

PARAdoc

Volume 28



President's Message
Dr. Michelle Carle

Dear PARA Member,

With the New Year comes time for reflection on the past year and hope for the new one. As is common in medical practices, performing practice reflection is a key aspect of continued professional development, and important for identifying your weaknesses, building your strengths, and ensuring that your practice is current.

The last few months have really been a wild ride. Worldwide, there has been so much that touches

us as humans, as physicians, and as trainees. On the global scene, the earthquake in Haiti draws our attention to how unpredictable disasters can be, how far reaching their effects are, and how fortunate we are to have such established health care and personal security. Haiti, a country struggling to meet the needs of its people prior to the earthquake, now has hundreds of thousands of people suffering more than ever before. Your PARA Board of Directors has decided to match contributions made by the Canadian Association of Internes and Residents to the MSF (Doctors Without Borders, a Nobel Peace Prize winning non-governmental organization) relief efforts. To those of you who have assisted these relief efforts in any way, I commend your efforts. We are blessed to be in a position to help and I am very proud to be a citizen of a nation that is so willing to contribute aid.

On the national scene, here in Canada, the H1N1 virus spread swiftly and aggressively through our communities during the first months of winter. PARA worked hard to ensure that resident physicians received proper vaccinations, had contingency call plans, and were able to take sick leave that was medically necessary to prevent the spread of the virus. Some of you worked extra hours, and were called back to your home services to help both patients and your fellow resident physicians. Many of you were swamped and tired, but you cared for your patients and you cared for yourselves. For your selflessness and dedication, again, I thank you. I am so inspired to be a part of such a courageous and committed group of young physicians.

The quality of resident physicians contributes to the quality of our education system and, in turn, the quality of our health system. Truly, Alberta has some of the best physicians and physician educators in the country. Recognizing this strength, it is also important to recognize that most preceptors are not contracted to teach, but teach because they believe in the system, in giving back, and in the next generation of physicians. PARA, alongside the Faculties of Medicine and Medicine and Dentistry, the Alberta Medical Association, the College of Physician and Surgeons of Alberta, the government, and other associated stakeholders, have been looking at ways to recognize such physician educators.

Winter 2009/2010

President's Message

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**Informed
Empowered
Involved**



A Matter of Specialty: PARA's Submission to the CPSA

In the Fall of 2009, the College of Physicians and Surgeons of Alberta (CPSA) heard a request from the Alberta Chapter of the College of Family Physicians of Canada to have Family Medicine recognized as a specialty in Alberta. In turn, PARA was engaged by the CPSA to comment on perceived implications, both positive and negative, of recognizing Family Medicine as a specialty. PARA canvassed members of the PARA Board for input and received feedback from resident physicians from five different specialties: Family Medicine, Ophthalmology, Diagnostic Radiology, Pediatrics, and Obstetrics and Gynecology.



College of
Physicians
& Surgeons
of Alberta

PARA's resident physicians noted a wealth of positive implications for recognizing Family Medicine as a specialty. First, specialty recognition of Family Medicine may provide an opportunity for improving the perceptions that colleagues, other care givers, and patients have of general practitioners. This enhancement may, in turn, encourage better professional interactions and enhance professional respect for family physicians.

Professional respect is more than just a label. This type of respect within the physician community, between generalist, specialist, and sub-specialist and between physicians and other health-care providers is instrumental to the efficient functioning of the health system; intra- and inter-professional respect should be championed by all health-care stakeholders, such that it becomes commonplace both within and between all care-giving professions. The respect this recognition engenders will contribute to improving the equity of physician recognition. More importantly, however, introducing specialist recognition for Family Medicine may also improve physician cohesiveness—a move that could potentially boost physician-based advocacy efforts and encourage positive interactions within care-giving communities.

Specialty resident physicians who were canvassed were highly supportive of this initiative. Interestingly, many were not aware that family medicine was not considered a specialty; most of the specialist resident physicians who provided feedback recognized that family medicine is similar to pediatrics and internal medicine, which are general fields of medicine, but are still considered specialties.

Perceived negative implications of the specialist label were also noted. The first and most significant of these concerns was the risk of applying a short-term solution to a long-term issue. Changing the overarching category of family medicine does not change the role of the profession. The practice of family medicine is a general field; the practice of generalist medicine is necessary for quality patient care. Although, colleagues and the public may look on general practitioners more favorably as “specialists,” this effect may prove to be short-lived unless it is accompanied by additional shifts in the way Family Medicine is managed and perceived.

Further, with the label of “specialist” comes the risk of introducing additional burdens to family medicine practitioners, such as additional administrative requirements such as fees, altered regulations and standards, and form production. As well, amalgamating family physicians and specialists may result in a dilution of the influence of family doctors as a group, followed by a reduction in advocacy opportunities for the generalist. Moreover, this shift to a specialty could alter the very function of the family physician. Changing Family Medicine to a specialist designation may have implications on training including changes to the scope of practice, along with alterations in length of training. Arguably, generalism should be highlighted and celebrated, as opposed to being reflected on as a “less-than-special” designation.

The act of recognizing Family Medicine as a specialty is one that should be supported as long as the potential unintended consequences are kept in mind. The goals of this recognition should be clarified, since some of the desired outcomes may be more effectively achieved through alternative activities. PARA recognizes that all of the fantastic family doctors in our province deserve the admiration and respect of colleagues and patients alike. Arguably, greater success for this initiative of recognition may come from celebrating and advocating the art of generalism, while, in parallel, addressing the hierarchical nature within the culture of medicine.

PARA's Reserve Fund



From January 1st, 2009 to the end of November, 2009, PARA's Reserve Fund is up 7.29%. The asset allocation (the portfolio mix between cash, bonds, and stocks) now sits at 12% cash, 66% fixed-income, and 22% equities.

What happened?

Entering 2009, it seemed like the global economic nightmare that came to life during the course of the previous year was not going to end. Through January and February, global stock markets continued to reel under the uncertain economic landscape, producing new lows at the beginning of March.

By cutting interest rates so aggressively and by providing enormous amounts of stimulus funding, the coordinated efforts by governments and central banks worldwide allowed the banking system to heal itself and re-initiate the process of lending to businesses and consumers. With investors sensing that access to credit was returning to normal and an economic recovery would soon take place, they began to re-enter markets worldwide causing markets to rebound anywhere from 35-65% from their March lows.

