Certification Examination in Family Medicine

The Certification Examination in Family Medicine is comprised of two components:

- a written examination
- an oral examination

The written examination is comprised of Short Answer Management Problems (SAMPs), which are designed to test a candidate's recall of factual knowledge and problem solving abilities in the area of definition of health problems, management of health problems, and critical appraisal.

You will develop an understanding of how to generate and answer SAMPs as part of your academic curriculum. To help you prepare, all residents complete a practice SAMP exam in PGY2.

The oral examination is comprised of five Simulated Office Orals (SOO) each 15 minutes in length.

You will practice Simulated Office Orals (SOOs) regularly during your Family Medicine Block Time (FMBT). All residents complete a minimum of three SOOs in PGY1 and three in PGY2.

You are strongly encouraged to begin preparation for the Certification Exam in Family Medicine early in PGY2. In the past, residents have been very successful using study groups for this purpose.

LINKS

[Certification Examination in Family Medicine](#)

[Short Answer Management Problems \(SAMPs\)](#)

[Simulated Office Orals \(SOO\)](#)

[Objective Structured Clinical Examination \(OSCE\)](#)

[Medical Council of Canada Qualifying Examination \(MCCQE\) Part I](#)

[Medical Council of Canada Qualifying Examination \(MCCQE\) Part II](#)

Upon successful completion of the residency program and the Certification Examination in Family Medicine, you will be awarded the Certification in the College of Family Medicine Physicians (CCFP) designation.

Medical Council of Canada Qualifying Examination Part 2 (MCCQE2)

This is the examination that assesses the competence of physicians who have finished their residency training programs and is required for medical registration in Canada prior to entry into independent clinical practice.

Family medicine candidates who are eligible to take the Certification Exam in Family Medicine will need to take the MCCQE2 separately as the Certification Exam in Family Medicine has been de-harmonized.

Annual Events

Resident Retreat

An annual resident retreat usually takes place in September of each year. The location and time of this retreat is determined annually. The planning committee for this retreat includes the chief residents as well as individuals from the Manitoba Health Care Providers Network (who provide financial support). The planning committee may select a Chair of the Planning Committee who is a resident with no other administrative commitments to the department.

Canadian Resident Matching Service (CaRMS)

Canadian Resident Matching Service (CaRMS) interviews are held in late January/early February each year. Residents in the program are involved in the CaRMS process. The chief residents organize a meet-and-greet social event for candidates to the program. Residents are involved in the social event and also meet with and/or interview candidates on interview days.

Family Medicine Forum (FMF)

The Family Medicine Forum is the premier family medicine conference in Canada. It happens annually, normally in November. It is held in a different Canadian city each year.

Annual Scientific Assembly (ASA)

The Annual Scientific Assembly (ASA) is an annual conference for Family Physicians in Manitoba. It is hosted by the Manitoba College of Family Physicians. It is usually held in April.

LINKS

[CaRMS](#)

[Family Medicine Forum \(FMF\)](#)

[Annual Scientific Assembly \(ASA\)](#)

Residents' Grad Farewell

In late May or early June, the Department of Family Medicine Residency Program holds a dinner for graduating residents who are completing their training. Details are announced in the spring of each year.

Safe, Respectful & Supportive Learning Environment

The University of Manitoba, Max Rady College of Medicine is committed to assuring a safe, respectful and supportive learning environment in which all of its members are enabled and encouraged to excel.

This is an environment free of discrimination, harassment and mistreatment and one in which feedback regarding performance can be shared openly without concern for ridicule or reprisal.

All members of our diverse community share responsibility for maintaining a positive learning environment and for taking appropriate steps to seek advice and/or address learner mistreatment when it occurs.

Should you come into conflict with a physician preceptor or if you have a concern about an educational experience, you may contact any or all of the following:

- Your primary preceptor
- Your Education Director
- Your chief resident
- The postgraduate director

You can also use the university's online feedback system, either anonymously or with your name, to report your concerns.

Should you come into conflict with a patient, you are to contact:

- Your primary preceptor and/or
- Your site medical lead
- The postgraduate director, should you receive a complaint from the College of Physicians of Manitoba

Policies & Guidelines

Policies

The University of Manitoba operates under a variety of policies that apply to learners, faculty and staff. You are encouraged to familiarize yourself with those that apply to your time as a resident in the Department of Family Medicine.

