

PARAphrase

Volume 23

Spring 2007

THE PROFESSIONAL ASSOCIATION OF RESIDENTS OF ALBERTA



Dr. Kathryn Andrusky (left), Dr. Roger Tsang (center), and MP Laurie Hawn (right) was Resident For A Day, March 16, 2007. Story on page 10.

THE PROFESSIONAL ASSOCIATION OF
RESIDENTS OF ALBERTA ADVOCATES FOR EXCELLENCE IN EDUCATION
AND
PATIENT CARE WHILE STRIVING TO ACHIEVE OPTIMAL WORKING
CONDITIONS AND PERSONAL WELL-BEING FOR ALL ITS MEMBERS

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Edmonton 498-8000
Calgary 234-9666
Toll Free 1-800-664-6995

Benefits

Edmonton 408-8799
Calgary 699-0732

Payroll

Edmonton 735-0340
Calgary 699-0505

PGME

Edmonton 492-9772
Calgary 220-7448

**24-hour Support with Physician
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Toll Free 1-877-767-4637

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Who is PARA

What exactly do we do?

1 PARA negotiates a contract on your behalf that deals with the non-academic aspects of residency training. This includes pay, working conditions, and benefits.

2 PARA strives to enforce the terms of this contract.

3 PARA enhances resident well-being by organizing social events, information seminars and research.

4 PARA helps individual residents experiencing personal problems.

5 PARA advocates for individual residents with professional or academic difficulties.

6 PARA advocates on behalf of residents as a whole, at all levels and with various organizations:

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

How do we do all this?

- We were incorporated in 1975, and have a voluntary recognition agreement with the Universities and Health Authorities.
- We require volunteer residents to join our Board of Directors, and make decisions for the organization. We need these same residents to volunteer their time for the various committees on which we sit, and advocate for their fellow residents.
- To cover costs, we collect mandatory dues of just 0.95% from each resident who is paid through the Health Authorities (the majority.) Those not paid in this way are invited to join.

How can you get involved?

The Board of Directors is elected at the start of each academic year, in July. Please contact the PARA office for more information and submit your name by April 30th, 2008.

All costs associated with attending meetings are fully reimbursed.

You are provided time off with pay in your contract to participate in PARA.



Did You Know?

Alberta residents pay the one of the lowest dues in the country

PARA's membership consists of approximately 1,000 Residents in Alberta. PARA dues are only 0.95% of your gross wage - these are the second lowest in Canada. Other provincial house-staff dues run from 0.9% to 2.5%. PARA dues have not been raised since 1981.

Dues for the other PHO's across Canada are as follows:

PARA (Alberta)	0.95%
PAIRS (Saskatchewan)	1%
PAIRM (Manitoba)	0.9%
PAR-BC (BC)	2.5%
PAIRO (Ontario)	1.8%
PAIRN (Newfoundland)	1%
PAIR-MP (Maritimes)	1.3%

PARA dues are a tax deduction and a receipt is issued on your T4

Remember:

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

2007-2008 Executive



President
Dr. Milli Gupta

Dr. Gupta is a 2nd year resident in Internal Medicine at the University of Alberta; she received her M.D. from the University of Western Ontario in 2006. Dr. Gupta has traveled all around the globe but now she has planted her roots here in Alberta. She is very excited to be part of PARA for many reasons. As a PARA Board of Director, she was the official Aggregate Rep for Internal Medicine and Subspecialties for 2006/7 and she is also actively involved on the Negotiations Committee. Dr. Gupta has also had the opportunity to meet MLA's to discuss residents' unique role in health care. Overall her experiences have been exceptional, giving her insight into the ways residents can better govern themselves.

Vice President External Affairs (VPEA)
Dr. Amélie DuPont

Amélie DuPont was born and raised in Montreal. She completed her medical degree at Université de Montréal. She is now completing her pediatrics residency at the Stollery Children's Hospital in Edmonton. She had the privilege of being on the PARA Board of Directors last year as well as being an observer for CAIR.



Vice President Internal Affairs (VPIA)
Dr. Michelle V. Carle

Michelle aspires to be a surgeon of small things. She's done all her training in Alberta and plans on not going very far at the end of all this education. Perhaps a bit of a motherly figure, she really does care for her, and your, well-being. In the end, she realizes that happy people are more fun to work with, so let her know what things PARA can do to increase your well-being and happiness. But it all starts with a smile - so try one on!

Vice President Operations and Finance (VPOF)
Dr. Trevor Chan

Originally from Calgary, Dr. Chan earned his undergraduate degree from the University of Calgary Medical School and residency here at the U of A followed. This upcoming year he will be completing his Family Medicine residency. Dr. Chan's obligatory list of relevant experience includes heavy involvement in medical school fund raising, direction of the class graduation, committed participant in this year's negotiations committee, and a stint as treasurer of the Southern Alberta Red Cross.



Edmonton & Northern Alberta Rep (ENAR)
Dr. Mike Kalisiak



Since coming to Canada in 1992, Dr. Kalisiak has lived in Edmonton, and to all practical purposes, at the University of Alberta. He completed B.Sc. in Cell Biotechnology, then two years of graduate studies, only to become a member of the U of A medical class of 2003 where he later matched to his current residency program. Dr. Kalisiak's volunteer experience during that time involved International Centre, U of A Appeal Board, Graduate Student Association Council, Edmonton Immigrant Services Association, and several other organizations. His work experience includes being a teaching assistant, research assistant, resident, physician extender (hospitalist), and a few other jobs he would not dare to mention in print. Over the past year, Dr. Kalisiak has become involved in PARA as a Board of Directors member and Internal Medicine and Subspecialties representative. What he likes most about the PARA resident association is that it makes a difference. Dr. Kalisiak would like to express thanks to the hard work of PARA staff, past executive members and resident volunteers. PARA has probably the best collective agreement in Canada, just-introduced interest-free status on provincial government loans, and an organization that will deliver even more in the upcoming years. Dr. Kalisiak believes in PARA as a professional association that focuses primarily on resident well-being (such as by negotiating the collective agreement) yet also works for the betterment of the whole society through advocacy and lobbying on health and social issues.