Outlook

Against a back-drop of low interest rates and easier access to credit, global economies continue to recover. While the jury is still out on what will happen once the vast amount of stimulus which was pumped into the system is slowly withdrawn and interest rates rise to keep inflation in check, markets will still continue to move upwards reflecting the increased optimism that better days are still ahead.

If you are interested in additional information on our outlook and other economic / capital market perspectives and wish to be included on our client research distribution list, please email me at faheem.allidina@nbpcd.com.

Best of wishes for 2010!!!

Warmest Regards,

Faheem Allidina.
BMO Nesbitt Burns



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PARA Supports Medical Education

To fulfill the PARA mission, vision and values and the goals of the organization, PARA is reinvesting in our members by providing opportunities linked to medical education and wellness. (To review the PARA Mission, Vision and Values see <http://www.para-ab.ca/about/mission-and-vision>.) During the 2009/2010 academic term, PARA dedicated funds to sponsor three resident physicians (a member of the PARA Board, a resident physician from the University of Alberta and a resident Physician from the University of Calgary) to attend two different conferences during the year.

The first sponsored conference of 2009/2010 was the inaugural Canadian Conference on Physician Health: Building Resilient Medical Communities, held October 15-16, 2009 in Vancouver, British Columbia

The PARA members who attended were Dr. Tania Oommen from the University of Alberta and Dr. Justin Yeung from the University of Calgary. Both resident physicians provided reflections on the opportunity:



Reflections from the Attendees:

The inaugural Canadian Conference on Physician Health: Building Resilient Medical Communities was held in downtown Vancouver, BC from October 15-16. This two day event featured several interactive workshops, a keynote speaker, debate regarding physician privacy and public protection, as well as numerous opportunities for social networking with experts in the area of physician health. In attendance were over 175 medical students, residents, and staff, as well as other paramedical professionals from across North America.

Dr. Tania Oommen
Psychiatry PGY-2
University of Alberta

The numerous education sessions on topics related to physician health were well-balanced with opportunities to experience “physician health” first hand, through mindfulness meditation sessions scheduled several times throughout the conference, health breaks with nutritional snacks and meals, and “Walk the Doc,” guided walks/jogs around Vancouver’s beautiful downtown waterfront.

I attended four workshops during the conference, the first of these being “Building healthy training programs: Meeting learner needs.” Edmonton Emergency room physicians Drs. K. Dong and E. Dance, coordinators for the University of Alberta’s Residency Well-being Committee, were also in attendance. This interactive session featured presentations by a medical staff physician, fellow, resident, and student, all of whom offered their own perspectives on the requirements of each of these roles, as well as the numerous obstacles and challenges that may be faced during training.

Another workshop by Drs. D. Maier and T. Brandon from Calgary was an interesting informative presentation of research relating to physician fatigue, with discussion of fatigue management tips. They also offered challenges to the current culture of medicine based on the results of the research review.

Nutritionist Jean Wallace hosted the third workshop on nutrition intervention, tying in nicely with the previous session in regards to maintaining focus on day-to-day evaluation and the practice of a healthy lifestyle.

Dr. M. Kaufman from Toronto presented the fourth workshop on “Physicians as Patients”. This seminar provided another interesting interactive topic which offered the opportunity for staff physicians around the room to discuss their own experiences either treating doctors or being patients themselves.

The conference provided an excellent exposure to the crucial topic of physician health and wellbeing and an encouraging vision of the potential future direction of the field. The next Canadian conference is scheduled for 2011.

PARA Supports Medical Education (continued)

I was very fortunate and appreciative for the opportunity that I had to attend the Canadian Physician Health Conference. There was an excellent keynote speech by Dr. Richard Gunderman who is a professor of Radiology, Pediatrics, Medical Education Philosophy, Liberal Arts, and Philanthropy. His keynote speech was very innovative in my opinion. He emphasized job satisfaction and its importance to physician wellbeing in general. Using story telling and metaphors from the classical story of Odysseus, he highlighted the importance of the never-ending quest for knowledge and the need to constantly strive for fulfilled and meaningful living. Furthermore, I had the pleasure of having a few casual conversations with him regarding his thoughts on medical education as well, which I thought were quite enlightening.

The conference was split into three main streams: assisting colleagues, physician and trainee health in an academic setting, and healthy workplaces. I met other educators as well as residents, because I attended mostly the trainee health in academic settings sessions. The most useful session in my opinion was one called building healthy training programs which brainstormed ways that academic programs could be supportive in fostering safe academic settings in which to learn about physician health. I learned a few practical tips that I could bring back to my own program director.

Lastly, I was very honored to be selected by Dr. Derek Puddester to be interviewed for the closing ceremony video. He was especially impressed that I was a resident physician representative and that I was from a surgical specialty as well. Most attendees were family doctors or psychiatrists.

All in all, it was a very positive experience for me. I learned practical tips that I could apply to my own residency program as well as my own personal development.

Thank you for this opportunity. I would be very happy to be involved again in future dates.



Dr. Justin Yeung
Plastics & Reconstructive Surgery, PGY-1
University of Calgary



Attend the Upcoming Conference - An Opportunity for YOU to Attend

Interested in attending the Canadian Conference on Medical Education (CCME)? The CCME is the premier medical education conference in Canada. It hosts the largest annual gathering of medical educators in the country. The purpose of the CCME is to highlight and allow participants to benefit from developments in medical education and to promote academic medicine by establishing an annual forum for medical educators and their many partners to meet and exchange ideas. CCME, 2010 will take place from May 1st – 5th in St. John's, Newfoundland at the Delta Hotel and Conference Centre. It will include a highly selective program of workshops, posters, oral presentations, and plenary sessions with the theme of “White Coat, Warm Heart: Integrating Science and Humanism”.

PARA will sponsor two interested PARA members to attend this conference. Interested applicants must submit a one-page summary to PARA indicating who they are, their leadership experience, and why they wish to attend. Successful applicants would be responsible for their own registration and travel arrangements. PARA will reimburse them for their expenses.

Summary Deadline: Monday, March 31, 2010
Announcement of Successful Applicants: Thursday, April 1, 2010



PARA is proud to announce that it is now a partner in the Coalition for Cellphone-Free Driving. The Coalition is a group of companies and organizations, including the University of Alberta and Alberta Health Services, that are committed to reducing cellphone use while driving. PARA will play a part in the coalition's media campaign to spread the message that cellphone use while driving can be deadly. To target our specific demographic, PARA has established a "Pull Over to Page" Campaign. Look for our "Pull Over to Page" buttons and posters in resident lounges near you. To obtain buttons or copies of the poster, contact the PARA office!