LINKS

[Office of Human Rights and Conflict Management](#)

[Policy for Prevention of Learner Mistreatment](#)

[Student Advocacy](#)

[Speak Up Button](#)
(Report an incident)

[Professionalism](#)

[Student Affairs](#)

[Student Services on Bannatyne Campus](#)

[Ongomiizwin – Indigenous Institute of Health and Healing](#)

[Environmental Health and Safety](#)

POLICIES LINKS

[Department of Family Medicine](#)

[Postgraduate Medical Education](#)

[Max Rady College of Medicine](#)

[Rady Faculty of Health Sciences](#)

[Undergraduate Medical Education](#)

Professionalism

One of the CanMEDS-FM goals is to be professional. In your endeavour to become a true professional, we provide the following guidelines:

- Dress appropriately
- Be punctual
- Speak professionally. Use words that reflect the listener
- Be supportive, patient, and respect others
- Be organized – keep a list of your patients and your responsibilities each day
- Ensure consistent transfer of care – you are responsible for your patients until you transfer care to a fellow resident or attending
- Follow through on commitments
- Respond to emails from administrative staff within 24 hours. Respond to pages by the administrative staff the same day. Not responding in a timely fashion impedes their ability to help your program run smoothly.

The university offers a publication that includes additional guiding principles for both individuals and units to use in promoting and supporting professional behaviour within programs and departments of Max Rady College of Medicine. All learners, faculty, preceptors and staff are expected to familiarize themselves with these guidelines.

Communication Guidelines for Residents

On Rotation:

- Be proactive about communication; meet with your supervisor early
- Clarify your responsibilities
- Let your supervisors know what your goals are
- Advise your supervisors (early) if you are uncomfortable with a situation or feel that the rotation is not meeting your needs
- Address conflict/interpersonal problems

With Patients:

Please see [The Macy Model](#), a framework for effectively communicating with patients (link on the right).

U of M Email

For security reasons, communication between students, faculty and support staff is to be done only through the university email accounts and you are expected to check your U of M email regularly.

If you choose to use another email address, you may

configure your U of M email address to forward your preferred email address. It is your responsibility to make these arrangements and departmental email will still be sent to your U of M email.

Travel Expectations for Residents

Travel is an expectation for all residents. In the Department of Family Medicine this is not optional—it is a mandatory part of your residency. The amount of travel will be dependent on the stream and your location.

LINKS
[Policy](#)

Generally, your home location is determined by the location where you train for Family Medicine Block Time. This will be determined by the Postgraduate director at the outset of each academic year. Under certain circumstances, your home location may be re-allocated during the academic year.

Mailing Address

It is important to keep your mailing address up to date with the program. This is necessary to receive all residency-related information from the program, the Postgraduate Office, as well as the Provincial Medical Administration Office (PMAO)/Shared Health for payroll. If your address changes while in residency, it is important to update your information in [ENTRADA](#) and [Aurora](#)

Moonlighting

University of Manitoba residents are in the unique situation of functioning as students in the Postgraduate Medical Education (PGME) learning environment and as employees of the Provincial Medical Administration Office (PMAO)/Shared Health. There is a fine balance between these two roles.

Moonlighting by residents is considered an employment activity requiring rules and regulations in order to maintain the education/employment balance (see the policy link for details).

LINKS
[CPGME Moonlighting Policy](#)

While the PGME office at the University of Manitoba does not encourage moonlighting, it recognizes that resident moonlighting can make a valuable contribution to patient care, while providing additional clinical exposure and experience for residents.

Presentation Guidelines

Periodically throughout your studies, you will be asked to deliver a presentation. A guide has been produced and posted online to help you make the most of your time in front of an audience.

LINKS
[Presentation Guidelines](#)

Expectations for Chart Notes

A chart note records the reason for the current visit, an assessment of the patient's condition (including any changes since the previous visit), and additional treatment rendered or planned. As chart notes are an important feature of each visit, it is vital that they are produced to a consistently high standard. See the link provided for a full explanation of how chart notes are to be produced.

[Expectations For Chart Notes](#)

Illness or Unexpected Absence

If you cannot fulfill your training duties due to illness or an unexpected event, you must contact your Program Administrator or the respective Program Administrator in an off-service rotation.

Conference / Workshop Leave

As a resident, you are encouraged to participate in conferences and workshops that are related to your education. To arrange for conference or workshop leave, contact your Education Director or off-service postgraduate director at least four weeks prior to the event. Keep in mind, permission for the leave is not automatic; you must receive advance approval.

Some financial support may be available to residents to attend conferences/workshops. Please contact your Program Administrator for more information.

Leave of Absence (LOA) from the Residency

If you require a leave from the residency (maternal, paternal, medical, etc.) you may request this leave through ENTRADA. For more information, contact your Program Administrator.

Vacation Time

Vacation scheduling shall be a) one four-week block or b) two two-week blocks with the balance of the period as elective time; and c) independent of FMBT blocks. NOTE: Vacation may not be taken in July of PGY1.

Off-Service Rotations

At the beginning of the year, off-service departments are notified of the dates that residents request to be excused from service. This happens through ENTRADA. Each resident is responsible for requesting to be off call the night prior to the date you're being excused from service.

Resources

Documents and Forms

You will require access to a variety of forms and documents during your residency. Most, if not all, are posted on the Department of Family Medicine website. If there is a form that you need but cannot find, contact your Program Administrator.