Calgary & Southern Alberta Rep (CSAR)
Dr. Ann Vaidya

Dr. Ann Vaidya is this year's Calgary and Southern Alberta Representative (CSAR). She has completed the Family Medicine program at the University of Alberta and being a graduate of the University of Calgary, Ann is very familiar with both U of A and U of C resident issues. She was last year's representative to the Alberta Medical Associations Board of Directors. She is returning to Calgary and will be starting the Care of the Elderly R3 program. Ann is looking forward to the excitement and challenges involved with continuing to advocate for the needs of Alberta's residents.



Past President
Dr. Kathryn Andrusky

Dr. Andrusky will be transferring into a career in Family Medicine, having discovered she is dedicated to following her patients long term health. She received her M.D. from the U of A in 2003 and is proud to lay claim to being a native Albertan! Kathryn is also active as the Residents' Section Chair for the Canadian Association of Emergency Physicians (CAEP) and as a member of the CAIR Board of Directors. When she can find the time, Kathryn loves travelling and has a never-ending list of places that she wants to visit someday!

Executive Director
Sarah Thomas

Sarah Thomas has been with PARA since June of 2005, a position she accepted after having completing her Masters of Science at the University of Alberta. As executive director for the organization, she encourages each resident to become involved through one of PARA's many committees or representative positions; from well being to medical education initiatives, there are a number of diverse opportunities for residents who are interested in serving their resident organization.



Director of Operations
Candice Slade

Candice Slade has joined PARA as the Director of Operations. She has an extensive background in both office administration and bookkeeping. Organization and a strong sense of professionalism are the strengths that Candice brings to PARA. She is looking to expand her knowledge of accounting with courses offered through the CGA program. Outside of PARA, she enjoys her garden, cooking and most of all, her three dogs.

President's Message

The 2007/2008 academic year is an exciting time to be involved with the Professional Association of Residents of Alberta (PARA), and welcome to all of you who are new to your residency this year. 2007 has already been exceptional for PARA; the Government of Alberta has extended interest free status on provincial loans to resident physicians, the second annual Residents in the Legislature saw residents speaking to recruitment and retention issues, and Resident Awareness Day and Month set resident well being as one of PARA's foremost initiatives.

PARA was created in 1975 with a mandate to represent the interests of resident physicians as they fulfill their medical education requirements, a time that is both long and labor intensive. It is thanks to the hard work of many residents to date that PARA has contributed to residency becoming a more humane process. As front line workers in health care, residents must also strive for a strong political voice to address the health care concerns of our patients. Health care delivery is a hot topic on everyone's minds, and it is vital that we as residents continue to improve the care that patients are receiving; it is through PARA that we have an excellent opportunity to provide insight into health policy for the betterment of patient care.

PARA continues to be engaged in a proactive negotiation process, striving to further improve on the many benefits obtained last year, and to ensure PARA residents continue to be the best paid in Canada. In addition, PARA is currently updating our web site, which is set to include discussion forums that will mediate information sharing amongst our members. This year, I would also like see the creation of a "Welcome to Alberta" package with intent to improve the transition for those who are new to the province and embarking on their residency. There are well over 1,100 residents in this province and I encourage contribution from each of you to make PARA an even stronger organization through which to represent the interest of residents and patients alike.

And finally, thanks to the outgoing executive and board members for all the hard work and dedication that has been devoted to their fellow residents. Thank you also to the office staff (Sarah, Candice and Animée) for their tireless efforts; they are continuously working for our benefit.

I'm very excited about this upcoming year, and so is the executive of 2007-2008. We are here to work on your behalf. So if you have any questions/concerns/troubles, do not hesitate to speak to any of us!

Looking forward to working with you,



Dr. Milli Gupta

On-call Service has you running off your feet?

Go home and take care of yourself post call. Follow the 24+2 hour rule.



Past President's Message

Physician Leadership – an Emerging Medical Practise?

In November, I attended the CMA's Leadership Forum, at which a recurring discussion item seemed to be whether physicians are suited for leadership roles and why there is often a reluctance of physicians to accept or pursue positions of leadership.

While there are numerous potential reasons, I would submit that contributing is an underlying culture within medicine that values and rewards time spent pursuing traditional aspects of medicine over what could be considered more non-traditional roles. These 'traditional' aspects include clinical practise, research and, more prominently in recent years, medical education, in contrast to the more non-traditional and even 'extra-curricular' pursuits of advocacy, administration and management, and leadership.

Leadership requires a set of skills that do not come instinctively. Leaders are not "born", nor are they "made" - leaders are trained. Under the 7 Royal College's CanMEDS roles, skill sets and learning objectives directly applicable to leadership are given equal emphasis as the traditional roles of Medical Expert and Scholar. Roles such as Health Advocate, Manager, Communicator and Collaborator each encompass different aspects of leadership and acknowledge that these skills are equally as important as basic clinical expertise for a physician to meet the needs of their patients.

This is not to deny that much of leadership acumen results from 'on the job' experience or that the traditional aspects of medicine are not essential. Rather, this is to suggest that the medical community needs to place a similar value on leadership efforts, on a level with clinical practise and research activities. If we are to encourage and promote leadership amongst the physician community, we need to educate – formally and informally - our current and future physicians in the skills required, as well as supporting our colleagues in pursuing leadership roles.