PARA will also investigate the opportunity of adopting a cellphone policy for members of the PARA Board at the upcoming PARA Board meeting.

For more information on the Coalition for Cellphone-Free Driving, visit <http://www.cellphonefreedriving.ca/default.aspx>

The recommended cellphone policy will contain the following components:

- PARA employees and volunteers are not permitted to use a cellphone, either hand-held or hands-free, while operating a motor vehicle on association business and/or on association time.
- While driving, calls cannot be answered and must be directed to voice mail.
- If an employee or volunteer must make an emergency call (911), the vehicle should be parked in a safe location before making the call.
- All employees and volunteers will be made aware of the association's policy and will be expected to comply with it.
- The Association will develop a clear policy statement outlining the corporate principle that there will be absolutely no cell phone use while driving a motor vehicle on PARA business.
- The Association will develop a communication strategy that will include publication of the policy on the PARA web site and in the PARA Board orientation document.



PARA's Submission to Alberta Health Services

In fall of 2009, the Alberta Health and Wellness (AHW) Minister's Advisory Committee on Health requested comments and ideas on principles and themes to guide the development of new health legislation. Highlights of PARA's submission included a focus on the following principles:

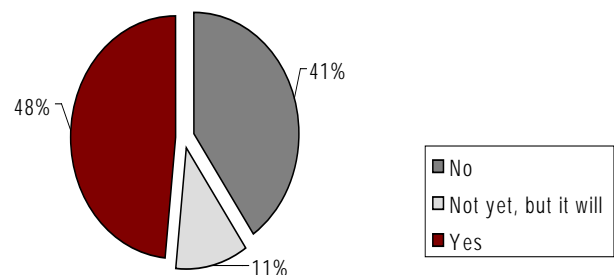
- **Principle One:** collaborative, multidisciplinary care allowing for better access to a broader range of services and higher quality of care.
 - √ Working smarter not harder requires an improved aptitude for working together. Appropriate patient care will require a multidisciplinary network of health-care personnel that will need to be further reinforced and managed.
- **Principle Two:** commitment to innovative environments that support creativity and ingenuity in health-care-specific problem solving.
 - √ Innovation should be supported in an effort to foster both learning and teaching in the medical education environment. Primary care networks and the use of medical simulators provide excellent examples of opportunities to introduce innovative environments.

PARA also took the opportunity to submit the following statement regarding recent changes to the health-care system, including how budget constraints have had a negative effect on Alberta's medical education system:

In a recent survey of Alberta resident physicians, 48% of resident physicians (n=217) noted that the recent changes to Alberta's health system have affected their ability to access medical education opportunities. Many resident physicians noted a marked reduction in procedural learning opportunities such as exposure to surgeries. Reduction in operating-room (OR) time and a decrease in the number of diagnostic screening opportunities have both contributed to this reduction in available learning prospects. Other residents identified a negative impact on workplace morale, citing increased levels of stress among both clinical educators and fellow trainees; limited job prospects and the inability to find work in the province of Alberta was frequently cited as a stressor. Resident physicians also noted that, with an increase in system strain, patient care suffers and educators are less able to devote time to quality teaching. One resident physician stated:

Physicians within the system are seeing a significant decrease in the quality of care they can offer patients, and are often overworked with an excessive patient load. To that end, they do not necessarily have the time or resources available to teach residents as they used to. The educational opportunities have certainly declined as a result.

Have recent changes to Alberta's health system affected your ability to access medical education opportunities?



The creation and development of Alberta Health Services (AHS) introduces an opportunity to improve both patient care and the administration of patient care. Clearly defined roles and responsibilities will be necessary in order to foster and maximize these potential benefits. Communication and collaboration will also be indispensable. In this same vein, AHS offers the province an opportunity to improve upon the delivery and administration of medical education. Both the University of Alberta and the University of Calgary stand to benefit through the sharing of best practice principles. Although there is value in ensuring the autonomy of each education centre, each institution has strengths that the other can leverage. In order to maximize the potential of a centralized organizational structure, the roles and responsibilities of AHS and both educational institutions must be transparent and clearly defined. There must be an opportunity for transparent information sharing to occur between all three stakeholder institutions. Collaboration and trust must be fostered and encouraged in order to ensure that the talent within each institution is brought forward with an aim of enhancing both institutions.

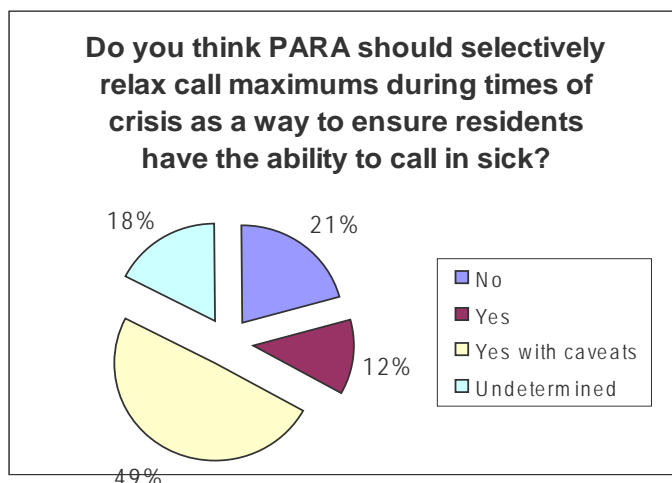
PARA's Pandemic Reflections

The Professional Association of Residents of Alberta has been involved in pandemic planning at the provincial and university levels. A key issue that reoccurs in these pandemic discussions is how to deal with any decline in the number of resident physicians able to cover call due to illness (infection); to date, one of the factors that has prevented residents from taking sick leave is that significant barriers exist in taking time off including finding personnel who are able to replace the sick resident physician; difficulty to find replacement physicians is likely to become more exacerbated during a pandemic. PARA is interested reflecting on methods to ensure that there is adequate back-up coverage available; this coverage will allow resident physicians to take the leave they need when they become ill.

To this end, PARA asked resident physicians whether a relaxation of on-call maximums should be sought during times of crisis. Seventy-two percent of the 616 individuals who responded to this question supported a relaxation of on-call maximums; however, comments indicated that the support was conditional and that the implementation of such an initiative would have to be carefully considered and controlled.