Online Resources

The department keeps a running list of resources that you will find useful throughout your residency. It includes links to the university's libraries, PEARLS™, the Family Medicine Toolkit and much more.

LINKS

Please refer to the:

- [CPGME Policies](#)
- [PARIM Collective Agreement](#)

Trainees must submit their time-off requests (Illness, Vacation, LOA) electronically through [Entrada](#)

LINKS

[Off-Services Contacts](#)

LINKS

[Department of Family Medicine Resources](#)

[Family Medicine Toolkit](#)

You can add to this list by sending an email to dfm@umanitoba.ca and asking for your favourite links to be included. By building the list, you will create a one-stop location that will not only help you, but your fellow residents and those that come after you.

Manitoba Telehealth

If you are in a rural location and unable to attend academic activities in person, you are able to connect via MBTelehealth.

[MBTelehealth Instructions & Support](#)

Connecting To MBTelehealth

1. Contact MBTelehealth at 204-975-7714 or 1-866-667-9891.
2. If you're unable to connect with the help of MBTelehealth, visit <http://www.mbtelehealth.ca/> to troubleshoot your problem or contact the service desk by phone.
3. If you still cannot connect, contact the postgraduate education secretary to advise that you tried, but were unsuccessful. If you do not advise the postgraduate office that you were unable to connect with the Academic Day despite contacting MBTelehealth service desk, you may be considered absent.
4. Please announce your attendance to the moderator who can mark you as present from northern sites.

MBTelehealth Service Desk

The MBTelehealth service desk provides real-time support for MBTelehealth events. They can be contacted at 204-975-7714 or 1-866-667-9891 option 1 to provide assistance with anything related to your MBTelehealth event.

MyMBT Messaging

New postgraduate trainees will be provisioned with MyMBT access as part of the Digital Health onboarding process. Trainees must use MyMBT messaging for platform-based discussions. This messaging platform allows healthcare professionals to share texts and images securely with each other while respecting patient privacy. MyMBT is intended for transient communications only and does not replace standard patient documentation.

For more information on MyMBT, please visit <https://mbtelehealth.ca/services/mymbt-messaging/> to also access the Quick Reference Guides. The MBTelehealth Service Desk can also be contacted by phone at 204-940-8500, option 4, or toll free at 1-866-999-9698, option 4.

Entrada – Curriculum Management System

This robust system is a community-source Integrated Teaching and Learning Platform™, which provides learners, instructors, and curriculum administration with a simple way of accessing, interacting, and managing information within a unified online environment. It is a comprehensive web-based electronic system that provides functionality for Trainee Registration, Rotations, Academic Day/Academic Half Days Schedules, Assessments, and Evaluations

[Entrada Login](#)



Colleges, Offices and Authorities

College of Family Physicians of Canada (CFPC)

The CFPC is the governing body that oversees all postgraduate family medicine residency programs in Canada. It is responsible for the accreditation of training, certification, and continued education of Canadian family physicians.

The Manitoba College of Family Physicians (MCFP)

The MCFP is a chapter of the national College of Family Physicians of Canada (CFPC). It offers the Annual Scientific Assembly (ASA), our major provincial family medicine CME event, held each spring.

College of Physicians and Surgeons of Manitoba (CPSM)

The CPSM is the governing body responsible for maintaining standards of medical practice in Manitoba. They are responsible for all resident registration in the province.

Postgraduate Medical Education (PGME) Office

The PGME office website provides information regarding postgraduate policies and procedures, core curriculum courses, and other resident matters relating to residents of all specialties, including family medicine .

Professional Association of Resident and Interns of Manitoba (PARIM)

Professional Association of Resident and Interns of Manitoba (PARIM) is a volunteer-run non-profit organization that represents resident physicians training in Manitoba. It advocates for resident well-being and professional issues. The current PARIM contract, as well as other resources, are available on the web.

Regional Health Authorities (RHA)

There are five regional health authorities in Manitoba. For information on each of the five, visit the main website.

Bannatyne Campus

The Department of Family Medicine is located on the Bannatyne Campus at the University of Manitoba. For information about services and facilities at this campus, visit the department's orientation hub.

Family Medicine Sites

Information about each of the sites associated with the Department of Family Medicine is located online within the pages about each stream.

Your Program Administrator will also have information specific to the stream you have chosen.

LINKS

[College of Family Physicians of Canada \(CFPC\)](#)

[The Manitoba College of Family Physicians \(MCFP\)](#)

[College of Physicians and Surgeons of Manitoba \(CPSM\)](#)

[Canadian Medical Protective Association \(CMPA\)](#)

[Postgraduate Medical Education \(PGME\) Office](#)

[PGME Trainee Resources](#)

[PGME Trainee Handbook](#)

[Professional Association of Resident and Interns of Manitoba - PARIM](#)

[Regional Health Authorities – RHA](#)