Leadership, including advocacy and administration, is not an 'extra-curricular' activity to be relegated to one's free time – and the value of leadership needs to be recognized to allow physician leaders the time and latitude to pursue an area of medical practise equally as valid as research, education and clinical practise. Physicians are under-represented in roles of leadership as compared to other professions – and if we want to ensure the best possible care for our patients, we need to recognise that advocacy and leadership are essential tools we can utilise to do just that.

The medical profession needs leaders – whether as advocates on behalf of a specific patient or community, working within hospital and health care administrative bodies, building strong interdisciplinary teams, or advancing the health care system as a whole. The simple fact is that patient care is not limited to the operating theatre or the examining room table, nor is patient care restricted to the traditional realms of research and academia. Indeed, patient care is directly practised every single day in the boardrooms, the meetings between lobbyists, the grass roots letter-writing campaigns, the halls of the government, and all other locales where decisions on health care are made.

A non-traditional 'mechanism of delivery' of patient care to be sure and perhaps one that will take some time to accept as an alternate forum for the practise of medicine. Yet, in what could be considered an emerging 'practise environment', it ultimately remains that anytime and anywhere the care of our patients is affected, physicians need to be.

Dr. Kathryn Andrusky

Do You Know Your Contract?

PARA negotiates on your behalf with the Council of Academic Health Centers of Alberta (CACHA), which includes the Capital Health Authority, the Calgary Health Region, the Alberta Cancer Board, the University of Alberta Faculty of Medicine and Dentistry, and the University of Calgary Faculty of Medicine. As the current contract is set to expire July 1st of this year, the 2007/2008 **PARA** negotiating team has been working towards settling a new contract agreement detailing the working conditions for Alberta residents since February 2007. Priorities, as set by the general membership, include improvements to salary, stipends and benefits. **PARA** is hopeful that a settlement will be reached within months of the current contract's expiration. Any increases to base salary will be retroactive to July 1, 2007. Stay tuned to **PARA** email for contract negotiation updates:

2004/2007 Contract Highlights Include:

1. **Salary** - Not including negotiated increases your 2007/2008 PGY salary is:

PGY1	\$46,663.12
PGY2	\$51,740.75
PGY3	\$55,813.73
PGY4	\$59,849.04
PGY5	\$64,922.13
PGY6	\$68,980.17
PGY7	\$74,593.25

Depending on the year of training, Alberta residents are either the best or 2nd best paid in the country!

2. **Call Stipends**

- \$100 for every in-house call (also applies to night floats).
- \$50 for every home-call* (also applies to ER shifts where one full hour is between midnight and 6 AM).

* If you work a home call shift and stay in the hospital at least four hours of which one full hour is between midnight and 6 am, then you will be paid the rate for an in-house call (i.e. \$100).

3. **In-House Call Duration** - Sign-over of patient care responsibilities and pertinent patient information should begin no later than the 24th consecutive hour of on-call on duty. Apart from hand over of patient care responsibilities, you are not required to assume new clinical responsibilities following the 24th hour of duty. Hand over should not exceed 2 hours.
4. **Home Call Duration**- If you are on home call and stay in or return to the hospital to attend to a patient after midnight you are entitled to sign over patient care responsibilities after 24 hours. Post home call relief is at the discretion of the resident; if enacted, programs are required to enable resident hand over of patient care responsibilities following the 24th hour.

PARA respects that residents are adult learners and that there may be unique educational opportunities when residents may choose to stay beyond 26 hours. A resident's decision to remain beyond 26 hours is expected to reflect balance between patient safety, resident well-being and educational opportunities. Choosing to stay post call should be the exception, not an expectation

5. **Call Frequency-** In-house call limitations of 1 in 4 and home-call limitations of 1 in 3 will apply to all programs. Scheduling is by the 28 day block. The number of days on service is specific to any individual Resident, and reflects the number of days on service subtracting any time the Resident is away on vacation, Education leave, sick and special leave, and Maternity/Paternity/Adoption/Parental leave, as follow:

Home Call

1-5 days on service – 1 home call
 6-8 days on service – 2 home calls
 9-11 days on service – 3 home calls
 12-14 days on service – 4 home calls
 15-17 days on service – 5 home calls
 18-20 days on service – 6 home calls
 21-23 days on service – 7 home calls
 24-26 days on service – 8 home calls
 27-29 days on service – 9 home calls
 30-32 days on service – 10 home calls

In House Call

1-6 days on service – 1 in-house call
 7-10 days on service – 2 in-house calls
 11-14 days on service – 3 in-house calls
 15-18 days on service – 4 in-house calls
 19-22 days on service – 5 in-house calls
 23-26 days on service – 6 in-house calls
 27-30 days on service – 7 in-house calls
 31-34 days on service – 8 in-house calls

6. **Benefits** – Residents are entitled to a Health Spending Account of \$300 annually. A detailed list of the medical and paramedical services accessible through your PARA benefits package is available from your respective Health Region; dental plans will follow current Alberta Blue Cross fee schedules.
7. **Other Stipends** – PARA’s tuition stipend is \$850 annually; PARA’s practice stipend is \$720 annually
8. **Life Support Courses-** 100% reimbursement for necessary life support courses can include ACLS, ATLS, NRP, PALS and ALARM. Courses deemed necessary are program specific as determined by the teaching hospitals and program directors. A complete list of eligible courses for each program will be available each fall.
9. **Resident Transfers** - A resident who transfers into another program at a lower PGY level will not be subject to salary reduction. Increases to pay will not occur until the resident reaches a new pay level in the transferred residency program, as defined by the CFPC or RCPSC.
10. **Vacation and Off Service Time**
- 4 weeks vacation / year of service
 - 2 Flex days in lieu of on call service prior to a named holiday
 - 1 Float Day in addition to named holidays
 - 5 consecutive days in the Holiday Season.