Of those who offered comments (n = 148), twenty-one percent disagreed with the idea of relaxing call maximums and outlined specific concerns with the proposal. Nearly a third of the group who disagreed with relaxing on-call maximums feared that additional call would be unhealthy for both residents and patients and encourage sickness in previously healthy residents; the additional stress and lack of sleep caused by extra call would negatively impact patient care. The next largest group of those in disagreement to any system which involved relaxation of maximums (24%) were concerned that any contract concession would set a dangerous precedent and expectation; an increase in call frequency could and, in some cases, would be seen not as an opportunity for residents to volunteer to cover the call of sick colleagues, but as an expectation on healthy residents to service additional call.

The remainder of those opposed to the idea acknowledged that scheduling would become a problem in some programs during a pandemic, but felt that PARA should not be responsible for addressing any shortage. Twenty percent indicated that they felt any scheduling problems brought on by a pandemic were systemic issues and should be addressed by the system; for some resident physicians, concessions on on-call maximums were seen as enabling AHS and programs to avoid dealing with coverage issues already present in the health system. Sixteen percent of residents indicated that these situations were why extenders and other licensed physicians were getting paid additional money to cover shifts. Two residents specifically mentioned the AMA's agreement with the province on pandemic hourly wages and felt that these physicians were clearly the ones who should be working, especially when some pandemic documents consider residents to be "non-essential." Other respondents indicated that residents were or should be responsible for finding their own replacements or that their program already had a back-up scheduling system so additional concessions were unnecessary. The idea that this crisis might identify the need for system change and provide an opportunity to create that positive change underpinned much of the feedback.



Those respondents who agreed that call maximums should be selectively relaxed had many of the same concerns as those opposed to the idea. While 12% of residents who responded with comments indicated full support for what they considered a "necessary" provision, the remaining respondents had significant concerns. Twelve percent of respondents insisted that the implementation of any system that involved the extension of call maximums needed to be carefully managed to ensure that the provision of extra call was voluntary rather than required. These residents needed additional assurance that extra call could not be established as an expectation and that those resident physicians with families or other obligations would not feel obliged to spend extra time at work. Most residents did not mind the idea of performing extra call and these residents generally said they would be happy to cover call for their sick colleagues, but they wanted to be able to do so on a volunteer basis.

These comments along with respondents' concerns about the need for carefully monitoring such a system, the danger of fatigue due to excess call, the requirement of a matching commitment on the part of staff, and questions about the details about how

PARA's Pandemic Reflections (continued)

such a system could be fairly implemented indicate that there is considerable worry over the possible abuses that might arise if such a system were put in place. Respondents suggested the need for defining a beginning and end point for this system and establishing some means of ensuring that relaxation of the contract does not extend past the period of crisis. A tiny percentage of respondents were concerned that residents themselves might take advantage of this system, but most comments worried that residents' desire to help out their colleagues and care for their patients during such a crisis could potentially be used to their detriment.

A smaller proportion of respondents proposed that extended service should be remunerated at an increased rate. Eighteen percent of respondents suggested that a change in payment rates would be equitable in the face of extended and more risky work and would be more in line with payment scenarios experienced by other health-care providers. Some residents also felt that extra pay may encourage reluctant residents to work additional shifts.

The remaining feedback dealt with general comments and descriptions about how such a back-up system or just calling in sick should work. The focus on-call coverage generated a comment about the need for providing day-time coverage as well. Other feedback insisted on the need to consider continuity of care, the balance between patient care and resident wellbeing and additional details that would need to be addressed before such a system could be put in place.

PARA Regional News

Calgary & Southern Alberta

The year of 2009 was challenging as it brought the H1N1 flu. Resident doctors, among other front-line, health-care professionals worked tirelessly to help those affected. It was a time of very busy call service and taking care of patients with severe forms of the virus; these patients included resident-physician colleagues and other patient-care providers. Overall, this experience was unique and one that enhanced a sense of teamwork between physicians and other members of our interdisciplinary medical teams.

In anticipation of this challenge, PARA established a Pandemic Committee that created a policy document outlining recommendations on the role of resident physicians during difficult times associated with pandemics or disasters. This document was sent to Alberta Health Services, Alberta Health and Wellness, and both Postgraduate Medical Education offices in Alberta. You can find a copy of this document on the PARA web site at <http://www.para-ab.ca/residents/resident-resources/policy-documents>. The PGME office here at the University of Calgary developed a policy outlining the emergency measures to be taken should the pandemic reach a critical rate of infection. Luckily, extreme measures did not have to be implemented.

This year is also significant as PARA is preparing for contract negotiations. In early fall, 2009, PARA conducted a membership survey to identify the priorities and objectives for the new collective agreement. Fifty percent of PARA residents responded with their opinions, which reflects the growing awareness and engagement of the general membership. PARA established the Contract Negotiation Committee which has done significant work studying data on comparators, work hours, and benefits.

PARA has also initiated an annual charity event — the PARAdime: resident physicians giving their backpacks back! This event is meant to benefit less fortunate people in each city centre. Community drop-in centres will receive the resident physician-donated backpacks filled with everyday items (like socks, toothpaste, tooth brushes, towels, etc), donated by the residents. It is my hope that this initiative is the beginning of a great tradition.

This year, PARA will continue to build on the hard work of all the members who have contributed to multiple initiatives, coordinated by previous PARA representatives to promote and further support resident education and well-being.



Dr. Olga Tourin
Internal Medicine PGY3
University of Calgary

The Part-time Stigma: A Perspective from a Thirty-Something Female Resident Physician

Consider the following true scenario: a medical student on her anesthesia rotation strikes up a conversation with the surgeon across the drape. When she tells him that she is interested in obstetrics and gynecology, he disparagingly replies: “Well, that will make a nice part-time job for you, won’t it?” She is speechless. What can she say? Ironically, in this particular circumstance, the surgeon was talking to a woman who had always planned to work a traditional full-time schedule. Nevertheless, in that moment, she found herself subject to a criticism that is faced by a growing number of physicians: that part-time choices show a lack of commitment and contribute to the doctor shortage.

