



Rural Resident Physician-Initiated Well-being Event Guidelines

Background:

- Rural resident physicians are generally unable to participate in PARA social events due to travel distance and expense.
- Rural resident physicians represent a small number of the total resident physicians in Alberta who are distributed in smaller towns and cities throughout Alberta, thus making it difficult to schedule social and wellness events.
- To support rural resident physician social and well-being activities, PARA has allocated funds to support resident physician-initiated events.

Budget and Money Allocation:

- The total budget for this program is \$3,000 (\$1,500 RAN; \$1,500 RAS)
- The recommended ask for event funding is between \$10-\$20 for each resident physician who attends the event, to a maximum of \$500 per event. This amount is based on current funding practices for general PARA events.
- Applications will be reviewed for approval by PARA's Vice President of Community & Internal Relations and the PARA office, with consultation from the CWC, as required.

Approved funding will be provided through the reimbursement of original receipts submitted by the event coordinator.

Event Details:

- Rural well-being events should be open to and considerate of all resident physicians.
- Rural well-being events must be completely inclusive, i.e. all resident physicians are to be invited to participate, although the event can be tailored to suit a specific program or group where justified.
- Rural well-being events should be located outside of the greater Edmonton and Calgary areas.
- Event planners are encouraged to keep resident physician well-being goals in mind; the application for funding will require a description of how the event achieves these goals.

Rural Resident Physician-Initiated Well-being Event Guidelines

- Any event that PARA currently supports in Edmonton and Calgary can be duplicated outside of these two centres for rural resident physicians.
- Funds will not be used for competition, evaluation or recognition of individual resident physicians' success or accomplishments.
- PARA encourages inclusion of resident physicians' significant others.

Application Details:

- Applications will be accepted at any time during the academic year and will be considered until all funds for that academic year have been allocated.
- Except in exceptional circumstances, applications will not be accepted after an event has taken place.
- Applications should be submitted using the Application Form attached (Appendix 1).

Post-Event Requirement:

- After a funded event is complete, the event organizer will submit a summary of the event and its well-being outcomes using the Post-Event Summary Form (Appendix 1).
- Receipts will not be reimbursed without submission of a Summary Form.
- Submission of pictures from events is strongly encouraged.



PARA Resident Physician-Initiated Well-being Event – Rural

Application Form

Rural resident physicians represent a small number of the total resident physicians in Alberta who are distributed in smaller towns and cities throughout the province, thus making it difficult to schedule social and wellness events. Rural resident physicians are generally unable to participate in PARA social events due to travel distances and expense. To support rural resident physician social and well-being activities, PARA has allocated funds to support resident physician-initiated events.

Application Details:

Name of the Applicant: _____

Program of Applicant: _____

Mailing Address #1: _____

Mailing Address #2: _____

Phone Number: _____

Email Address: _____ Date of Application: _____

Event Details:

Type of Event Including Description: _____

Date and Location of Event: _____

Number of Resident Physicians Expected to Attend: _____

Number of Non-resident Physicians Expected to Attend: (e.g. Family): _____

Total Expected Number of Attendees: _____

Wellbeing Goals of this Event: Brief Description (No More Than 150 Characters)

Total Funds Requested*: \$_____

*You may be asked to provide a detailed budget for this event.

Signature _____

Date _____

PARA Resident Physician-Initiated Well-being Event – Rural

Office Use Only:

Funding Approved: Yes: ☐ No: ☐

Maximum Funds to be Sponsored: \$ _____

Comments: _____

Post-Event Summary (to be filled in after the event):

Total Number of Attendees: _____ Percentage of Resident Physician Attendees: ____%

Total Cost of the Event: \$ _____ Amount Requested for Reimbursement: \$ _____

I have provided receipts: Yes ☐ No ☐

Summary of Event: Brief Description (No More Than 150 Characters)

Did this event meet the proposed event goals? Yes ☐ No ☐

Confirmation that PARA's support for the event was recognized? Yes ☐ No ☐

How was this recognition achieved? **Brief Description (No More Than 150 Characters)**

Additional Comments: Brief Description (No More Than 150 Characters)

Event Successes? Brief Description (No More Than 150 Characters)

Areas for Improvements for Future Events? Brief Description (No More Than 150 Characters)

Signature _____

Date _____