PGME mandates all programs to adhere to post-call regulation.

If you are finding it difficult to leave service post-call please contact the PARA office.

Follow up with the programs will respect the confidentiality of the reporting resident.

PARA would like to extend a **VERY BIG THANK YOU** to the following members of the 2006/2007 PARA Negotiations Team:

Dr Ryan Wright, Negotiations Chair,
 Drs. Roona Sinha, Jesse Pewarchuk, Aleem Bharwani, Milli Gupta, Eric Lehr,
 Trevor Chan and Ms. Sarah Thomas.

On-Call Stipends

Effective July 1, 2006, residents who performed on call service, both in-house/home-call, and eligible emergency shifts, were entitled to receive call stipends. Despite the best efforts of all involved in the start up, the administration of payments was inconsistent and follow-up was difficult, if not impossible. PARA attended meetings with both the Calgary Health Region and Capital Health in an effort to improve the delivery of call stipends to its members. These meetings resulted in a streamlined process in both cities. Now, programs submit the call stipend time sheets directly to the offices responsible for final approval before uploading to payroll. New and improved time sheets were created as well as tracking mechanisms to ensure all programs were submitting the time sheets in a timely manner. Reports were generated for PARA with information on what each resident had been paid for to date. These reports enabled PARA to respond to residents inquiries with accurate information and follow-up where required.

The process has been an arduous one, often times seeming like one step forward and two steps back. The patience and cooperation of PARA residents has been greatly appreciated. The delivery of call stipend payments has improved drastically. However, there may still be instances where a resident feels they have not been paid for their call service.

If a resident feels they are missing call stipends, they should do the following:

CALGARY:

1. The resident should first check with their program administrator confirm that the time sheet had been sent. If not, the program should rectify the situation.
2. If the time sheet was submitted by the cutoff date, the resident or program administrator should e-mail Wendy.mitchell@calgaryhealthregion.ca and indicate the resident name, dates that on-call was performed, the program specialty in which the call was performed, and the date the program administrator submitted the invoice.
3. The Calgary Health Region has said they will respond to the unpaid stipend query within 5 business days.

EDMONTON:

1. The resident should first check with the call stipend administrator to determine whether the time sheet for that particular rotation/block has been submitted.
2. If the time sheet was submitted by the cut-off, the resident should contact the PARA or PGME office with the details of the unpaid call stipends (dates that on-call was performed, the site & program of service provision and the date the time sheet was submitted)

Candice Slade

Both the Calgary Health Region and Capital Health are endeavoring to pay out call stipends on a monthly basis, however, residents should be aware that the authorities are only contracted to pay out stipends on a quarterly basis and can at any time revert to this option.

PARA knows Advocacy

This year residents, represented through the Professional Association of Residents of Alberta, have become the beneficiaries of PARA's active role as resident advocates. As detailed in our report to the membership on student debt, resident physicians are no longer required to begin loan repayment on Alberta Student Loans, until the completion of residency. As complement to our continued commitment to the financial viability of a medical education, PARA has expanded its role in advocacy and leadership development.

- On August 12-13, 2006 **PARA** hosted its first annual Leadership Retreat where over 20 PARA residents from the board and general membership committed to spending the weekend learning a broad range of leadership techniques: researching the current health environment, Alberta and beyond; effective messaging, grass root campaigning, meeting effectiveness, networking, and how to handle the media. **PARA will be hosting our second annual Leadership Retreat the first weekend of November so stay tuned for your invitation to attend**

- **PARA** lent its expertise to reducing resident debt on the national front with an invitation to Federal MP Laurie Hawn to be a Resident for the Day at the Royal Alexandra Hospital. Drs. Andrusky, Sinha and Tsang hosted 'Dr. Hawn' for the morning as he tended to patients, answered pages and learned about resident debt. PARA would like to extend a sincere thank you to Dr. Brian O'Brien, Chief, Internal Medicine at the Royal Alexandra Hospital for all his help in organizing the event.

- Members of the **PARA** board have also met with a number of Alberta's MPs throughout the year to discuss policies on federal loan deferral.

- Members of the **PARA** board have also met with a number of Alberta's MPs throughout the year to discuss policies on federal loan deferral.

- On April 1st, 2007 the Alberta Government, through the Ministry of Advanced Education and Technology, granted payment and interest deferral on Alberta student loans to students pursuing their postgraduate medical education.

- **PARA** met with Dave Hancock, minister for Alberta Health and Wellness on April 03, 2007 to discuss our concerns on recruiting and retaining both future medical providers and medical educators. We also voiced concerns regarding recent changes to the Canadian Residency Matching Service (CaRMS).

- **PARA** organized our second annual Residents in the Legislature on Monday April 30th: Alberta resident physicians met with over 20 different MLAs, had lunch with Minister Hancock, and were invited guests to the Alberta Legislature's question and answer period. Again, residents spoke to the importance of attracting residents to train in Alberta through ensuring a well supported medical education system.



From left to right: Mr. Laurie Hawn, Drs. Tsang, Sinha, and Andrusky.

Alberta Medical Association

Providing membership support for medical residents in Alberta



What is the Alberta Medical Association?

The Alberta Medical Association (AMA) is the professional organization representing 92% of practising physicians in Alberta – the voice of the medical profession across the province.

How does the AMA work with PARA?