Hearing this anecdote prompted me to investigate some of the debates about part-time work, female physicians, and the doctor shortage. My quick Google search turned up a number of recent articles, both academic and non-academic, around the work-hours issue. One can always count on the Internet for sensationalism. I certainly discovered plenty of hostile message boards with blatantly sexist “Get back in the kitchen” comments but these comments were far from the mainstream sentiment. The most widely quoted article that came up in my search was written by Dr. Brian McKinstry in April 2008’s edition of the *British Medical Journal* (BMJ). McKinstry argued that society needs to ensure an equal number of men and women enter medical schools to meet future health-care demands because women simply work fewer hours over the course of their careers.¹ In the same issue, Dr. Jane Dacre argued the counterpoint: if women are the most capable candidates for medical school entrance, then they should be admitted and no limitations should be implemented based on gender.² Instead, she argued that more should be done to encourage women to take on leadership roles given that there are still so few women in these positions.

All of this research has made me sit back and think: am I doing something detrimental to my profession or my society by choosing to work part-time hours? Following much reflection on my priorities, I took the unusual step this year of requesting a part-time residency arrangement. I will be working sequences of two blocks in training followed by one block free of duties until I complete my program, about six months later than I would have otherwise. Will I continue to work part-time after I complete my residency? Most likely. Is this choice wrong? I don’t think so.

In all this discourse, there exists the implied assertion, shared by a number of my colleagues, that I should not have entered the medical profession unless I was willing to put the rest of my life’s aspirations aside. This perspective saddens me, because I have much to offer the profession, even working only a portion of the “full-time” hours resident physicians often work—an average of 75 hours per week (before studying).

True, I will serve fewer patients in my career, but I believe I will serve them better and I will serve them longer. I know I am fallible and I have limits; the responsible solution for me is to pace myself throughout my career. If I decide to have a family, I accept that my net contribution to society working part-time as a physician serving patients and part-time within the home will equal or exceed even the hardest working physician. My role in society will be different, not reduced.

I do not argue that this path is the one for everyone. Those individuals in medicine who are keen to put their passion and talents exclusively into their careers should be acknowledged, validated, and celebrated on their own terms. In turn, those who chose to direct those same passions and talents into more than just their careers should also be acknowledged, validated, and celebrated. Neither women nor men in medicine should be lumped together as a homogeneous entity around their opinions on these issues. We are a widely disparate group of people with diverse interests and priorities that do not fall easily along gender lines.

In terms of the doctor shortage, it is too simplistic to blame it on part-timers, as there are a multitude of reasons that we do not have enough doctors to go around. For example, the historic cut back in the training of medical professionals is a

(continued on next page)



Dr. Jillian Schwartz
VP External Affairs

(as submitted to the Alberta Medical Association, December 2009 *Doctors’ Digest*)

1 McKinstry, Dr. Brian. “Are there too many female medical graduates? Yes.” *British Medical Journal*: 2008 (336), 748.

2 Dacre, Dr. Jane. “Are there too many female medical graduates? No.” *British Medical Journal*: 2008 (336), 749.

The Part-time Stigma (continued)

significant contributor to this shortage. Whether we approve or not, the trend in medicine is toward alternative ways of practicing. Collectively, the profession will need to find ways to allow for part-time employment. It will do us no good to disparage colleagues who make different choices or to lament the “good old days.” It is time to reshape our ideas about medical practice.

In the end, I agree with both Dr. Dacre and Dr. McKinstry. Dr. Dacre is right that we need to be more flexible in the way we practice medicine; on-site child care, easily accessible part-time training, and practice options would go along way in this respect. We must also ensure equal numbers of men and women in the profession, as Dr. McKinstry argues. However, the reason for this equality is not only to ensure adequate human resources, but also to ensure diverse perspectives that reflect the population that we serve. A completely feminized version of medicine would have its own limitations.

Overall, this discussion does not need be one of “either/or.” With a bit of out-of-the-box thinking, we should be able to provide career flexibility for those who seek it, all the while valuing the many physicians who want nothing more than to dedicate the entirety of their lives to their job. There is room for us all in medicine.

PARA Events

Mark your calendars ... here's 2010!



Resident Awareness Day is CAIR's annual celebration of its members and the multi-faceted role they play in Canada's health-care system. Each Provincial Housestaff Organization (PARA in Alberta) holds events to commemorate Resident

February 9

February 27
February/March
March 18
April 21
April 23
April 26
May 9
May 11
May 25
May 26

National Resident Physician Awareness Day

PARAlyzer
Tax/Financial Planning Seminars
PARA Movie Night
Administrative Professional Day
PARAYoga Night
PARA Board of Directors Meeting in Calgary
PARA Mothers' Day Run/Walk
Nurses Day
Drawing for Prizes
PARA Sport Night

May 27

May 27
May 28
May 29
June 4 - 6
June

National Resident Well-being Day

PARA Practice Management Seminar
PARAYoga Night
PARAlyzer
PARA Executive Retreat
PARAtreat

Resident Well-being Day, May 27th
Resident Well-being Week, May 25-29, 2010

A whole week of activity events, educational speakers, drawing for prizes, a PARAlyzer, and more!



GIVING THEIR BACKPACKS BACK

Resident Physicians Reach Out to the Homeless in Their Communities

After a long pandemic season and gloomy forecasts for the health-care system, Drs. Diana Hong and Henry Conter thought it was time to step outside the hospital and help people in the community, specifically, the homeless. They both understood that the shelters near them were looking for backpacks stuffed with necessary items. Dr. Hong noted that “after having gone to school for so long, all resident physicians had old backpacks,” so it seemed logical to find a use for them. She thought this cause would be the perfect use for her extra bags. “Given the opportunity, I was sure other resident physicians would be keen to help.” Getting that help, though, was a daunting proposition; she knew, as a resident physician herself training to be a family doctor, just how crazy residency can be.

Resident physicians are doctors in training. They have graduated with their medical degrees (MDs) and, now, are specializing in a particular field of medicine. A medical residency involves further intensive training—preparation for grueling licensing exams—and the provision of front-line patient care in Alberta. The average resident physician works more than 74 hours a week and that figure does not include studying!

But Diana was determined and she took her idea to Dr. Henry Conter, a resident-physician volunteer with the Professional Association of Residents of Alberta, who championed the idea. Dr. Conter, a second-year Internal Medicine resident physician, felt that Diana’s idea was a wonderful way to raise awareness among the next generation of Alberta doctors of the plight of the homeless. He notes, “when you spend so much time taking care of patients in the hospital and clinics, it’s sometimes easy to lose track of what’s going on in the wider community.”