AMA has worked closely with the Professional Association of Residents of Alberta (PARA), and is committed to continuing this excellent working relationship, supporting PARA and residents on a variety of fronts. Recently the AMA supported PARA's negotiations and arbitration process which resulted in a finalized contract with a significant wage increase for residents.

Several standing and advisory committees include PARA representatives, such as Fees Advisory Committee, Health Issues Council and the Advisory Committee on Membership Benefits. Each year, one non-voting PARA representative attends AMA Board of Directors' meetings as an observer. Two voting representatives are members of the Representative Forum, AMA's governing body responsible for formulating policy, setting objectives and providing direction.

As PARA representatives for 2006-07, Dr. Ann Vaidya and Dr. Roona Sinha have been strong advocates for residents on a variety of issues. For the 2007-08 term, Dr. Amélie DuPont will be taking over from Dr. Sinha, to work with Dr. Vaidya on PARA's behalf.

Benefits of Membership

The AMA encourages you to join, or continue your membership with the association, as membership provides students, residents and physicians with leadership and advocacy for the medical profession.

Acting as an advocate for its members, the AMA is the voice for Alberta physicians in dealings with the government, public and the media, speaking out for quality health care for Albertans and also on issues important to the medical profession.

Joining the AMA also gives you a voice in the direction and policy of the organization, and an opportunity to address issues important to residents.

With AMA membership, you also become a member of the Canadian Medical Association (CMA), which provides leadership at the national level and an additional layer of benefits and services, including financial and investment assistance.

Benefits and services of AMA/CMA membership include:

- Disability, life, and critical illness insurance
- Personal investment services through CMA's MD Management Limited
- Competitive prices for home and automobile insurance
- AMA Health Benefits Trust Fund (available after PARA group benefits terminate at the conclusion of residency training)
- AMA publications including: Alberta Doctor's Digest, MD Scope, special publications and Presidents Letters to communicate urgent or significant developments
- CMA publications including: CMAJ, Strategy, CMA Bulletin
- Access to clinical resources through AMA and CMA web sites
- Practice management information to help you start a practice

Contact the AMA. For further information about membership benefits and services, please check the AMA web site at www.albertadoctors.org or contact Membership and Benefit Administrator:

Kirsten Sieben at 780.482.0323 or 1.800.272.9680 (ext. 323) or email kirsten.sieben@albertadoctors.org

A noteworthy service the AMA also provides is the Physician and Family Support Program (PFSP)

PFSP offers support for residents and immediate family members (including spouse/



**physician and family
support program**

partner and dependent children) 24-hours-a-day, 7-days-a-week. Confidential referral and counselling services include:

- Work-related/career issues
- Marital or family concerns
- Gambling
- Child/elder care
- Trauma/critical incident
- Stress, anxiety, depression
- Alcohol or drug dependencies
- Grief/loss
- Sexual harassment or abuse

Call 1.877.767.4637 for confidential support and assistance.

For information about other services provided by PFSP call 403.228.2880 or 1.877.262.7377.

Resident Wellness

2007 Forzani Group Foundation Mother's Day Run & Walk Sunday, May 13, 2007

PARA was very pleased to sponsor six Residents in Calgary and six in Edmonton; all going the distance, 5k or 10k!



Dr. Michaela Jordan (PGY3 Internal Medicine, U of C with family and friends. (Dr. Jordan 3rd from left)

“It was a great time in Calgary, thanks for sponsoring.”
Congratulations to all who participated in this worthwhile cause.

Are you a resident Interested in Volunteering for the **PARA** board?

PARA board members are encouraged to attend four PARA board meetings a year. Contact the PARA office if you are interested in serving your fellow resident through PARA.



*Tentative dates for the 2007/2008
PARA Board Meetings*

- August 13, 2007
- November 5, 2007
- January 28, 2008
- April 28, 2008

Recognition

2007 CLINICAL TEACHING AWARD

Since 1988, the Professional Association of Residents of Alberta (PARA) has presented an award to physician preceptors who have shown excellence in the Resident education. The Clinical Teaching Award of Excellence is given to a physician at the University of Alberta, The University of Calgary and a rural site. The winners for 2006-2007 are as follows:

Clinical Teaching Calgary:

Dr. John Ryan

Department of Psychiatry
University of Calgary

Clinical Teaching Edmonton:

Dr. Lawrence Richer

Department of Neurology (Pediatrics)
University of Alberta

Clinical Teaching Rural:

Dr. Clive Gigg

Department of Family Medicine
Rural Alberta North

2007 PHYSICIAN WELL BEING AWARD

Well Being North:

Dr. Kathryn Dong

Department of Emergency Medicine
University of Alberta

Well Being South:

Dr. Beverly Adams

Department of Psychiatry
University of Calgary

2007 GERALD STEWART MEMORIAL AWARD

Gerald Stewart Award:

Dr. Petr Balcar

Department of Emergency Medicine (RCPSC)
University of Alberta

RESIDENT OF THE MONTH 2006/2007

July 2006 - Dr. Catherine Morgan

August 2006 - Dr. Catherine Hui

September 2006 - Dr. Jay Prevost

October 2006 - Dr. James Huffman

November 2006 - Dr. Julie Carson

December 2006 - Dr. Rory Sellmer

January 2007 - Dr. Priya Patel

February 2007 - Dr. Jiao Yang

March 2007 - Dr. Greg Chan

April 2007 - Dr. Trevor Langhan

May 2007 - Dr. Petr Balcar

June 2007 - Dr. Michelle Teo

PARA Financials

The 2006/2007 PARA Board of Directors has ensured responsible management of PARA's financials. Through fiscally responsible actions, PARA met its goal of replenishing the reserve fund. The reserve fund is comprised of two components:

Contingency Reserve Requirements

The Contingency Reserve is available for emergency situations, the likelihood of which are relatively small but where the consequence (cost) to the Professional Association of Residents of Alberta is significant. It would have sufficient funds to pay the operating expenses for PARA for three months ensuring all liabilities are covered.

Negotiations Reserve Requirements

The Negotiations Reserve ensures that sufficient funds are available to cover costs of contract negotiations with the Council of Academic Health Centres of Alberta (CAHCA).

The PARA Board of Directors has ensured for safeguards in the management of PARA's resources. Firstly, the elected Executive and Board vet all financial matters. Secondly, a chartered accounting firm ensures that normal accounting practices have been followed and reviews our financial records and activities yearly. Lastly, any PARA member has the right to inspect the organizations financial accounts.

PARA' current fiscal year end June 30th, with the end of year financial report to be finalized by the end of July and the accountants report available in the fall.

The PARA Board of Directors and Executive are responsible to you in the way it spends your dues money. If you have any concerns or questions you would like addressed, please do not hesitate to contact the PARA office.

Claiming CMPA – PARA update:

Under the Collective Agreement, residents must pay CMPA fees as a condition of employment. Most residents have been able to deduct CMPA fees from their taxable income under "other deductions" (line 229 of the return) providing they file a completed T777 E Statement of Employment Expenses. Although PARA has a letter on file from Revenue Canada, some claims are being declined. PARA has been advised that a formal appeal would not be expected to settle in our favour and would most likely result in a precedent being set for claims to be denied. Currently, PARA recommends residents claim CMPA premiums as an Employment expense. The College of Physicians and Surgeons of Alberta has confirmed that resident physicians do have professional status, but under the current Medical Professions Act, CMPA is not mandatory; this holds true for both physicians and resident physicians. The CPSA has been pushing to come under Health Professions Act (HPA) for the past few years, likely come into effect in the fall of 2007. Once under the HPA, residents would be required by law to carry CMPA and would then be able to claim the premiums as professional dues. PARA will keep you up-to-date on claiming for CMPA. In the meantime, continue to claim CMPA as an employment expense.

2900 Bell Tower
10104-103 Avenue
Edmonton, Alberta
T5J 0H8
Tel: 780.424.3000
Fax: 780.429.4817
www.krpgroup.com



An independent member firm
of **DFK**

September 22, 2006
Edmonton, Alberta

Review Engagement Report

To the members of the Professional Association of Residents of Alberta:

We have reviewed the statement of financial position of the Professional Association of Residents of Alberta as at June 30, 2006 and the statements of operations, changes in net assets, and cash flow for the year then ended. Our review was made in accordance with Canadian generally accepted standards for review engagements and accordingly consisted primarily of enquiry, analytical procedures and discussion related to information supplied to us by the association.

A review does not constitute an audit and consequently we do not express an audit opinion on these financial statements.

Based on our review, nothing has come to our attention that causes us to believe that these financial statements are not, in all material respects, in accordance with Canadian generally accepted accounting principles.

A handwritten signature in black ink that reads 'Kingston Ross Pasnak LLP'. The signature is written in a cursive style and is positioned above a horizontal line.

Kingston Ross Pasnak LLP
Chartered Accountants

Are you a resident providing home call service?

You are entitled to relieve yourself of all clinical responsibilities immediately after hand-over of patient care responsibilities; hand-over shall commence no later than the 24th hour of duty and shall not exceed 2 hours (Article 15.05(f)).

CAIR

glance back

THE LAST
10 MONTHS



Drs. Raheem Kherani, Devesh Varma, Caroline Nessim (FMRQ), Kevin Ramchandrar, and Jerry Maniate: attending the Medical Education Conference in Victoria, BC

In 2006-07, CAIR has been successfully advancing resident issues, fostering external partnerships, and nurturing lasting internal strength

- CAIR is several steps closer to achieving Canada Student Loans payment deferral during residency thanks to a renewed advocacy package and survey that has paved the way for collaboration with Canada Student Loans, and made waves with MP's, the federal departments of HRDC and Finance, members of the medical community and the public. Keep your eye on budget 2008 for some further progress!
- CAIR continues to develop its relationship with FMRQ allowing both groups to collaborate in the interest of all residents in Canada. An FMRQ observer attended the CAIR board in February opening many avenues for collaboration, and a formal annual meeting between executives from CAIR and FMRQ has been established to

enhance communication and develop these collaborations.

- The open 2007 CaRMS match was much anticipated and in response to resident and medical student concern, CAIR initiated a stakeholder monitoring group that has received and responded to match 2007 data
- CAIR responded to resident concerns regarding inconsistent granting of Waivers of Training from province to province by hosting a collaborative between the RCPSC, CFPC and Post-grad Deans which resulted in a common understanding and forthcoming communication-based solution
- CAIR has risen to the challenge of addressing its fundamental obstacles, and is producing a reformed governance model reflecting in-depth board dialogue and setting the tone for future success
- CAIR has re-evaluated how best to serve residents into 2012 and produced a draft strategic plan to guide us toward those goals
- CAIR has committed to the necessary office staff and physical space to ensure

that the planned benefits from our governance and strategic planning projects truly materialize for residents

- By continually strengthening CAIR's relationships with key partners like CFPC, RCPSC, AFMC and MCC, CAIR is better positioned to act on residents' behalf
- To ensure a consistently strong and diverse volunteer force at CAIR, we have actively been recruiting incoming residents and collaborating with CFPC to increase participation from Family Medicine residents

Focus points:

- Debt repayment deferral
- FMRQ relations
- CaRMS monitoring
- Internal restructuring
- Collaborating with partners

On the horizon...