L to R: Dr. Kenman Gan, Dr. Shaun Loewen, Dr. Srujan Ganta, Dr. Riley Boyle, Dr. Brock Debenham, Dr. Jillian Schwartz, Dr. Patricia Ting, Dr. Rhett Taylor, Dr. Elsa Fiedrich and Dr. Henry Conter (front center)

Dr. Conter thought it would be particularly appropriate to time the delivery of the collected bags with National Resident Physician Awareness Day on February 9. Volunteer resident physicians will bring the bags to the Edmonton and Calgary Drop-in Shelters. In the meantime, these resident physicians, along with volunteer resident physicians from the Professional Association of Resident Physicians of Alberta, have set up collection bins in hospitals in Edmonton (University of Alberta Hospital, Dvorkin Lounge) and Calgary (Foothills Hospital, Residents’ Lounge) and put out a call to their fellow resident physicians for old bags filled with energy bars, microwave food, toothpaste, toothbrushes, soap, socks, underwear, razors, clothes, toques, tampons,

etc. The drive ran from December 15 to January 31.

RELEASE DATE: FEBRUARY 9, 2010

If you would like more information about this topic or to schedule
an interview with a resident physician involved in this event,
please contact Tana Findlay
(780) 966-5503 or email tana.findlay@shawbiz.ca.

PARA Residents in the Legislature in Review

Resident Physicians in the Legislature (RIL) is an annual event in which resident physicians in Alberta invest in building relationships with their elected officials and senior bureaucrats. RIL is a non-partisan event that focuses on issues primarily relevant to the Ministries of Advanced Education and Technology and Health and Wellness. The goals of RIL include to:

- **Raise awareness** on the part of Alberta's elected officials on issues important to resident physicians and the care of patients in Alberta.
- **Build relationships** between future health-care providers and elected officials.
- **Create effective advocacy opportunities** for resident physicians.



L to R: Dr. Angeli Chopra, Dr. Seema Patel, Dr. Matt McIsaac, Dr. Jillian Schwartz, Dr. Brock Debenham, and Honorable Ron Liepert, Minister of Health & Wellness.

RILS Remembered:

Resident Physicians in the Legislature, 2006 – *The Professional Association of Residents of Alberta urges the provincial government to extend interest-free status on Alberta student loans during the postgraduate period and postpone payment of interest and principle until the completion of residency.*

Resident Physicians in the Legislature, 2007 – *The Professional Association of Residents of Alberta urges the provincial government to develop recruitment incentives to encourage high caliber applicants to seek residency placement in Alberta; these incentives could include:*

- Signing bonus for less competitive residency spots;
- Increased bursaries encouraging training-based exposure to rural practice;
- Tax incentives for Alberta's resident physicians; and
- Adequate compensation for medical educators.

Resident Physicians in the Legislature, 2008 – *The Professional Association of Residents of Alberta encourages the Alberta Government to achieve a self-sustained physician work-force through investment in both medical education and residency training. Potential investments could include:*

- Build a self-sustained physician work-force
- Invest in Medical Educators
- Create more residency positions to ensure flexibility in practice choice

Resident Physicians in the Legislature, 2009 – *The Professional Association of Residents of Alberta urges the Alberta Government to ensure quality physician training, especially in light of the current influx of physician and non-physician learners. Opportunities for focus include:*

- Resident physician – what exactly do you do?
- The current and potential use of medical stimulators
- The need for medical educators

PARA's 2010 Resident Physicians in the Legislature will take place in the spring. If you are interested in volunteering for the 2010 Resident Physicians in the Legislature event, please contact the PARA office para-ab@shawbiz.ca or phone (780) 432-1749.

PARA Regional News

Edmonton & Northern Alberta

Welcome to a New Year in Edmonton & Northern Alberta! Last year was full of change and uncertainty; the restructuring of health-care delivery through Alberta Health Services, the depressed economic climate, and the H1N1 pandemic placed substantial demands on the medical workforce. As front-line health-care providers, resident physicians met a considerable challenge. In early fall, PARA was involved in surveying the other Canadian Provincial Housestaff Organizations (PHO) to determine whether there were any guidelines for residents working during a pandemic. With the exception of Ontario, with its SARS experience of 2003, and the Maritimes, the PHOs did not have any documents outlining resident expectations under these exceptional circumstances—and what documents did exist were vague and lacked specifics. Peter Kwan, a senior plastic surgery resident and PARA board member, and the PARA staff were instrumental in working with Dr. Fraser Brenneis and the Postgraduate Program Directors to establish equitable and ethical guidelines for residents in the context of a pandemic. Of particular concern was the health of pregnant women and resident physicians with pre-existing medical conditions which would make them particularly susceptible to the H1N1 virus. On behalf of the PARA staff and Board of Directors, I would like to thank the resident physicians and program directors for their tireless work under the extraordinary demands of the H1N1 pandemic.



Dr. Elsa Fiedrich
Pediatrics PGY3
University of Alberta

In the past six months, PARA has continued to provide resident physicians with a number of unique opportunities. Our annual leadership weekend was held in Calgary in November during which we discussed economics, polling methods, and negotiation strategies with prominent leaders in the field. An accreditation seminar directed by the Canadian Association of Interns and Residents (CAIR) trained both resident physicians and staff in the intricacies of protecting and maintaining the standards of medical education and prepared them to perform external accreditations for other Canadian universities.

We have more to look forward to in the next six months! Spring 2010 will see our annual Residents in the Legislature event and the beginnings of our contract negotiation. Residents in the Legislature provides resident physicians with the opportunity to meet Members of the Legislative Assembly to discuss resident issues at the provincial level. (Contact our PARA office to see how you can be involved!) In preparation for contract negotiation, we surveyed the PARA membership to help focus our research and priorities. Fifty percent of residents responded to the survey which is up from 45% in the 2007 negotiation survey. The negotiation committee meets monthly to discuss research, negotiation strategies, and review our current contract language. We are positive about and ready for the challenge of this upcoming negotiation. I would like to thank the membership for your continued input throughout this process.

Finally, I would like to encourage you to participate in the monthly social and wellbeing events that PARA sponsors. Do you have a good idea for an event? Contact the PARA office or visit our website for more information on how to plan a sponsored event. Please do not hesitate to contact myself or our PARA office if you have any questions about your contract or available resources. I wish everyone health, happiness, and success in the upcoming year.