The 2006-2007 CAIR board has worked hard to address CAIR's governance and strategic planning needs. In the remaining four months of its term, this board will endeavor to complete this vital work, passing along a streamlined and robust national resident organization to the next generation of residents. By October 2007, when this project is completed, you can look forward to a newly forged CAIR ready to advance resident issues into 2012.

Resident Well Being

Over the past year, PARA has been very active in creating a better contract (the best in the country), better hospital environments (better equipment and accessibility), a better PARA organization (structural re-organization), and better resident recognition (resident awareness and call-stipends). Things have not always gone as planned, but things have always gone well in the end.

What to do now? Well, PARA can only do so much. Some things are up to you, the residents of Alberta. In the current environment, increased awareness of stress levels, work-place health, and that “mind-body” link, I want to encourage you all to get out there and do things that are good for you and good for other people. We’re a lucky bunch, in that our work allows us the satisfaction to know that usually we’re able to really help people. I recognize that sometimes doing all that can be done for patients isn’t always best for the patient, or for us and our psyches. I want to encourage you to be aware of yourself, your limitations, your abilities, and your inabilities. To push yourselves, but to also forgive yourselves, even you may not always be feeling that from surrounding people. We are a talented bunch, but often fail to recognize that if we don’t properly take care of ourselves we can’t take care of patients. There are exceptional times that exist at work, and in the medical field there’s never a lack of zebras, new procedures, and great OR cases... but don’t forget the exceptional time to sleep and recharge. We have to be aware of ourselves, but we’re all adult learners, so only you know what’s best for you.

However, for those moments where you do find yourself wishing to do something different, PARA is extremely open to new ideas for resident well-being. Anything from “beer and nachos nights” for sports games, to yoga passes, runs, climbing events, PARAlyzers, movie nights, DINOS/BEARS hockey or football... we’re open to all your ideas. Ideally there will be something ever month or so to look forward to! Feel free to make suggestions. We want to get you out and about in Edmonton and Calgary... enjoying the “rest” of life.

If you have any concerns, ideas, or would like to help out, feel free to email me at mcarle@ualberta.ca. I’ll gladly listen.

Good Luck and CONGRATULATIONS on a brand new year!

Dr. Michelle V. Carle



Did you know
You are entitled to 3
extra days off in addition to
your vacation?

**Check your contract,
Article 14.01 (a) and 14.04.**

Medical Staff



AMA PHYSICIAN LOCUM SERVICES

The AMA Physician Locum Services is an option for new graduates to jump-start your career. There are no administrative functions for you such as office set-up, staffing, scheduling – this is done for you! You define your availability and we schedule locum assignment based on the availability. With the RLP - you work and are paid very well! Further, the professional experience is both challenging and rewarding.

Specialist locum services are provided to the regional centers (Lethbridge, Medicine Hat, Red Deer, Grande Prairie and Fort McMurray). Family medicine services are provided to smaller rural communities located throughout the province.

Take some of the pressure off in your final year by knowing what you will do in the summer of 2007. Plan now to provide locum services in the summer of 2007 through the AMA Physician Locum Services. We would like to work with you!

Please contact Teresa Simpatico at 482-2626, toll-free at 1-800-272-9680 or via e-mail (teresa.simpatico@albertadoctors.org), for more information or for an application form.

EMPLOYMENT OPPORTUNITIES

If you are looking at places to practice, the following contacts may be of help to you.

AMA RURAL
LOCUM PROGRAM:
Teresa Simpatico 482-2626,
toll-free 1-800-272-9680 or
email (teresa.simpatico@albertadoctors.org),
Web Site: www.albertadoctors.org
This service assists in placing
specialists and family physicians
in Alberta rural areas for regular and weekend
relief.

AMA PHYSICIAN
PLACEMENT LISTING:
Consuelo Van Dorm 482-0468
Web Site: www.albertadoctors.org
This is the passive registry
of opportunities throughout
the province.

RURAL PHYSICIAN
ACTION PLAN (RPAP):
David Kay, Program Manager
1000 Manulife Place
10180 101 Street NW
Edmonton, AB T5J 3S4
E-mail: Alberta-RPAP@rpap.ab.ca
Web Site: www.rpap.ab.ca

THE PARA OFFICE
If you are looking for practice opportunities outside of Edmonton or Calgary, we will assist you in finding where there is a need for your service. Also, we maintain a current list of physicians who contact us directly looking for locums or long-term placements.

College of Physicians & Surgeons of Alberta

What is the role of the CPSA?

The College of Physicians and Surgeons of Alberta contributes to the safety and well-being of the public by ensuring Alberta's physicians are competent, caring and effective practitioners.

We license physicians, set standards of medical practice, and investigate complaints about physicians.

2007 Residents' Guide

The CPSA is once again providing all new residents with an information CD at resident orientation sessions in Calgary and Edmonton.

The Residents' Guide CD highlights general information about the CPSA, registration processes, relevant policies and guidelines (including a policy on physician extenders), important contact information and the Canadian Medical Association's Code of Ethics (which is endorsed by College Council).

New residents who do not receive the 2007 Residents' Guide during orientation on Friday June 29, 2007 can contact the CPSA office.

The CPSA values effective communication and we hope the Residents' Guide will facilitate better communication between the College, PARA and individual residents.

If you have comments about this guide, or ideas for additional information to include, please contact our Communications Department at (780) 969-4974 or 1-800-561-3899 ext. 4974. We look forward to your feedback.