Sincerely,
Dr. Elsa Fiedrich, Edmonton and Northern Alberta Representative

President's Message (continued)

This initiative of recognition is an ongoing process that we can all contribute to, and it is in this spirit that I ask my colleagues to take the time to recognize your excellent preceptors for their outstanding work and dedication – from a simple thank you, to a nomination for a clinical educator award... These people are the reason we have the opportunity to learn.

As you are all likely aware, this July, our working contract expires. Your PARA negotiation team has been working since September, collecting data, comparing contracts across the country, and keeping our fingers on Alberta's political and economic pulse. Firstly, I am very pleased to confirm that we still have the best contract in the country. Other provinces are following our lead, but, overall, we have been able to provide you, our members, with great benefits, excellent pay, and strong working conditions. We are constantly focused, however, on ensuring that our benefits are maintained and that the pull to train here in Alberta remains strong. Your Negotiations Committee is dedicated to resident education, patient care, and both resident physician and patient safety. We strive to provide you and the resident physicians of Alberta with nothing short of the best. Thank you for being a part of that reality.

Physician practice in Alberta seems to be in flux. The roles of the College of Physicians and Surgeons of Alberta, and the role of physician self-regulation has undergone review; additional learners and paramedical personnel have been brought into the fold of caring for Albertans and some of these trainees learn right alongside us. PARA is dedicated to ensuring that the resident physicians of Alberta maintain the same quality of education as always. Operating room closures have affected many programs, just as bed shortages and increased demand for clinic access and increased patient loads have affected the system. PARA is working alongside both PGMEs to ensure that resident-physician education is maintained, and that our educational requirements meet College Standards. New challenges to the system emerge every day; appropriate scope of practice presents one of these challenges: roles are changing in the paramedical world, as, for example, optometrists have applied to the government to be able to prescribe systemic medication (antibiotics and steroids), order neuro imaging, and perform surgery. The potential implications on patient care are tremendous, and the effects on ophthalmology, family medicine, emergency medicine, diagnostic imaging, oncology, pathology, neurology, and plastic surgery may be far reaching. I urge all of you to be guided by quality patient care and safety, and practitioner training and regulation when reflecting on these proposed changes concerning other practitioners. It is appropriate regulation and education that will ensure the safety of patients and the judicious use of limited resources.

As members of the medical community, resident physicians play a vital role in providing the citizens of Alberta, the Yukon, the Northwest Territories, British Columbia, Saskatchewan, and even, sometimes, Manitoba, with quality, timely care. Thank you all for your hard work over the last year. We here at the PARA office are so proud to represent such a hard working and dedicated, group of care givers.

Thank you all,
Dr. Michelle V. Carle, PARA President



The Professional Association of Residents of Alberta (PARA) will reimburse resident physicians for transportation home after being on in-house call.

For more information please visit us at www.para-ab.ca or contact the PARA office.

Contact PARA

Edmonton (780)-432-1749
Calgary: (403)-236-4841

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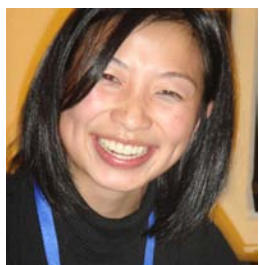
Funding for this project was provided by the PARA and the Council of Academic Health Centres of Alberta (CAHCA)

Residents of the Month



2009 July - Dr. Jennifer Obst Family Medicine, PGY3, University of Alberta

"I have interacted with Jenn in many settings including clinical rotations, behavioral medicine, and administratively on the FMRA. Jenn demonstrates the best qualities in a family medicine resident. She is well grounded, participates in many extra-curricular activities, and is a consummate doctor. She is proactive, sensitive to the needs of her patients and her colleagues, and is always volunteering to solve problems. She did an excellent job in organizing the wilderness medicine retreat and is actively involved in planning this year's event too. Most recently, I worked with her on Psychiatry and found her to be very energetic and compassionate. I feel strongly that her efforts should be recognized as a resident of the month." - Family Medicine Residents Association



2009 August - Dr. Adrienne Lee Internal Medicine, PGY3, University of Calgary

"Adrienne Lee, recruited from Edmonton a year ago, has become the corner stone of Internal Medicine (R3) in Calgary. Always smiling and ready to tease at any occasion, Adrienne is a pleasure to work with on the wards. President of the PPC (Party Planning Committee), she has planned many of the IM events and on Sports Day she demonstrated her very impressive soccer skills by scoring on her own team. IM wouldn't be the same without Adrienne. The residents and staff have all benefited academically and professionally from her contributions to the program." - Dr. C. Schneider



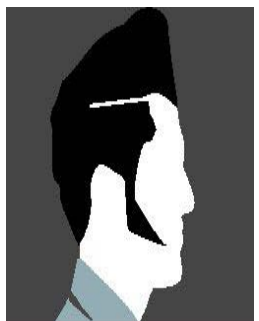
2009 September - Dr. Natalie Forbes Pediatrics, PGY2, University of Alberta

"Natalie is amazing in her ability to balance the demands of single motherhood with those of residency and medicine. Despite starting out without much support (financially or otherwise), she has managed to make it through medical school and now her first year of residency all while ensuring that her two school-aged children continue to participate in extracurricular activities and just generally live a normal life. At the same time, she excels academically in a demanding residency program and is greatly respected by her peers. I will never understand how she manages to fit in running and yoga into all of this. In comparison to most residents, she gets up earlier, goes to bed later and is fifty times busier. Her level of responsibility in her personal life also exceeds us all. She is truly inspiring." - Dr. J. Schwartz



2009 October - Dr. Kevin Schwartz Pediatric, PGY3, University of Calgary

"Dr. Schwartz is always willing to step in and take call shifts when no one else will. Kevin has also been very involved in instituting a revised resident teaching program to promote resident-to-resident teaching sessions on a weekly basis, which include case-based, and actual physical exam practice. This has been well received by the ACH resident group, and has taken weekly efforts to institute on Kevin's part." - Dr. R. Bond