CPSA Prescribing Guidelines for Residents

Post-graduate trainees writing prescriptions on behalf of their preceptors must ensure the following conditions are met

- The trainee signs the prescription.
- The name and registration number of the preceptor who is responsible for the patient's care is clearly stated on the prescription.
- The prescription is for a medication that is not on the Triplicate Prescription Program, unless the Resident is registered with the TPP and uses his/her own triplicate prescription pad for these medications.

If you have any questions or require further information, please contact the College at (780) 969-4937 or 1-800-561-3899 ext. 4937.

Is Your CPSA Record Up-to-Date?

Residents are responsible for informing the College when there is a change to their contact information (including mailing address, telephone, fax, and e-mail).

Although the College coordinates the collection of this information via the annual "Registration Information Form", accuracy of our database throughout the remainder of the year depends on you notifying us of any changes.

To update your record, you are required to complete a Notification of Change Form. This form is available on the College's web site at www.cpsa.ab.ca under physician registration - physician forms and FAQs. Return the completed form via mail for fax to (780) 426-0805.

Please help us keep your information accurate and up-to-date.

Resident Debt

Effective April 1, 2007, resident physicians will no longer be required to pay interest or make payments (interest free status) on your Alberta Student Loans while you are completing medical residency training.

Residents are responsible to advise EDULINX and/or your lending institutions that you are in medical residency training. You will be required to have your educational institution sign a Confirmation of Registration Form B or create a letter on school letterhead. You will need to submit the Form B or letter to EDULINX and/or your lending institutions holding your Alberta Student Loan each year.

This only applies to your Alberta Student Loans. You will still be required to make payments on your Canada student loans. If you are having troubles making payments, contact the service provider and/ or lender about Interest Relief or Revision of Terms.

“Improving the financial assistance program is part of a comprehensive framework designed to make post-secondary education more affordable for student. These measures will significantly help current students with their educational costs and encourage others to pursue post-secondary studies.”
- Minister Doug Horner, Advanced Education and Technology

“Medical residents appreciate that the Ministry of Advanced Education and Technology has granted deferral of payment on provincial loans until the completion of their postgraduate medical training. The Government of Alberta is helping to make medical education more affordable and Alberta resident doctors are hopeful the federal government will follow Alberta’s lead.”
- Dr. Kathryn Andrusky, PARA President 2006/2007

This initiative is largely thanks to the tireless efforts of a number of residents who have served on both past and present PARA boards

Two Representatives to the PARA Board of Directors are needed from each of these aggregates:

Resident programs in *University of Alberta* shall be grouped into five aggregates

- 1 Family Medicine
- 2 Surgery and Surgical Subspecialties
- 3 Psychiatry, Radiology, Nuclear Medicine, Pathology, Laboratory Medicine, Occupational Medicine, Physical Medicine and Rehabilitation, Radiation Oncology
- 4 Obstetrics and Gynecology, Pediatrics, Anesthesia, Emergency Medicine
- 5 Internal Medicine and Medical Subspecialties (not otherwise specified)

Resident programs in *University of Calgary* shall be grouped into four aggregates

- 1 Family Medicine
- 2 Surgery and Surgical Subspecialties, Obstetrics and Gynecology, Emergency Medicine
- 3 Psychiatry, Radiology, Anesthesia, Pathology / Laboratory Medicine, Community Medicine, Radiation Oncology
- 4 Internal Medicine and Medical Subspecialties (not otherwise specified), Pediatrics

2007-2008 Holidays

2007

Canada Day	July 1	Sunday (July 2 in lieu)
Civic Holiday	August 6	Monday
Labour Day	September 3	Monday
Thanksgiving Day	October 8	Monday
Remembrance Day	November 11	Sunday
Christmas Day	December 25	Tuesday
Boxing Day	December 26	Wednesday

New Year's Day	January 1	Tuesday
Family Day	February 18	Monday
Good Friday	March 23	Friday
Victoria Day	May 19	Monday
Canada Day	July 1	Tuesday
Labour Day	September 1	Monday
Thanksgiving Day	October 13	Monday
Remembrance Day	November 11	Tuesday

2008

VACATION AND HOLIDAY

- A minimum of 23 days off per year, PLUS any named holidays and Christmas break.

VACATION

- Residents accrue vacation days at the rate of 1 2/3 days per month, or 20 working days off per year (4 weeks.) These should be taken in the contract year accrued, but can be carried forward, at the discretion of your program director.

NAMED HOLIDAYS

- Should you work on the day of any Named Holiday, you are entitled to have a working day off in lieu of the Named Holiday. This should be scheduled during that particular rotation.
- In recognition that residents are occasionally post-call on a Named Holiday each resident is provided a total of two additional days off for the entire year. This is not for each instance.
- Each resident shall receive an additional day off as a "floating" day per year.

2007 Christmas Holidays

Residents are entitled to receive five consecutive days off duty at Christmas or New Years. These five days include statutory holidays and regular days off. Residents who are assigned their vacation during this period, receive an additional two (2) days off if the vacation falls over the Christmas break or an additional one (1) day off if it falls over the New Year's break.

To assist you in planning your Christmas holiday break, the following schedule has been established:

- **First 5-day Break** - Sunday, December 23rd to Thursday, December 27th inclusive.
- **"Transition" Day** - all residents expected to be at work Friday, December 28th
- **Second 5-day Break** - Saturday, December 29th to Wednesday, January 2nd inclusive.
- Regular hospital activity will resume January 3rd

Edmonton

The Bank
10765 Jasper Ave

Calgary

The Mynt
516c 9 Ave SW

PARAlyzer

Friday, June 29th, 2007

No Line - No Cover* - Free Drinks
Friends and family without hospital ID must
RSVP with the PARA office
no later than June 27th, 2007
*Before 10:00 p.m.

Hospital ID is required