2009 November - Dr. Gaurav Malhotra Family Medicine, PGY2, University of Alberta

"I had the pleasure of having Dr. Malhotra as my resident during my Internal Medicine rotation. He would go out of his way to explain and teach medicine, giving opportunities to do procedures with excellent supervision, providing encouraging feedback, and offering me advice on residency, medical school, and life in general. Throughout my 6-week rotation with him, he always treated me with respect and would talk to me as a colleague on the same level. I always felt comfortable asking him questions and he would always have a more than satisfactory answer. Being on call for a student can be extremely stressful; however, Dr. Malhotra always supported me, allowing me to explore new consults independently, but always knowing my comfort zone and when I needed help. And, as an exceptional physician, Dr. Malhotra was well liked by the staff and his patients. He knew his medicine, cared for his patients, and provided care beyond the standard that we as health advocates expect." - Dr. D. Chiu



2009 December - Dr. Marisa Dharmawardene Palliative Medicine, PGY3, University of Calgary

"Marisa's an exemplary individual. Her dedication to medicine and patient care is extraordinary. She never hesitates to spend extra time with patients and many palliative care patients and their families have often commented on her kind and caring manner. She is a delight to work with as a colleague and, if needed, she volunteers to cover on-call shifts for other residents and fellows. Despite the demands of a busy fellowship program, she remains an avid reader, world traveler, and still finds time for friends and family." - Dr. P. Ting

2008/2009 Annual Awards for Excellence

2008-2009 Award for Excellence in Clinical Teaching: Edmonton
Dr. Drew Sutherland (General Surgery, University of Alberta)

“Dr. Sutherland uses every moment to challenge and test resident preparedness and knowledge; he is an outstanding surgical diagnosis trainer!” - Drs. S. Turner and A. Vizhul



Dr. D. Sutherland and Residents

2008-2009 Award for Excellence in Clinical Teaching: Calgary
Dr. Tony MacLean (General Surgery, University of Calgary)

“Dr. MacLean is also a wonderful teacher in the operating room, where he is one of the few who is highly skilled AND able to communicate to his resident how to perform complex procedures. The clarity with which he sees these difficult issues is impressive and highly instructive.” - Dr. J. Edwards

2008-2009 Award for Excellence in Clinical Teaching: Rural
Dr. Janet Tupper (Rural Family Medicine, University of Alberta)

“In my 4 years of clinical learning, Dr. Tupper has provided the most hands-on teaching I have ever received; initially observing histories and physicals, and gradually allowing increasing but appropriate independence.” - Dr. D. Walsh



Drs. D. Walsh and J. Tupper

2008-2009 PARA Well-being Award: Edmonton
Dr. Peter Hamilton (Internal Medicine, University of Alberta)

“Dr. Hamilton inspires residents. He has championed a reduction in call service for pregnant resident physicians recommending no overnight call after 28-weeks gestation, exceeding contract regulation. Dr. Hamilton’s advocacy for both residents, patients (expectant residents), and babies is truly deserving of recognition.” - Drs. M. Carle, I. Soo, A. Kydd, A. Kohansal, and K. Kaila

2008-2009 PARA Well-being Award: Calgary
Dr. John Latter (Physical Medicine and Rehabilitation, University of Calgary)

“Dr. Latter has always emphasized that resident well-being and resident education are top priorities; he maintains an open door policy with all residents.” - Dr. J. Yu



Drs. J. Latter and J. Yu

Did you know?

PARA dues are tax deductible, have not risen in over 20 years,
and are amongst the lowest in the country.

A glance back with PARA... What you said...

July 3rd PARalyzer

"The Calgary RSVP estimate was likely short between facebook and Animee's e-mail, we had 170 RSVPs and we probably exceeded that. It was amazing though-the club was set up so that we had tents and outdoor fireplaces, and everyone was chatting out there till 2am. The PGY1s were out in huge numbers and everyone seemed to have a really great time." - Dr. V. Anand

August 20 Patio PARAtreat

"Last night was more successful than planned in Calgary! There were residents from a variety of programs." - Dr. N. Hardcastle

September Football

"The game was very entertaining. Thanks for the tickets. It was my first time watching football. The seats were great, and it was nice to finally have some time with my husband and do something fun without two children in tow!" - Drs. J. Low, M. Lim and C. Ballermann

"My wife and I enjoyed the Stamps game, especially when the Stamps win! It was awesome, I can not believe how much I enjoyed myself at the game, and of course my team won! It was the first time I've gone to a football game. Thank you PARA so much for putting a good flavor on our lives by giving us the opportunity to go to the game." Drs. H. Fraser and C. Malpica

October 4 Run for the Cure

Calgary - 7 residents sponsored

"It was great to see that number of people out to support breast cancer research (8000) in snowy wet weather. Great run atmosphere! Nice way to complete a taper run for an upcoming 1/2 marathon. Third place overall female." - Dr. H. Hurdle

Edmonton - 7 residents sponsored

"Cold but good. I would definitely encourage PARA in their continued support for things like this. I did well... finished the 5k course in just over 20min but there was no official time. I was I think amongst the 1st 10-15 to finish in mens. Thanks!" Dr. Y. Li

October Halloween PARalyzer

"The party went well. Seemed like everyone had lots of fun!!" - Dr. N. Hardcastle

November Yoga

Calgary - 9 sponsored

Edmonton - 10 sponsored

November Grey Cup

"The Grey Cup party in Calgary went well. Overall, it seemed to be an enjoyable experience for all; the attendees were very appreciative of the support from PARA for social events like these." - Dr. S. Congly



ALBERTA FOOTBALL

In Edmonton:

Friday, September 11th @ 8:00 PM

EDMONTON ESKIMOS vs.
CALGARY STAMPEDERS



In Calgary:

Friday, September 25th @ 8:00 PM

CALGARY STAMPEDERS
vs. BC LIONS



WIN 1 pair of Tickets

First 30 Residents in Calgary and Edmonton to email para-ab@shawbiz.ca with their complete mailing address will be going to the game.

PARA GREY CUP 2009
KICK OFF AT 4:30 SUNDAY NOVEMBER 29

PARA

COME JOIN US FOR
COMPLIMENTARY
BEER AND NACHOS.

EDMONTON:
HUDSONS
CANADIAN TAPHOUSE
11248 -104AV

CALGARY:
MELROSE
CAFE AND BAR
730 - 17AVE SW

RSVP TO para-ab@shawbiz.ca BY NOVEMBER 26
TO ADD YOUR NAME AND THOSE OF YOUR
GUEST (WITHOUT HOSPITAL ID) TO THE GUEST LIST

Remember:

This organization depends on volunteer residents for success.
If you don't do it, who will?